

## Case Study Report Forms

These forms have been produced to help produce a standard reporting format for case studies. They are to be used as an addition to standard clinical notes and as a reminder to do repeated assessments. They can be applied to different interventions and the users can choose which parts to miss out or include as is appropriate to the intervention they are using.

### Top form

Diagnosis and history: give brief overview of the relevant medical history.

Present condition: Describe how the patient is now, in particular features that are relevant to the planned intervention

Patient Goals: describe the goals which the patient wishes to achieve from the treatment.

Therapist: describe the goals the therapist wishes to achieve.

Treatment plan: describe the planned intervention including time scale

Assessments: tick the assessments you wish to include. Not all assessments need to be done. Choose the ones that are relevant to the patient and therapist goals.

### 10 m walking speed and PCI form

The form can be used for walking speed alone or walking speed and PCI.

Heart rate is measured using a Polar Heart Rate monitor.

To record the resting heart the monitor is first worn and then the patient is asked to sit quietly for 3 minutes. The heart rate is recorded once the rate has stopped falling.

Starting from 1m in front of the line, the patient's time to walk 10m is recorded. Allow at least 1m the other side of the line for deceleration. Record the heart rate as soon as the patient crosses the line. If the heart rate is still rising at this point, wait until it stops rising and record the highest heart rate reached. Record three runs with FES and three without. Vary the order in which they are recorded, for example, 1<sup>st</sup> with out, 2 and 3<sup>rd</sup> with, 4<sup>th</sup> and 5<sup>th</sup> without, 6<sup>th</sup> with. Record any walking aids used and make sure the same ones are used for re-assessments if appropriate.

Average the walking times and changes in heart rate, then work out the means. Calculate the mean walking speed and PCI using the formulas on the form.

Work out the percentage differences with and without FES. If this is a reassessment, work out the percentage changes of carryover effect (the change in speed or PCI when walking without FES) and orthotic effect (the change in speed or PCI comparing walking without FES at the beginnings to walking with FES now)

## **6 minute endurance walk**

The patient is asked to walk continually for 6 minutes with or without FES. This can be done in a corridor, counting the number of times the length of the corridor completed and multiplying it by the length, or in gym around a circular of figure of 8 course. It is important that it is done the same way each time. If 6 minutes is too long, the test can also be done for 3 minutes but record this. PCI is recorded in the same way as the 10 metre walk. As fatigue may well occur, do not record runs with and without FES at the same session.

## **Pain Visual Analogue Scales**

The patient is asked to mark on a line the point which represents the severity of any pain they experience where 0 is no pain and 10 is the worst possible pain. This can be done for pain experienced at rest and during a specific activity. Record the activity and make sure the same activity is used when reassessing.

## **Rivermead Motor assessment measure**

A standardised questionnaire giving a description of functional ability.

## **Ashworth**

## **ROM**

## **Video**

This is a reminder to video if appropriate. Remember to get written consent for video and showing at meetings or teaching if you plan to do this.

## **Other assessment**

Other assessments can be added as appropriate. Write down on the top form which assessment is to be used.

The most important thing to remember is to make sure that the assessments are done in a consistent way.