Case Study

Age: 67 years

Gender: Female

Diagnose: Parkinson disease

Who is the client? She is a 67 years female who had Parkinson's disease for 7 years and is in the moderate stage. She lives with her partner in a two-room bungalow. (her room in the ground floor)

Brief description of the diagnose:

Parkinson's disease is a neurodegenerative disorder that progressively affects the dopaminergic and non-dopaminergic areas of the brain. The exact etiology for this neuronal degeneration is still unknown and there is no medical cure available. The clinical diagnosis is based on the (asymmetrical) presence of bradykinesia plus rigidity and/or a resting tremor. Postural instability is a cardinal feature in more advanced disease stages.

Priority:

Struggling to cook a meal

Problem analysis:

When cooking a meal, she experiences **incidental freezing** in the crowded kitchen when turning to gather items. Due to **slowed movement and reduced mental flexibility** she has **difficulty** to manage multitasking and to handle the time pressure induced by the cooking task. As a result not all dishes are ready simultaneously, after cooking the kitchen is a chaos and she **feels exhausted.** She no longer enjoys cooking and her partner suggests it might be better to buy readymade meals. She does not want to give up cooking and is eager to find ways of better managing the activity.

Goal:

She will be able to cook a simple two-person hot meal (maximum 2 pots) four days a week with environmental modifications.

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Intervention/strategies:

After explaining and discussing the options with her, the following strategies are agreed upon and employed:

Person:

She learns to apply a structured planning strategy (cognitive compensatory strategy) for preparing meals to reduce time pressure and multitasking.

She performs some preparation tasks earlier in the day.

She learns to use a high stool at the kitchen sink to sit down when preparing vegetables. This prevents the need for dual motor tasking (i.e. maintaining balance while rinsing or cutting) and allows her to focus on the fine motor task.

She prefers to use the marching cue and the occupational therapists trains the use of this cue during a cooking task.

Social environment:

Now both partners have insight into the contributing problems to the difficulty in cooking, the partner is advised to support his wife in her performance by allowing her to take sufficient time and by avoiding introducing extra tasks while she is cooking (e.g. no conversation).

Environmental adaptation:

The small kitchen table is put with one end to the wall to create more space. Items in the cupboards are rearranged to reduce the number of required turns.

A suitable stool is placed at easy access for the kitchen sink.

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Occupation:

The cooking task is simplified by performing the separate steps/tasks in a sequence (reduced multitasking) and by using some ready peeled potatoes and cut vegetable mixes. The frequency of preparing a fresh meal is reduced from 7 to 4 times. By cooking larger portions the meals can be divided over the 7 days.

Reference:

Taken from an article.

For a full article, Go to more, then click on other other references.