

CASE STUDIES

Anoxic Brain Injury

Taking the Long-Term Approach to a Client's Functional Goals

Background: In late January 2003, Susan C., a 37-year-old Utah high school English teacher, underwent a hysterectomy and related surgeries. Four hours post-operative, however, she went into cardiac arrest from a massive pulmonary embolism and sustained a stroke, which in turn caused anoxic brain injury. After

two and a half weeks of acute hospitalization followed by a month-long stay in a rehabilitation hospital, she was discharged back home to her husband and two small daughters. Due to existing deficits in Susan's cognitive and functional abilities, the nurse case manager from her insurance

provider had recommended that Susan be evaluated for home and community rehabilitation with Rehab Without Walls®. An in-depth screening by the Rehab Without Walls Salt Lake City clinical coordinator—which involved review of medical records as well as interviews with Susan, her husband, nurse, speech-language pathologist, occupational therapist and hospital case manager—showed her to be an excellent candidate.

Rehabilitation Needs: “Although the Rehab Without Walls approach works for many different kinds of clients with many different diagnoses, the

best candidates tend to have excellent motivation, strong family support and had a high level of function before the illness or injury. Susan had all of these things,” says Barb Neuenschwander, the speech language pathologist on Susan's clinical team.



Along with Neuenschwander, Susan's team consisted of an occupational therapist and a clinical coordinator. As on every Rehab Without Walls case, both the client and family members also are part of the team. At the first case conference, everyone on the team discussed Susan's rehabilitation needs and set functional goals.

Number one on the list was safety. At the outset of home and community rehabilitation, Susan needed 24-hour supervision in the home. She was unable to provide care for her children, participate in self-care and home management activities, or drive a car. Also of great concern were Susan's short-term memory loss and her lack of organizational skills. “This was especially frustrating to me because in the past, I had been extremely organized, active and on-the-ball,” says Susan. “After the brain injury, every time I would walk downstairs I would forget what I went down there for.”

Susan also expressed one overriding goal: to return to work teaching high school English.

As a result, the team established the following functional goals:

- To exhibit safe behavior and judgment in the home environment, using compensatory strategies when appropriate.
- To remain alone and unsupervised—with responsibility for child care—for up to eight hours.
- To independently utilize compensatory strategies for successful completion of basic home management activities.
- To be independent in self-care and ADLs.
- To be independent in health maintenance tasks such as taking medication and making physician appointments.
- To demonstrate independence in using memory and information management systems.
- To exhibit adequate short-term memory and organizational skills to allow for return to work.

The Rehabilitation Process: “The team’s greatest challenge in the rehabilitation process was Susan’s memory impairment,” notes Neuenschwander. “In some ways she was in denial about the changes it required in her life. Once we were able to help her understand her new reality, however, we were able to make progress.” The team suggested memory aids such as a handheld PDA, a family calendar on the refrigerator door and a daily “to do” list by the phone. The occupational therapist incorporated Susan’s computer for working on memory and cognitive functioning, and used a series of home flashcards to build her memory. He also tapped into Susan’s love of scrapbooking to work on her organizational skills. Child care proved another challenge. Because the children

could be noisy and distracting to Susan, the team used one-hour increments to reintroduce them back into her life. As for the goal of getting back to work, the team was able to conduct class simulations at the school during times when students were not present, as well as review lesson plans, deal with student questions and focus on mock classroom situations.

Recovery and Results: By the end of Susan’s six weeks with Rehab Without Walls, she had met most of her goals completely with the exception of two. One was being independent in her medications. But, as Neuenschwander explains, “The medication regimen kept changing, so Susan’s husband felt more comfortable handling that aspect of her recovery until the medications schedule became more stable and predictable.” The second was returning to work. Susan’s original goal had been to begin teaching the fall 2003 semester. A trial run showed that Susan wasn’t ready, so she then set her sights on January 2004. But again, her lingering short-term memory issues held her back. Now Susan is focused on fall 2004. She has opted to save the last two of her allotted occupational therapy visits for that time so that her therapist can actually work with her in her classroom to evaluate any deficits and establish compensatory strategies. “I’m most impressed with how supportive the team has been with my goal of getting back to teaching. They made my priority their priority,” Susan says. “The other thing I really valued about Rehab Without Walls was the fact that they came to me. They worked around my schedule. They allowed me to recover at home and be with my family. For me, that was a real blessing.”

**Names of patients and family members have been changed to protect their privacy.*