EDS ECHO Finding Functional Foundations - Case Study Example

Patient/Case Details:

i) Patient's job/home demands

• Part-time college tutor, able to work online with accommodations. Teenage boys are relatively independent, but both have issues related to hypermobility.

ii) Patient's Brief medical history (focus on what is most relevant)

• POTS, MCAS, history of multiple concussions. Lots of other medical issues

iii) Patient's primary complaints (symptoms and signs)

- Neck and upper back pain and migraines, tingling in face.
- Neuromotor problems such as muscles on her right side going into spasm (spastic dystonia, not static spasm), tremor/shaking R arm/leg, unable to control movement in R arm/leg, 'bobble head' unable to hold head upright more than 2 hours at a time.

iv) Patient's primary functional limitations

• Unable to hold head up or be upright more than 2 hours at a time. This limits work ability. Unsafe to drive when flared due to tremor/dystonia.

v) Patient's psychosocial issues

- History of domestic abuse (now safe with different spouse)
- Highly educated. Does lots of relaxation/autonomic balancing so neural sensitivity is not a major issue. Financial limitations.
- Learned helplessness from prior failed treatment attempts.

Clinical Questions:

(Please type 'none' if not yet undertaken)

vi) What clinical assessments have/should be done?

- Observation of neuromotor signs noted above.
- Terrible neck posture, even with cuing, unable to maintain upright neck.
- (+) Dysdiadochokinesia tests on R: pronation/supination, toe to shin, grip release
- Unable to activate deep neck flexors without activation of SCM.
- Unable to maintain steady gaze with laser due to head tremor. Proprioceptive testing not possible.

vii) What patient education has/should be done?

• Posture training, but she is unable to maintain upright neck more than a few minutes in the clinic.

viii) What supports and bracing does the patient have/need?

• She has a rigid neck brace but she does not like to use it because it is not comfortable.

ix) What neuroplasticity training has/should be done?

• Does not tolerate any neck exercise. Haven't tried anything else.

x) Other information or questions?

• Any manual therapy to the neck, even very gentle, makes her worse.