Case Study: Shoulder Pain & Post-Polio Syndrome

1. CASE AUTHORS

Name
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2. TOPIC OF THE CASE:

Disability patient with shoulder pain/rotator cuff injury

3. LEVEL OF EXAMINEE THIS CASE IS BEING WRITTEN FOR:

[X] Nurse Practitioner

4. CATEGORY OF CLINICAL PROBLEM THIS CASE ADDRESSES:

[ ] Acute Serious
[ ] Acute Limited
[X] Chronic Subacute
[ ] Psychiatric/Behavioral
[ ] Well-Care/Prevention
[ ] Other:

5. PURPOSE OF THIS CASE:

[ ] Teaching
[X] Assessment
[X] With Feedback

6. TIME ALLOTTED FOR ENTIRE TASK (includes SP/examinee encounter + interstation activity):

FIFTEEN MINUTE STATION W/SP + 5 MIN INTERSTATION

7. DISTRIBUTION OF TIME AND TASKS

Divide time allotted into tasks required of the examinee:

Check off skills this case is intended to evaluate or teach:	Estimate # min you believe examinee needs to perform each task:	
[X] Data Gathering (History-Taking)	5	min.
[ ] Counseling		min.
[ ] Education		min.
[X] Physical Examination	5	min.
[ ] Advise Patient of Diagnosis		min.
[ ] List of Different Diagnoses		min.
[X] Devise Management Plan	5	min.
[ ] Read EKG(s)		min.
[ ] Paperwork (or computer work) for student		min.
[ ] Feedback from SP	15	min.

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8. FACILITY/ROOMS RESERVED FOR THIS ACTIVITY:

[X] Clinical Learning Lab/ SP Rooms
[ ] Seminar Rooms
[ ] Auditorium
[ ] Campus
[ ] Other:

9. INTERACTION FORMAT:

Participants

[X] 1 Trainee, 1 SP
[X] With SP Feedback
[X] With Videotape

10. SETTING OF THE INTERACTION:

[X] General Out-Patient Office
[ ] Emergency Room
[ ] Family Practice Office
[ ] Hospital Room
[ ] Other:

11. FURNISHINGS IN THE EXAM ROOM:

[ ] Desk, chairs only
[ ] Exam table only
[X] Desk, Chairs, and Exam Table
[ ] Other:

EQUIPMENT/PROPS IN THE EXAM ROOM:

[ ] X-Ray View Box
[ ] X-Ray Calipers
[ ] Reflex Hammer
[ ] Stethoscope
[ ] Tuning Fork
[ ] Neuro Exam Kit
[ ] Cardiac Monitor
[ ] Roll Board
[ ] I.V. Pole + Solution
[ ] Crutches
[ ] Collar - Type:
[ ] Other:

EQUIPMENT/PROPS AT THE STUDENT CARRELS:

[ ] X-Ray View Box
[ ] X-Ray Calipers
[ ] Other:

12. LIST POSSIBLE DIFFERENTIAL DIAGNOSES (asterisk actual diagnosis):

*Rotator Cuff

13. PHYSICAL CHARACTERISTICS THE ACTUAL SP SHOULD HAVE:

Gender:	[X] Male	[X] Female		[X] Immaterial
Age:	Range 20-80			[ ] Immaterial
Race/Ethnicity:				[X] Immaterial
Body Type:	[ ] Slender	[ ] Average	[ ] Overweight	[ ] Immaterial
Ideal Height/Weight:				[X] Immaterial

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14. ESSENTIAL "REAL" PHYSICAL FINDING(s) OR ATTRIBUTES THE SP SHOULD HAVE:
Individual should have apparent physical disability and use assistive device for mobility.

15. PHYSICAL FINDINGS THE SP SHOULD NOT HAVE:
None.

16. PHYSICAL EXAM REQUIRED:

[ ] Heart
[ ] Neck: Carotid Bruit
[ ] Pulses: Dorsalis Pedis, Posterior Tibial
[ ] Neuro: Lower Extremity: Vibration; Proprioception (Sensory); Ankle Reflex; Knee Reflex
[ ] Lung
[ ] Abdomen
[ ] Shoulder
[ ] Fundus
[ ] Feet: Inspection

17. CASE REQUIRES THE SP TO SIMULATE THE FOLLOWING PHYSICAL FINDINGS:
Shoulder pain originating distal to the acromion and proceeding along the anterolateral aspect of the humerus: to the elbow. Pain upon abduction. Initially, the pain was present only during flexion, but after several days, the pain was present at rest. Pain upon abduction and when reaches over head.

