

31st October 2025

To Whom It May Concern,

Re: Nicholas Brabazon

DOB: 02/12/1994

This report provides a detailed update on the functional capacity and rehabilitation progress of Nicholas following a structured assessment conducted on 27/10/2025 at North Perth Physiotherapy Clinic. The assessment evaluates functional complaints, daily living demands, and progress toward rehabilitation goals, based solely on the physiotherapist and patient/carer conversation and observed assessment findings.

Assessment Overview

Nicholas presented for a functional capacity assessment to document his current movement capacity and functional requirements for inclusion in Supported Independent Living (SIL). The primary concerns discussed and observed include:

- Progressive stiffness in cervical spine (neck), shoulders, hands and feet.
- Reduced left shoulder range with compensatory hitching.
- Hand weakness and reduced grip strength, with frequent dropping of objects.
- Foot/toe stiffness and arthritic changes impacting footwear and gait.
- Functional difficulties in transfers (toilet, couch), stair negotiation, self-dressing, eating and drinking pace, and anxiety with heights/open stairwells.

Diagnoses reported by the carer for inclusion in the report: autism, psoriatic arthritis, sleep disorder, and OCD.

Functional Complaints and Symptom Status

Based on conversation and examination:

- Neck: Excessive kyphosis; limited rotation approximately 10 degrees each side; neck extension noted at negative 20 degrees (limited).
- Shoulders: Right shoulder—abduction to end range; Left shoulder—abduction to approximately 90 degrees with excessive hitching; Left shoulder flexion approximately 80–90 degrees; neutral external rotation. Overall left shoulder movement blocked at 90 degrees.
- Hands: Grip strength approximately half compared to right on testing; digits 2–4 on left show middle phalangeal fixed joint changes; frequent object dropping reported; fine motor difficulties.
- Hips: Right and left hip joints assessed as good with no major restrictions.
- Knees: Left patella tension/tenderness noted; no major restrictions.
- Feet/Ankles: Increased stiffness; arches higher with lateral bowing in footwear; ankle dorsiflexion right 10 degrees, left to neutral; plantarflexion right to end range, left to half; right hallux arthritic changes with flexion limited to neutral to quarter range; toes “really bad” per carer observation.
- Sleep/behaviour: Sleep significantly disrupted (reported instance of 4 hours sleep); frequent toilet visits (behavioural; 10–20 times/day); walking backwards episodes; increased anxiety with heights/open stairwells; bruising/cuts of unclear origin reported by carers.

Medication/management context (reported): On Stelara, with carer noting improvements overall but ongoing joint stiffness; remedial massage every second week; hydrotherapy once per week with carers.

Functional Index Comparison

The Upper Extremity Functional Index (UEFI) was not administered or scored during this assessment based on the available transcription. Therefore, no current score, previous score, or percentage change can be reported.

Functional Task Testing

A series of daily living tasks relevant to independent living were discussed and observed to determine Nicholas's current capacity and target capacity needs. Results are summarised below:

Toilet Transfer:

1. Requires use of handles; able to get off with support.
2. Independent or minimal assist transfer with safe technique.

Couch Transfer:

1. Difficulty rising from low couch; very slow.
2. Rise from standard height seat independently without undue effort.

Stair Negotiation:

1. Ascends/descends one step at a time; anxiety on open stairwells; stairs at home.
2. Reciprocal stepping on standard stairs with supervision as needed; improved confidence on open stairwells.

Dressing (upper/lower body)

1. Can dress to a point; needs to hold onto support ; socks/shoes very time-consuming; cannot put current shoes on independently.
2. Independent dressing with appropriate aids (e.g., shoehorn, seating/rails) and safe strategies.

Footwear Management:

1. Difficulty with sandals/shoes due to toe stiffness/arch changes.
2. Ability to don/doff appropriate footwear with aids; podiatry/orthotic input as needed.

Object handling (tablet, jars):

1. Frequent dropping; reduced grip strength; fine motor difficulties.
2. Safe handling of personal devices and household items; improved grip and fine motor control.

