

Appendix I

Case Study Examples from the IFI Reliability Study

Audiology

Amy, Female, 9 years old, Setting: Children's Hospital ENT Outpatients Department,

Diagnosis: Cleft Lip and Palate.

Amy has been seen regularly in the Audiology Clinic to monitor the impact of a bilateral cleft of the lip and palate on her hearing. Amy had surgery to repair the hard palate 3 years ago. Amy has had 6 – 8 sets of ventilation tubes. Her current T-Tubes are thought to be still in situ. She is due to see the ENT Specialist in 2 weeks time and he wants an audiogram to check her progress. Amy also attends the cleft lip and palate clinic and is having ongoing Speech Pathology services for her articulation problems.

Possible IFI's:

- b230 - Hearing functions
- s250 - Structure of the middle ear
- s260 - Structure of inner ear

Dietetics

Pamela, female, 78-years-old, Setting: Acute care facility, **Diagnosis:** Fractured neck of femur.

Pamela was admitted to hospital with a fractured neck of femur following a fall at home. Pamela is a pensioner who lives alone and has experienced a recent decrease in her ability to self-care. She has a past history of Type 2 diabetes and a venous leg ulcer. Pamela was referred to the hospital Dietitian by the admitting doctor due to a recent loss of weight.

Possible IFIs:

- b530 - Weight maintenance functions
- b540 General metabolic functions
- d570 Looking after one's health
- d550 Eating

Exercise Physiology

Khalid, male, 59 years old, Setting: Outpatients Department, **Diagnosis:** Diabetes

Khalid is a married, unemployed man living with his family, including his children. He has been referred by his GP to the diabetes clinic. He has poor blood sugar level control, is over weight (BMI of 38), has elevated blood pressure and knee pain due to congenital varus deformity. His GP has mentioned the possibility of major surgery for his knees. He has sleep apnoea and is depressed. He

has low activity level due to his knee pain but appears motivated to undertake physical activity to control his diabetes and weight. He has tried walking but can only manage 15 minutes before pain limits his activity. Khalid migrated to Australia with his family in 1987. He would like to return to working.

Possible IFIs:

- b455 – Exercise tolerance functions
- b530 – Weight maintenance functions
- b540 – General metabolic functions
- s750 – Lower extremity structures
- b770 – Gait pattern functions
- d450 – Walking

Occupational Therapy

Bill, 81 year old male, Setting: Acute, **Diagnosis:** Fracture of left tibial plateau.

Bill is a widowed man with a past history of Type 2 Diabetes and hypertension. He was admitted to hospital after tripping over a power cord in his garage and landing heavily on his left leg. An x-ray showed an undisplaced fracture of his left tibial plateau. Bill's leg was placed in plaster and he was ordered to mobilise non weight bearing for 6 weeks. He normally mobilises with a single point stick outdoors and no aid indoors. He lives alone in a ground-level unit with 2 steps at the front and one at the rear. There are no aids in place inside the home. Bill has home help from the council once a fortnight and his daughter visits weekly to take him shopping as Bill does not drive. Bill was referred to Occupational Therapy to assess how he will manage at home. Physiotherapy are already involved with mobility and transfers, and Social Work is arranging increased services for discharge home.

Possible IFIs:

- d230 – Carrying out daily routine.
- d460 – Moving around in different locations.
- d470 – Using transportation (car, bus, train, plane etc)
- e115 – Products and technology for personal use and daily living.
- e310 – Immediate family.

Orthoptics

Brian, 73 year old male, Setting: Community, **Diagnosis:** no medical problems.

Brian is a 73 year old male referred by his GP for a complete ocular assessment. Brian complained to his GP of deteriorating vision that is affecting his driving and reading.

Possible IFIs:

- b210 - Seeing functions
- d475 - Driving
- d166 - Reading

Physiotherapy

Mary, 72 year old female, Setting: Hospital outpatient physiotherapy service, **Diagnosis:** Double incontinence

Mary is a 72 year-old woman who has been referred by her GP to a physiotherapist at the local hospital for management of a number of issues. These include a one year history of leaking of urine and faeces when she coughs. She doesn't leave the house unless necessary 'for fear of embarrassment' should she not be able to get to the toilet on time.

