

**PHYSICAL MEDICINE AND REHABILITATION NOTE  
CENTER FOR ASSISTIVE TECHNOLOGY**

John Jones is a(n) 54 year old man with Spina Bifida who presents with a chief complaint of a need for a mobility device evaluation.

John currently uses a depot manual wheelchair for mobility. Issues have included: this device is approximately 7 years old, there are multiple repair issues on this device and the client can no longer propel the wheelchair due to shoulder pain.

The client is uncomfortable in the current device, has been treated for chronic pain and has had wound reconstruction surgeries.

History also obtained from mother.

**PAST MEDICAL/SURGICAL HISTORY:**

Hydrocephalus

**OTHER MEDICAL HISTORY IN E-RECORD:**

Diagnosis

Diabetes

Cataracts

**Past Surgical History**

Procedure	Date
• VP Shunt	2/9/82
• Laminectomy, lumbar	4/5/99

**Patient Active Problem List**

Diagnoses	Code
• Acne NEC	706.1
• Diabetic Retinopathy	362.01
• Asthma	493.21

**FUNCTIONAL HISTORY:**

Mobility: ambulation is not functional because of falls, reduced endurance and weakness and needs assistance with transfers.

Self Care: The client needs assistance with the following ADL's that could be performed at a more independent level if mobility status were improved: grooming, toileting, dressing, bathing, self-feeding and child care.

Braces: bilateral HKAFO

Assistive Devices: lofstrand crutches.

**MEDICATIONS:**

OXYCODONE SR 10 MG 12 HR TAB            1 tablet by mouth every 12 hours  
ASPIRIN 81 MG TAB                            1 tablet by mouth daily  
CALCIUM + D TABLET 600 MG            1 tablet by mouth daily

**SOCIAL HISTORY:**

Home: Patient lives with significant other in a(n) two story house.

**FAMILY HISTORY:**

Problem	Relation
Glaucoma	Father
Hypertension	Father
Hypertension	Sister

**REVIEW OF SYSTEMS:**

Denies: chest pain, shortness of breath, numbness and tingling in arms and headaches  
Endorses: numbness and tingling in legs  
Pain: moderate in the shoulder joint(s)  
Skin Issues: no breakdown  
Bowel/Bladder: incontinence  
Vision: problems with decreased acuity  
Shoulders: admits to a problem with overhead activities  
Mood and Sleep: anxiety worsening  
Weight: obese  
All other systems are negative.

**PHYSICAL EXAMINATION:**

General: alert  
Heart: Regular S1, S2 and No murmurs or gallops  
Lungs: clear to auscultation  
Abdomen: bowel sounds are active and no tenderness  
Musculoskeletal: hip flexion contractures present bilaterally, knee flexion contractures present bilaterally, ankle contractures present bilaterally and impingement sign Positive for pain on the left  
Spinal Alignment: moderate thoracolumbar scoliosis

Strength:

	Right	Left
Biceps (C5)	5/5	5/5
Wrist Extension (C6)	5/5	5/5
Triceps (C7)	4+/5	4+/5
Finger Flexors (C8)	4/5	4/5
Intinsics (T1)	4/5	4/5
Hip Flexors (L2)	1/5	1/5
Quads (L3)	1/5	1/5
Ankle DF (L4)	0/5	0/5
Hip Abductors (L5)	0/5	0/5

Other Muscle Groups: Supraspinatus R 4/5 L 3/5, Deltoids R 4/5 L 3/5

Sensation: Light Touch absent in the L3 and below root distribution(s) bilaterally

Reflexes: normal in the arms but hyporeflexive in the legs

Tone: normal throughout

Gait: cannot ambulate at all.

Other Neuro: Tinel's sign elicits paresthesias in ulnar distribution on the left

Skin and Extremities: Stage 1, approximately 2 cm x 2 cm at the R IT

ASSESSMENT:

This is a(n) 54 year old who is in need of a new ultralightweight manual wheelchair. The client has had multiple repair issues and cannot functionally ambulate with conventional assistive devices. These reasons serve as medical justification for this device.

PLAN:

I will work along with an OT and/or PT to complete a evaluation functional mobility assessment. Specifications will be determined based on this assessment. A home assessment will then be performed by the rehabilitation technology supplier if necessary.

Length of need is likely lifetime/99 months due to the ongoing/lifelong nature of the diagnoses.

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cc: Mary Smith, DO