

SECTION 10: SAMPLE CASE STUDIES

PRACTICE CASE STUDY #1

Name: Mr. G. **Patient Code:** 999-88-9999

Mr. G. is a 72-year-old white male. He is married and lives with his wife. He is English-speaking.

Mr. G. fell down a flight of stairs and was admitted to General Hospital on 11/20/00 with confused sensorium and incomplete motor and sensory tetraplegia due to a fracture dislocation at C6-7. The majority of key muscles had a grade of 3 and 4. There was no loss of consciousness. He had cervical traction applied. An emergency room CT scan of the head showed a right parietal subdural hematoma. Burrhole evacuation of the subdural hematoma was performed under local anesthesia. Two days later the cervical spine was reduced and fused posteriorly.

He was transferred to the rehabilitation unit on 11/30/00.

ON ADMISSION, the functional assessment is as follows:

Eating

Mr. G. eats a regular diet after the helper applies a universal cuff and scoops each spoonful of food onto Mr. G.'s spoon. Mr. G. brings the food from the plate into his mouth. He chews and swallows the food without difficulty.

Grooming

Mr. G. washes his left hand after having a wash mitt applied to his right hand. Mr. G. also washes his face, combs his hair, and brushes his teeth. The helper washes his right hand and assists him with shaving.

Bathing

Mr. G. washes, rinses and dries his chest and left arm. The helper completes the rest of the bath.

Dressing - Upper Body

Mr. G. typically wears a pullover sweatshirt. The helper places the shirt over Mr. G.'s head and threads both his arms. Mr. G. then leans forward so the helper can pull the shirt down over his trunk.

Dressing - Lower Body

Mr. G. usually wears sweat pants with an elastic waist, antiembolic stockings, socks and sneakers. The helper applies his antiembolic stockings and then threads both pant legs to Mr. G.'s knees. Mr. G. then shifts from side to side so the helper can pull the pants up over his hips. The helper then puts on Mr. G.'s socks and sneakers.

Toileting

Mr. G. shifts from side to side as the helper adjusts Mr. G.'s clothing before and after his

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intermittent catheterizations and bowel movements. Mr. G. wipes himself.

Bladder Management

Mr. G. is on a bladder training program and empties his bladder through an intermittent catheterization program. Mr. G. is dependent on the staff to perform the intermittent catheterization procedure. Mr. G. does not have accidents.

Bowel Management

Mr. G. is not on a bowel program, but has had episodes of incontinence requiring total assistance from a helper. He has had 3 accidents during the past 7 days.

Transfers: Bed, Chair, Wheelchair

Mr. G. requires assistance from two staff members to get into and out of bed.

Transfers: Toilet

Mr. G. requires help from two staff members to get on and off the toilet.

Transfers: Tub/Shower

Mr. G. does not perform bath or shower transfers. He bathes in bed each morning.

Walk/Wheelchair

Mr. G. does not walk. The helper pushes Mr. G. in the wheelchair. The therapist expects Mr. G. to walk by discharge.

Stairs

Stair climbing has not been attempted because of risk of injury.

Comprehension

Mr. G. consistently understands questions that the staff asks him about routine everyday matters such as meals and need for pain medication. He watches television programs, but cannot understand abstract information such as the plot of a movie, current events, or humor.

Expression

Mr. G. consistently expresses information about daily needs clearly, but cannot discuss abstract information such as financial and insurance matters. He expresses such things as menu choices, and makes statements about activities in which he is involved during occupational and physical therapy.

Social Interaction

Mr. G. is cooperative with staff during therapy, and participates in all activities. He interacts appropriately and has had no inappropriate behaviors or outbursts.

Problem Solving

Mr. G. consistently recognizes and solves routine problems, such as asking for help when unable to reach something, or putting on his call light when he needs help, but he cannot make decisions about such things as household finances, discharge plans, or

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transportation arrangements.

