# Primary Physical Case: Jade King

Jade King

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| Briefing:**Simulated patient**  | Notes for simulated patient for in-person interview & observation |  |  |
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| Referral form | For distribution to students | Address & date |  |

**SF/CS Notes:**

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**Jade King: Health history**

Case Authors: [insert case author, insert case author email address/ contact number]

**Client Details**

|  |  |
| --- | --- |
| **Name** | Jade King |
| **Date of Birth** | 11/07/ 1981 |
| **Address** | 97 Hillside Drive Suburb, Postcode |
| **Health Insurance** | Medibank Private |
| **Work Injury** **Claim Number:** | Not relevant |

**Medical / Surgical History**

|  |  |
| --- | --- |
| **Presenting Condition /** **Current Presentation** | Relapsing- Remitting Multiple Sclerosis. She was diagnosed with this 3 years agoCurrent Symptoms:* Intermittent blurred vision
* Fatigue
* Decreased concentration/recall especially when tired
* Decreased sensation/numbness of hands
* Mildly ataxic gait
 |
| **History of** **Presenting Condition** | Initial symptoms:* Light headed
* Tiredness particularly in the afternoons
* Muscle spasm in her legs
* Slight blurring of vision which would resolve
 |
| **Past Medical / Surgical History** | Tonsillectomy when 6 years old |
| **Allergies** | Horse and cat fur |
| **Medications** | Disease modifying agent* Glatiramer acetate (Copaxone®) 20mg subcut once daily

Additional* Vitamin D 1000 international units (1 tablet) daily
 |
| **Tobacco** | Non-smoker.  |
| **Alcohol** | Used to have the occasional glass of white wine but since diagnosis does not drink |
| **Illicit Drug Use** | Nil |

**Family**

|  |  |
| --- | --- |
| **Living Arrangements** | Lives in a two storey house in a new housing estate located about 30 km from city centre.Have lived in Australia for past 4 years. |
| **Relationship Status** | Has been married to Philip for 7 years. |
| **Children** | Son Lewis 6 months old. |
| **Mother** | Deceased: died of breast cancer 9 years ago  |
| **Father** | Father healthy and remarried and living in New Zealand |
| **Siblings** | 2 younger sisters (Pearl and Skye) who live in New Zealand |
| **Responsibilities** | Home duties |

**Psycho-Social**

|  |  |
| --- | --- |
| **Affect** | Sad and worriedLonely and feels socially isolated |
| **Activity** | Limited by her MS and having a 6 month old baby |
| **Relationships** | * All of her family live in New Zealand
* Moved to Australia 4 years ago as her husband got a work transfer
* Philip’s mother lives on the other side of the city and tries to assist as much as possible but she works part time
* Has made friends with a few local women in a mothers group
* Enjoys the company provided by their 3 year old dog Esky an Australian Shepherd
* Occasionally sees previous work colleagues
 |

**Employment**

|  |  |
| --- | --- |
| Occupation | Previously worked as a primary school teacher  |
| Employer | No longer working |
| Work duties | N/A |

**Orders / Plan**

* Daily physiotherapy and occupational therapy
* Occasional social work sessions

**Jade King: Simulated Patient Briefing**

**Summary**

* Jade has had Multiple Sclerosis (MS) for the past three years.
* Following an acute exacerbation she has been admitted to hospital.

**Context/Presenting condition**

* Jade is a patient in the rehabilitation ward at Sunnybrook Hospital. She was admitted to the emergency department following an acute exacerbation of her Relapsing- Remitting Multiple Sclerosis.
* She was transferred two days later for a bout of therapy specifically to improve her walking/balance and her ability to look after her baby.

**Medical history**

* Had her tonsils out when she was 6 years old
* Hearing: No problems
* Vision: At times has blurred vision
* Medication: Jade is taking medication for her MS and takes Vitamin D
* Allergies: Horse and cat hair
* Alcohol: Used to drink the occasional glass of wine, but does not drink since she diagnosed with MS
* Tobacco: Nil
* Illicit drug use: Nil
* Regularly sees her local GP and every few months her Neurologist

**Current Symptoms/Function:**

Mobility/Balance/Endurance

* Ataxic (swaying) gait
* Walks with a single point stick
* Her balance is decreased
* Feels weak and tired/fatigued especially as the day progresses

Upper limb

* Has decreased sensation/feeling in her hands
* Has difficulty with fine manipulation

She has been assessed by the multidisciplinary team on the ward specifically the physiotherapist, social worker and occupational therapist

