1 Patient Information

1 PATIENT DETAILS

Name
Thomas A. Nguyen

Date of Service
05/06/2026

DOB
08/12/1957

Occupational Therapist
Jennifer L. Rossi, OTR/L, BCPR

Age / Sex
68 / Male

MRN
OT-2026-0471

Referring Provider
Dr. Sandra Liu, MD — Neurology / Stroke

Visit Type
Initial Inpatient Evaluation — Stroke Rehabilitation

Care Setting
Inpatient Acute Rehabilitation — Day 3 post-transfer from stroke unit

Primary Diagnosis / Reason for OT
Right MCA ischemic stroke with left hemiplegia, left hemineglect, aphasia, and functional dependence in ADLs — OT for ADL restoration, upper extremity function, cognition, safety, and return-to-home planning

RN Reason for Occupational Therapy

2 PRIMARY FUNCTIONAL CONCERN

Mr. Nguyen is a 68-year-old Vietnamese-American male referred to occupational therapy following a right MCA ischemic stroke (tPA administered in ED on 04/28/2026; MRI confirmed right parietal and temporal lobe infarct). He presents with left upper and lower extremity hemiplegia, left hemispatial neglect, moderate expressive aphasia, and complete dependence in all self-care and mobility tasks. OT is indicated to: (1) restore maximal independence in ADLs (bathing, dressing, grooming, toileting); (2) address left hemispatial neglect which significantly impairs safety and functional task completion; (3) evaluate and treat left upper extremity motor function; (4) assess cognitive and perceptual deficits affecting safety and daily function; (5) provide adaptive equipment and compensatory strategy training; (6) determine appropriate discharge setting and caregiver training needs.

S Subjective

3 PATIENT-REPORTED CONCERNS, GOALS & LIMITATIONS

3a CURRENT FUNCTIONAL CONCERNS

Mr. Nguyen's expressive aphasia limits detailed verbal communication. He communicates primarily through head nods, facial expression, and limited single words (often in Vietnamese). Through interpreter (phone interpretation service used this session) and wife's (Linda Nguyen, present at evaluation) collateral history, the following concerns are identified: (1) He is frustrated and distressed about his inability to care for himself — he was previously fully independent and a 'very private, self-sufficient man' per wife. (2) He becomes agitated during ADL tasks when he cannot complete them — attempts to perform tasks faster than his current abilities allow, resulting in near-miss safety events. (3) He is not eating consistently — left-sided neglect results in leaving food on the left side of his tray uneaten. (4) Wife states: 'He was always the one who took care of everything at home — now I don't know if I can take care of him. I'm scared.'

3b ONSET & COURSE / PRIOR LEVEL OF FUNCTION

Onset / Related Condition
Right MCA ischemic stroke 04/28/2026 (8 days ago). Sudden onset left-sided weakness and language difficulty. tPA administered in ED within 3.5 hours of symptom onset.

Prior Level of Function
Fully independent in all ADLs, IADLs, and community mobility. Retired restaurant owner (drove himself, managed finances, cooked, maintained home). Actively played tennis 3x/week. No assistive devices. Lives with wife in two-story home — bedroom is upstairs.

3c PAIN / SENSORY SYMPTOMS

Pain
Left shoulder pain 3/10 at rest, 6/10 with passive ROM — consistent with shoulder subluxation secondary to hemiplegia (flaccid left upper extremity). No central post-stroke pain identified yet.

Sensory
Left upper extremity: severely reduced light touch and proprioception. Left lower extremity: reduced but partially preserved sensation. Right-sided sensation intact.

3d HOME / WORK / SCHOOL ENVIRONMENT & PATIENT GOALS

Environment / Barriers
Two-story home — master bedroom upstairs; may need temporary relocation to downstairs bedroom or alternative discharge to SNF if stair safety not achieved. Small bathroom upstairs — grab bars not installed. Wife (age 64, mild arthritis in hands) will be primary caregiver; physical capacity limited.

Patient Goals (via interpreter/wife)
Wife states patient's primary goal: 'He wants to go home — that is everything to him.' Secondary: resume some independence in self-care and resume cooking when able (cooking was his identity as a restaurant owner).

