Patient with Left BKA

* You are a frail 60 year old female who is 4 days post-op left BKA secondary to a gangrenous ulcer on your heel.  You are a 2 pack a day smoker for the past 45 years and have been a diabetic for 12 years. You present with a persistent cough / wheeze and fatigue quite easily.
* Today is the first day you have seen this patient. Assess and report her vital signs.  Her treatment for today is focused on ambulation. She needs to become more ambulatory as she has only been standing in the parallel bars. Instruct this patient in a step-to gait pattern with the appropriate assistive device.  Provide 2 additional treatment interventions that would be appropriate for this patient.
  + Assess: VItals and fit for assistive device elbows 20-30 degrees
  + Main intervention: Gait belt and stand on left side then show her how to walk in walker
    - Inbetween walking ask her about her RPE and reasses vitals
  + Other 2 interventions: Smoking, bedside rows 2 sets of 8 or hip hike in parallel  or work on preventing contractures

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* Today is the first day you have seen this patient. Assess and report her vital signs.  Her treatment for today is focused on pulmonary rehabilitation. Instruct her in Active Cycle of Breathing Techniques. Also, provide 2 additional treatment interventions that would be appropriate for this patient.
  + Access: Vitals, BP on monitor pulse ox for HR o2 sat RR  and ausculations just do posteriorly 4 deep breaths assess accessory muscles
  + Don't forget spit bucket
  + Main intervention: Gait belt, active cycle, Diaphramic breathing 3x, deep breath in and hold it for 3 seconds then passively let it out 3x, return to breathing cycle 30 sec to 3 min, forced expiratory (huffing) 1-2x, normal breathing cycle 30 sec to 3 min.
  + Other 2 interventions: Smoking, Pursed lip/pacing
  + Always remember to reassess

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* Today is the first day you have seen this patient.  Assess and report girth measurements of the residual limb.  Treatment for today is focused on reducing edema. ACE wrap her left LE. Also, provide  2 additional treatment interventions that would be appropriate for this patient.
  + Access: Assess height of walker Girth of 2-3 stops above distal joint tibial tuberosity, 5 cm up, then another 5 cm up we are doing this to measure edema, as I ace wrap right after this that will help the edema go down and once we control it and **get to resolve we can start looking at a prosthesis for you**
  + Main intervention: ACE wrapping to reduce edema
  + Other 2 interventions: smoking and focus on gait while walking to the parallel bars.
  + Always remember to reassess

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* Today is the first day you have seen this patient.  Assess and report bilateral hamstring and hip flexor flexibility.  The focus of today’s treatment is to instruct and position this patient correctly as to prevent the formation of contractures in the left lower extremity.  Also, provide 2 additional treatment interventions that would be appropriate for this patient.
  + Access flexibility: Vitals/dyspnea scale Hip flexor lay on back on table hold one knee to chest check fingers under hamstring (Thompson). Hamstring leg raise w/ gonio. Do this on both legs. Inspect limb
  + Main intervention: Positioning put her in supine pillow under back, butt, and head
  + Other 2 intervention: Smoking, Quad sets for knee extension, diaphragmatic breathing

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* Today is the first day you have seen this patient. Assess and report her hip abduction, extension, and knee strength.  Her treatment for today is focused on lower extremity strengthening. 02\* Also, provide 2 additional treatment interventions that would be appropriate for this patient
  + Assess: Vitals and check for femoral pulse then check incision for color, temp, checking for infection. Lay supine: support legs with arm have her move out to side. Lay on uninvolved limb and test ext and curling the knee. Have her stand up and extend uninvolved and bend knee against gravity.
  + I think we should just get her up for this one teach her how to walk for an intervention then go to the paralel bars to assess her functional mobility of those muscles then bring her back to the bed and do those isometrics and smoking cesarean

I don’t think we can 4 days post op. I think i’m just going to test evertthing supine how do you test hip and knee extnesion in supine and yes you can do that becasue the other prompts ask her to walk and strengthen and if she can walk and strengthen she can move along the lines of gravity. YOu can do what you feel comforable with but how do you test that stuff in supine

So for the abduction- assist them to bring it along the table

Hip Extension- beth said we could test it by putting a towel under the persons but and have them activate the glutes

