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Disability, Mobility & Society [Physical Therapist Assistant Program]

Clarence Chan

CUNY La Guardia Community College

Debra Engel

CUNY La Guardia Community College

May Tom

CUNY La Guardia Community College

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Sample Revised PTA Program Assignments #1

Disability, Mobility, & Society

SCT 221 - Course Assignment

Assignment Prompts:

1. Student will be assigned to one of the five teams.
2. Each team will develop a 10 min. multimedia pre-recorded presentation of the chosen case. It **MUST** contain all of the following elements:
 - a. Identify and discuss the pathology, impairments, functional limitation, activity restrictions, cultural/environmental/socioeconomic implications. (Follow the ICF model)
 - b. Consider the following aspects of physical therapy interventions:
 - i. precautions & contraindications
 - ii. ADL limitations
 - iii. mobility/locomotion issues (transfers, gait deviations, balance, etc.)
 - iv. assistive devices, orthotic, prosthetic, DMEs
 - v. barriers to treatment
 - vi. patient education & safety instructions
 - c. Consider recommendations to other medical/social/behavioral/financial supports, include any impact on the immediate community.
 - d. Identify any ethical and legal concerns.
 - e. Draw connections to any personal experiences as related to relevant local and/or national healthcare issues.
3. The team will decide on the choice of media platform to present the case.
4. All members of the team must participate and take any active role in the presentation.
5. Please make it informative, reflective, and interactive. Feel free to also make it fun!
6. Each presentation will be followed by a brief Q&A session and be prepared to discuss any additional questions or concerns.
7. The project will be submitted, and made available for viewing, as a media link to the Assessment grid (Global Learning - SCT 221) in the Cohort ePortfolio. Each team member must deposit this assignment individually to receive proper credit for this assignment.

Grading criteria Reference as following:

- Global Learning Rubric:
http://www.laguardia.edu/uploadedFiles/Main_Site/Content/Divisions/AA/Assessment/Docs/Global%20Learning%20Competency%20Rubric.pdf
- Oral Communication Abilities Rubric:
http://www.laguardia.edu/uploadedFiles/Main_Site/Content/Divisions/AA/Assessment/Docs/Communication%20Abilities%20Rubric.pdf

Please feel free to contact us if you have any questions.

Group Project Cases:

1. Age: 71 y/o: Dx: s/p @ Lacunar Infarct 16 days ago;

PMH/PSH: HTN, NIDDM, A. Fib., TKR @ , Obesity (Wt:269 lbs, Ht:5'2"), Emphysema

SH/RH: Sedentary and Retired, living with a disabled spouse in a 2 family home on 2nd/F, enjoyed hiking and fishing, long hx of heavy smoking and drinking,

HPI: Currently in short term rehab setting, hemiplegia with decreased tone, visually impaired, independent on bed mobility, Min A in transfer bed to W/C, Min A sit to stand. P+ strength at R Hip abd, ext/flex; R Knee with F strength ext. and F- strength flex, lacks 15 deg. to full extension at R hip. UE strength is at F/F+ range. There is a small diameter (2") ulcer at the R Med Malleolus.

Health Insurance: Medicare A&B only.

2. Age: 45 y/o: Dx: s/p Laminectomy with fusion L2,3,4; post op 5 wks.

PMH/PSH: Fx L ankle x 2yrs with ORIF, Hx of depression, HIV+,

SH/RH: Semi-pro golfer competes annually, managed a side business as a software designer, single, living in a Manhattan penthouse with elevator to his living room level, travel extensively both for work and for games. Recreational drug use, ETOH, suspected steroid use.

HPI: post-op residual pain at lower back, faulty body mechanics, marked decreased strength at both LEs with poor strength below L2 level, difficulty with ambulation, unable to tackle the 14 steps to his bedroom and bathroom. Poor standing balance, F+/G- strength UEs.

Health Insurance: Private Ins (HMO)

3. Age: 23y/o: Dx: Spinal Cord Injury due to gunshot to C5 level; on ventilator for 9 wks;
PMH/PSH: multiple knife wounds to R arm with limited PROM in elbow and wrist due to scarring, post skin graft x 9 wks, Asthma,
SH/RH: Working in a fast food restaurant prior to injury. Living with a single parent in a housing project on the 2nd/F with poorly working elevator. sedentary and moderately obese, does not engage in any sports or physical activities. Enjoys video games.
HPI: Post spinal stabilization surgery, presented with incomplete Brown-Sequard Syndrome with decreased pulmonary function, altered cardiovascular dynamics, neurogenic bowel and bladder dysfunctions, hemiparesis on the R side and paresthesias in the contralateral limbs. % pain at lower back, difficulty using the R side extremities, P+/F- dynamic standing balance, can take several shuffling steps with poor foot placement on L and difficulty in wt bear on R.
Health Insurance: Medicaid Pending

4. Age: 60y/o: Dx: long hx of DM resulted with a L transfemoral amputation 3 months ago. UTI
PMH/PSH: CABGx3 a year ago with hx of emphysema.
SH/RH: A miner for the entire adult life from Chile, Spanish speaking, retired 6 months ago due to poor health. Came to NYC as on a tourist visa staying with daughter's family in a small apartment. Did not have any specific hobbies but now wants to be healthy to enjoy the retirement.
HPI: Post-op wound healing was slightly delayed due to poor health. Residual limb suture is healed and is ready for prosthetic training. Min-mod edema at distal residual limb. Strength of the R LE is G-/G; L Hip is F-. Independent with sliding board transfer with good sitting balance, B UE strength is G-.
Health Insurance: None

5. Age: 25y/o: Dx: multiple injury on the battlefield due to IED exposure 4 months ago in Iraq. Returned home with loss of R forearm, Fx R tibia (distal 1/3), torn ACL. Loss of hearing on the R side with residual scarring from facial burn.
SH/RH: Trained as the SEAL team member and served in the NAVY for the past 7 years. Currently receiving weekly mental health services for PTSD. A competitive swimmer and looking to return as a swimming instructor. Recovering in the VA hospital, will need to secure a resident prior to discharge.
HPI: After multiple surgeries, ready for prosthetic training and rehabilitation. No % pain at the extremities but significant atrophy with poor muscular endurance. No loss of ROM. (-) edema at UE, TTWB on the R for 6 more weeks. Independent with bed mobility and transfers.
Health Insurance: VA coverage