Treatment Plan for Frontal CVA
Part 1: Strengths & Limitations

7 Strengths:

1. Independent (I) in activities of daily living (ADLs) of bowel and bladder management; and eating (occupational performance (OP)).
2. (I) in sleep (OP).
3. (I) in neuromusculoskeletal and movement-related functions (client factor (CF)).
4. (I) in voice and speech function (CF).
5. (I) in sensory and pain functions. Visual field, tested by confrontation testing, WNL (CF).
6. Wife's support and care (context variable (CV)).
7. Good network of friends (CV).

8 Limitations:

1. Needs minimal assistance in ADLs of bathing and showering; dressing; feeding; personal device care; personal hygiene (OP).
2. Needs a variety of levels of assistance—from minimal to maximum—in all instrumental activities of daily living (IADLs) (OP).
3. Impaired in work; unable or unwilling to initiate usual work at dealership, committees at synagogue, community service clubs (OP).
4. Impaired in leisure. No longer participates in the golf, tennis, and cards. Does not engage in non-structured activity with his friends when they come to visit (OP).
5. Impaired in social participation, in roles in community, family, and peer or friend (OP)
6. Difficulties in all areas of mental function; particularly attention and memory that impact the higher cognitive functions of organizing tasks and problem solving (CF).
7. Difficulty maintaining visual attention on a stimulus, despite vision being WNL (CF).
8. Family has concerns about having grandchildren near him (CV).

Part 2: Problem/Cause Statement

Occupational Performance: Social Participation
The client does not initiate or maintain social interaction without cuing due to damage to both specific and global mental functions as a result of a frontal lobe cerebrovascular accident (CVA).

Part 3: Goals

Long-Term Goal (LTG): In six weeks, the client will independently initiate using his *compensatory memory book* once a day so as to complete an activity of social performance.

Short-Term Goal (STG): The client will use a checklist, from his *compensatory memory book*, to unpack the dishwasher and put items away in the right place in the kitchen within 3 weeks, re-establishing a previous social role and activity.

Part 4: Treatment Principle

Approach: Primarily compensatory, with some restorative elements.

Method: Train the client to use, and contribute to, a *compensatory memory book,* such as used by Sohlberg and Mateer (as cited in Gillen & Rubio, 2011, p. 523), that contains checklists covering the client's usual social activities so as to enable him to follow the steps of each activity and keep him on task to complete the desired social performance.

Part 5: Treatment Activity

Activity: In a 15-minute, outpatient therapy clinic appointment, the client will be given a small (5 inch x 7 inch), loose-leaf, *compensatory memory book* containing activity checklists. The client will learn how to use a checklist that comprises the steps to follow to ensure completion of usual daily activities. The client will choose an example checklist from the book, such as how to brush teeth or how to get dressed, and go through it with the OT. If the client identifies steps he does or does not do, the client will be asked to make the change to the checklist, or the therapist can make it if the client prefers. In working through a checklist, the client will learn how to use the checklists to act as helpful reminders. In addition the book includes blank checklist pages that the client can use to create his own.

Setup: OT and client sit side by side at a table in the outpatient clinic. A previously-prepared compensatory memory notebook containing examples of checklists and blank checklist forms. Pencils available for OT or client to use to adjust checklists.

OT expectations: OT has knowledge of using a compensatory memory book and the three-stage training sequence: how to use the book; where and when to use the book; and how to adapt or update the book to include new situations as per Sohlberg and Mateer (as cited in Gillen & Rubio, 2011, p. 523). While the book is a compensatory method of treatment, its use incorporates Abreu and Toglia's (1997) approach to gradually increasing demands on the information processing system of the client. As the client has already shown he can follow checklists, this can be graded to his personal situation. The OT needs to understand the attention difficulties and low frustration threshold of the client and adjust the cognitive demands of the exercise to match the client's capabilities. If client approves, family and friends will be educated in how to use/update the compensatory memory book.

Client expectations: Sit at table; wear reading glasses; pay attention to therapist and follow instructions; interact socially with OT; read through a checklist; optionally write corrections to a checklist. Learn what the book is for and how to use it.

References

Gillen, G., & Rubio, K. B. (2011). Treatment of cognitive-perceptual deficits: A function-based approach. In G. Gillen (Ed.), *Stroke rehabilitation: A function-based approach* (pp. 501-533). St. Louis, MO: Elsevier.

Abreu, B. C., & Toglia, J. P. (1987). Cognitive rehabilitation: A model for occupational therapy. *American Journal of Occupational Therapy, 41*(7), 439-448.