IPHER
Interprofessional Health Education and Research

The Case of Jasper Beardley

Mr. Jasper Beardley is an 85 year old gentleman living in a long-term care (LTC) facility in London, Ontario. He has a wife and a son; who visit often and are very involved with his care and his wife is his substitute decision maker for personal care and finances. Mr. and Mrs. Beardley have been married for 55 years.

Mr. Beardley grew up in the Toronto area. He served in World War II for approximately 6 years. His family reports that he was a very active man, who always needed to keep busy and was an avid swimmer since 1948. He swam up until 2007. His wife also reports that Mr. Beardley is an ex-smoker who quit approximately 50 years ago, after a light smoking history.

Past medical history includes:

1. Multi Infract (Vascular) Dementia, moderate/severe with limb apraxia.
2. Progressive decline in short- and long-term memory and activities of daily living since 2005
3. Multiple TIAs
4. Cancer of the prostate
5. Osteoarthritis
6. Bilateral hearing loss and wears hearing aids

History of Symptoms:

Mr. Beardley has had a gradual decline in memory over the last two years. Agitation and short-temper became evident beginning in March, 2007 when he and his wife were in Arizona. A low dose of Respiradone was initiated and this was successful in settling his aggressive behaviour. He has wandered away at least four times since May. These were the reasons for his admission to the LTC facility.

His family physician completed the Mini Mental State Exam (MMSE) one year prior to admission to LTC. He scored 22/30 which indicates a mild cognitive impairment.

Occupational Therapy Initial Assessment:

- **Cognition:** The OT completed another MMSE upon admission. Mr. Beardly scored 15/30 which indicates a significant cognitive impairment.
- **Physical:** Within Functional Limits (WFL) for upper extremity (U/E) active range of motion (AROM) and Manual Muscle Testing (MMT). Mr. Beardley complains of stiffness and some joint pain with finger movements and has recently been experiencing tremors in his right dominant hand. He always had very sensitive skin and his wife reports that he uses a special soap.
- **Affective:** Scored 6/38 on the Cornell Scale for Depression in Dementia (CSDD) indicating that he is not depressed. He reports his sleep is sometimes disturbed.
- **Self Care:** Independent with set up for grooming
  Cueing for upper washing /dressing
  Assistance for lower washing/dressing
  Independent with adapted utensils for feeding due to his tremors

- **Productivity:** Retired carpenter, prior to admission volunteered at his local church.
- **Leisure/Social:** Mr. Beardley attends recreational therapy programs daily on his unit.

Physiotherapy Initial Assessment:

- **Ambulation:** Independent with no gait aids, endurance > 200ft., no shortness of breath (SOB)
- **Gait Pattern:** Steady, narrow base of support (BOS) when walking. Reciprocal gait with normal arm swing. Moderate pace. Slight medial/lateral sway with increased speed; however remains within BOS.
- **BERG Balance Scale:** 46/52 which indicates mild impairment with balance in standing/walking.
- **AROM:** WFL bilateral U/E**,** WFL bilateral lower extremities (L/E)
- **L/E MMT:** Tone was normal. He had some limb apraxia during the muscle power testing. Hip extension/flexion were reduced 4/5 which indicates mild reduction.
- **Transfers:** Independent to/from bed and arm chair. Required some minimal verbal cueing to initiate transfer.

Speech-Language Pathology Initial Assessment:

- **Swallowing:** The patient reports that he has had no difficulty swallowing. On initial evaluation during a meal assessment, the following were noticed: thin liquids – no signs or symptoms of aspiration were noted; chicken salad sandwich - he was noted to chew for an extended period of time, and some pocketing of the food was noted. An oral mechanism exam revealed that he demonstrated reduced speed, strength and range of motion of his tongue, lips, and jaw. His volitional cough is strong. He has full upper and lower dentures.
- **Communication Summary:**
    - Mr. Beardley's scores on the Arizona Battery for Communication Disorders of Dementia (ABCD) indicate moderate communication challenges. Difficulties are most prominent in the areas of linguistic expression and linguistic comprehension. Specifically, Mr. Beardley experiences difficulty following 2- and 3-step commands, repeating words and sentences, remembering names, recalling words, reasoning, comprehending auditory questions, and orientation to time. His spontaneous speech was characterized by circumlocutions and perseverations. These difficulties may impact his level of frustration and agitation during tasks and daily activities.

