CASE STUDY

Read the first paragraph of the case study and tick which injuries the patient sustained.

- 1 a fractured skull
- 2 a broken arm
- 3 chest injuries
- 4 a broken leg
- 5 internal injuries
 - **2** Read the rest of the case study and match the headings with paragraphs A–E.
 - 1 Cognitive skills
 - 2 Psychosocial
 - 3 Communication
 - 4 Physical functioning and mobility
 - 5 Personal and self care

- 3 Rate how well you think Katie can probably do these things. Write a number from 0 to 5 (0 = she cannot do it, 5 = she can do it without help).
 - 1 brush her hair
 - 2 control her emotions
 - 3 feed herself
 - 4 make decisions
 - 5 recognize what things are
 - 6 remember information
 - 7 understand her disabilities
 - 8 understand what people are saying



A Katie is able to reposition herself in bed. She can ambulate 10–15 feet with maximal assistance, but locomotes in a wheelchair. She will need physical therapy to improve coordination and balance. She requires moderate assistance transferring in and out of the bed, chair, and car. Her hearing is adequate, but she has lost the vision in her left eye. She is unable to write, but can hold

a pen, so she will need physical therapy to restore her fine motor coordination and strength.

- B She needs assistance for grooming and hygiene care. She will need occupational therapy to help restore her dressing, grooming, and hygiene skills. She needs assistance using the toilet. Katie shows little interest in food, but feeds herself with small bites and has a G-tube for supplemental nutrition. She has moderate problems with both her bladder and bowel management.
- C Katie's frontal lobe syndrome has left her unable to produce abstract reasoning, logical concept formation, and planning. She is no longer spontaneous and creative. She does not possess the judgement and insight required to make

safe or reasonable social and personal decisions. Her memory has been compromised for both auditory and visual processing of stimuli and retrieval of information. Although she is alert, she cannot sustain concentration sufficiently in order to learn. She is able to count, but has difficulty identifying objects. She can follow simple commands.

- D She is more alert and oriented to person and can identify significant relationships. Katie has a basic understanding of simple conversations, but cannot produce or comprehend abstract thoughts. She is capable of expressing her basic needs. She is uncooperative and easily frustrated. She cries easily and shouts obscenities without provocation.
- E Katie is emotional and cries frequently for brief periods of time for no particular reason, but is easily redirected. She argues because of her poor ability to overcome frustration and delay gratification. Katie is unaware of the extent of her impairment. It is predicted that she will become depressed and angry as she gains insight. Katie does not initiate recreational activities and entertainment.

CASE STUDY

Katie Martin is a nine-year-old female who was in a car crash. At the scene her Glasgow coma scale was 3. She was intubated and transported by helicopter to hospital. She was taken to the intensive care unit due to her intracranial haemorrhage which 24 hours later resulted in evacuation. She was placed on a ventilator and a tracheostomy was performed. Katie's pre-operative diagnosis was left frontal haemorrhagic contusion and multiple skull fracture. She had a left frontal craniotomy with evacuation of the intracerebral haematoma. The dural tear and skull fracture were repaired. Additionally she suffered lacerations to the liver, face, left eyelid, and a right femur fracture. Four months after the accident, her mental and physical state have improved, as outlined below.