INSTRUCTIONS FOR THE EXAMINER

CASE INFORMATION: This patient is new to you.

DURING THE ENCOUNTER:
[X] Obtain a focused and relevant history
[X] Perform a focused and relevant physical exam
[X] Offer some initial recommendations to the patient and parent (see NOTE immediately below)

The task in this case is to assess the etiology and signs and symptoms of the shoulder pain and devise a treatment plan that takes into account the patient's disability.

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STANDARDIZED LIFE SKETCH

18. **Setting of Encounter: Medical Clinic – this is a new patient.**
SP: Wearing street clothes

19. **What do you want the SP to say to the examinee's first query:**
SP: *"My shoulder has really been hurting me."*

20. **IF THE EXAMINER REMAINS SILENT, nods as if waiting for more information, or asks an open-ended question:**
The SP provides more detail about the pain.

A. HISTORY OF PRESENT ILLNESS/DIMENSIONS OF SYMPTOMS:

21. **Expand on your history and characteristics of major symptoms from onset to present in the form of a time line; *if pain, please include*: onset, duration, location, quality, radiation, intensity, exacerbating, alleviating, past experience w/symptom(s).**

HISTORY GIVEN BY SP:

Patient fell five years ago, but shoulder pain resolved itself at the time. This most recent onset at about three weeks ago after missing a step and grabbing a handrail causing a "wrenching" of the shoulder. Initially pain was only on movement, but now is present even at rest. On movement pain is about a 7 -9. At rest, pain is about a 5. The pain is on the front and the side of the shoulder. It bothers the patient at night when she is sleeping. She is having great difficulty with mobility due to the shoulder pain. Walking with crutches or using a wheelchair makes it works. He/she also cannot lift a gallon of milk out of the refrigerator and is having difficulty with bathing, dressing, brushing own hair and similar tasks. He/she is having trouble performing ADLS and IADLS. If uses crutches, difficulties with pushing oneself out of chair, off of toilet. If uses a wheelchair or scooter, is having difficulty with transfers from chair/scooter to bed and chair to toilet. He/she is an occupational therapist and is constantly reaching up to take various pieces of equipment/devices off of shelves.

22. **IF THE EXAMINER ASKS to explain the time of the onset of symptoms:**
SP: *"It is an ongoing problem."*

23. **Psychosocial consequences: How does the problem influence or affect the pt?**

IF THE EXAMINER ASKS:

Patient is finding it very difficult to perform ADLs and IADLs. Having difficulty performing work also.

24. **Response to symptoms: What has the patient done about the symptoms (other than seeking health care)?**

IF THE EXAMINER ASKS:

Has been taking over-the-counter NSAIDS as needed – usually 600mg three to four times daily.

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25. Meaning of the illness: patient's ideas/feelings about causes, implications, fears about problem/illness?

Patient is greatly distressed by the pain. She/he feels it is related to her fall five years ago and this new wrenching injury but that her overuse of her shoulder due to walking/use of assistive devices and professional duties are contributing factors. She is very worried about the loss of her mobility and independence.

B. PAST MEDICAL HISTORY

26. Medical:

Polio at age _____. Has felt some increasing weakness and fatigue in recent years.

27. Surgical:

Substitute own surgical history.

28. OB/GYN:

If female, had two children – vaginal birth.
If male, has two children by his wife.

29. Allergies:

None.

30. Medications:

Ibuprofen as needed. Takes dose recommended on bottle.

D. FAMILY HISTORY:

31. Current and past health of parents, sibs, adolescent:

Father has heart disease.

32. Deaths: dates and age at death of family members:

Mother died of breast cancer.

E. PSYCHOSOCIAL HISTORY

Present/Past:

33. Marital status:

Married for _____ years.

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34. Home Environment:

SP and spouse enjoy one another now that the kids are grown and out of the house.

35. Support/Secondary Gains: are there people the pt can rely on for help? How have/will family or friends respond(ed) to the illness/problem:

Spouse very supportive and understanding, but is getting older with medical problems of his/her own and is less able to help.

36. Sexual History/Function:

No problems.

37. Tobacco/alcohol/illicit drug use?:

No smoking, has 1-2 drinks socially – at a party, maybe once every two weeks or so. No illicit drugs ever.

38. Significant events in pt's life: stresses, pleasures, death, divorce, financial hardships?:

Nothing significant.

