

Clinical Reasoning with Dick

W8 Patient Observation Form: Dick

1. **How does Dick move from standing to sitting? Describe weight shift, trunk rotation, forward flexion, any equipment used.**

The first time Dick sat down, he held onto his walker with his right hand, flexed forward at the trunk and sat down slowly, “plopping” down the last few inches. The second time Dick held his jacket with his right hand and didn’t use his right hand to support himself as he slowly flexed forward.

2. **How does Dick come from sitting to standing? Describe weight shift, trunk rotation, forward flexion, any equipment used.**

Dick has difficulty with enough forward flexion that is necessary to stand up. He compensates by placing his right hand on the table and uses it to help him flex forward. His feet are spaced widely apart. He has minimal trunk rotation.

3. **Describe Dick’s base of support. Include weight distribution, position of upper and lower extremities and surface support.**

In Sitting: Dick sits with his weight distributed slightly more on his right than his left.

He sits back against the chair (posterior pelvic tilt)

He braces with his right arm

In Standing: Dick stands with his weight primarily over his right leg. His feet are fairly wide apart, and foot placement is not parallel.

4. **Describe how Dick uses his left upper extremity for functional tasks during the interview, i.e., taking off his jacket.**

Dick displays some active shoulder and elbow control but does not use his left hand. He can hold his jacket on a flexed elbow.

5. **Describe Dick’s movements during dynamic observation. Include quality of movement (selective control or synergistic movement).**

Left upper extremity and lower extremity movements are slower and “stiffer” than the right. Some movements could be described as ataxic.

Trunk decreased trunk rotation and forward flexion

Shoulder shoulder flexion over 90°, against gravity

Elbow full elbow extension and flexion, against gravity

Forearm supination and pronation

when Dick attempted forearm supination, he substituted with shoulder external rotation. He was able to pronate his forearm.

Wrist active but limited flexion and extension

Hand just beginning limited active flexion and extension of the first two fingers at the MCP joints. Can make a fist, slowly.

6. **Describe the Tactile Observations that Jan made while moving Dick's upper extremity. Is there resistance? Is it heavy?**

Jan states that his arm is light and easy to move. Not heavy, no resistance, and no swelling noted.