Possible IFIs:

- b620 - Urination functions
- b525 - Defecation functions
- b730 - Muscle power functions

Podiatry

George, male, 18 years old, Setting: Community Health Centre, **Diagnosis:** Ingrown toe nail.

George is a single student living at home with his parents. He has self referred due to ongoing problems with a painful left great toe nail. During the assessment some local infection is noted.

Possible IFIs:

- b280 - Pain
- s830 - Structure of nails
- s750 - Lower extremity (leg, foot)
- b860 - Functions of nails Growth and pigmentation of nails, quality of nails

Prosthetics & Orthotics

Amy, Female baby, 1 month old, Setting: Acute – outpatients, **Diagnosis:** congenital dislocation of the left hip joint.

Amy is one month old, and was born following normal birth and gestation period. The maternity nurse at Child Care Centre detected a clicky hip and referred the baby to orthopaedic outpatients at acute hospital. X-rays confirmed congenital dislocation of the left hip joint. Amy has been referred to orthotics for provision of and application of a Pavlick Harness.

Possible IFIs:

- s740 - Structure related to movement of the pelvis
- s750 - Structure related to movement of the lower extremity

Psychology

Morinda, 61-year-old female, Diagnosis: Dementia. **Setting:** Residential Aged Care

Morinda is a 54-year-old Aboriginal grandmother and mother of three grown up children who are either in jail or addicted to substance. Until recently she looked after her seven grandchildren on her own in an aboriginal community near a small rural town. Morinda was a victim of the stolen generations and taken from her mother and country as a baby. For many years she has been overburdened with responsibility and 'worry' for her family as she has barely been able to feed and support the grandchildren. On several recent occasions, Morinda has been found wandering the streets of her community disorientated, lost and inappropriately dressed. She was taken by ambulance to an aged care facility in another community. Since then she has not spoken much and often sits and cries by herself. Within herself she feels that she is very sick and wants to go home to 'country' and die.

Possible IFIs:

- d910 – Community life
- d315 – Extended family
- b180 – Experience of self and time functions
- e760 – Family relationships
- b114 – Orientation Functions
- b117 – Intellectual functions
- b152 – Emotional functions

Social Work

Andrew, male, 21 years old, Setting: Acute Hospital Outpatient Clinic, **Diagnosis:** Cystic Fibrosis

Andrew is a single man who lives with his parents and 2 younger siblings. Two years ago his older sister, who also had cystic fibrosis, died from the disease. A good friend has also just recently died from cystic fibrosis. Andrew had been studying at TAFE but has had to drop

out of the course because of the deterioration of his health. He is encountering relationship difficulties with his peers and financial problems. Andrew has been referred to Social Work to review his social and emotional status because of staff concerns about his social isolation and deteriorating functional status.

Possible IFIs:

- d240 - Handling stress and other psychological demands;
- d710 - Basic interpersonal interactions;
- d720 - Complex interpersonal interactions;
- d750 - Informal social relationships;
- e398 - Support and relationships/other specified;
- e570 - Social security services, systems, policies

Speech Pathology

Mr C, 80 years old, male, Setting: Residential, **Diagnosis:** Oro-pharyngeal Dysphagia, Dysarthria

Mr C presented with a five-year history of Parkinson's disease – end stage. Seen at home with his wife who is his primary carer. He has two supportive sons, but who work full-time. His wife is 79-years-old and very small in stature. She also has health concerns. The patient is non-mobile and dependent for all ADL's. He has poor bulbar function: - poor tongue mobility, decreased strength of muscles of speech and swallowing, and severely delayed initiation of swallow reflex. He is therefore having minimal oral intake with a current diet of smooth solids and thin fluid. He was recently discharged from hospital with pneumonia and it is suspected that he is aspirating fluids.

Possible IFIs:

- b510 – Ingestion Functions
- d550 – Eating
- d560 – Drinking