Audiology Initial Assessment:

- Mr. Beardley's audiological testing shows the following:
    - A moderate sloping to severe sensorineural loss in his right ear and a profound mixed loss in his left ear. He has a history of mastoid surgery in the left ear with chronic recurrent otitis media. Word recognition is 56% in his right ear and 0% in the left. He was admitted to LTC with bilateral in-the-ear hearing aids that he continuously removes. Nurses have found them wrapped in tissue, in his bed sheets and in his shirt pockets and under his roommate's bed. He complains of hearing insects buzzing in his ears.

The Issue:

Mr. Beardley has had a sudden fall with a right hip fracture and had been discharged to acute care for a hip replacement. He has returned back to the LTC facility and has changed considerably. His discharge note indicates he is partial weight bearing in standing using a standard walker but cannot ambulate. He often complains of pain. He appears more confused and agitated and sometimes refuses care and his meals. While in acute care Mr. Beardley was diagnosed with pneumonia and his diet was changed to pureed texture with honey thick liquids.

You are the OT, PT, SLP and AUD on the team treating Mr. Beardley. The case manager (Nurse Susan) calls an urgent interdisciplinary team care conference. In preparation for the care conference, discuss following:

1. Who else might be on Mr. Beardley's care team?

2. The physician has ordered the following assessments. Which of the above professions (from queston #1) could contribute information to each assessment?
    a. Feeding/swallowing
    b. Mobility
    c. Skin/Wound
    d. Communication

3. As a team, discuss the unique and overlapping roles of your professions as they relate to this case.

4. Mr. Beardley has a pressure ulcer on his left hip from lying in bed all day and not eating well. The nursing staff is finding he is resistive when they try to turn him in bed and want to get him up more for programs on the unit.

    a. Why might Mr. Beardley be resistive?
    b. What recommendations could each discipline give to Nurse Susan?

5. Nurse Susan is having a difficult time communicating with Mr. Beardley especially during transfers. Furthermore, he his taking out his hearing aids and tossing them on the floor. What advice as team members would you give Nurse Susan to better communicate with Mr. Beardley?

Acknowledgement
This case was based on a real client and was written by Carrie Timgren, SLP and Eliana Caranci, OT, who are members of the Veterans' Care team at Parkwood Hospital, St. Joseph's Health Care, London, Ontario.

Jasper Beardley Case Study Questions & Answers

1. Who else might be on Mr. Beardley's care team?

a. Social Work
b. Physician
c. Family
d. OTA/PTA
e. Behaviour Analyst
f. Dietician
g. Rehab Aids
h. Nurse/Nurse Clinician/
i. Advanced Practice Nurse
j. Music Therapist
k. Diet Tech
l. The patient
m. SW Case Aid
n. Psychologist
o. Pharmacist
p. Chronic Skin & Wound Team
q. Spiritual Care
6. Therapeutic Recreation (TRS)

2. The physician has ordered the following assessments. Which of the above professions (from question #1) could contribute information to each assessment?

Feeding/Swallowing	**Mobility**	**Skin/Wound**	**Communication**
• SLP • OT • AUD • Dietitian • Nursing • TRS • BA • OTA/PTA	• OT • PT • Nursing • Rehab Aids • OTA/PTA • MD • AUD • TRS • SLP • Pharmacist • Dietician • SW • SW case aid • MD • BA • Music Therapy	• OT • PT • Rehab Aids • OTA/PTA • SLP • AUD • Nursing • MD • Pharmacist • Chronic Skin & Wound Team • Dietician	• SLP • OT • AUD • PT • Nursing • MD • TRS • Music Therapist • Pharmacist • Psychologist • SW • SW Case Aid

