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Ollscoil na hÉireann, Gaillimh
National University of Ireland, Galway
Semester II Examinations 2004 / 2005

Exam Code(s)	1OT1
Exam(s)	1OT1 BSc (Hons) in Occupational Therapy
Module Code(s)	OY102
Module(s)	Enabling Occupation – Physical Function
Paper No.	1
External Examiner(s)	Dr. Alison Porter Armstrong
Internal Examiner(s)	Professor Agnes Shiel
Instructions:	**3 hour exam.** **Answer 2 questions.**
Duration	3 hours
No. of Pages	4
Department(s)	Occupational Therapy
Course Co-ordinator(s)	Professor Agnes Shiel

Enabling Occupation – Physical Disability Exam Paper
1st Year Occupational Therapy Students

3 hour exam.
Answer 2 questions.

PART 1. Discuss **three** conditions under the following headings: (20 marks)

1. Aetiology
2. Incidence and prevalence
3. Signs and symptoms
4. Treatment
5. Prognosis

a) Osteoporosis
b) Acute myocardial infarction
c) Gout
d) Complicated fracture
e) Traumatic brain injury
f) Motor neurone disease

PART 2. Discuss **two** vignettes under the following headings: (40 marks each)

- Brief description of the condition
- Types of assessment used with this condition giving rationale for choice
- Suggested occupational problems
- Long term goals for intervention – suggest at least five goals
- Choose one long term and break down into short term goals
- Suggested intervention including frame of reference and treatment approach chosen and rationale for choice
- Plan for evaluation of outcome

Hip replacement

Mr. B. is a 68 year old man. He and his wife moved to Ireland from Hong Kong five years ago to live with their son, daughter-in-law and grandchildren. Mr. and Mrs. B. do not work outside the home but care for their five grandchildren who are aged between 12 and 3 years of age. They are devout Buddhists and attend a local temple. Mr. B. speaks Cantonese and has poor command of English. He depends on his older grandson and granddaughter to interpret for him when outside the home. The family live in a large three storey town house in the city and Mr. and Mrs. B. have a self contained bedsit on the top floor. Mr. B. has been experiencing severe pain and stiffness in his left hip and has been on the waiting list for a hip replacement for the past two years. During this time he has become progressively more immobile and dependent. He depends on his wife to help him with several personal care tasks including putting on his shoes and socks and

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cutting his toenails and has been experiencing considerable pain climbing stairs. He was admitted to hospital today for a total hip replacement and on initial interview with interpretation from his son, was extremely optimistic regarding the outcome he expected. He plans to travel to the UK to visit relatives and attend a family wedding two weeks after his operation. He has been referred to Occupational Therapy and will be seen daily for 30-40 minutes until discharge.

CVA

Miss J. is a 69 year old retired National School teacher who lives alone in a three bedroom house in a small village. She is a solitary person who has little contact with her neighbours in the village. She has a car and drives to the local town regularly to go shopping and visit the cinema and is fully independent in all areas. She travels to America each year to visit her sister and her family but has no other close relatives. A week ago, neighbours noticed that Miss J. hadn't moved her car for some time and realised that no-one had seen her for nearly a week. The Gardai broke into the house and found that Miss J. had was unable to speak and had mild weakness in one arm and leg. She was admitted to hospital where a CT scan confirmed a left middle cerebral artery infarct. She spent a week in the acute hospital and has now been transferred to the rehabilitation ward. Currently she has poor balance but can walk with help from one person. She claims to be independent in personal ADL tasks but refuses to allow either nurses or occupational therapists to assess or observe her carrying out these tasks. She is distressed by having to share a room and bathroom facilities. She is unable to communicate easily but has been demanding to be allowed to go home. She has been referred to Occupational Therapy and will be seen three times a week for about an hour each time.

