Gait and Functional Mobility Training for a Patient Post-Stroke with a History of Substance Abuse and Psychiatric Disorders: A Case Report

Morgan Costa, BS, DPT Student, Amy Litterini, PT, DPT

1University of New England, Doctor of Physical Therapy Program, Portland, Maine

Unique

- The opioid crisis is the largest drug epidemic in recorded history, resulting in over 500,000 deaths between the years of 2000 and 2015.1
- The abuse of and addiction to opioids are serious global health problems that affect the social and economic well-being of all societies.2
- Drug abusers have a 6.5 times increased risk of stroke.3
- Strokes contribute to the disability and morbidity associated with drug abuse.3
- Drug abuse is a frequent cause of stroke in areas with a high prevalence of the problem.4
- There is also a high prevalence of comorbidity between drug abuse disorders and mental illnesses.1

Purpose

To outline physical therapy (PT) rehabilitation that utilized task-oriented and gait training in an inpatient rehabilitation facility (IRF) to address gait and functional mobility in a patient following a stroke combined with both substance abuse and psychiatric disorders.

Foundation

- A stroke occurs when blood is unable to flow adequately to the brain.
- Illicit drug abuse, and the consequences resulting from it, are on the rise.
- Strokes are the fifth leading cause of death and the leading cause of adult disability in the United States, and can result in many impairments that affect the person’s ability to perform activities of daily living (ADL’s) and functional activities.4
- There is strong evidence that organized, interprofessional stroke care in an IRF not only reduces mortality rates and the likelihood of long-term institutional care and disability, but also enhances recovery and increases independence in ADL’s.5

Case Description

- 56-year-old male referred to an IRF following a right frontal lobe middle cerebral artery stroke
- Past medical history included bipolar disorder, schizoaffective disorder, and opioid use disorder
- Drug free for one year preceding his stroke, but relapsed one day prior to his stroke
- Admitted to the comprehensive, multidisciplinary IRF to evaluate and treat his impaired strength and functional mobility
- Presented with left hemiparesis, and impaired gait, transfers, bed mobility, and balance
- Received skilled PT five days a week for a minimum of three hours per day along with occupational and speech therapy
- PT sessions were scheduled for one hour in the afternoon to accommodate for the patient’s lethargy and altered motor status during the typical 30-minute treatment sessions in the morning

Patient’s Goals for PT

1. To be independent with all functional mobility in order for him to be able to return home to his family
2. To improve the overall strength of his left side in order to be able to walk independently
3. To be able to return to weight lifting at the gym and ride a stationary bike

Interventions

Task Oriented Training

- Functional mobility training including bed mobility, transfers, stair training, community re-entry activities, and patient education

Gait Training

- Pre-gait activities including stepping and weight-shift strategies as well as verbal and tactile cues to initiate stepping
- Equipment such as functional electrical stimulation (FES) and a left ankle-foot orthosis (AFO) to improve dorsiflexion
- FES + AFO+ Handrail ➔ Hemi-walker ➔ Small Base Quad Cane ➔ Straight Cane

Therapeutic Exercise

- Lower extremity (LE) strengthening exercises
- Active-assisted range of motion (AAROM) exercises, resistance exercises, step ups, straight leg raises, and sit to stand

Observations

<table>
<thead>
<tr>
<th>LE Gross Strength</th>
<th>Initial</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Max A Supervision</td>
<td>3/5 (fair minus)</td>
<td>4/5 (good)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dynamic Standing Balance</th>
<th>Initial</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Improved cadence and step length</td>
<td></td>
</tr>
</tbody>
</table>

FIM Score

<table>
<thead>
<tr>
<th>FIM Score</th>
<th>Initial</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/7 (max A)</td>
<td>5/7 (supervision)</td>
<td></td>
</tr>
</tbody>
</table>

Conclusion

- Following three weeks of PT in an IRF with an emphasis on task-oriented training and gait training, the patient demonstrated improved functional mobility, gait, and LE strength.
- Initiatives geared towards adequate pain management and support of individuals with substance abuse disorders may help change the landscape for this challenging patient population.
- The American Physical Therapy Association (APTA) has launched a national public awareness campaign about the safety and effectiveness of PT for pain management.
- APTA’s #ChoosePT campaign raises awareness and encourages consumers and prescribers to follow guidelines by the Centers for Disease Control (CDC).7
- Future research is also needed to address the PT management of this patient population.

Acknowledgements

The author acknowledges Albert Domingue, PT, for supervision and assistance with patient care and the patient for participation in this case report.

References


Figure 1. PT Interventions: A: Single leg step ups B: Medial view of Allard Toe-Off® Left Ankle Foot Orthosis C: Stepping exercise

#ChoosePT