O Objective

4 MEASURABLE OT FINDINGS

V VITALS

Blood Pressure	Heart Rate	SpO2	Pain Score
128/76 mmHg — stable	72 bpm	97% on room air	3/10 left shoulder at rest

4a FUNCTIONAL ASSESSMENT — LEVEL OF ASSISTANCE

Feeding
MODERATE ASSIST (2) — neglects left side of tray; needs verbal cueing to scan left; difficulty manipulating utensils with right hand due to tremor

Grooming
MAXIMAL ASSIST (4) — unable to manage toothbrush or razor with right hand adequately; left hand non-functional

Bathing
TOTAL ASSIST (5) — unable to participate in sponge bath except minimal right UE movements

Dressing — Upper Body
MAXIMAL ASSIST (4) — right arm assists but left arm completely dependent; requires full support for donning shirt

Dressing — Lower Body
TOTAL ASSIST (5) — cannot participate in lower extremity dressing at this time

Toileting
MAXIMAL ASSIST (4) — transfers to commode with 2-person assist; unable to manage hygiene independently

Functional Transfers
MAXIMAL ASSIST (4) — sit-to-stand requires 2-person assist; requires full support throughout transfer

Bed Mobility
MODERATE ASSIST (2) — can initiate rolling to right with verbal cueing; rolling left not yet possible due to neglect and hemiplegia

4b UPPER EXTREMITY ASSESSMENT

ROM — Left UE
Shoulder: flexion 0–90° with gravity eliminated (flaccid). Elbow: passive PROM full. Wrist/hand: passive PROM full. Active movement absent in left UE.

ROM — Right UE
Full AROM bilaterally right. Right shoulder: pain-free through full range.

Strength
Left UE: 0/5 throughout (flaccid hemiplegia — no voluntary movement against gravity). Right UE: 3+/5 shoulder, 4/5 elbow, 4/5 wrist, 3/5 hand — mild right-sided weakness from contralateral cortical involvement.

Coordination
Right UE: intention tremor on finger-nose-finger — limits fine motor precision. Left UE: cannot assess.

Grip — Jamar Dynamometer
Right hand: 18 lbs (age-matched norm ~80 lbs — severely reduced). Left: no measurable grip (flaccid).

Edema
Left hand: 2+ pitting edema consistent with dependent positioning and venous insufficiency from hemiplegia.

Sensation
Left UE: absent light touch and proprioception. Right UE: intact.

Hand Dominance
RIGHT-HANDED — primary dominant hand has motor deficits (tremor, reduced grip) which affects all fine motor tasks.

4c COGNITIVE / PERCEPTUAL ASSESSMENT

Attention
SEVERELY IMPAIRED — sustained attention less than 5 minutes for table-top task. Left neglect contributes significantly to attentional deficits on left hemispace.

Memory
SHORT-TERM: Moderately impaired — unable to recall 3 items after 5-minute delay. LONG-TERM: Appears intact for remote information.

Problem-Solving
Severely impaired — unable to solve 2-step ADL problem-solving tasks during evaluation.

Sequencing
Impaired — requires step-by-step verbal cuing to sequence grooming task correctly.

LEFT HEMISPATIAL NEGLECT
SEVERE — on Star Cancellation Test: omitted 100% of left-sided targets (14/14 missed). Catherine Bergego Scale: 16/30 (severe neglect). Patient consistently orients to right only; does not spontaneously acknowledge left side of environment.

Safety Awareness
SEVERELY IMPAIRED — reaches across body toward right side during transfers; does not acknowledge left arm hanging in vulnerable positions; requires constant 2-person supervision.

4d BALANCE / MOBILITY RELATED TO ADLS

Sitting balance: FAIR — able to maintain static sitting at bed edge with close stand-by (SBA) for up to 3 minutes. Dynamic sitting: requires moderate assist (2) to maintain with reaching activities. Standing balance: requires maximal assist (4) — unable to perform ADLs in standing without full support. Fall risk: HIGH — Berg Balance Scale components completed: score 8/56 (severely impaired). FIM self-care subscale estimated 7/42 (total dependence across self-care items).

SA Standardized Assessment Tools

5 ASSESSMENT SCORES

Functional Independence Measure (FIM)
Self-Care Subscale: estimated 7/42 today — total to maximum assist in all self-care domains. Motor FIM (self-care only): 7/42.

