



**Clinical Case Study**  
**Nursing Home-Rehab Department**

**Patient:**

Our patient is a 63 year-old-female. Status underwent posterior lumbar inter-body fusion and posterior spine fusion L4-S1 on 04/03/09. Patient's past medical history is significant for mitral valve prolapse, hypothyroid, obesity and left iliac crest bone graft. This patient is 4'10" tall, 190 pounds

**Medical History**

Upon the admission on 04/10/09, patient had fair strength in all extremities, demonstrated fair sitting balance, was unable to attempt standing and required total assistance for transfers and bed mobility.

**Goals of Therapy**

Since patient was ambulating with a cane up to 2 weeks prior to her surgery, the therapist's goal for this patient was to bring her to independent ambulation using a rolling walker within 4 to 6 weeks. The major barrier to this goal was patient's inability to transfer due to her weakness exaggerated by her body type.

**Therapy**

Patient was treated using the Total Lift Bed initially (04/13/09). The procedure was explained to the patient before we initiated her first treatment. Our patient was transferred to the bed with maximal assistance of 2 therapists. I used 4 straps, 1 chest and 3 straps over her lower extremities, to secure the patient in bed. I have raised the bed to 30 degrees and reviewed patient's status by using Berg's scale of perceived exertion. Patient graded her level of work as "light", I have maintained eye contact with the patient at all times and have been maintaining a continued conversation to assess any changes in her level of alertness.

## **Results**

Patient seemed to tolerate first elevation without any signs of distress and I continued raising the bed by about 10 degrees every 15 minutes. The entire treatment was performed bedside and took about 1.5 hours to complete. The treatment was stopped when patient reached full upright standing posture. Her vital signs were stable (BP 120/75, HR 85, O2 sat 97%). On the following day patient was brought up to the full standing position using the procedure above; then the straps were slowly released and patient maintained erect

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