Observations of Alice

W4 Patient Observation Form: Alice

Alice is a good example of a patient whose problem areas are very subtle during static observation but more obvious during dynamic observation. This patient observation assignment is also more difficult for students because there is no narration to guide them to Alice's problem areas. They must make their own conclusions.

1. **Describe Alice's base of support. Include weight distribution, position of upper and lower extremities and surface support.**

   Alice is sitting on a solid surface (the mat table) and her base of support is over both hips and both feet. Her weight appears to be evenly distributed over both hips.

2. **Observing Alice from the side, describe the position of her pelvis.**

   Alice's pelvis is in a neutral position. She does not sit in a posterior pelvic tilt.

3. **Describe any asymmetries. Include creases or folds, position of the head, height of the shoulder, position of the scapula and the upper extremities.**

   When observing Alice from the front the right shoulder appears lower than the left. The right upper arm is atrophied (shows less muscle bulk) and she postures with her right upper extremity in internal rotation.

   When observing Alice from the back, the right scapula is resting lower than the left on the thoracic wall.

4. **Describe Alice's movement during dynamic observation. Include quality of movement (selective control or synergistic movement).**

   When Alice begins to move her upper extremity, she displays excessive effort on her strong side. She shifts her weight over the involved side. Her upper extremity movement is in a flexion synergy.

   Trunk She uses trunk extension to assist during shoulder flexion. She also shortens her strong (left) side in order to stabilize which lengthens her involved (right) side.

   Shoulder All movements of the shoulder are nonselective (in a flexion synergy). She is able to actively flex and abduct her right arm to approximately 90˚. When she does this, her scapula pulls into retraction and elevation.

   Elbow Although Alice is able to fully flex her elbow, she is unable to flex it selectively (without the shoulder component).

   Forearm As Alice moves her upper extremity, her forearm remains in pronation.

   Wrist During all upper extremity movement, the wrist stays in neutral to slight flexion. She does not extend her wrist.

   Hand With the effort of upper extremity movements, the hand and fingers flex. Sometimes the effort causes a fist, with thumb and finger flexion. Other times the fingers are only slightly flexed. No apparent active finger extension.

5. **Are there any limitations or changes noted in the non-involved side? Please describe.**

   Active shoulder flexion and abduction appear to be limited to approximately 140˚.

