

PARKINSONS DISEASE CLINICAL REASONING FORM

SUBJECTIVE EXAMINATION

Demographic Data

- **Name:**
 - Identification and addressing the Patient.

- **Age:**
 - Interventions and rehabilitation planned accordingly.

- **Gender:**
 - Economic and functional Impact on family and also will guide in planning intervention and rehabilitation.

- **IP / OP NO:**
 - to locate the patient easily .
 - Identify the Intervention : short term / long term.

- **Occupation:**
 - In identifying the aetiology / addressing the Long term goals of rehabilitation/ Economic aspects.

- **Handedness:**
 - Assists in Hand function training .Planning and implementing.

- **Referred by:**
 - Guides in setting goals : Neuro / geriatric / Cardio respiratory

- **Address:**
 - Decides patient's choice of delivery of rehabilitation. Transport / Exposure to environmental toxins .

- **Date of Examination:**
 - Required in re evaluation at regular intervals of rehabilitation for improvisation and modification .
- **Chief Complaints:**
 - Will guide the short term and long term goals .
- **C/o Stiffness**
 - Tremors
 - Slowness
 - Fear of falling
 - Difficulty in walking
 - Difficulty in ADL activities
- **Past Medical History:**
 - Planning intervention ,factors affecting the recovery of patient and also guides in collaboration of other medical personnel in holistic recovery .
- **Personal History**
 - Assists in implementing the treatment protocols.
- **Family History**
 - In diagnosis and planning the functional independence at home .
- **Socioeconomic History**
 - In planning the rehabilitation . Function Independence typically Executive ADLs.
- **Symptoms History : Given by Hoehn and Yahr Scale.**
 - Necessity to assess at regular intervals and modify the rehabilitation according to the variations in the symptomatic presentation.
- **Vital Signs:**
 - Need to check medical stability of patient before ,during and after the rehabilitation.

OBJECTIVE EXAMINATION

On observation: Helps in clinical diagnosis , major disabilities and functional status of patients.

On Palpation: Diagnosis ,identifying impairments and planning of interventions.

On Examination :

- **Higher Mental Function :**
 - **Key components to be also addressed before and during implementing effective treatment .**
- **Cranial Nerve Examination:**
 - **Helps in clinical diagnosis and assessment of impairments.**
- **Sensory Examination: Helps in Differential diagnosis of the condition.**
- **Motor Examination:**
 - **To assess the extent of motor dysfunction / Disability there by planning the necessary interventional strategies .**
 - **Involuntary Movements: Resting / Pill rolling / Postural tremors: To increase the functional independence.**
 - **Balance: Affected : BBS / BEST test / Tinetti / TUG test s.: To plan the intervention.**

- **Systems Review :To identify the probable factors , plan and implement preventive and rehabilitation measures for systemic complication s.**
- **Bladder Bowel :** Incontinence and Constipation . For diagnosis and plan intervention.
- **Autonomic System:** To identify and avoid accidents during and after the rehabilitation .
- **Functional Assessment :** Unified Parkinson Disease Rating Scale(UPDRS) : To plan the rehabilitation accordingly.
- **Investigation Findings: MRI :** Striatonigral Degeneration. For differential diagnosis .

- **Problem List:**

Sl.	Impairment	Functional Limitation
1.	Rigidity	Decreased flexibility in ADLs
2.	Bradykinesia	Slowness in Execution of ADLS
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3.	Rigidity ,Postural disturbances	Imbalance ,freezing episodes and Falls
4.	Rigidity of Anti Gravity muscles	Flexed stooped posture
5.	Rigidity,Postural Disturbances and Flexed stooped posture	Festinant / Short Shuffling Gait
6	Rigidity	Decreased Cardiovascular Endurance/ fatiguability.
7.	Tremors in limbs and trunk	Difficulty in ADL Activities

- **Functional Diagnosis :** Parkinson's Disease

MANAGEMENT

- **Goals: To achieve , set and meet the realistic goals.**

- Short Term

- To inhibit Rigidity / Resting tremors.
- To increase flexibility
- Reduce bradykinesia
- Postural Correction
- Gait training
- Cognitive Training
- Improve Balance
- Improving Chest Mobility and Lung Compliance.
- Prevention of Complications

- Long Term :

- Improve Speech
- Functional Gait

- Independence in ADLs.
- Management of Dementia
- Improving Cardio vascular endurance.
- Bladder and Bowel training .

TREATMENT

- Relaxation and Inhibitory techniques .: to control resting tremors and rigidity .
- PNF patterns ,Sustained passive Stretching and ROM exercises.: To increase the flexibility and there by the functional independence .
- Strengthening exercises antigravity muscles.: To correct the posture and balance training.
- Adaptive and Advanced VR training for Hand Function Training: Improve hand function managing with the cognitive dysfunction.
- Facilitating Postural Reactions : to treat the postural disturbances.
- Gait training using sensory cues ,pole walking and PNF braiding .: To improve the functional gait.
- Cognitive training; For effective implementation of rehabilitation .
- Mat Exercises: To ROM ,reduce rigidity and functional axial movements.
- Proper Nursing care: To prevent and treat bedsores.
- Aerobic Exercises –Group therapy
- Oromotor Training: to facilitate communication , and treat dysphagia .
- Carb ,High fiber diet and more intake of water advised.- to promote easydigestion and treat constipation .
- Chest mobility ,Breathing exercises , Incentive training and inspiratory muscle strengthening exercises .: To prevent lung infections ,treat shortness of breath and improve internal respiration .