Memory

Mr. G. recognizes the rehab staff who treat him but cannot always recall their names. He can list his daily activities to the staff. He responds to requests appropriately, but needs repetition (less than 10% of the time) in a stressful or unfamiliar circumstance.

AT DISCHARGE, the functional assessment is as follows:

Eating

Mr. G. eats by himself after the helper opens cartons and cuts up his meat.

Grooming

He combs his hair and brushes his teeth by himself. He washes his hands and face using a wash mitt without difficulty. He begins shaving by himself, but he needs assistance to shave under his chin.

Bathing

He washes in the tub using a tub bench and hand-held shower. He needs the water temperature and pressure adjusted and help to wash both lower legs (including the feet).

Dressing - Upper Body

The helper sets out Mr. G.'s clothing. Mr. G. typically wears a sweatshirt on his upper body. He threads both the left and right arms, and then pulls the sweatshirt over his head and down over his trunk.

Dressing - Lower Body

Mr. G. threads his left and right legs and pulls up the right and left side of his underwear and pants over his hips. The helper then puts on both of Mr. G.'s socks and both of his shoes. Mr. G. no longer wears anti-embolic stockings.

Toileting

Mr. G. wipes himself and adjusts his clothing before and after using the toilet. He does these tasks independently, but holds onto a grab bar to maintain his balance.

Bladder Management

Mr. G. no longer requires intermittent catheterizations at discharge. However, he does require medication to prevent urinary retention. He uses the toilet during the day, but prefers to use a urinal at night (which nursing staff empties). He has had one accident in the past 3 days requiring total assistance from nursing for changing of linen and clothing.

Bowel Management

Mr. G. has developed better control of bowel function using a suppository every other day. He positions himself in bed and inserts the suppository. After breakfast, he ambulates to the bathroom and uses the toilet. Mr. G. has had no episodes of bowel incontinence (soiling linen and clothing) in the past seven days.

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Transfers: Bed, Chair, Wheelchair

Mr. G. gets in and out of bed by himself, but needs someone present to supervise the transfer because of the height of the bed.

Transfers: Toilet

In the bathroom, he is able to transfer to the toilet using a grab bar. He no longer requires supervision during this transfer.

Transfers: Tub/Shower

Mr. G. transfers onto the tub bench by himself, but requests supervision for getting out of the tub because of the wet surfaces.

Walk/Wheelchair

Mr. G. walks over 150 feet (over 50 meters) using Lofstrand crutches in a safe and timely manner.

Stairs

Mr. G. goes up and down four stairs with touching assistance of one therapist for balance.

Comprehension

Mr. G. understands all information about activities of daily living. He watches the news every night and understands complex and abstract information. Mr. G. understands the social worker without difficulty when she discusses insurance coverage for his hospitalization.

Expression

He speaks with friends about common interests of all kinds and has begun discussing discharge plans. He talks about current events and often jokes appropriately with the nursing staff.

Social Interaction

Mr. G. is very cooperative with the rehab staff.

Problem Solving

Mr. G. has become involved in his discharge planning. He is coordinating the delivery of equipment to his home prior to his discharge. He has made his own arrangements for returning to the hospital for a follow-up appointment. The social worker has met with Mr. G. twice during his last week at the hospital.

Memory

Mr. G. has no difficulty recognizing the nurses or therapists. He is always in the therapy gym at least 5 minutes before his therapy sessions without any reminders from the hospital staff. He remembers three-step unrelated commands without repetition.

