

CEREBRAL VASCULAR ACCIDENT CONFOUNDED BY PARKINSON'S DISEASE: A CASE REPORT

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The patient gave written informed consent to be the subject of this case report

BACKGROUND AND PURPOSE: There is a plethora of research pertaining to the treatment of cerebral vascular accidents or Parkinson's disease, but there is limited research about the treatment of these conditions in combination, especially during a short-term hospitalization. The purpose of this case report is to describe the physical therapy intervention and outcome for a patient post cerebral vascular accident (CVA) with pre-existing Parkinson's disease during a short-term hospital stay.

CASE DESCRIPTION: The patient was a 76-year-old Caucasian male hospitalized after a possible mild CVA. The patient also had Parkinson's disease that limited his functional mobility and his ability to perform activities of daily living prior to his hospitalization. His Parkinson's symptoms were exacerbated during his initial admission to the hospital. Gait training and lower extremity strengthening were the primary interventions utilized to address the functional mobility and activities of daily living deficits. As the patient improved interventions were progressed by increasing the difficulty and decreasing assistance during his three physical therapy treatment sessions.

OUTCOMES: During the patient's three-day acute care stay he improved his Five Time-Sit-to-Stand score by 24 seconds and his ambulation distance from 10 feet to 300 feet. The patient was discharged to a skilled nursing facility for a short-term stay to continue work on gait and lower extremity strengthening prior to returning home.

CONCLUSIONS: Parkinson's disease in combination with a possible CVA led to the patient's functional impairments and activity limitations. The outcomes of this case report support previous research that has demonstrated intensive gait training and lower extremity strengthening may contribute to return to functional mobility and activities of daily living during a short-term hospital stay. This case report also supports previous research on the use of external feedback in combination with lower extremity strengthening to improve sit to stand transfers and ambulation ability.