**Presentation: Appearance, Clothing and Props.**

* Wearing skirt, long sleeved top and cardigan, flat practical shoes
* No makeup
* Single point stick

**Social history**

* Married for 7 years to Philip. Moved to Australia 4 years ago
* Mother: Alison who died of breast cancer 9 years ago
* Father: William who is remarried to Regina. They live in Wellington, New Zealand.
* Siblings: Two sisters Pearl (36 years old) and Skye (31 years old), both living in New Zealand
* Children: Baby son Lewis, who is 6 months old

**Activities of daily living including leisure and work**

Current

**Activities of daily living**

* Personal ADLs

Independent in all activities but has difficulty with tasks that require fine manipulation eg applying mascara, plucking her eyebrows.

Feels a little wobbly in the shower.

Sits down to put on her lower limb garments such as socks as she is concerned she might fall over.

Independent in eating her meals but has at times has some difficulty cutting her meat.

* Domestic ADLs

Able to do most tasks with difficulty. Finds bending down difficult e.g. using dustpan and brush due to her decreased balance

Overdoes the chores and is often exhausted

Uses a food processor to reduce cutting and grating when cooking

* Childcare

Having difficulty with tasks that require fine manipulation e.g. putting plastic teat on formula bottles and adhesive tabs on disposable nappies. Finds bathing Lewis difficult.

* Community ADLs

Goes to the supermarket with Philip and her baby on the weekends as she finds it difficult to carry the groceries and look after Lewis.

**Leisure/interests**

* Previously played the flute but has had little time to do this since having a baby
* Loved cooking especially vegetarian food and biscuits
* Likes to garden
* Follows a New Zealand rugby team
* Skypes to keep in contact with her family especially her 2 sisters in New Zealand

**Employment**

Used to be a primary school teacher

**Transport**

Jade drives their automatic car to the local shops and GP. She finds it difficult to fold the pram and get it in and out of the boot. Jade has noticed her concentration is not as good in the afternoon and she can be a bit distractible when tired.

**Home**

Lives in a two storey house in a new housing estate located about 30 km from city centre.

It has split system heating/cooling in the bedrooms and main living area.

There is one small bedroom/study downstairs and the others are upstairs.

The backyard is medium sized and is now getting a bit overgrown

**Behaviour, affect and mannerisms**

* Quietly spoken with New Zealand accent
* Seems on the edge of tears, sad
* A little reserved

**General Ideas**

* Wishes her family were nearby to provide assistance and support
* Is a bit lonely, glad for the company of their dog
* Feels that she and Philip communicate well together and has found him very supportive and loving. Philip is relishing his role as a father.

**Concerns**

* Feels she is having to ask too much of Philip who is tired when he comes home from work and then has to assist with childcare and domestic chores
* Concerned that summer is approaching and Jade finds the heat really knocks her about
* Worried that Philip’s sleep is interrupted by him getting up in the night to give Lewis his bottle and to settle him
* Feels very sad, this is not the life she had hoped for. She is very pleased to have had Lewis who was planned, but is concerned that if her MS progresses rapidly she will not be able to mother him as she would like
* Would like to have had 2-3 children but feels that now she probably will only have one
* Thinks that their home may become unsuitable for her if her mobility becomes worse in the future

**Expectations**

* To be able to safely and more easily care for Lewis
* To go to the local shopping centre with him
* To continue to drive at a minimum in her local area
* To be able to cope with the household chores

**Jade King: Ward Doctor Briefing**

**1. Title**

Name: Dr. Joan Wilmott

Position: Rehab. Consultant (Neurology)

 Inpatient Rehabilitation Ward

 Sunnybrook Hospital

Contact: [Contact number]

Appointments:

 [Insert date] [Insert time]

[Insert date] [Insert time]

**2. Summary/Overview**

You are one of the doctors on the Rehabilitation Ward. You work on a sessional basis and have held this position for the past 7 years

You are being interviewed today by second-year Occupational Therapy students who are developing a discharge plan for one of your patients Jade King. Jade is 34 years old who has Multiple Sclerosis.

The nature of the interview today is to gain your perspective on how Jade is progressing medically and any concerns you have re her discharge home and community integration.

**3. Learning objectives**

* Establish rapport with the doctor during the interview
* Conduct an effective telephone interview with the doctor.