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ANSWERS AND RATIONALE FOR PRACTICE CASE STUDY #1 ADMISSION FIM™ SCORES

Item	Score	Rationale
Eating	3	The helper scoops each spoonful of food onto the utensil. Mr. G. brings food up to his mouth, chews and swallows the food - Moderate Assistance.
Grooming	3	Mr. G. completes 3 of 5 (60%) tasks independently, needs help with 2 – Moderate Assistance.
Bathing	1	Mr. G. washes and dries his left chest and arm only. Less than 25% of the effort - Total Assistance.
Dressing-UB	1	Mr. G. leans forward only as the helper dresses him. Less than 25% of the effort - Total Assistance.
Dressing-LB	1	Mr. G. shifts from side to side only as the helper dresses him. Less than 25% of the effort - Total Assistance.
Toileting	2	Mr. G. shifts from side to side only as the helper adjusts Mr. G.'s pants. Perineal hygiene is performed by Mr. G. – Maximal Assistance.
Bladder Mgmt	1	The staff does intermittent catheterizations and requires assistance from nursing. - Total Assistance.
Bowel Mgmt	1	Mr. G. has had 3 accidents over the past 3 days requiring clean up by nursing . - Total Assistance.
Trans: B,C,WC	1	Two staff are required to get Mr. G. into and out of bed - Total Assistance.
Trans: Toile	1	Two staff are required to get Mr. G. on and off the toilet - Total Assistance.
Trans: T or S	0	Activity does not occur.
Walk/WChair	0	Activity does not occur. The score for walking is used because Mr. G. is expected to walk at discharge.
Stairs	0	Activity does not occur.
Comprehens	5	Mr. G. understands conversation about daily activities consistently, but not complex/abstract information - Standby Prompting.
Expression	5	Mr. G. expresses routine needs clearly, but not complex/abstract information - Standby Prompting.
Soc Inter	7	Mr. G. is cooperative with staff and needs no redirection. He interacts appropriately – Complete Independence.
Prob Solv	5	Mr. G. recognizes and solves routine problems consistently, but cannot handle complex problems - Supervision/Standby Prompting.
Memory	5	Mr. G. recognizes therapists, lists his daily activities, follows two thoughts or activities, needs prompting in stressful or unfamiliar circumstances less than 10% of the time– Supervision/Standby Prompting.

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ANSWERS AND RATIONALE FOR PRACTICE CASE STUDY #1 DISCHARGE FIMTM SCORES

Item	Score	Rationale
Eating	5	The helper provides setup assistance (cutting up meat and opening containers) only. Mr. G. then eats by himself – Setup.
Grooming	4	Mr. G. is independent with four of the five grooming activities. The helper shaves Mr. G. under the chin only - Minimal Assistance.
Bathing	4	The helper washes Mr. G.'s lower legs only - Minimal Assistance.
Dressing-UB	5	The helper provides setup assist only (setting out clothes) – Setup.
Dressing-LB	3	Mr. G. is independent in putting on his underwear and pants. He needs help putting on both socks and both shoes - Moderate Assistance.
Toileting	6	Mr. G. uses a grab bar (device) during toileting tasks - Modified Independence.
Bladder Mgmt	1	Staff empties his urinal at night (level 5). Mr. G. is also on medication (level 6). He has had 1 accident in the past 3 days requiring clean up by nursing (level 1) Total Assistance.
Bowel Mgmt	6	Mr. G. inserts his own suppository after positioning himself (level 6). Mr. G. has had no episodes of incontinence - Modified Independence.
Trans: B,C,WC	5	The helper supervises Mr. G.'s transfers into and out of bed - Supervision.
Trans: Toil	6	Mr. G. uses a grab bar for independent toilet transfers - Modified Independence.
Trans: T or S	5	The helper supervises transfer out of tub due to wet surface - Supervision.
Walk/WChair	6	Mr. G. walks over 150 feet (50 meters) with Lofstrand crutches (assistive device) - Modified Independence.
Stairs	2	Mr. G. walks up and down 4 stairs with touching assistance from one person - Maximal Assistance.
Comprehens	7	Mr. G. understands routine and complex information without difficulty - Complete Independence.
Expression	7	Mr. G. expresses routine and complex information without difficulty - Complete Independence.
Soc Inter	7	Mr. G. is cooperative with staff. He has had no inappropriate behaviors - Complete Independence.
Prob Solv	7	Mr. G. solves routine and complex problems independently - Complete Independence.
Memory	7	Mr. G. remembers the staff and his daily routine. Executes requests without repetition - Complete Independence.

