

Kinesiology, Biomechanical and Occupational Therapy

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### Case 1

Occupational issues in Samuel's case relate to the repeated use of heavy machinery requiring a firm grasp and of precision tools that require a pincer grasp to use. An appropriate OT assessment for the patient involved would be the NK Hand Assessment System (MacDermid, Wessel, Humphrey, Ross, & Roth, 2007). Furthermore, an independent living assessment is important since it would give more information on the level of support the patient needs at home and work (Gillis, Calder, & Williams, 2011). Appropriate OT interventions can be either conservative (activity modification to compensate, non-steroidal anti-inflammatory medication, and cortisol injections) or surgical (osteotomy, trapezial excision, ligament reconstruction, tendon interposition, and prosthetic interposition implants). Risks include the weakening of the joint as a result of cortisol injections and the loss of partial or full functionality of the thumb or the entire hand.

### Case 2

Testa is afflicted with degenerative joint disease, which impacts her mobility even beyond the inconveniences caused by her age. One of the potential occupational issues faced by the patient include her inability to perform daily tasks. Even though the patient was already dependent on the staff of the nursing home for the majority of the activities required in her daily life, her decreased mobility will result in even higher levels of dependence. OT assessments to be carried out include the Comprehensive Occupational Therapy Evaluation (COTE), which is specifically designed to assess patients with mental and physical health conditions and provides information for interdisciplinary care (Hahn & Fleegler, 2013; Goodacre & McArthur, 2013). OT interventions for the patient will include conservatively applied cortisol interventions since

surgical interventions for a patient of her age may have more risks than benefits. The potential risks include further weakening of the hands due to repetitive cortisol injections.

### **Case 3**

Occupational issues for the patient stem from the fact that she has been living with RA for over three decades. Furthermore, the onset of IF PIP joint pain and swelling threaten to limit her activities, preventing her from playing and teaching music. The patient appears to have no mental health issues and as such, mental health assessments may not be necessary. In this case, the OT assessment to use would be the NK Hand Assessment System, which will evaluate the extent to which she can use her hands (Dziedzic & Hammond, 2010). With regards to treatment, the patient's x-rays show mild to moderate degenerative changes, which means that conservative OT interventions may be more appropriate than surgical ones. As such, the patient could be treated with non-steroidal anti-inflammatory medication, pain management medication, or cortisol injections (Almeida, Pontes, Matheus, Muniz, & da Mota, 2015). The disadvantage is that further degeneration will not be stopped, and thus, her condition may continue to worsen.

## References

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