Use of the Task-Oriented Approach for Chronic Inflammatory Demyelinating Polyneuropathy: A Case Report

Alison Newell BS, DPT Student; Amy Litterini PT, DPT
University of New England, Department of Physical Therapy, Portland, ME

Unique

• Extensive literature exists regarding medical management of chronic inflammatory demyelinating polyneuropathy (CIDP).1
• Limited research exists regarding physical therapy (PT) management for patients with CIDP.
• The abnormal onset of severe mobility limitations, and lack of response to medical management, demanded further inquiry into this case.

Description

• 74-year-old Caucasian male diagnosed with CIDP 3 years prior with several bouts of symptoms since initial onset
• Initially prescribed intravenous immunoglobulin (IVIG) and prednisone which worked well for the patient who was moderately active prior to this relapse
• Four months prior to this admission, he experienced a relapse after receiving a generic form of IVIG.
• Impairments identified: decreased strength and AROM in bilateral LEs (R > L); impaired proprioception, coordination, and balance; fatigue and decreased endurance; pain in his hands; inability to walk
• Patient goals: to walk again and return home independently

Interventions

• Plan of care: 90 minutes each of PT and occupational therapy daily, 6x/week x17 days
• Goals: to improve the noted impairments and develop more efficient compensatory strategies using the TOA
• Initial treatments included therapeutic and aerobic exercise, neuromuscular re-education, balance training, and functional mobility training.
• Stretching and moist heat were added on day 14.

Purpose

Using evidence-based resources on CIDP and Guillain-Barre Syndrome (GBS), this case report describes the PT management of a patient with CIDP using the task-oriented approach (TOA) as a framework for clinical decision-making.1,3,6

Foundation

• CIDP is an acquired neurological disorder similar to GBS with a rare prevalence of 2-7.7/100,000.7
• Etiology and pathogenesis are largely unknown but are thought to be immunological, targeting the myelin of peripheral nerves.7,8
• TOA is based upon systems theory with influence from motor learning and motor control theories.
• Systems theory states abnormal movements are related to deficits in one or more system(s) and are comprised of the body’s existing systems’ attempts to compensate.
• Compensations are not always ideal; interventions can be designed to optimize strategies and complete functional tasks more effectively and efficiently.6

Figure 4. Interventions: Images above (Top from left to right): Seated Balance Training; Standing LE Motor Control Exercise; Seated LE Motor Control Exercise; Endurance Training on the NuStep® (Bottom from left to right): Sit to Stand Training with SW and knee cage; Transfer Training with SW and knee cage; Gait Training with SW and knee cage.

Figure 3. Visual model of the TOA.8

Observations

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>At Initial Evaluation</th>
<th>At Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berg Balance Scale</td>
<td>4/56</td>
<td>5/56</td>
</tr>
<tr>
<td>Modified Functional Reach Test</td>
<td>Anterior: 7&quot; Right: 5&quot; Left: 6&quot;</td>
<td>Anterior: 14&quot; Right: 10&quot; Left: 8&quot;</td>
</tr>
<tr>
<td>Timed Up and Go</td>
<td>Completed in 01:39 with ModAx2 and SW</td>
<td>Unable to complete (10' then 6') with minAx1 CGAx1 and SW</td>
</tr>
<tr>
<td>Bed Mobility</td>
<td>ModAx2 MinAx2</td>
<td>CGAx1</td>
</tr>
<tr>
<td>Sit to Stand</td>
<td>ModAx2 CGAx1</td>
<td>ModAx2</td>
</tr>
<tr>
<td>Transfers</td>
<td>ModAx2 CGAx1</td>
<td>ModAx2</td>
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<tr>
<td>Ambulation</td>
<td>ModAx2 MinAx1 CGAx1</td>
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</tbody>
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Outcomes Abbreviation Key: ModAx#: moderate assistance of # of people; SW: standard walker; minAx#: minimal assistance of # of people

Conclusion

• Using TOA as a framework and guidelines for PT management of GBS provided guidance for the treatment of this patient with the challenging diagnosis of CIDP.
• System-based impairments and maladaptive strategies were identified via task analysis, which helped to devise both corrective and compensatory interventions.
• Lack of substantial progress at discharge may have been attributed to progression of the disease, decreased response to IVIG, the tapering of prednisone, or decreased motivation after discharge notice.
• Research with larger samples, possibly via a multicenter study, and other case reports would be beneficial to further guide the PT management of patients with CIDP.

Acknowledgements

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References

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4. Lemos MH, Chronic inflammatory demyelinating polyneuropathy: Etiology, clinical features, and diagnosis. In: UpToDate, Shettert JL, Deute L (Eds), UpToDate, Waltham, MA, (accessed on July 17, 2010).
7. ModAx is the symbol for minimal assistance. ModAx#: minimal assistance of # of people; SW: standard walker; minAx#: minimal assistance of # of people.
8. ModAx2 is the symbol for moderate assistance. ModAx2#: moderate assistance of # of people; SW: standard walker; minAx2#: minimal assistance of # of people.
9. ModAx is the symbol for minimal assistance. ModAx#: minimal assistance of # of people; SW: standard walker; minAx#: minimal assistance of # of people.
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Disclosures

No disclosures.