**4. Student (clinician) task (including briefing for trainee)**

* Conduct a telephone interview with the purpose of obtaining an update on Jade King’s medical condition

**5. Setting**

* You have just finished in case conference on the ward and are about to leave to attend the neurological outpatient clinic

***Specifically for the simulated doctor***

**6. Affect/behaviours**

* Efficient and professional sounding
* Clear communicator
* Discusses Jade’s case with authority

**7. Opening lines/questions/prompts**

* “I am fine to talk to you as long as you make it snappy, I am late for clinic”

**8. Doctor’s ideas, concerns and expectations of the interaction**

**Ideas**

* Thinks it unlikely that Jade will return to her previous occupation of teacher
* Jade’s MS is progressing and her function gradually deteriorating, with each exacerbation leaving her a little worse off
* Thinks that whilst Jade is on the ward they should do a complete review of her medication management
* Needs to liaise with Jade’s neurologist prior to discharge re follow up care in the community

**Concerns**

* Jade seems exceptionally fatigued and is overdoing things at home
* Wonders about the viability of Jade continuing driving
* Unsure how to advise Jade re the option of having more children
* Jade seems to be a little forgetful, is this related to her feeling anxious or part of her disease?

**Expectations**

* Jade may not be able to drive within a couple of years, if not sooner. The disabled parking permit recently obtained will help with access in the community.
* Knows from experience that Jade’s condition will deteriorate over time
* Jade should be able to go home in about 2 week’s time, with community therapy follow up

**9. Patient’s history of the problem**

Jade has had relapsing- remitting multiple sclerosis for the past 3 years. Her first symptoms were tiredness and blurred vision which resolved over a number of weeks. She now experiences fatigue that worsens over the day and with hot temperatures. Jade has been admitted to the rehabilitation ward following an exacerbation of her MS which has left her with a mildly ataxic (swaying) gait, decreased sensation/numbness in her hands and very mild problems with recalling information.

**10. Patient’s past medical history**

* Largely unremarkable until she was diagnosed with having Multiple Sclerosis
* Jade was previously not walking with an aid but now requires a stick

**11. Patient’s family history**

* Is aware that Jade’s mother died of breast cancer
* No history of MS in her family

**12. Patient’s social information (work, lifestyle, habits)**

* Lives with her husband and 6 month old baby Lewis
* Seems well supported by her husband
* Does not have much time for anything other than caring for her baby
* Prior to childbirth she worked as a primary school teacher

**13. Considerations in playing this role including wardrobe, makeup and challenges:**

* N/A

**Jade King: Physiotherapist** **Briefing Notes**

**1. Title**

Name: Bettina Young

Position: Neuro. Physiotherapist

Sunnybrook Hospital

Contact: [Contact number]

Appointments:

 [Insert date] [Insert time]

[Insert date] [Insert time]

**2. Summary/Overview**

You have been working as a neuro. physiotherapist on the Rehabilitation ward for the past 18 months.

You are being interviewed today by second-year Occupational Therapy students who are developing a rehabilitation/discharge plan for one of your patients Jade King. Jade is 34 years old and is a first time mum. She also has Multiple Sclerosis.

The nature of the interview today is to gain your perspective as Jade’s physiotherapist as to how Jade has been progressing particularly with her walking and physical functioning and any concerns you may have for her impending discharge home

**3. Learning objectives**

* Establish rapport with Jade’s physiotherapist during the interview.
* Conduct an effective telephone interview with the physiotherapist.

**4. Student (clinician) task (including briefing for trainee)**

* Conduct a telephone interview with the purpose of understanding Jade’s condition specifically in the areas of mobility, endurance and upper limb function following her recent exacerbation of MS. This is to assist with planning for her discharge home.

**5. Setting**

* You are located in a large communal physiotherapy office in the hospital. This office has a window into the physiotherapy gym, so you can see your patients doing their physiotherapy program

***Specifically for the physiotherapist***

**6. Affect/behaviours**

* Seems very concerned for Jade
* Speaks slowly, open to questions

**7. Opening lines/questions/prompts**

* “Hello, what specifically would you like to know about Jade?”

