

PHYSICAL EXAMINATION

**GENERAL:** Patient is awake and eyes are open. She is easily startled to her name or when the bedrail fell down. Trachea is present and she demonstrates no respiratory distress, breathing easily.

**HEENT:** Face is symmetrical. Normocephalic. Pupils are equal and reactive. She appears to have just short focusing attention but does not track and keeps her head to the position on the right. Significant amount of tone in the head and neck. There is reflex and voluntary movement of her mouth in a chewing reflex.

**LUNGS:** Clear to auscultation and percussion.

**HEART:** Tachycardic about 115-120 beats per minute but no gallop, murmurs or rub.

**ABDOMEN:** Nontender but there is muscle tone present. Bowel sounds are present. T-tube in place and working properly. There is no discharge.

**SKIN:** Grossly intact with no breakdown.

**EXTREMITIES:** Demonstrated severe hypertonicity of all four extremities. Plantar flexor contractures, some shoulder limitation but again the tone is quite significant in all four extremities and difficult to achieve range of motion of the left hip and knee while she is in a supine position. No skin breakdown is reported.

**NEUROLOGICAL:** Patient is awake. She does give eye contact to family members. She will close her eyes to any threatening response around her face and blink appropriately. Tracking is inconsistent. There was no verbal output during this exam but it has been reported by husband and other family members and therapists over at College Harbor. No voluntary movement as far as on command at this time. Sensory: She does respond to painful stimulation  
CONTINUED NEXT PAGE

SCHIAVO, TERESA  
RM:

DR. BARAS  
D: 6/27/90  
T: 6/27/90/mp16

MR:  
5775D/1781  
cc: 2 BARAS/SHAH/COHEN

855

00112

SCHIAVO, TERRY

01-29-71

12-03-83 F

Patient: Terry Schiavo

DR. EUGENIO ALCAZAREN

MEDIPLEX REHAB-BRADENTON

6-17-91

TREATMENT PLAN REVIEW

Susan Mayer, DON

~~Laura Mire, LSW~~

~~Teresa Benson, Charge Nurse~~

~~Martha King, PT~~

~~Laurel Smith, Recreation~~

Problem list area:

Status and Progress

Medical

Some episodes of emesis; possibly due to w/c positioning. No recurrence  
11/2#  
skin intact

Physical

PT 3 x wk due to ↓ ROM in legs.  
" Minor w/c adjustments to lateral supports.  
OT modified splints, will look at post on lap tray.  
Will check at head rest also.

Cognitive/Communication



No significant changes.  
\* Vocalizing when prone in P.T.  
Occ. will say "STOP" to nursing during procedures.  
to T.R. groups. More relaxed to therapist's voice, touch (habituation).

DATE  
& PROBLEM  
TIME

3-15-91	Monthly Summary
	<p>Ms. Schiave was readministered the Sensory Stimulation Assessment Measure on March 13, 1991. The results show a slight increase in a few response areas. Terry's eye-opening responses and motor responses (which increased two points) are now both her strongest response output category. However, the vocalization response modality increased two points also. Terry's tactile response remained her best sensory input category, as it increased 3 points, the other 4 response categories remained at about the same level. These slight increases may be a result of the time change, the original test was administered at 8:00 a.m. right after she got up and the second test was given at 4:00 p.m. Terry's ocular/aural nerve function was assessed and the results indicated that her pupil sizes were large, she had a very sluggish response to light, the consensual light reflex was present but she had an abnormal response to accommodation, tracking and a blink reflex. These responses are very similar to last month's administration. Overall her general responsiveness score increased slightly from 19 to 23, but remains at a Rancho level II. These scores indicate a need for a sensory stimulation program and this is being developed. In addition, the SSAM will be readministered in one month. Patricia Shuck, M.A.</p>
3-28-91	<p>Weekly note: Pt. was seen by psych. in the Sensory Stim. program. Program started 3-25-91. The goal was to increase her localized responses to sensory modalities. Her best response was to almost touch (olfactory), otherwise she only responded by opening her eyes briefly. Summarizing across the interdisciplinary team results show similar findings. In addition, the most response increase was to tactile stimulation. Plan will be continued. Patricia Shuck, M.A.</p>