Eating/drinking:

1. Eats rapidly concern about drinking control; no dysphagia reported by OT at present.
2. Safer pacing strategies; monitored technique to reduce risk; OT collaboration.

Note: Target capacities are based on functional needs for independent living as discussed with carer during the assessment.

Current Difficulties

- Transfers: Getting off toilet and couch requires supports; slow and effortful.
- Stairs: One step at a time; increased anxiety on open stairwells/bridges.
- Dressing: Needs to hold onto fixtures to don underwear; difficulty with socks and shoes.
- Hands: Reduced grip strength; fine motor issues; drops items frequently (e.g., tablet).
- Feet: Toe stiffness and arch changes affect footwear fit and stability.
- Eating/drinking: Rapid eating; concerns about drinking control per OT observation.
- Behavioural: Frequent toilet visits (10–20/day); episodes of walking backwards; poor sleep.
- Pain/stiffness: Progressive stiffness in neck, shoulders, hands, toes; left patella tenderness.

Potential Barriers

- Physical: Joint stiffness (neck, shoulders, hands, feet/toes), limited ranges, hand weakness, foot deformity/arthritis changes, anxiety impacting stair negotiation.
- Psychological/behavioural: Anxiety with heights/open stairwells; resistance to services (“doesn’t want any of this” per carer); sleep disruption; habitual frequent toileting; changes in routine/carer support contributing to distress.

Rehabilitation Goals

The rehabilitation program is designed to:

- Improve cervical spine mobility and reduce stiffness.
- Increase left shoulder flexion/abduction range and reduce compensatory hitching.
- Improve hand grip strength and fine motor control to reduce object dropping.
- Address foot/ankle mobility and hallux stiffness to improve footwear management and gait stability.
- Enhance safe transfer capacity for toilet and seating.
- Improve stair negotiation confidence and technique.
- Support safer eating/drinking pacing strategies in collaboration with OT.
- Maintain joint mobility through ongoing hydrotherapy and structured exercise.

Action Plan and Rehabilitation Timeline

A home-based and community-supported program is indicated, coordinated with carers and OT, focusing on joint mobility, strength, and functional task practice. Frequency based on discussion:

- Hydrotherapy: once per week with carers (ongoing).
- Remedial massage: every second week (ongoing; self-funded per carer).
- Physiotherapy: recommended minimum weekly for joint mobilisation, exercise progression, and functional task training (as discussed; funding-dependent).

Progression plan:

- Gradual increase in range-of-motion work for neck/shoulders and ankles/toes.
- Task-specific practice for transfers (toilet/couch) and stairs, incorporating anxiety management strategies with appropriate supervision.
- Hand strengthening and dexterity drills to improve handling of personal devices and daily items.
- Footwear and orthotic review via OT/podiatry as needed.
- Collaboration with OT for eating/drinking pacing and equipment recommendations.
- Maintain hydrotherapy weekly to support joint mobility.

Progression Summary

Nicholas's current capacity versus target needs for SIL:

Domain: 1. Current Capacity; 2. Target for SIL

Neck mobility:

1. Limited extension (-20°), rotation 10° each side.
2. Improved functional range to assist dressing/orientation.

Shoulder function:

1. Left flex/abd $80-90^{\circ}$ with hitching.
2. Functional range enabling dressing and reach with reduced hitching.

Hand grip/fine motor:

1. Grip 50%; frequent dropping.
2. Safer handling and reduced dropping; improved grip endurance.

Transfers:

1. Needs supports; slow.
2. Safe, efficient transfers with minimal assist.

Stairs:

1. One step at a time; anxiety.
2. Confident stair uses with supervision, strategies for open stairwells.

Feet/toes:

1. Significant stiffness; footwear issues.
2. Improved mobility and appropriate footwear solutions.

Eating/drinking:

1. Rapid intake; OT concerned.
2. Safer pacing and monitored technique via OT input.

If you have any queries regarding Nicholas's care plan, please contact me at 08 9328 8389.

Kind Regards,



David Zuiderwijk
Physiotherapist
BSc Physiotherapy