Catherine Bergego Scale
16/30 — SEVERE left hemispatial neglect. Most impaired domains: eating, personal hygiene, attending to left body, reading, locating objects.

Star Cancellation Test
Omitted 14/14 left-sided targets (100%) — severe unilateral visual neglect.

Barthel Index
Estimated 10/100 — consistent with complete or near-complete dependence in all ADLs at this time.

Grip Strength (Jamar)
Right: 18 lbs. Left: 0 lbs (flaccid).

MoCA (administered today with interpreter)
Score: 11/30 (moderate cognitive impairment — aphasia complicates administration; true score likely higher in non-language domains)

IN Interventions Provided

6 OT SESSION — DAY 3 ACUTE REHAB

Today's OT session: 60-minute individual OT, inpatient (timed). INTERVENTIONS PROVIDED: (1) LEFT HEMISPATIAL NEGLECT: Visual scanning training — red line placed on left side of all environmental surfaces; mirror therapy introductory session x10 min (excellent early patient engagement); anchoring strategies taught to nursing and wife. Limb activation exercises to engage left UE in bilateral tasks. (2) ADL TRAINING — GROOMING: Modified grooming with adaptive equipment — electric razor introduced for right-hand operation (safer than manual razor given tremor); toothbrush with suction cup holder trialed; caregiver training with wife for grooming assistance. (3) LEFT UE MANAGEMENT: Arm trough fitted to wheelchair for left arm positioning (prevents shoulder subluxation and edema). Edema management: left arm elevation protocol and compression sleeve sizing ordered. PROM left shoulder and elbow — completed by therapist, family caregiver instruction provided. (4) THERAPEUTIC ACTIVITY: Bilateral functional task training — Mr. Nguyen used right hand to perform repetitive board game task (Connect Four) with left arm weighted to facilitate left UE activation — he smiled and won x2 rounds; excellent engagement. (5) WHEELCHAIR POSITIONING: Assessed and adjusted wheelchair (left arm trough, left footrest positioning, seatbelt for trunk support). (6) FAMILY EDUCATION: Linda educated on: neglect management strategies (approaching from right, labeling environment, food placement), left arm positioning and handling, safe transfer assistance, home safety considerations.

RI Response to Intervention

7 PATIENT RESPONSE

Mr. Nguyen tolerated 60-minute session with 2 brief rest breaks (5 minutes each). He was engaged and motivated — showed clear pleasure during the board game bilateral task (laughed and pointed at the board). He responded well to the mirror therapy introduction — showed left arm movement when his right arm image was reflected. He required maximum cueing for neglect strategies during grooming but was able to scan left 2/4 trials with verbal prompting by session end (compared to 0/4 at session start). He fatigued during the session but worked through it with encouragement. Left shoulder pain increased to 5/10 with PROM — arm trough will reduce dependent positioning and may alleviate subluxation pain. Wife was highly engaged in education — took notes and demonstrated 2/3 caregiver techniques correctly by session end. He had no unsafe events during the session.

A Assessment

8 OT CLINICAL INTERPRETATION

Mr. Thomas Nguyen is a 68-year-old male with severe functional deficits following right MCA ischemic stroke. He presents with complete left upper extremity hemiplegia (flaccid), severe left hemispatial neglect (Catherine Bergego 16/30, Star Cancellation 14/14 missed), moderate right UE weakness and tremor, moderate-severe cognitive impairment with aphasia complicating assessment, and total dependence in all ADLs. Despite these deficits, he demonstrates GOOD REHABILITATION POTENTIAL based on: (1) Pre-stroke high function and active lifestyle; (2) Strong intrinsic

motivation (clear desire to return home); (3) Early positive response to neglect strategies and mirror therapy; (4) Intact emotional engagement and rapport-building; (5) Supportive and motivated caregiver (wife). BARRIERS to recovery: severity of neglect, aphasia complicating multi-step instruction, limited English proficiency (requires interpreter), and wife's limited physical capacity for caregiving heavy assists. DISCHARGE CONSIDERATIONS: Returning to prior home (2-story) requires significant functional recovery. If discharge to home is planned, extensive home modification, caregiver training, and home health OT will be required. SNF is an appropriate alternative if home criteria are not met by discharge target date.

