

Understanding the Impact of Concomitant Psychotropic Medication Use in Patients also Receiving Physical and/or Occupational Therapy

Enhancing pharmacological and rehabilitation therapies through understanding of meds

Patient Problems used in the PowerPoint

Patient Problem 1:

Your 34 y/o female patient sustained a spinal cord injury and has paraplegia at the T12 level. She receives 20 mg of Baclofen BID for her spasticity. She has experienced difficulty sleeping since arriving at your rehab facility and flurazepam (Dalmane) was prescribed as a sleep aid. You notice that her performance and level of attentiveness during morning PT sessions is very poor with poor carryover of training from the morning to the afternoon sessions.

- Hypothesize about why this may have occurred.
- What would you recommend and how could you modify PT?

Patient Problem 2:

Your patient is a 72 y/o male who is receiving in-patient rehab following a L CVA. He exhibits Brunnstrom Level 3 signs and symptoms (significant spasticity, movement within gross synergies) and moderate expressive aphasia. During his acute care stay, it was determined that he was severely depressed and he has now been receiving Amitriptyline (Elavil) for depression. He arrives for his therapy treatment in a W/C and, when you assist him to stand, he experiences a syncope episode.

- What would you do?
- Hypothesize about why this may have occurred.
- How would you prevent future occurrences?

Patient Problem 3:

Your patient is a 26 year old woman who has been receiving physical therapy intermittently throughout her recent pregnancy for TMJ dysfunction. Today is her first appointment with you after giving birth 2 weeks ago to her son. She presents to the outpatient clinic with her crying infant in her arms, appearing highly disorganized and disheveled (beyond the normal post-partum expectations.) As you talk with her, she accuses you of trying to steal her son and appears to be having a conversation with someone who is not actually present.

- What is happening?
- What will you do?

- The patient is eventually admitted to a psychiatric hospital where she and her infant stay for 2 weeks. She was diagnosed with postpartum psychosis and put on a gradually increasing dose of risperidone to which she responded well.
- Three weeks later, she has a physical therapy appointment with you. This time, her 6 week old infant is in a stroller and the patient appears well groomed and better rested. She states she has been allowed to continue breastfeeding while on the risperidone. She also complains of not being able to lose any of her prenatal weight gain to date.

1- Is the lack of weight loss related to her medication? What SE is she susceptible to while on risperidone?

2- Is there evidence regarding nursing with APD?

Patient Problem 4:

Your patient is a 59 y/o female receiving home health PT following BTKA. Her past medical history is significant for bipolar disorder for which she has been receiving lithium for several years. As you evaluate her ability to perform functional activities, the patient reports that tremors have recently made hand activities difficult. You notice that the tremors are present both at rest and during activity.

- Hypothesize about why this may be occurring.
- What would you do?