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PRACTICE CASE STUDY #2

Name: Mr. H. **Patient Code:** 969-99-9999

Mr. H., a 77-year-old white male, was admitted to General Hospital at 11:00 a.m. on 1/30/01. Mr. H. is a retired accountant, widowed approximately five years, who lives alone in a second-story apartment. He has had adult-onset diabetes for 10 years and has a history of hypertension.

His neighbor explained that during the past few days Mr. H. complained of tingling sensations (paresthesias) in his extremities, dizziness, shortness of breath, and an overall tired or weak feeling. Mr. H. was discovered unconscious on his bedroom floor at 10:15 a.m. on the day of admission. Insulin reaction was ruled out as the cause of the patient's admission condition since blood glucose was 220. The patient's primary care physician informed the admitting physician that Mr. H. had previously suffered congestive heart failure.

The primary findings on physical examination at admission included ability to respond to questions with eye movements but inability to speak, flaccid paralysis of his right extremities, pain, numbness and impaired sensation on the right side of the body, dysphagia, and a diminished gag reflex.

Remarkable laboratory findings: elevated cholesterol and triglycerides, hyperglycemia.

Diagnosis: Left brain stroke due to atherosclerosis, resulting in right body hemiplegia.

After five days, the insulin dose was stabilized, and urine output through an indwelling catheter was adequate. A nasogastric feeding tube was in place. Mr. H. was transferred to the rehabilitation unit on 2/4/01.

ON ADMISSION, the functional assessment is as follows:

Eating

Mr. H. is NPO; staff administers continuous nasogastric feeds.

Grooming

After he is handed a washcloth, Mr. H. washes his face, but requires the staff to wash his hands, comb his hair, shave him and do oral care (brush teeth).

Bathing

Mr. H. uses a bath mitt and washes his right arm, chest and right upper leg. A helper completes the rest of bathing for him.

Dressing-Upper Body

Mr. H. typically wears a sweatshirt; he requires a helper to thread both sleeves. Mr. H. pulls the shirt over his head. He requires a helper to pull the shirt down and to adjust it.

Dressing-Lower Body

Mr. H. wears antiembolic stockings, underwear, pants and shoes. He turns side to side as

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staff pulls his pants and underwear up. A helper applies the antiembolic stockings.

Toileting

Mr. H. is dependent on staff to pull his pants up and down and to provide perineal hygiene.

Bladder Management

Mr. H. has an indwelling catheter which is managed by the nursing staff.

Bowel Management

Mr. H. has been on a bowel program and has had 2 bowel accidents (soiling linen and clothing) in the past 3 days. The nursing staff changes Mr. H. after each episode of incontinence. Mr. H. relies totally on nursing staff to change after each accident.

Transfers: Bed, Chair, Wheelchair; Transfers: Toilet; Transfers: Tub or Shower

Transfers out of bed to a chair are accomplished with use of a mechanical lift and two helpers. He does not transfer to a toilet or to a tub or shower.

Walk/Wheelchair

Mr. H. does not ambulate. He manages to propel a wheelchair 30 feet. The therapist expects Mr. H. to walk upon discharge.

Stairs

His ability to manage stairs is not assessed because of the risk of injury.

Comprehension

When asked such questions as: “Do you want another pillow?”, “Are you comfortable?” and “Do you want to get back to bed?”- he signifies a positive response by nodding his head. When asked simple questions such as: “Is this 2001?”, “Are you in a hospital?”- he gives correct responses. He is unable to understand complex or abstract questions.

Expression

Mr. H. expresses himself with difficulty. He uses single words such as “tired,” “yes” and “pain”.

Social Interaction

Mr. H. is cooperative with staff and visitors, and participates in therapy each day.

Problem Solving

Mr. H. manages to solve simple problems but cannot solve complex problems.

Memory

He recognizes his primary nurse and therapists most of the time, and appears to remember his routine therapy exercises and executes requests such as remembering numbers and commands, just over half of the time.

