S: Pt. stated “My pain is at a 7 out of 10. I am having back pain and feel stiff.”

O: Pt. participated in 30 min OT session in hospital room. Pt. was awake and alert upon entering the room. Pt. was orientated x1 knowing name only. With verbal cues pt. understood location but not causation of injuries. Pt. had normal vital signs with no abnormalities. Pt. was educated, through verbal and demonstration, on back precautions. Back precautions were no bending, twisting, or lifting. Pt. showed understanding of precautions by verbalization. Pt. was educated on general ways to keep back in alignment with rolling, transferring, and moving UE’s.

Pt. was educated on what a TSLO brace is. Pt. was maxA for rolling and bed mobility. Pt. was modA with putting TSLO on. Pt. understood the instructions and steps to putting on TSLO. Pt. demonstrated ability to strap top 2 straps on TSLO. Pt. able to sit at edge of bed. Pt. was educated on transfer. Pt. demonstrated understanding through asking questions and talking through steps. Pt. modA with stand-pivot transfer. Pt. understood verbal cues w/transfer like putting hands on back of wheelchair and sitting down slowly. Pt. participated in SLUMS cognitive assessment. Pt. able to follow directions scoring 19 out of 30. Throughout session Pt. displayed lack of orientation and loss of short term memory. Visual perception test was administered, and pt. showed normal eye movement (convergence and tracking).

Pt. showed weakness in right arm during MMT. Pt. had 100 degrees flexion in right arm and 112 degrees in left arm. Pt. modA with tranfers back to bed. Pt. displayed no signs over fatigue or pain. Pt. was modA with taking of TSLO. During task, pt. demonstrated knowledge of TSLO. Pt. showed intact sensation on left side through hand and face. Pt. was alert and understood nurse call light. Upon leaving room patient was at 25 degrees in bed with no TSLO on.

A: During treatment session patient seemed willing to learn how to don/doff TSLO. Pt. needs more work on transfer education and cognitive awareness. Pt. was not fully orientated showing need for cognitive improvements and memory improvements. Pt. low cognitive score on SLUMS indicate further treatment for cognition. Based on ROM and MMT pt. shows need for muscle strengthening and joint ROM in shoulders. Pt. would benefit by visual aids to help with orientation and memory.

P: Patient is to participate in 30 min OT sessions for 3 weeks to work on reintegration of back precautions, proper use and donning/doffing TSLO, and bed mobility. Pt. will continue to demonstrate understanding verbally and through demonstrating hands on.