P Plan

9 OT MANAGEMENT

9a FREQUENCY, DURATION & GOALS

OT Frequency / Duration

OT 5 days/week x 60 minutes/session during acute inpatient rehabilitation stay (estimated 3–4 additional weeks)

Functional Goals

Feeding: independent with adaptive equipment and neglect strategies in 2 weeks. Grooming: modified independent with electric razor and adaptive setup in 2 weeks. Upper body dressing: minimal assist in 3 weeks. Transfer: modified independent with hemi-walker in 4 weeks.

9b HOME PROGRAM & EQUIPMENT

LEFT ARM: Arm trough on wheelchair (ordered). Compression sleeve for edema (ordered, sized today). PROM home program for wife — written instructions provided in English and Vietnamese (printed from translation resource). ADAPTIVE EQUIPMENT ORDERED: Electric razor, suction cup toothbrush holder, plate guard, weighted fork (right hand tremor), rocker knife (single-hand meal prep). NEGLECT: Red line anchoring on all wheelchair trays and meal trays. Mirror therapy home program to be developed at Week 2. Home safety referral: OT home evaluation to be completed via home health OT before discharge or immediately post-discharge.

9c COORDINATION & EDUCATION

PT: Coordinate on transfer training, gait, and stair assessment for home discharge planning. SLP: Coordinate on aphasia management and language-compatible instruction strategies. Nursing: Educate on neglect strategies, arm positioning, and consistent ADL approach per OT plan. Social work: Flagged for discharge planning (home vs. SNF decision point) and caregiver support resources. Interpreter services: All future OT sessions to include Vietnamese interpreter (phone or in-person). Wife education: Continue caregiver training next session — complete ADL assist techniques for upper body dressing.

GL Goals

10 MEASURABLE OT GOALS

10a SHORT-TERM GOALS (2 WEEKS)

1. Patient will complete grooming (teeth brushing, electric razor shaving) with setup and modified independence using adaptive equipment by 05/20/2026. 2. Patient will demonstrate 2/4 correct left visual scanning strategies during structured meal task with minimal verbal cueing by 05/20/2026. 3. Left hand edema will decrease by 50% with positioning and compression sleeve by 05/20/2026. 4. Wife will correctly demonstrate all 3 caregiver assistance techniques for upper body dressing by 05/13/2026.

10b LONG-TERM GOALS (4 WEEKS — DISCHARGE TARGET)

1. Patient will complete upper body dressing with minimal assist (1) and adaptive equipment by 06/03/2026. 2. Patient will transfer from wheelchair to toilet with modified independence using grab bars and hemi-walker by 06/03/2026. 3. Patient will demonstrate consistent left scanning in functional ADL tasks with standby assist for safety by 06/03/2026. 4. Patient and caregiver will demonstrate home exercise program for left shoulder PROM and edema management by discharge.

FU Follow-Up

11 NEXT OT VISIT & REASSESSMENT

Next OT Visit

05/07/2026 — upper body dressing with adaptive equipment, mirror therapy Session 2

Reassessment

FIM and Catherine Bergego Scale repeat at 2 weeks (05/20/2026)

Discharge Criteria

Home Safety

Modified independence in 3+ ADL domains; safe transfer with assistive device; neglect managed to safe functional level; caregiver trained and confident

OT home evaluation planned via home health before or immediately post-discharge

TIME DOCUMENTATION & BILLING (OT)

Total Treatment Time
60 minutes timed

Treatment Codes
97535 — Self-care / home management training (30 min timed); 97530 — Therapeutic activities (30 min timed)

Evaluation Code
97167 — OT evaluation, high complexity

Basis for Billing
Initial evaluation + treatment — time-based

Primary ICD-10 Code
I63.30 — Cerebral infarction due to thrombosis of unspecified cerebral artery

Secondary ICD-10 Code(s)
G81.04 — Flaccid hemiplegia affecting left dominant side; R41.3 — Other amnesia (cognitive); R47.01 — Aphasia; H53.462 — Visual field defect, left hemianopia

OCCUPATIONAL THERAPIST
Jennifer L. Rossi, OTR/L, BCPR

CREDENTIALS
Registered OTR/L | Board Certified Physical Rehabilitation

DATE
05/06/2026

TIME
2:30 PM