**8. Physiotherapist’s ideas, concerns and expectations of the interaction**

**Ideas**

* Jade’s mobility and balance are deteriorating and she now needs to use a stick
* Her balance is affected and she is having difficulty going up and down stairs and reaching down to low levels or up to high levels
* The sensation in Jade’s hands is altered and she has stated they feel numb and lack coordination
* Jade’s physiotherapy sessions are scheduled in the morning when she is less tired
* Jade commonly mentions her baby Lewis and how much she is missing him and looks forwards to his visit each day

**Concerns**

* Jade appears very fatigued and generally weakened
* Realises that being a mother is tiring as Bettina herself has a young child
* Jade may be a falls risk especially when tired or carrying items
* Noted she sometimes has to repeat information/instructions to Jade and now writes them down for her

**Expectations**

* Would benefit from home based community therapy when she is discharged
* May need to use a walking frame in the near future

**9. Patient’s history of the problem**

Jade has had relapsing- remitting multiple sclerosis for the past 3 years. Her first symptoms were tiredness and blurred vision which resolved over a number of weeks. She now experiences fatigue that worsens over the day and with hot temperatures. Jade has been admitted to the rehabilitation ward following an exacerbation of her MS which has left her with a mildly ataxic (swaying) gait, decreased sensation/numbness in her hands and very mild problems with recalling information.

**10. Patient’s past medical history**

* Noted that her condition has gradually deteriorated over the past few years

**11. Patient’s family history**

* Jade lives with her husband Philip
* He seems very supportive and receptive to information and suggestions
* Has been told that all of Jade’s family is in New Zealand

**12. Patient’s social information (work, lifestyle, habits)**

* Was previously a primary school teacher
* Jade has mentioned she used to love cooking
* From discussion gets the impression that Jade is poor at pacing and has high standards for herself

**13. Considerations in playing this role including wardrobe, makeup and challenges:**

* N/A

**Jade King:** **Husband Briefing Notes**

**1. Title**

Name: Philip King

Position: Husband

Contact: [Contact number]

Appointments:

 [Insert date] [Insert time]

[Insert date] [Insert time]

**2. Summary/Overview**

You are the husband of Jade King and have been married to Jade for 7 years

You are being interviewed today by second-year Occupational Therapy students who are developing a rehabilitation plan for Jade. Jade is 34 years old and is a stay at home mum with your 6 month old baby son.

The nature of the interview today is to gain your perspective as Jade’s husband Philip and to explore with you the challenges that are faced by Jade and yourself in relation to her MS and childcare activities

**3. Learning objectives**

* Establish rapport with Jade’s husband during the interview.
* Conduct an effective telephone interview with the husband.

**4. Student (clinician) task (including briefing for trainee)**

* Conduct a telephone interview with the purpose of finding out more about how they are managing at home with Jade’s MS and now with a baby
* Ascertain what assistance Philip is able to provide

**5. Setting**

* You are in your office at work

S***pecifically for the simulated husband***

**6. Affect/behaviours**

* Sounds weary and a little despondent
* Willing to discuss his and Jade’s home life if it will help Jade
* Seems a little on edge as he is expecting an important work call shortly

**7. Opening lines/questions/prompts**

* “I really want to support Jade and if there is anything you can suggest to help us would be great”.

**8. Husband’s ideas, concerns and expectations of the interaction**

**Ideas**

* Despite loving being a new dad, wonders if they did the right thing having a baby as it is very tiring on both of them
* Feels that he and Jade have a strong and caring relationship and wants to protect and support her

**Concerns**

* Unsure of what the future holds for them, will Jade be able to keep up with Lewis when he is running around?
* The everyday activities of looking after Lewis are difficult and tiring for Jade
* Worries that Jade seems to be withdrawn and sad and she is really missing Lewis
* Gets frustrated at times with Jade when she overdoes things such as the house cleaning. He knows that she wants to be useful and not a burden on him but this is not helpful as she is then exhausted.
* Has noticed that Jade has difficulty using her hands due to numbness. Examples of this are the little press studs on Lewis’ clothes, opening the baby formula containers and the adhesive tabs on the disposable nappies
* Her walking gets worse as the day goes on. This makes it difficult for her to carry things.
* Does not want Jade to be housebound and wants her to be able to go out with Lewis
* Some days he needs to help Jade with things such as doing up her bra, opening containers and carrying the laundry down the back steps

**Expectations**

* Hopes that Jade may be able to get some practical advice
* Would like the doctors to review her medications

**9. Patient’s history of the problem**

Jade has had relapsing- remitting multiple sclerosis for the past 3 years. Her first symptoms were tiredness and blurred vision which resolved over a number of weeks. She now experiences fatigue that worsens over the day and with hot temperatures. Jade has been admitted to the rehabilitation ward following an exacerbation of her MS which has left her with a mildly ataxic (swaying) gait, decreased sensation/numbness in her hands and very mild problems with recalling information.

