KENNEDY KRIEGER INSTITUTE
CHILDRENS HOSPITAL

DEPARTMENT OF
PHYSICAL THERAPY

INITIAL EVALUATION

DATE / TIME Entered:

KKI: 12-19-13
AL-YASIN, Haya

DOB: 06/09/2003
ADM: 07-07-2008

JHH:
D.O.E: 7/10/08 BC

History of Present Admission/Condition/Illness:

Pt is a 5 y.o. young girl S/P resection of R cerebellar astrocytoma 8/05; residual hygromas and recurrent hydrocephalus S/P VP shunt January 2006; epilepsy. Haya has motor and cognitive/language disabilities. She is admitted to KKI for inpatient rehabilitation evaluation and treatment. The family's primary goal is reduction of seizures.

Past Medical / Surgical History:

PMH – Please see medical chart

PSH – Please see medical chart

Precautions:

Fall risk
Seizures

Current Medications:

Please see medical chart for updated list and dosing.

Social History:

Pt lives with her mother, father, and two sisters in a one-story house with one step to enter with no railing. Haya is the middle child of the three girls. Parents are active observers of Haya's therapy sessions.

Mom stated that Haya started to walk after 1yr and 2 months and was walking normally; however, she did not have UE protective extension at the time. At 2 y.o. Haya was found to have a tumor. According to mom, at home Haya gets up from the floor on her own, cruises on furniture, and creeping is her primary means of getting around. Mom stated that Haya is able to do transitions at home from sitting → stand on her own with or without a support surface. Haya's current functional level observed by therapist is noted below throughout evaluation.

Community resources and support services will be determined at the family steering and as the inpatient admission progress. According to the family/caregiver/patient, we are addressing religious and cultural needs. The family's learning styles or preferred mode of communication is via verbal instruction. Educational training will include written, demonstration, verbal, pictures, etc. Inpatient rehabilitation course and family goals to be discussed at steering meeting.

Equipment:

Personal stroller, which is too small for Haya. Parents have expressed need for larger sizedstroller for Haya. Haya may benefit from an assessment for a new seating system. Haya maybe considered for a kid F.A.S.T. seating system; however, full assessment is needed to determine appropriateness.

Cognitive/Behavior Status:

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Haya is alert and participates in therapy sessions when engaged or interested in task. However, she does demonstrate some lack of motivation during activities. Haya has been tired and fussy during sessions; however, father stated that Haya usually

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has more energy and participates more in activities. Haya is distractible; however, can be redirected by therapist. Mother states that Haya understands more than she is able to express.

Visual Skills

Not formally tested; however, Haya's ability to focus, attend, and/or track objects is limited. Haya does not redirect attention to new visual stimuli during sessions.

Auditory Skills

Not formally tested; however, Haya is able to redirect her attention to new auditory sounds during therapy sessions.

Verbal Skills

Haya is currently non-verbal. She occasionally says a phrase that is not comprehendible by therapist. Haya is also able to shake her head to indicate "no."

Pain

Haya expresses discomfort via facial grimace and vocalization; however, unable to determine source of pain/discomfort secondary to current cognition/communication abilities. Mom stated that Haya tends to bite her blanket when her head hurts. Haya did demonstrate this type of pain behavior when initially arriving toan afternoon therapy session, but was not observed at during any other sessions.

Integumentary System

Haya's skin, hair, and nails are intact with no current concerns at this time.

CardioPulmonary System

Haya participates in therapy with no concerns of cardiopulmonary function. She does not show signs of distress during activities.

Sensation:

Formal sensory testing has not been performed secondary to cognitive/communicative concerns. Haya does demonstrate decreased WB on the plantar surface of her feet with increased tendency to WB through her medial and lateral aspects of her foot, possibly secondary to decreased sensation integration. With increased proprioceptive input during gait, she is able to demonstrate increased foot flat. Haya may benefit from increased sensory input for greater kinesthetic awareness in space. Techniques offering additional sensory feedback, such as kinesiotape and theratogs may be considered as therapeutic adjuncts.

Leg Lengths:

No concerns at this time.

Spinal Alignment:

No concerns at this time.

PROM:

Haya has excessive B hip internal and external rotation. She also has excessive hyperextension B demonstrated during stance and gait. She also has excessive inversion of her L ankle compared to her R. Haya demonstrates excessive pronation of her R foot compared to L in stance. UE PROM is WFL except for B 5th digit extension, which mother indicated contracture of flexor tendons has been present since birth.

Strength

Strength was assessed through functional activities (transitions: sit ↔ stand, quadruped → tall kneel → ½ kneel → stand). Haya presents with decreased B LE strength. She has decreased proximal hip strength observed during ½ kneel → stand transition. Haya also demonstrates decreased knee flexion and extension strength observed through a decrease in weight shift over the stance LE

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during transition. She also demonstrates decreased concentric and eccentric control during sit ↔ stand transition.

