

Case of geriatrics (Falls)

Background information:

S is a 72 years old housewife. her level of education is primary school and she is a mother of 2 daughters and 2 sons. She lives with her husband in ground floor room, bathroom bedside. Her husband is also bed bound. Their caregiver is house maid. She likes coloring since she was young.

Medical History:

Hypertension (HTN), Diabetes Miletus (DM), CVA, Arterial Fibrillation (AF), bronchial asthma, osteoarthritis, osteoporosis (history of falls and fractures for 2 times)

Present History:

She is bed bound, and was admitted due to G1 bleeding to warfarin¹ toxicity

Her cognition (memory and visuospatial domains were affected since day 1 of admission), and she was referred to OT in 13-1-21 after delirium for full assessment.

Family concern:

History of 2 falls, in the bathroom with the caregiver.

Risk factors: mobility without assistance, cognitive skills affected.

Activity analysis:

She was given a simple cognitive activity composed of 3 pieces matching simple shapes with their locations. The observation was as follows:

- She was unable to use the tool in a meaningful way
- Activity graded down to one piece shape matching
- She was still unable to match the shape with its location
- She needs verbal and performance assistance to complete the task
- She takes more than usual needed time to finish/ complete task
- Unable to generalize the concept to finish 3 pieces of the activity
- Her sustaining attention (endurance) is short

Result of activity analysis:

Problem solving, generalization of new learned concept, sustained attention endurance are affected and patient tend to neglect her left side.

¹ Warfarin is a type of medicine known as an anticoagulant, or blood thinner.

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Client factors:

Cognitive skills:

She is conscious, alert, and oriented. Her problem solving, generalization of new learned concepts, and sustained attention endurance are affected and patient tend to neglect her left side.

Motor skills:

Full AROM both upper limbs

Patient was sitting on the edge of the bed with good postural control without assistance (with legs raised on chair)

Social skills:

Short endurance of verbal communication

Occupational therapy assessment:

Functional Independence Measure (FIM)

- Feeding is: 4-5/7
- Showering (bathing): 2/7 while seated
- Toileting: 3/7
- Transfers: 3/7 to transfer to wheelchair, chair, and commode
- Locomotion: 4-5/7 use tripod cane for transfers and mobility
- Social interaction: 4/7

Morse fall assessment: 25+ 15+ 15+ 10+ 15= 100

Goals:

- Patient will be able to solve simple puzzle of 6 pieces independently within 2 months
- Patient will be able to transfer with minimal assistance using a walker within 1 month

Targeted outcomes of therapy:

- To prevent falls and give the appropriate instructions to the family about the needed assistance to be safe while performing an activity
- Environment modification to allow safe participation and reduce barriers
- Encourage active participation in ADLs and educate the caregiver

Sessions will include:

- Cognitive training /General transfer/ mobility/ proper position/ balance/ ROM/ UL strength maintaining activities

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Occupational therapy intervention:

Cognitive skills training target:

- Memory, attention, problem solving, generalization of concepts, visual neglect, visuospatial perception

Activities will include:

- Discussing real-life situations (will also target her social skills)
- Puzzles
- Coloring in a book
- Finding differences between 2 pictures
- Simple maze solving



Transfers training target:

- Balance, strengthening, training on assistive device (walker)

Activities will include:

- Ball throwing and kicking while sitting
- Stacking cones while supported standing
- Sit-stand exercise using a walker
- Encourage the use of her left side in sessions

