
Background

- Necrotizing Fasciitis is a life-threatening soft tissue infection that is characterized by a rapid spreading infection of the subcutaneous tissue.
- Symptoms include red or purple skin in the affected area, severe pain, fever, and vomiting.
- Typically, the infection enters the body through a break in the skin such as a cut or burn.
- Surgical debridement is the mainstay of treatment for necrotizing fasciitis.
- Intravenous antibiotics are started immediately upon diagnosis.

Case Description

- The patient was a 46-year-old male with a past medical history of morbid obesity, pulmonary embolism, poorly controlled diabetes, hypertension, multiple incidences of suicidal ideation, and homelessness.
- Upon admission to the hospital, the patient was diagnosed with necrotizing fasciitis of the axillary region, insulin dependent diabetes, morbid obesity (BMI over 70).
- At the initial visit, the patient’s primary problem was pain in right axilla and cellulitis which limited his functional mobility.

Timeline/Interventions

- Pre-Admission:
  - Numeric Pain Rating Scale (NPRS)
  - Mobility subdivision of Functional Independence Measure (FIM)
- Day 0/Initial Evaluation:
  - Manual Muscle testing (MMT)
  - Interventions:
    - Lower extremity strengthening exercises
    - Transfer training
    - Gait training
- Discharge:
  - Re-testing of Tests and Measures
    - FIM, MMT, NPRS
    - Discharge to Skilled Rehab Facility

Systems Review

<table>
<thead>
<tr>
<th>Cardiovascular/Pulmonary</th>
<th>Patient reports LE edema, denies chest pain, Regular rate and rhythm (RRR), no murmurs or gallops, patient reports shortness of breath, wheezing, cough, clear sputum, denies hemoptysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td>UE strength/ROM: Grossly impaired LE strength/ROM: Grossly impaired</td>
</tr>
<tr>
<td>Neuromuscular</td>
<td>Speech intact, grip strength equal, patient reports right foot tingling status post blood sugar &gt; 400</td>
</tr>
<tr>
<td>Integumentary</td>
<td>Demarcated, necrotizing area of erythema of right shoulder extending to chest with blisters that are draining purulent liquid,</td>
</tr>
<tr>
<td>Communication/Cognition</td>
<td>Alert and oriented to person/place/time/situation/general information, speech intact</td>
</tr>
<tr>
<td>Affect</td>
<td>Alert, appropriate mood and affect</td>
</tr>
</tbody>
</table>

Outcomes

- Sit <-> Stand
- Gait training with walker
- Stair Training with Cane

Discussion/Conclusion

- Overall, the outcomes presented in this case suggest that the designed POC, featuring LE strengthening exercises, transfer training, and gait training suggest that the POC was beneficial to the patient.
- The POC helped improve the patient’s functional mobility and allowed the patient to be discharged to his desired skilled rehab facility despite the severity of his necrotizing fasciitis and morbid obesity.

References


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