

TEAM TREATMENT PLAN SUMMARY  
PEACE REHABILITATION CENTER

NAME: Hashawsan Brown  
SSN: 247-25-8080

INTRODUCTION

Hashawsan is referred for evaluation and treatment of impairments resulting from a traumatic brain injury secondary to a gunshot wound on 11/27/93. Assessments in OT, ST and Psychology have been completed and goals specific for each therapy are included in each individual evaluation. This interdisciplinary treatment plan is a collaborative effort of the treating therapists and case manager.

STRENGTHS/ASSETS

The strengths and assets upon which Hashawsan's rehabilitation plan can be founded include:

- Independence with basic self care
- Communication skills
- Reading comprehension
- Cooperative

EXHIBIT

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DEFICITS INCLUDE:

The deficits which need to be addressed include:

- Awareness of deficits
- Higher level cognitive skills (reasoning, attention, concentration, judgement, memory, problem solving)
- Processing speed
- Self confidence / frustration tolerance/ coping skills
- Written expression
- Visual acuity

RESULTING FUNCTIONAL LIMITATIONS

The above deficits have limited Hashawsan's functional life in the following areas:

- Academic re-entry
- Driving
- Independence with advance ADL's (money management, home maintenance, cooking)
- Work re-entry
- Coping skills
- Leisure

PATIENT/FAMILY EXPECTED OUTCOME

### GOALS AND PLAN

The following team goals have been developed to address the problem areas. The therapists responsible for working on each goal are in parentheses after each goal:

1. To increase cognitive skills necessary for independence with advanced ADL's and work re-entry (ST and Psy).
2. To increase written expression necessary for vocational and academic pursuits (ST).
3. To evaluate potential for work re-entry, driving, and academic re-entry by utilizing neuropsychological testing (Neuropsychy).
4. To increase awareness of objective strengths and weaknesses with patient reporting accurate appraisal of skills level (ST and Psy).
5. To maximize utilization of memory management system through internal/external strategies for functional information to independent level (ST and Psy).
6. To facilitate the patient's and the family's adjustment and understanding of head injury (Psy, ST and Case Mgmt).

### EXIT/DISCHARGE PLAN

A firm exit/discharge plan cannot be determined at this time. Based on Hashawsan's performance on the neuropsychological evaluation and response to treatment, additional goals and therapies may be added.

### SUMMARY

The OT evaluation has revealed no major impairments severe enough to justify continuing OT. The neuropsychological evaluation may uncover deficits which could best be addressed through OT; until the neuropsychological evaluation is completed, OT will be discontinued.

The prognosis for plan of care goals for each individual therapy and team goals is good. Treatment is recommended 2 times weekly for Speech Therapy and 1 time weekly for Psychology.