Burns

Mr. L is a 22 year old man who moved to Ireland from Nigeria three years ago. He has been granted resident status and works as a waiter in a restaurant. He lives in shared accommodation where he has a room of his own but shares all other facilities. He has no family in Ireland and sends most of his salary back to his parents to fund his siblings' education. He is an enthusiastic member of the local Christian church and enjoys playing soccer with his workmates. Last week, in a fire at the restaurant, Mr. L sustained full thickness burns to both his arms and part of his trunk. He has undergone skin grafting and the occupational therapist in the Intensive Therapy Unit has splinted both hands and elbows to minimise the chance of contractures developing. He has now been transferred to the general ward and has been referred to occupational therapy. He is dependent in all ADL tasks and spends all day sitting by his bed. He has had a number of visitors both from his church and from work but is worried that his injury and his inability to get back to work quickly will affect his resident's status. He will be seen daily for 50 minutes for the duration of his admission.

Multiple Sclerosis

Mrs. D. is a 24 year old woman who got married six months ago. She works as a manager in the local branch of a well known clothes chain and she and her husband rent a city centre apartment. They have a busy social life and go out several nights a week to

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pubs and clubs with friends. They also enjoy hill walking at weekends and are planning a walking holiday in Eastern Europe later in the year. Mrs. D. had been experiencing extreme fatigue for some time but reasoned that this was the result of her busy job and all the excitement and stress attached to her wedding. However, in the last few weeks she has fallen several times and noticed that her co-ordination was poor when she attempted to put on her make up. She awoke one morning last week with double vision and her husband took her to her GP who arranged for her to be admitted to hospital. On reviewing Mrs. D's medical history it was discovered that she had had a similar, less severe episode when she was 19 but made a full recovery. Based on this and the results of current tests, Mrs. D. has been diagnosed as having Multiple Sclerosis. She has been placed on a course of steroids and will remain in hospital for another 10 days. She is experiencing problems with personal ADLs such as applying make up and doing her hair and has also fallen while putting on her boots. She is tearful about the diagnosis but has refused to consider any lifestyle changes. She has been referred to occupational therapy and will be seen daily as an in-patient and twice weekly as an outpatient once she has been discharged.

Amputation

Mr. S. is a 69 year old widower who has lived alone for the past four years. He is retired from his job as a postman and has a small contributory pension. He owns his two storey house in a rural area. His bedroom and bathroom are upstairs and there are no downstairs facilities. He has two daughters, both of whom are married with families and live some distance away. His sister lives nearby but the two have little contact. Mr. S. drives himself to the local town regularly and also enjoys a drink in the local pub. He doesn't socialise very much but enjoys attending Gaelic football matches locally. Mr. S. has diabetes which is controlled with diet and medication. However, since his wife died he has not been complying with his diet. He uses convenience foods most of the time. Mr. S. consulted his GP about pain in his foot. On examination, it was found that the foot was gangrenous. He was admitted to hospital and an above knee amputation of his right foot was carried out. He has been referred to Occupational Therapy and will be seen daily while in hospital. Currently, he is dependent in personal activities of daily living. He has been using a self propelled wheelchair to mobilise around the ward but need help to transfer in and out of it. He has told the Occupational Therapist that he intends to go home as soon as possible.

Parkinson's disease

Mrs. R. is a 61 year old woman. She is a member of the travelling community and lives in a caravan on a halting site with her husband and five of her eleven children. The family move from site to site every few months to maintain touch with their extended family. Mrs. R. has been complaining of stiffness in her limbs and has fallen on several occasions recently. She has also experienced mild difficulty in swallowing and finds she is unable to carry out her household tasks with the same ease she used to. She consulted the local priest to ask for prayers to 'cure' her condition. She was persuaded to consult her GP who referred her to a neurologist. She was diagnosed as having Parkinson 's Disease and treated with medication. She was referred to the community occupational therapist. When she was visited she told the occupational therapist that she and her

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family planned to move from the site they were on to one some distance away where one of her married daughters lived. She described her main difficulties as being with household tasks e.g. carrying heavy saucepans, with personal ADL activities such as buttons and fatigue. When questioned as to whether she had experienced any changes from medication she said that she had decided not to take the medication and was relying on prayer for a 'cure'. She will be seen weekly in her caravan for the next four weeks.