

Evaluation Plan for Susan Hernandez (Time 1.5 hours)

Purpose of evaluation: Identify occupational goals of client and establish treatment plan to help meet those goals, in light of a recent acute inflammatory flare up and diagnosis of Stage III Rheumatoid Arthritis (RA). *Follow on questions depending on responses.*

Introductory Questions

A mix of specific and open questions asked to establish a basis for personal communication and rapport and also to obtain essential background and history that may not be yet captured.

1. I understand you have met with an Occupational Therapist before, do you remember their name? Did they make any measurements of your arthritis? Is this the first time your knee joints have been involved? *Measurement history.*
2. I understand you are on leave from work, how long has that been the case?
3. Was there anything specific that you remember that has helped get you out of previous flare-ups or does it seem to just come and go by itself?

Client Factors

Standardized Measure using the COPM

4. I would like to use a short interview questionnaire that was developed in Canada but is now used around the world to help us evaluate the kinds of tasks you do, those you need to do, and how you feel your presently able to do them. This will help us come up with a plan to address specific issues you may be having.
The aim here is to discover any specific tasks that cause the client particular difficulties in their self-care, productivity, and leisure occupations (Radomski & Latham, 2008, 70). COPM should yield a client satisfaction criterion and help determine areas for therapy and adaptation. For instance, what is most important for the client? Is getting back to work more, less, or of equal performance to getting back to cooking, for instance?
5. Of all the things we have talked is there anything we've missed? What do you think would make you most happy to be able to improve?

Contextual Factors *(Now consider other aspects that have an affect on client.)*

6. How are your current limitations affecting your family?
7. Is there a maximum length to the disability leave from the Library?
8. How often do you get to see your children?

Bilateral Range of Motion Testing

Standardized physical measure. A lot of our activities at home need us not only to get around the house but also to be able to grip and pick things up, so I would like to do a quick measurement of your range of motion. In other words, we want to understand how flexible, and how strong you are, particularly your hands, wrists, and arms, and how that flexibility may be affecting what you do.

First I would do a Functional Active Range of Motion Scan (Radomski & Latham, 2008, 91). I would do this to make sure that other joints, such as shoulder and elbow are working normally. If something were awry, I would add joints to planned goniometer measurements.

9. I would like to measure the range of motion in your fingers and wrists. Are there any particular fingers or areas giving you problems, or that have changed recently?

Use goniometer to measure the ROM for the MP, PIP, and DIP of the index finger of left and right hands. Measure right and left wrist extension and flexion. *Any other joints as noticed in scan.*

Manual Muscle Testing

Standardized assessment. *Depending on client's pain level, following results of goniometer measurements, I would conduct MMT tests on same joints (ROM for the MP, PIP, and DIP of the index finger of left and right hands. Left wrist extension and flexion. Any others added due to screen.)*

Bilateral Grasp and Pinch Strength Testing

Use dynamometer to measure grip strength for both left and right hands. Use pinch meter to conduct tip pinch test on left and right hands.

Current Mobility and Environment Assessment

10. Could we go into the kitchen so you can show me what you find difficult?
Simultaneously evaluate the client's mobility in a non-standardized way but through direct observation, and to perform an initial, non-standardized environmental assessment. *Depending on kitchen layout, either stay here and discuss any self-care issues and any limitations observed or discussed regarding ADLs or IADLs or return to place where client is more comfortable and can sit.* Plan to use a checklist to make sure all areas are covered/asked about.

11. Do you have any problems with: Bathing or showering; bowel or bladder management; dressing; eating; feeding herself; personal device care; personal hygiene and grooming; sexual activity; toilet hygiene.

12. Do you have any problems with: Care of others; pets; communications; financial management; health management; religious observance; safety and emergency maintenance; shopping; rest and sleep; social participation.

Leaving sentences

13. Are you doing any exercises that your doctor or other professional has suggested?
I'll be writing up all the information we discussed and give it to Dr. *NAME*, since he referred it to me, so we can get together to do our best to help you through this.

Reference

Radomski, M. V., & Latham, C. A. T. (Eds.) (2008). *Occupational therapy for physical dysfunction (6th Ed.)*. Baltimore: Lippincott Williams & Wilkins.