

22 October 2024

To whom it may concern

NDIS Physiotherapy Report

Client Information

- Name: Ian Spencer
- Date of Birth: 12/04/1966
- NDIS Number: 430788674

Reason for Referral

Ian has a long history of fatigue and neurological symptoms, which he has experienced throughout most of his life. A marked increase in symptoms was noted in 1999, with an increasing decline reported in his functional capacity over the past 25 years. This referral has been made to assess his current functional capacity and assist in determining ongoing care needs, with regard to personal care and core supports, therapy and capacity building supports, and the need for capital supports for mobility and independence.

Background Information

Medical History:

- Functional Neurological Disorder, pending Neurologist assessment
 - Neurological and fatigue symptoms since 1999
- Non-insulin dependent diabetes mellitus
- Appendicectomy
- Spontaneous pneumothorax
- Postural Orthostatic Tachycardia Syndrome
- Multiple food and environmental sensitivities ie.
 - Paints, plastics, rubber, fragrances, petrol and diesel fumes, smoke, chemicals and cleaning products
 - Foods containing magnesium, histamines and oxalates. Diet is predominantly eggs, chicken and vegetables

Current Medications:

- Clonazepam
- Metformin
- Naltrexone
- Doxepin
- Celebrex

Current Supplements:

- CoQ10
- Vitamin B1
- Benefibe
- PEA
- Salt tablets

Current and Past Treatment and Supports

Ian has not reported any previous Physiotherapy treatment. Ian currently receives Occupational Therapy support, and weekly support from a personal trainer for supervised exercise, but no other therapy supports.

Assessment Findings

Range of Motion:

- No range of motion deficits were identified
- A tremor was noted with arm movements, more on the left than right

Strength:

- Upper limb manual muscle testing: 3+ to 4 across all muscle groups
- Lower limb manual muscle testing:
 - Ankle DF: 2, with on/off contractions
 - Ankle PF, inversion, eversion: 3+
 - Knee extension: 4
 - Knee flexion: 4

Balance and Coordination:

- Neutral stance, eyes open: marked instability, supervision and occasional assistance required
- Neutral stance, eyes closed: unable < 5sec
- Feet together, eyes open: unable < 5sec

Gait Analysis:

- Walking required moderate to maximal assistance and was extremely unstable. Ian sought support from walls and furniture and was unable to ambulate without this assistance
- Ian reported increased sensory input adds to his fatigue during activities like walking, and he was observed to close his eyes while ambulating to manage this

Fine Motor Function

- Ian has difficulty with holding tools and utensils, buttoning shirts, tying shoelaces. It is necessary for his wife to assist with all aspects of his personal care

Functional Mobility:

- Sitting:
 - When sitting in a dining chair, marked instability was noted with supervision and occasional assistance required
 - Poor control of anterior and posterior pelvic tilt
 - Very limited lateral weight shift capacity, with loss of stability noted when reaching out of base of support. Assistance was required to prevent falling
 - Impaired spatial awareness was also noted, with no reaction or attempt at fall prevention or in response to perturbation
 - Ian fatigued quickly, only tolerating a few minutes of sitting
- Sit to stand:
 - Able to complete independently with assistance from arms on chair; however, on standing Ian became unstable requiring assistance to maintain
 - Heart rate was observed to rise to 120BPM on standing, from resting range of 75-85BPM
- Standing:
 - Marked instability was noted, with supervision and occasional assistance required to maintain standing
 - Ian was easily destabilised with perturbation and lacked the normal reactions to correct his body position, indicating impaired spatial awareness

- Timed Up and Go (TUG)
 - Ian's TUG result was 47 seconds. For community dwelling adults aged 60-65 the reference value is 8-10 seconds, with scores above 12 seconds considered an indication of increased falls risk
 - Ian was observed to require support from furniture and walls to complete the test
 - On completion his HR was observed to rise to 130BPM

Pain Assessment

- Ian reports burning pain in his hands and feet, which progresses up the arms and legs when aggravated
- An intermittent headache is reported, with no localisation of symptoms to any specific area ie. Frontal, temporal, occipital
- Upper back and neck pain is reported, subsequent to a lifting injury some years ago

Other Symptoms:

- Changes in cognitive function, particularly around information processing
- Mood changes
- Low contrast with vision
- Episodes during the day where Ian goes off to sleep abruptly

Functional Impact

- Increasing fatigue was observed throughout the assessment. This was noted to increase during both subjective and objective components of the assessment. Ian is at a high risk of falls when mobilising around the house given his poor balance, spatial awareness, sensitivity to sensory stimuli and fatigue.
- Ian is unable to mobilise in unstable/uneven outdoor environments
- Ian's current functional capacity in sitting makes the use of his current mobility scooter unsafe. Ian is at high risk of falling, given his poor sitting stability, impaired correction to perturbation and fatigue
 - Ian advised he has fallen out of his mobility scooter on numerous occasions
- Being a passenger in a standard car is extremely difficult. Ian's poor spatial awareness and impaired sitting capacity mean he is unable to maintain upright sitting when accelerating, decelerating and cornering. Higher speeds exacerbate this. Currently Ian is housebound given the limitations his sitting capacity has on car travel and safety concerns with the use of his current mobility scooter

Treatment Plan

1. Home exercise program
 - a. I have prescribed Ian with an exercise program to improve strength and balance
2. I plan to introduce and trial several modalities to improve regulation of the Nervous System ie.
 - a. Breath control and retention
 - b. Humming
 - c. Vagus Nerve Stimulation therapy

Equipment Plan

1. Ian requires a gait aid to assist with mobility around the house. A 2 wheel frame with push down breaks is recommended
2. A replacement mobility scooter is recommended. The current scooter:
 - a. Does not allow for Ian's height. His legs are cramped with the knees and hips forced into an overly flexed position
 - b. Does not provide sufficient suspension when navigating outdoor terrain
 - c. Does not provide sufficient trunk support in sitting and subsequently is unsafe for current use

Prognosis

Given Ian's long history of symptoms, the noted decline over the last 25 years, and the extent of his current functional impairment, I do not anticipate significant improvements in Ian's condition. It is likely Ian's condition will continue to deteriorate.

Summary and Recommendations

Ian is suffering from a long standing Neurological condition, with a diagnosis yet to be confirmed pending further consultation with his Neurologist. This condition causes significant disruption of Ian's gross motor function and mobility, fine motor control, as well as disturbing cognitive function and mood, and noted extreme fatigue.

Ian requires additional supports to:

1. Ensure his daily care needs are met
 - a. 30 hours of 1:1 Personal Care support per week
 - b. Monday-Friday 7am-1pm
2. To assist with opportunities for community engagement
 - a. The 30 hours of support recommended per week includes an allowance for community engagement
3. Provide the necessary aids and equipment to support his mobility and ensure his safety
 - a. A 2 wheel frame
 - b. An appropriate mobility scooter
4. Allow him to access therapy to build his functional capacity
 - a. Funding for fortnightly Physiotherapy is recommended
 - b. Funding for 4 hours per week of supervised exercise support
 - 2 x 2 hours per week
 - It is not safe for Ian to exercise unsupervised

Don't hesitate to contact me should you require any additional information.

Kind regards

A handwritten signature in black ink, appearing to read 'Adam Collyer', with a long horizontal line extending to the right.

Adam Collyer

Lifestyle Medicine Physiotherapist
BPhysio | ASLM Board Certified Practitioner
p. 0401 407 977
e. adam@myinsighthealth.com.au

Provider Number: 249133DW