Reflexes/reactions

Haya presents with no UE protective responses.

Muscle Tone & Spasticity

Haya presents with 1-2 beat clonus in B PF.

Posture

Haya demonstrates a low tone posture throughout observed via anterior pelvic tilt with hip extension, B knee hyperextension, excessive L foot supination, and R foot pronation in stance.

Balance

Haya has fair static sitting balance, demonstrated by her ability to sit upright at EOB with hands in her lap. When sitting in the middle of mat, Haya tends to ring sit with no UE support and supervision to CG from therapist.She has fair + (plus) dyanimic sitting balance, as she is able to balance herself and return to upright after minimal weight shifts in all directions (forward, backward, left, right). Haya demonstrates a decrease in UE protective responses during perturbations and/or weight shifts in sitting. She utilizes her trunk and B LE musculature to maintain her balance in sitting. In static stance, Haya demonstrates fair– (minus) balance, as she is able to stand with min assist from support surface or therapist to remain upright. She tends to gain stability through B knee hyperextension and hand hold assist fom therapist. Haya's dynamic standing balance is fair– (minus) with need for hand hold assist during activities.

Mobility

Bed Mobility

Haya demonstrated ability to position herself into quadruped and creep on mat for mobility. Haya was seen in bed and on the mat for sessions; however, rolling supine ↔ prone was not observed at anytime.

Transfer/Transition

Haya is dependent x 1 for functional transfers. Haya demonstrates ability to position herself into the following positions: ring sit, W-sit, side-sit, quadruped, tall kneel, ½ kneel, and stand. She demonstrates ability to perform transitions with manual assistance from therapist. She holds herself in quadruped with supervision. She is able to transition from quadruped into tall kneeling with supervision to contact guard for balance. Haya needs mod to max A when transitioning from tall kneel → ½ kneel → stand. Therapist placed LE for transition while giving A at pelvis and LE for stability and weight shift over stance LE. Haya demonstrates decreased strength and stability in her B LE musculature during transition, observed by joint movement of the WB LE. She also has a tendency to stand on the lateral surface of her L foot, but with assistance at the dorsum (top) of foot she is able to maintain foot flat contact during WB. Haya also needs input to dorsal surface (top) of her R foot to maintain foot flat. She tends to roll into excessive pronation on the R and WB through the medial aspect of her foot.

Ambulation/Gait Analysis/Standing

Haya ambulates 10' x 5, initially needing mod A x 1 at hips and pelvis for lateral weight shift over stance LE. She then progressed to hand held A with proprioceptive input B LE at hips. With input Haya demonstrated increased gait quality through foot placement and weight shift. Once input was removed, Haya was able to maintain proper foot placement and weight shift for 5-10'. Downward proprioceptive input also occasionally proved helpful to facilitate Haya's stance and gait abilities.

During gait, Haya demonstrates decreased B LE strength and deceased awareness of her body in space. In stance phase on the L LE, Haya tends to roll her L foot into excessive supination and ankle inversion to WB through the lateral aspect of her foot and

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ankle. On her R LE in stance, she tends to roll her R foot into pronation to WB through medial aspect of her foot. During stance phase, both knees go into hyperextension to offer stability. She tends to ambulate with a narrow base of support, observed by her foot placement less than 2-3" apart and occasionally across midline.

Stairs Management

Haya was not assessed for stair negotiation during therapy sessions.

SUMMARY AND RECOMMENDATIONS:

Pt is a 5 y.o. young girl S/P resection of R cerebellar astrocytoma 8/05; residual hygromas and recurrent hydrocephalus S/P VP shunt January 2006; epilepsy. Haya has motor and cognitive/language disabilities. She is admitted to KKI for intensive inpatient rehabilitation evaluation and treatment.

Impairments:

Decreased balance
Decreased strength
Absent UE protective responses
Decreased LE stability
Decreased gross motor/developmental skills
Decreased functional mobility
Decreased knowledge of HEP

Activity and Participation Limitations:

Haya presents with the above impairments and functional limitations, which will affect her abilitiesto participate in functional activities at home, school, and in the community.

Recommendations:

It is recommended Haya be seen for continued PT services 2-3x/wk on an outpatient basis for the next 2-3 weeks while family is in the country. Continued PT services should focus on Haya's progression of developmental skills, family education, development and implementation of HEP, and orthotic and equipment assessment as indicated. Haya would also be suitable/benefit from ongoing outpatient services, 1-2x/wk, to address the long-term progression of her skills.

Haya's parents were active participants in the evaluation process and the development of treatment plan of care on this date.

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Signed on 7/11/08