39: Employment:

Retired. Volunteers at the library several days a week. Requires shelving books. Likes the volunteer work and contact.

40: When not working, how does pt spend time:

Enjoys spending time with husband – outdoor gardening in good weather, etc.

41: Any physical/sexual/emotional abuse:

No.

F. MENTAL STATUS EVALUATION

42. Past psychiatric history?

No.

43. Anxiety?

No.

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44. **Mood changes?**

No.

45. **Memory or cognitive changes?**

No.

46. **Disturbing thoughts or ideas?**

No.

47. **Other?**

No.

G. FUNCTIONAL STATUS:

49. **Pt able to take care of self? (toileting, bathing, dressing)**

Increasing difficulty due to shoulder pain.

49. **Pt able to take care of daily activities? (school, dressing, washing self?)**

Increasing difficulty due to shoulder pain.

H. OTHER:

50. **Other than HPI, any other medical/psychosocial problems the pt is currently facing?**

No.

51. **What is your biggest worries/main concerns?**

Wants to stay healthy – wants to maintain independence in mobility, ADLs and IADLs and continue working.

52. **Patient expectations: what does the patient expect/want from health care provider?**

The patient wants relief from pain and to maintain good health, independence and work.

53. **SP Appearance: clothing, grooming, etc. (ex: neat, disheveled, in hosp. gown, etc., or: clothing and/or appearance unimportant to the case)?**

Will be seated in a chair with crutches nearby or in a wheelchair/scooter.

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54. **Affect/Behavior: body language, mannerisms, eye contact, angry, sad, talkative, nervous, happy to see NP today?**

Pleasant.

55. **Do any questions posed by the examinee change the SP's appearance or affect (disturb either of the SPs or make either sad, fearful, reassured)?**

N/A

56. **Creating empathic opportunities: what do you want the SP to say, or what kind of behavior would create an opportunity in this case, for the examinee to express empathy?**

N/A

57. **Question the SP should ask the examinee: use caution when considering this section. 1) Do not complete unless the examinee's answer is being evaluated by the SP. 2) Be certain examinees have the knowledge and skills to answer the question. Students feel angry and exploited when SPs pose questions they have not yet been trained to address.**

N/A

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I. DATA GATHERING SKILLS

Did the examinee …

1.	Allow me to finish my opening statement without interruption?	YES	NO
2.	Get the chronology of my present illness from the beginning until now	YES	NO
3.	Use "open-to-closed" question style?	YES	NO
4.	Repeat or summarize information I've given at least once?	YES	NO
5.	Ask about how my disability affects today's health problem?	YES	NO
6.	Ask about how my disability affects my ability to follow his/her advice?	YES	NO
7.	Did the student ask directly about my disability	YES	NO

II. INTERPERSONAL SKILLS

Did the examinee…

8.	Offer encouraging, supportive or empathic comments?	YES	NO
9.	Demonstrate attentive listening/ make eye contact?	YES	NO
10.	Talk to/treat me as an adult and with respect?	YES	NO
11.	Did the student use an empathetic closure to the meeting?	YES	NO

III. INFORMATION GIVING SKILLS

Did the examinee…

12.	Explain reasons for recommendations?	YES	NO
13.	Ask about barriers to adherence?	YES	NO
14.	Check my understanding at least once and/or solicit my questions?	YES	NO
15.	*Use language I can understand?*	YES	NO

IV. PHYSICAL EXAMINATION

Did the examinee…

16.	Examine my shoulder for range of motion and pain	YES	NO
17.	Perform a drop-arm test	YES	NO
18.	Examine my strength and reflexes in my upper body	YES	NO

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The examiner told me:

19.	There are several possibilities (rotator cuff tear or rupture,		
20.	Bursitis, arthritis, etc.)	YES	NO
21.	Offer physical therapy	YES	NO
22.	Discuss tests that may be done (X-ray, ct scan, MRI)	YES	NO
23.	Explains why I may have them done	YES	NO
24.	Examiner prescribed or discussed pain medication	YES	NO
25.	Examiner did not give me a definitive diagnosis: (did not say "you have a rotator cuff problem", or" you have arthritis)	YES	NO

IV. ORGANIZATIONAL SKILLS

Did the examinee…

26.	Demonstrate good organizational skills during the entire encounter?	YES	NO

V. PATIENT SATISFACTION

27. How satisfied were you with this nurse practitioner/patient interaction? Circle one number:

0_____1_____2_____3_____4_____5_____6

extremely dissatisfied — extremely satisfied

VI. COMMENTS

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