Functional Mobility for An Elderly Person with Amyotrophic Lateral Sclerosis: A Case Report  
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**UNIQUE**  
Amyotrophic Lateral Sclerosis (ALS)  
- Spasticity  
- Abnormal Reflexes  
- Paralysis  
- Weakness  
- Muscle Atrophy  
- Muscle Fasciculation  

**PURPOSE**  
Describe a palliative care physical therapy (PT) plan for maintenance of functional mobility and fall risk reduction for a patient with ALS.

**FOUNDATION**  

**GOALS OF PT TREATMENT FOR ALS:**  
Promotion of independence and improvement in quality of life during disease progression

- **Early Stage**  
  - Assess fall risk  
  - Assess need for adaptive equipment  
  - Strength & Range of motion within the lower extremities (LE)  
  - Balance  
  - Aerobic exercise
- **Middle Stage**  
  - Assess for assistive device and wheelchair use  
  - Educate on transfers
- **Advanced Stage**  
  - Hospice and palliative care  
  - Caregiver education  
  - Prevent skin break down  
  - Prevent joint contractures

**TIMELINE OF CARE**  
Previous Medical History: Left Hip Osteoarthritis, Aortic Murmur, Asthma

- **Spring (Previous Year)**  
  - Medical Diagnosis: ALS  
  - Referred to PT by PCP  
  - PT examination and evaluation was performed. Therapeutic exercise, aerobic exercise, and balance exercises were given for treatment.

- **Winter**  
  - Patient received PT services, after moving, at home for 6 months involving strengthening exercises.

- **Spring (Start of Episode of Care)**  
  - Referred to the outpatient clinic by PCP  
  - PT Diagnosis: High fall risk; decreased functional mobility; left hip/knee pain  
  - The patient returned to the clinic and was receiving PT, OT, and SLP services.
  - PT intervention included balance training, strengthening, and aerobic exercise to maintain functional mobility for 12 weeks.

- **Summer**  
  - Final outcome measures of interventions  
  - The patient continued with PT, OT, and SLP services.

**CASE DESCRIPTION**  
An 82-year-old female with ALS received PT treatment for balance training to decrease fall risk, as well as therapeutic exercise to maintain strength for activities of daily living.

**Diagnosis**  
- ALS; decreased functional mobility, high fall risk, & left hip/knee pain secondary to osteoarthritis

**Primary Complaint**  
- Weakness in the LE, especially in the left hip from osteoarthritis

**PT Goal**  
- Maintain strength & balance

**Patient Challenges**  
- Stairs, (static/dynamic) stability balance, dysarthria, dropping things, dysphagia

**Level of Function in Episode Of Care**  
- Community ambulator with a walker; required some assistance with activities of daily living by husband

**Table 1. Tests & Measures**

<table>
<thead>
<tr>
<th>Test</th>
<th>Initial Evaluation</th>
<th>Final Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timed Up &amp; Go</td>
<td>23.75 seconds</td>
<td>29 seconds</td>
</tr>
<tr>
<td>Berg Balance Scale</td>
<td>17/28</td>
<td>29/56</td>
</tr>
<tr>
<td>6 Minute Walk Test (6MWT)</td>
<td>120 feet =128.02 meters</td>
<td>412 feet =125.58 meters</td>
</tr>
<tr>
<td>Strength Left Dorsiflexion</td>
<td>4/5</td>
<td>5/5</td>
</tr>
</tbody>
</table>

**CONCLUSION**  
- Balance training and therapeutic exercise, in this case report, demonstrates the role of maintaining function in palliative care.
- It is an example of how PT services can be utilized by continuing to promote functional independence with terminal neurodegenerative diseases.
- This public policy charge to the APTA has the potential to allow future practitioners to help patients, such as this, with support for reimbursement of care due to degenerative diseases.

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**REFERENCES**


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