INTRODUCTION

Robert Roper is a fifty-eight-year-old, right-hand dominant, white male who was involved in an industrial accident on December 20, 2017. Mr. Roper has bilateral lower extremity amputations. These include a left above-the-knee (AK) amputation and a right below-the-knee (BK) amputation.

MEDICAL SUMMARY

Robert Roper was injured on December 20, 2017, when he sustained severe open crush injuries to his bilateral lower extremities at work. He was transported to Acute Care Trauma Center Hospital. He was taken emergently to the operating room (OR) with compound bilateral leg fractures, degloving injury to the right foot, and partial amputation on the left. He underwent a revision guillotine below knee amputation (BKA) on the right with provisional soft tissue coverage, ankle arthrotomy on the left, and washout of both lower extremities. He underwent several other operative procedures before undergoing a left above-knee amputation (AKA) on January 14, 2018. On January 20, 2018, Mr. Roper was transferred to Rehabilitation Hospital for a comprehensive rehabilitation program. He was fitted for prosthetics and discharged to home in a month. Rehabilitation goals were met.

Mr. Roper also has hypertension and hypercholesterolemia.

CURRENT MEDICAL TREATMENT

Robert Roper's Primary Care Physician (PCP) is James L. James, MD whom he four times a year. Rehabilitation and prosthetic needs are supervised by Dr. Rehabilitation. Medications include Morphine Sulphate, 30mg, twice a day, Lyrica, 75mg, three times a day, Senexon-S, 8.6-50mg a day, Duloxetine HCl, 60mg a day, twice a day, Vitamin D2, 1.25mg, once a week, Atorvastatin, 20mg a day, Lisinopril, 2.5mg a day, Famotidine, 20mg, twice a day, Vitamin C, 500.

CHIEF REPORTED PROBLEMS/FUNCTIONAL LIMITATIONS

Robert Roper has mobility and other functional impairments related to bilateral lower extremity amputations. He has phantom pain in both amputated extremities. He also has back pain that increases with walking. He has painful arthritis in his right knee. Mr. Roper ambulates using bilateral lower extremity prostheses and forearm crutches. He sometimes uses a rolling walker when walking. He also uses a manual wheelchair (usually in the house) and a motorized scooter (usually outdoors). Mr. Roper reports he may wear his prostheses for up to twelve hours per day. He has difficulty walking for long distances and whenever walking on uneven ground. He also experiences difficulty walking with his prostheses when his back pain is increased.

Mr. Roper is unable to squat. Balance is significantly impaired. He told me he falls frequently. When asked to quantify the frequency of his falls, he told me he falls approximately once a week. He is able to climb stairs with difficulty while wearing his prostheses and holding onto a railing. Mr. Roper cannot carry things unless he carries objects on his lap while sitting in his wheelchair.

Vision is intact with reading glasses. Hearing is functional during conversation, though Mr. Roper reports his hearing is impaired. He is able to communicate effectively. Cognitive functioning appears to be intact though he is a somewhat poor historian. Bowel functioning is affected by narcotic medications, but Mr. Roper uses a laxative to treat constipation. He describes having urinary frequency.

CHIEF REPORTED PROBLEMS (Continued)

Mr. Roper drives a modified truck using hand controls. The truck has a passenger lift and a crane to lift his wheelchair into the vehicle.

Since the onset of disability, Robert Roper has been motivated to be as functional and independent as possible. His determination to function independently is positive for rehabilitation purposes, but may occasionally present safety risks.

Mr. Roper describes himself as dependent in performing activities of daily living (ADLs). These include bathing, dressing, grooming, toileting, etc. In discussing instrumental activities of daily living (IADLs), such as housekeeping, shopping, etc., Mr. Roper also notes he requires assistance. He cannot get into the bathtub or transfer onto the toilet on his own. He cannot reach surfaces in the kitchen while sitting in his wheelchair. He has caregivers who come to the house daily for approximately five hours. The caregivers assist with ADLs, meal preparation, cleaning, laundry, medication reminders, shopping, and running errands.

Mr. Roper is unable to perform various household maintenance activities, such as changing light bulbs or smoke alarm batteries, doing minor home or car repairs, etc. He pays someone to mow grass, shovel snow, and rake leaves. Mr. Roper can use a computer and a smartphone independently.

ENVIRONMENTAL/SOCIAL

Robert Roper is divorced and lives in a double-wide trailer home with his three dogs. There is a steep metal ramp at the front entry. There is a large gap where the doorway entry meets the ramp. When asked how he maneuvers the doorway if using his wheelchair, he reports he does a “wheelie” to enter the front door. There is no ramping at the back door where there are four steps into the yard.

There have been no specific accessibility modifications inside the house. The doorways are just wide enough to allow the wheelchair to pass. Mr. Roper notes he has scraped his hands numerous times when going through doorways. The bathrooms are not fully wheelchair accessible. There is no roll-in shower in the master bathroom. Mr. Roper usually bathes in a garden tub in the master bathroom. He requires assistance for maneuvering in and out of the tub. He keeps a urinal in the powder room because he cannot get close enough to the toilet in his wheelchair.

CASE CONSIDERATIONS REGARDING FUTURE CARE

Robert Roper has motor and functional deficits. He also has chronic pain. He is currently medically stable. He has successfully adapted to using lower extremity prostheses.

- What does Mr. Roper need?
- Why?
- What could change?