

The of focused scenario#3



Focused Scenario 3 Running head: FOCUSED SCENARIO 3 " Focused Scenario 3" In APA Style Focused Scenario 32

S> Mrs. W, a 42-year-old , who c/o intermittent headaches which are only relieved with " cutting off the lights and resting for approximately 4-6 hours". Pt occasionally feels as though she may " fall when walking, but it only happens every few weeks." Pt also occasionally has a " funny sensation in her feet and hands, but it goes away within a week or two". Past Medical Hx> Pt's headache started 3 mos PTC. Pt states she has fallen 2x. Family Hx> (+) grandfather could not get out of bed for several mos. but a Dx by a Physician was never made. Social Hx> Pt has been married for 22 years and has 6 children between the ages of 4 and 20-y/o. Pt enjoys gardening, volunteers at the local library for 4 hrs. each wk. and teaches a Sunday school class at her church.

During the subjective history taking, the headaches experienced by the patient is to be assessed for the quality (deep or superficial, localized or radiating, aching, throbbing, sharp, shooting, burning) and intensity (subjective pain scale) Location or path is also important to ask, especially if the headache is of radiating type. Any medications taken should also be noted. As for the " funny sensation" on the patient's extremities, the onset and character should be assessed as well as any accompanying numbness on the affected areas. Physical to the head, diseases such as stroke, meningitis and encephalitis are important to ask in the Past Medical History Family History should be more thorough and note the presence of any hereditary neurologic disease, mental retardation, epilepsy or seizure disorder, weakness or gait disorders and metabolic disorders such as hypertension and diabetes mellitus (Seidel, et. al, 2006). Since the patient

does gardening, it is important to ask the patient for exposure to insecticides, organic solvents and other gardening chemicals. Use of alcohol and drugs should also be asked.

Physical examination should be thorough on the patient's nervous system since all of the

Focused Scenario 3 5

patient's complaints are neurologic. Under ocular inspection, essential to check are the presence of resting tremors and trophic changes in the skin and nails of the hands and feet. It is also important to check this patient's cerebellar function since the patient has balance problems exemplified by the history of falls. Romberg Test and performance of rapid, alternating movements (alternating pronation and supination of the forearm) and accuracy of movements (finger-to-nose test) should be performed by the patient. Sensory testing as to light touch (with the use of cotton wisp), pain & temperature (sharp object and test tubes containing warm and cold water), vibration (tuning fork) and joint position sense (kinesthesia) is pertinent for this patient. Two-point discrimination and stereognosis can be done to assess the patient's cortical sensory functions. Under gait analysis, any deviations in the gait cycle and presence of shuffling, staggering and having a wide base should be noted. Deep tendon reflexes with the use of a neurohammer should be done to check for hyporeflexia or hyperreflexia in the major joints. Muscle testing, especially of the lower extremities, is important to determine if weakness is the cause of the patient's fall during walking.

Clinical inferences for this patient includes migraine, because of the patient's description of her headache being intermittent and relieved by the absence

of light and multiple sclerosis due to the patient's sensory deficits in the upper and lower extremities and ataxic gait. Diabetes Mellitus and peripheral neuropathy both present with sensory deficits on the extremities. It is also that the patient may have cerebellar affectation because of the patient's balance problems. If taking into consideration the patient's family history, inherited ataxia such as autosomal spinocerebellar ataxias (SCA) may be a differential diagnosis providing that both of the patient's parents have this condition since most of the types of SCA are autosomal dominant.

Focused Scenario 3 4

References

Fauci, A. S. (2008). Harrison's principles of internal medicine / Editors, Anthony S. Fauci ... [et al.]. New York: McGraw-Hill Medical.

Seidel, H. M. (2006). Mosby's guide to physical examination. St. Louis, Missouri: Mosby Elsevier.