Knee extension- you do like a quad set with them

* + put towel and push into it
  + Main intervention: Quad sets for knee extension, isometric abduction, isometric in prone hand over hamstring or feel glutes squeeze
  + Other two interventions: Smoking, upper extremity, squeeze roll between legs

Patient With Right BKA

* You are an overweight 70 year old man who is 4 weeks post-op right BKA secondary to chronic PVD.  You have venous insufficiency in your left lower extremity as well. You are also a diabetic. You are up and around with a walker and preparing for your prosthesis.
* Today is the first day you have seen this patient.  Assess and report bilateral hamstring and hip flexor flexibility.  The focus of today’s treatment is to instruct and position this patient correctly as to prevent the formation of contractures in the right lower extremity.  Also, provide 2 additional treatment interventions that would be appropriate for this patient.
  + Assess: vitals hamstring and hip flexor flexibility SLR and Thompson test also inspect skin and residual limb
  + Main intervention:  Gait belt lay supine with pillow under butt, head, and lower back progress by doing prone
  + Other 2 intervention: Wound care check for ulcers because 80% of ulcers are result from venous disease,  PNF for hamstring,  bridging
  + reassess

Patient with RIght BKA

* You are an overweight 70 year old man who is 4 weeks post-op right BKA secondary to chronic PVD.  You have venous insufficiency in your left lower extremity as well. You are also a diabetic. You are up and around with a walker and preparing for your prosthesis.
* Today is the first day you have seen this patient.  Assess and report girth measurements of the residual limb. Treatment for today is focused on reducing edema.  ACE wrap his right LE. Also, provide 2 additional treatment interventions that would be appropriate for this patient.
  + Assess: vitals and girth measurements 5 cm up and down from bony landmark
  + Main intervention: ACE wrap
  + 2 other interventions: gait in his walker on the way to the parallel bars and about Venous insufficiency (watch for ulcers, wounds, anything unusual, exercise is good for venous insufficiency)
  + reassess

Patient With right BKA

* You are an overweight 70 year old man who is 4 weeks post-op right BKA secondary to chronic PVD.  You have venous insufficiency in your left lower extremity as well. You are also a diabetic. You are up and around with a walker and preparing for your prosthesis.
* Today is the first day that you have seen this patient. Assess and report bilateral hip flexion and abduction strength. Instruct this patient in the **appropriate gait pattern using the appropriate assistive device**. Provide 2 additional treatment interventions that would be appropriate for this patient.
  + Assess: vitals and bilateral hip flexion sitting on side of bed test for 3 then add resistance/abd strength in sidelying inspect inspect inspect inspect
  + Main intervention: walking with gait
  + 2 additional interventions: UE strengthening and hip hiking or you can talk about venous insufficiency

Patient with Right BKA

* **You are an overweight 70 year old man who is 4 weeks post-op right BKA secondary to chronic PVD.  You have venous insufficiency in your left lower extremity as well. You are also a diabetic. You are up and around with a walker and preparing for your prosthesis.**
* **Today is the first day that you have seen this patient. Assess and report bilateral hamstring and hip abduction strength. Instruct this patient in an appropriate exercise for each muscle assessed.  Provide 2 additional treatment interventions that would be appropriate for this patient.**
  + Assess: Vitals and report bilateral hamstring and hip abduction strength 3/5
  + Main intervention: Strengthening hamstring by having a giant towel under his knee and curl and squeeze and hip abduction laying side-lying against gravity
  + 2 additional interventions: Squeeze towel to adduction or quad sets and edu on PVD

Patient with COPD

* You are a 55 year old male who has been  a 2+ pack a day smoker for the past 30 years.  You have just been diagnosed with COPD but also are having an exacerbation of your asthma.  In addition, you have HTN, high cholesterol, and a positive history for cardiac disease. You present with a persistent cough / wheeze and fatigue quite easily.
* Today is your first day seeing this patient. Assess and report pertinent respiratory information.  Treatment for today includes postural drainage for bilateral **apical segments of the upper lobes** along with percussion and shaking.  In addition, provide 2 additional treatment interventions that would be appropriate for this patient.
  + Asses: Vitals and ausculations dyspnea scale, Two front, two back
  + Make sure you have a spit bucket
  + Main intervention: Seated cupping on shoulders (3-5)  dyspnea scale then shaking (5-7 times)
  + Other two intervention: **Pursed lip breathing, smoking**

Vitals