

# Medical and psychosocial aspects of chronic illness and disability

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The paper "Medical and Psychosocial Aspects of Chronic Illness and Disability" is an excellent example of a case study on medical science. The client, in this case, the study is named Tracey. She is 29 years old and is of African American origin. She's not married and lives in a suburb found in a Midwestern city. She has received a college education and gets a job with a non-governmental organization. Before she started experiencing these symptoms she was able to perform her duties easily. In her life, she does not have many people to support ours socially. Her life surrounds her employment and therefore this condition will most likely affect her livelihood. The thought that her life might not be the same again is making her anxious as she looks forward to progressing in our life and career. Tracy experienced symptoms twice. The first time she was unwell for 6 weeks whereby she was weak, tired and maintaining balance was problematic. After approximately 6 months from the first time, she experienced the same symptoms once again only that this time her leg was numb as well. She also lost coordination totally in this second time. These symptoms point to Multiple Sclerosis. With this condition, the client is scarred Intersections of her brain together with the c-5 and t-11 vertebrae. These scarring in her T-11 vertebrae are likely to be the reason for the numbness and tingling experienced in her legs. The scarring in her C-5, on the other hand, could be the reason for feeling weak in her arms, (Falvo, 2009). The lack of coordination and balance can be said to be due scarring that happened in her brain, (Falvo, 2009). The fluctuation of periods of relapse deterioration occurring between relapses indicates the disease as having a secondary progressive pattern with deterioration between periods of remission (Falvo, 2009). Future deterioration is expected

and the client may experience worsening of current symptoms and decreased motor functioning in her legs and arms (Falvo, 2009). There is a possibility of paralysis and more marked cognitive impairment as the disease continues to affect her nervous system (Falvo, 2009). The client is currently receiving care from her primary provider and a neurologist. She has prescribed medication via injection to slow the course of the disease but the condition is chronic and will likely get worse during periods of relapse.

### Section III: Implications for Employment and Barriers to Rehabilitation.

The client is a successful young professional with a strong work ethic and passion for her job. She has expressed anxiety about the impact the disease will have on her job performance and ability to remain mobile. During periods of relapse, Tracey may not be able to perform job duties for extended periods of time depending on the severity of symptoms. The unpredictable pattern of relapses will make it difficult for Tracey to fulfill her job requirements in a timely and consistent manner, especially as the disease progresses and relapses become more frequent (Falvo, 2009). Depending on the speed of deterioration of functioning, Tracey may be able to continue some aspects of her job, such as contacting donors and coordinating fundraising events. However, it is likely that the physically demanding aspects of her work, including lifting and moving objects and driving for extended periods of time, will need to be eliminated. Tracey will need to discuss this with her boss. Tracey's main barrier to rehabilitation is her lack of social support and isolation. She will most likely need assistance getting to appointments and completing household chores during periods of relapse as the symptoms progress (Falvo, 2009). She will also need

emotional support as she attempts to cope with the changes in her physical abilities (Falvo, 2009). Tracey has yet to reach out to her family or her employer for support regarding her diagnosis. The stress of her diagnosis and anxiety about future changes are likely to have a psychological impact on Tracey. This can exacerbate symptoms and adversely affect her work performance and general life satisfaction.

#### Section IV: Rehabilitation Plan.

There are three main areas that need to be addressed to develop a comprehensive rehabilitation plan for Tracey. These areas are: vocational, social/emotional, and medical.

**Vocational:** Tracey will meet with a vocational counselor and her boss to talk about the effects of multiple sclerosis on job performance. Accommodations and altering of job duties may be required. Accommodations may include fewer hours with a more frequent break to reduce fatigue and more use of technology for interactions with clients to reduce the need for travel. Assistive devices such as a wheelchair may also be necessary.

**Social/Emotional:** Tracey will participate in individual counseling to discuss her anxiety and fears about her diagnosis. She will participate in a support group for adults with multiple sclerosis. She will develop stress management skills and coping techniques as well as receive social support from others who understand her experiences. Tracey will contact her family to discuss her changing needs and for additional emotional support. Depending on Tracey's emotional and physical needs, she may consider moving closer to her family or living with her brother since her condition will impact her activities of daily living and quality of life.

**Medical:** Tracey will continue treatment injections from her neurologist. She will work with an occupational and physical therapist to build strength

and retain muscle functioning and mobility for as long as possible. She will contact her insurance to discuss coverage for an in-home caregiver or nurse should the need arise. She will arrange transportation via taxi or a private company to bring her to her medical appointments when she is unable to drive herself.