

❖ Worksheet Assignment 1

Observation of a Patient Assessment

Name

Date

Observe the patient and the environment

1. **List any medical equipment being used by the patient.**
 - The patient is receiving oxygen through a nasal cannula.
 - The patient is wearing sequential compression devices on both lower extremities.
 - The patient has an IV needle in the left upper extremity (no line attached).In addition:
 - A gait belt was used during ambulation.
 - The patient uses hearing aids, bilaterally.

Assessment of body functions and structures

2. **Describe the motor function of the right upper extremity (as observed during the assessment).**

The patient exhibits impaired coordination throughout the left upper extremity.

 - **Shoulder:** The patient has active shoulder flexion and abduction to 90°.
 - **Elbow:** The patient has full active elbow flexion and extension.
 - **Forearm:** The patient is able to pronate and supinate the forearm.
 - **Wrist:** The patient has active wrist flexion and extension.
 - **Hand:** The patient has active finger flexion and extension.
3. **Describe the results of the right lower extremity assessment regarding:**
 - **Sensation:** Light touch and deep pressure appear absent; proprioception appears impaired.
 - **Tone:** No abnormal tone observed.
 - **Motor function:**
 - In supine:*
 - Toes: active flexion and extension.
 - Ankle: active plantarflexion and dorsiflexion.
 - Hip: active flexion and extension.
 - Hip: active external rotation.
 - In sitting*
 - Hip: flexion against resistance.
 - Knee: extension against resistance.
 - **ROM:** Within functional limits throughout the right lower extremity.

Assessment of functional activities

4. **Name 4 functional activities that you observed the patient perform during the assessment. How much assistance was required for each task?**

Activity #1

Bed mobility: rolling toward the less involved and more involved side.

No assistance required.

Activity #2

Bed mobility: sidelying to sitting.

Used bed rail as an assist.

Activity #3

Scoots to edge of bed.

No assistance required.

Activity #4

Sit to stand and stand to sit.

Minimal assist with light contact.

Activity #5

Ambulation

Moderate assistance of two required.

5. **How would you describe the patient's key problem area?**

Severe sensory impairment of the right upper extremity and right lower extremity.

6. **How might the identified key problem affect the patient's ability to function?**

Due to decreased awareness of the involved side, safety is the major concern.

Patient will have trouble with foot placement during tasks such as ambulation or stair climbing.

The patient will have difficulty with self-care tasks that require two hands due to sensory impairment.

Describe your plan of intervention based on this assessment.

The plan should include:

Increase awareness of the right upper and lower extremities.

Teach compensatory strategies for sensory impairment.

Assess the need for an orthotic device to maintain correct alignment of the ankle.