3. As a team, discuss the unique and overlapping roles of your professions as they relate to this case.

Unique	Overlapping
SLP: • Modified Barium Swallow • AAC assessment • Speech, Language & specific cognitive-communication Ax **AUD:** • Diagnostic hearing assessment • Technology related to amplification • Assistive devices related to hearing **OT:** • ADL assessment (e.g., feeding, dressing & bathing) **PT:** • Gait training • Chest physio	**OT & PT:** • Transfers; wheelchair Ax; mobility Ax; Skin Ax; U/E & L/E stretches and bed positioning; pain management **OT/SLP/AUD:** • Communication strategies • ADL hearing aid routine • telephone use **SLP/AUD:** • Hearing screening • Communication strategies **OT/SLP:** • Cognitive-communication assessments • Swallowing assessments • AAC implementation

4. Mr. Beardley has a pressure ulcer on his left hip from lying in bed all day and not eating well. The nursing staff is finding he is resistive when they try to turn him in bed and want to get him up more for programs on the unit.

a. Why might Mr. Beardley be resistive?

- Generalized pain or pain related to skin/hip
- Proprioception and sensory deficits
- Cannot hear
    - Missing info from nurses that they will be moving him & why
    - Nurses shout to be heard – facial expression interpreted as aggression
    - Hearing in group situation frustrating so resists going to programs
- Cognitive decline/increased confusion
- Communication deficits
- Comfort factors
    - Hungry/thirsty
    - Hot/cold
- Mood changes; more depressed/agitated
- Medications

b. What recommendations could each discipline give to Nurse Susan?

OT:

- Needs seating assessment ASAP
- Positioning program – pressure reduction on left & right hip
- Surface/mattress Ax
- ADL assessment – modify clothing
- Re-approach for care when resistive
- Feeding assessment

PT:

- Regular stretches to reduce pain &/or development of contractures/DVTs
- Transfer Ax (lift/pivot transfer using walker)
- Modalities (hot/cold packs, etc.)

AUD:

- Further Ax of HA settings
- Ax appropriateness of amplifier for interim use
- Don't use the left HA – it won't help anyway
- Encourage nursing to approach from right (better ear) side
- Frequent follow-up
- Don't shout – causes distortion in the HA

SLP:

- Communication Ax
- Observe communication interactions during care
- Explain steps before beginning to move him
- If he doesn't understand, try saying it in a different way
- Swallowing Ax

5. Communication advice for Nurse Susan:

- Find out why he is taking out hearing aid
- Check ears for cerumen buildup/ infection/irritation – refer to ENT (syringing contraindicated b/c of mastoid surgery)
- Possible physical reason for lack of acceptance (HA not functioning; hearing changed; settings not appropriate…)
- Is he wearing his own HA?
- Problem solve for taking hearing aids out
- Have HA routine early in disease process
- Use Oto-clips
- Use BTE aids
- Order bright colours of HA
- Have specific storage space for HA
- Ensure some form of amplification is worn
- Minimize background noise
- His ability to compensate for HL via communication strategies is reduced b/c of dementia

- Be prepared to give information more than once in different ways (re-word/re-phrase)
- Allow ample time for him to respond
- Speak at a slower rate of speech (extend time between words and take natural pauses)
- Be aware of your non-verbal communication
- Speak with a normal, pleasant tone (patients with Dementia will pick up on subtle non-verbal communication)
- Be prepared to interpret his non-verbal language (facial expression, wincing in pain, confusion, etc.)
- Use writing tools to assist communication (e.g., whiteboard or paper) and write down the topic and key words
- Get his attention and introduce topic
- Smile – avoid negative facial expression
- Ask one question at a time
- Use yes/no questions rather than questions that require word recall and/or long verbal responses
- Ensure lighting is optimal – face the light
- Cue to topic of conversation
- Ensure eye contact before speaking & use touch to facilitate communication
- Use gestures and touch to cue during transfers (pointing, demonstrating, touching his leg when you say “Move this leg.”)

Acknowledgement

This case was based on a real client and was written by Carrie Timgren, SLP and Eliana Caranci, OT, who are members of the Veterans’ Care team at Parkwood Hospital, St. Joseph’s Health Care, London, Ontario.