AT DISCHARGE, the functional assessment is as follows:

Eating

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Mr. H. no longer requires tube feedings. He feeds himself after the helper cuts up his meat and opens his milk cartons.

Grooming

He washes his hands and face after a towel and washcloth are placed in front of him. He removes his dentures and places them in his denture cup. The helper opens the packet of denture cleanser, and then Mr. H. puts the cleansing tablet into the denture cup. He shaves himself using an electric razor. The helper plugs in the shaver and places it within his reach. The helper combs his hair, as Mr. H. has limited range of motion.

Bathing

Mr. H. bathes in the tub on most days. He uses a hand-held shower and a tub bench. The helper adjusts the water temperature before Mr. H. gets into the tub. He needs help only to wash and dry his feet.

Dressing - Upper Body

A helper gathers Mr. H.'s clothes together and brings them to him each morning. His typical clothing is an undershirt and front-buttoning shirt. He puts on his undershirt and shirt by himself, but needs assistance to button his shirt.

Dressing - Lower Body

The helper starts to put on Mr. H.'s underwear by threading the left and right legs. Mr. H. then pulls the underwear up over his left and right hips. The helper then threads the left and right pant legs. Mr. H. pulls his pants up over his hips. The helper then zips up the pants. The helper puts on both socks and left shoe. Mr. H. dons his right shoe.

Toileting

Mr. H. pulls his pants down before using the toilet. After Mr. H. voids, the helper provides perineal hygiene. Mr. H. then pulls up his pants, with the helper providing assistance to zipper his pants only.

Bladder Management

During the day, Mr. H. voids independently. At night, he uses a urinal. The nurses leave the urinal at his bedside, and empty it for him. Mr. H. has had three accidents in the past 3 days requiring nursing to clean up and change linen and clothing. Mr. H relies totally on nursing staff to change after each accident.

Bowel Management

A satisfactory bowel program has been established using a stool softener. He has had no bowel accidents.

Transfer: Bed, Chair, Wheelchair

Mr. H.'s transfers in and out of bed are supervised.

Transfer: Toilet

Mr. H. transfers to the toilet while holding onto a grab bar. A nurse always supervises his transfers.

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Transfer: Tub/Shower

A helper supervises Mr. H.'s transfer into the tub. Once he completes bathing, he puts on his call light. He then transfers out of the tub as the helper provides steadying assistance.

Walk/Wheelchair

Mr. H. walks over 150 feet (50 meters) with a walker and with supervision from a helper.

Stairs

He goes up and down a full flight of stairs (12 stairs) while holding onto a handrail, with the steadying assistance of one person.

Comprehension

Mr. H. understands information discussed in a group. He has had no difficulty understanding information about activities of daily living, discharge plans and financial affairs.

Expression

He expresses his basic needs using brief phrases. He becomes very frustrated when he understands complex information about his discharge plans and his financial status, but is unable to speak fluently or clearly and thus is unable to express complex information. Mr. H. expresses his basic needs over 90% of the time.

Social Interaction

He is actively involved in therapy sessions, appears to enjoy recreation (e.g., cards, bingo, "exercise to music," activities) and is congenial toward staff, visitors and fellow patients.

Problem Solving

Mr. H. handles his personal finances and pays for his television and newspapers. He manages his own medication program with ease.

Memory

Mr. H. refers to his therapists by name, is aware of his daily routine, and can remember a three-step unrelated command without difficulty. He does not have any difficulty with his memory.