**10. Patient’s past medical history**

* Jade has Multiple Sclerosis and has periods when she is worse
* Prior to being diagnosed with MS she was completely well
* Jade needs to take medication to keep the MS under control

**11. Patient’s family history**

* All of Jade’s family live in New Zealand
* Her mother died before they meet of breast cancer. From conversations with Jade it seems they were very close.
* She does not have a lot of contact with her dad
* Jade skypes her sisters regularly, especially Pearl, who also has a baby

**12. Patient’s social information (work, lifestyle, habits)**

* Jade used to work as primary school teacher which he believes she was very good at
* Jade does not have many friends but she does talk about the women she has met in the local new mothers group. Philip hopes this might develop into a support network for her.
* Jade was a keen cook and enjoyed playing the flute but does not do either much these days
* Jade likes the house to be neat and tidy and was the one who initiated the chores, he does not mind a messy house

**13. Considerations in playing this role including wardrobe, makeup and challenges:**

* N/A

**Jade King: OT Activities & Props**

**Sub groups**

|  |  |  |
| --- | --- | --- |
|  | **Observed tasks in an OT department****With patient**  | **Activities in a large shopping centre****Without patient****(Note: students can complete multiple activities if time permits)** |
| **Group A** | Activity: Parking and pram handlingTreatment space or carpark (with car)* Folding and unfolding baby pram
* Lifting it into boot (or simulation onto table top)
 | Disabled parking space at large shopping centre* Consider conventional parking space vs disabled parking space
 |
| **Group B** | Activity: Mobilizing (walking with pram or stick) in tight and crowded spaces and selecting items off shelvesOT kitchen* Reaching and lifting items off shelves at variable heights especially low and high
* Carrying items
 | Supermarket: Shopping for baby items eg nappies, baby food, baby powderConsider* Crowded space
* Other shoppers
 |
| **Group C** | Activity: Preparing baby’s bottle; pouring warm water into bottle; opening formula tin; scooping formula out of tin to correct measure; putting into bottle; putting on lid and shaking until mixed; replacing lid with teat and testing the temperature | Shopping centre parents’ room or cafe |

**Group A**

|  |  |
| --- | --- |
| **On campus requirements**Treatment space or in car park with car* Folding pram
* Walking stick
 | **Off campus requirements**Shopping centre parents’ room or cafeConsider* Location
* Layout
* Suitability of facilities
 |

**Group B**

|  |  |
| --- | --- |
| **On campus requirements**Kitchen or other room with shelves* Grocery items to lift on and off shelves of variable size and weight e.g. packet of disposable nappies, big tin of baby formula, baby food jars, baby powder etc.
 | **Off campus requirements*** Large preferably busy supermarket
 |

**Group C**

|  |  |
| --- | --- |
| **On campus requirements**Ward bedroom* Formula with scoop
* Baby’s bottle with lid and teat
 | **Off campus requirements**Shopping centre parents’ room or cafe  |

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| --- | --- |
| **Occupational Therapy** **Referral Form**  | **Surname:** KING **Given Name:** JADE **DOB:** 11/07/81**Sex:** FEMALE**Address:** 97 Hillside Drive Insert Address |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referred from** |  OT in emergency department | **Referred to** | Inpatient Rehab ward OT |
| **Interpreter Required:**  Yes ☐ No ☒  **Language:** English |
|   **Diagnosis:** Exacerbation of relapsing- remitting Multiple Sclerosis. She was diagnosed 3 years ago. **Occupational Therapy Referral Form**Currently having difficulties with balance/mobility and upper limb functioning. This affects childcare |
| **Social Situation:** Lives with Husband in own home. 6 month old baby.Home duties. No services |
|  On maternity leave from teaching  |
| **Home Assessment Completed:** Yes ☐ No ☒ Required ☒ 2 storey house  |
| **Equipment Provided:** single point stick |
|  |
| **Current Occupational Performance** |
| **PADLS:** Independent in most tasks with difficulty |
| Seated in shower |
|  |
| **DADLS:** Not assessed yet |
|  |
| **Mobility/Transfers (Including Aid):** Walking with single point stick and mildly ataxic gait  |
| Independent transfers, falls risk |
|  |
| **Referral Goals:** 1. Community access especially shopping. Drives automatic car |
| 2. Functional mobility assessment  |
| 3. Childcare activities particularly dressing/undressing and changing baby nappies |
| 4.? cognitive changes – need for assessment |
| **Therapist:** **A. Tham** | **Therapist:** **A. Tham** | **Therapist:** **A. Tham** |

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