

Rehabilitation improved ADL and resulted in patient discharge to return home: A case of ataxic hemiparesis

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Abstract

We present a case of man in his early 60s who developed ataxic hemiparesis following right-sided hypertensive thalamic hemorrhage, and in whom it was difficult to attain dynamic balance stability when walking or climbing stairs. Upon performing rehabilitation intervention (rehabilitation), motor paresis and ataxia did not improve, however there were improvements in sensory disturbance as well as the associated feedback. As a result, walking and balance ability improved, which led to an improvement in activities of daily living (ADL), and thus the subject was eventually discharged and returned home. Tottori J. Clin. Res. 9(2), 120-125, 2017

Key words: ataxic hemiparesis, thalamic hemorrhage, rehabilitation intervention, activities of daily living (ADL)

Introduction

It has been reported that ataxic hemiparesis is characteristic of cerebrovascular disease with hemiparesis and cerebellar ataxia of the affected side^{1,2)}. In the present case, the subject experienced right-sided hypertensive thalamic hemorrhage, which caused mild ataxic hemiparesis of the left side of the body, higher brain dysfunctions, left-sided sensory disturbance, and left-sided hemispatial neglect, which made it difficult to achieve dynamic balance stability when walking or climbing stairs. However, rehabilitation intervention (rehabilitation) performed at our hospital led to an improvement in physical functioning, walking, and activities of daily living (ADL), and thus the subject was eventually discharged and returned home. In this report, we will present our experience with the subject's rehabilitation.

Case Presentation

Age: Early 60s

Gender: Male

Chief complaint: Unable to go to the toilet independently

Past medical history: Nothing in particular

History of present illness: In Y (month) X (year), the subject was discovered to have fallen by his younger brother upon returning home. The subject's resulting condition required assistance in regard to ADL such as going to the toilet. The following day, the symptoms did not improve, and thus the younger brother called to have the subject transported to hospital A. Eighteen days after onset, the subject was transferred to our hospital for rehabilitation.

Evaluation at time of transfer to our hospital

(1) Physical and neurological findings

Height: 169.0 cm, weight: 54.5 kg

Blood pressure: 177/107 mmHg, heart rate: 66 bpm

General findings: The subject was frank, highly motivated about rehabilitation, and optimistic about things.