

Case Study Example:

52 yr obese male, with coronary artery stent of circumflex artery, previous angioplasty of LAD, hypertension and Type 2 diabetes.

On multiple meds, good compliance.

Performed Initial Assessment –took relevant medical and exercise histories, medical and allied health treatments including medication management. Client had completed hospital based cardiac rehab course 1 year ago and complied with home program well for 3 months before losing motivation.

Discussed patient exercise capacities, goals, opportunities and barriers for exercise participation.

Identified safe exercise limits and effective exercise ranges via RHR, BP, 6-minute walk test with RPE and HR monitor.

Performed 30s sit-to-stand, and 30s wall push-up test.

Gave patient National Physical Activity Guidelines for reading and made a follow-up appointment for 1 weeks' time.

My practicum supervisor gave me the task to research the medications taken by this client and how they may affect his exercise capacity, particularly regarding how an AEP needs to monitor sessions.

Accessed MIMS database.

Client was taking atenolol. This is a beta-blocker, which affects heart rate, so I decided to use an RPE scale to monitor the exercise intensity instead of heart rate.

Client was also on Novo rapid, which as a synthetic form of insulin tends to increase the likelihood of hypoglycemic episodes. Prior to commencing the next exercise session, education on hypoglycemia prevention and management will be discussed with the client, e.g. the importance of having a hypo kit with them at all times.

Case Study Example 2

34 yo woman with elevated blood pressure and blood sugars, fibromyalgia and right knee and hip pain.

Not currently on any regular medication, sedentary.

Completed initial assessment and took relevant medical and exercise history notes. Had a car accident in young 20's and right knee has caused issues since; does not think she had any pathology at the time. Has tried different therapies for fibromyalgia yet has not been able to understand pain levels or any strategies to assist in dealing with pain.

Discussed lifestyle and advised had three kids and very busy life. She finds it difficult to find time for self and feels she is going to get seriously ill if she does not turn things around. She advised she finds this emotional as she would like to set a good example for kids.

Looked at range of motion for the hip, knee and lower back. Rated pain, if any, on movements using RPE scale. Assessed flexibility of hamstring, piriformis, QL's and gluteus medius. Assessed knee and hip stability with single leg stance, single leg semi squats, VMO activation and balance. Assessed strength using straight leg raise, side leg raise and leg extension. Assessed activation patterns during leg extension to assess lower back, gluteus and hamstring recruitment sequence. Looked at supine bridge and single leg step up and step downs to assess movement patterns and engagement.

Discussed with client that it is great that she has identified the need to change something herself and the importance of exercise for blood sugars and blood pressure. Discussed goals and small steps to achieving them. Raised time management and prioritizing self.

Discussed keeping a pain diary for fibromyalgia to help understand the pain. Discussed heat (wheat bags, hot showers or heat packs), meditation and exercise.

Advised she enjoyed swimming and discussed to meet at the pool for next session.

Over the next two weeks we met once a week at the pool to complete some cardio and some pool-based strengthening exercises to strengthen and support knee and hip. I asked her to complete some home-based stretches that I provided to her with pictures and instructions to follow. I suggested once she felt comfortable completing these exercises, we should move to the gym to continue to build on strengthening her supportive muscles and slowly build up the intensity.

We plan to move to the gym in two weeks, and she will be self-directed in the pool until this time. She expressed at our last session that she is feeling more confident with completing activities of daily living and carrying the groceries in from the car up the stairs. We reviewed her pain diary at our last session and she advised the heat and exercises have been assisting her with pain. We will review her diary again at the next session.