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ANSWERS AND RATIONALE FOR PRACTICE CASE STUDY #2 ADMISSION FIMTM SCORES

Item	Score	Rationale
Eating	1	The staff administers the NG feedings - Total Assistance.
Grooming	1	Mr. H. performs 1 of the 5 tasks (20%) - Total Assistance.
Bathing	2	Mr. H. is able to bathe 3 out of 10 body parts (30%) - Maximal Assistance.
Dressing-UB	2	Mr. H. is dependent on a helper; only pulls shirt over his head - Maximal Assistance.
Dressing-LB	1	Mr. H. is dependent on a helper; does less than 25% - Total Assistance.
Toileting	1	Mr. H. is dependent on a helper - Total Assistance.
Bladder Mgmt	1	The staff manages the indwelling catheter - Total Assistance.
Bowel Mgmt	1	Mr. H. is incontinent of stool, soiling linen and clothing twice in the past 3 days. Total Assistance.
Trans: B,C,WC	1	Mr. H. needs two staff members to get into and out of bed - Total Assistance.
Trans: Toil	0	Activity does not occur.
Trans: T or S	0	Activity does not occur.
Walk/WChair	0	Mr. H. is able to propel a wheelchair only 30 feet – Total Assistance (1). Ambulation did not occur and is expected to be the mode at discharge - 0 - Activity did not occur.
Stairs	0	Activity does not occur.
Comprehens	5	Mr. H. understands conversations about daily activities, but not complex/abstract information - Standby Prompting.
Expression	2	Mr. H. is able to say single words - Maximal Prompting.
Soc Inter	7	Mr. H. acts appropriately and participates in therapy – Complete Independence.
Prob Solv	5	Mr. H. is able to solve simple problems but unable to solve complex problems – Supervision.
Memory	3	Mr. H. recognizes therapists most of the time, and remembers his therapy routines just over half of the time - Moderate Assistance.

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ANSWERS AND RATIONALE FOR PRACTICE CASE STUDY #2 DISCHARGE FIM™ SCORES

Item	Score	Rationale
Eating	5	The helper provides setup assistance (cutting up meat and opening containers) only. Mr. H. then eats by himself – Setup.
Grooming	4	Mr. H. is independent with four of the five grooming tasks after setup assistance. Mr. H. needs help combing his hair - Minimal Assistance.
Bathing	4	Mr. H. bathes himself except for his feet (80%). - Minimal Contact Assistance.
Dressing-UB	4	Mr. H. puts on his own undershirt and shirt. The helper assists with buttoning the shirt only - Minimal Contact Assistance.
Dressing-LB	2	The helper threads Mr. H.'s underwear and pants. Mr. H. pulls up his underwear and pants. The helper puts on his socks and left shoe. Mr. H. dons his right shoe - Maximal Assistance.
Toileting	3	Mr. H. is dependent with perineal hygiene and zipping up the pants. He pulls his pants up and down - Moderate Assistance.
Bladder Mgmt	1	Mr. H. uses a urinal after setup (level 5). Mr. H. has had 3 accidents in the past 3 days requiring assistance from nursing(level 3). - Total Assistance.
Bowel Mgmt	6	Mr. H. uses stool softeners for bowel management (level 6). He is not incontinent of stool (level 7). Record lower score - Modified Independence.
Trans: B,C,WC	5	The helper supervises Mr. H.'s bed-chair transfers – Supervision.
Trans: Toil	5	The helper supervises Mr. H.'s toilet transfers – Supervision.
Trans: T or S	4	The helper provides steadying assistance during the transfer out of the tub - Minimal Contact Assistance.
Walk/WChair	5	Mr. H. walks 150 feet (50 meters) with a walker (assistive device) and supervision by a helper – Supervision.
Stairs	4	Mr. H. walks up and down a full flight of stairs with steadying assistance of one person - Minimal Contact Assistance.
Comprehens	7	Mr. H. understands complex/abstract information - Complete Independence.
Expression	5	Mr. H. expresses basic information over 90% of the time. He does not express complex or abstract information - Standby Prompting.
Soc Inter	7	Mr. H. is cooperative with staff. He has had no inappropriate behaviors - Complete Independence.
Prob Solv	7	Mr. H. solves routine/complex problems without difficulty - Complete Independence.
Memory	7	Mr. H. remembers the staff and his daily routine. Executes requests without repetition – Complete Independence.