Case Client with COPD	
Setting	Physiotherapy Practice (first line)
How many visits to the PT (or physiotherapist in training)	First consultation, physiotherapy at home
Name client and age	Mr./ Mrs. Idrisi, age 65
Marital status	Married
Current Work or Education	Catering employee, 4 days a week Hobbies: volunteer at the petting zoo (tours), likes to ride the bicycle, looks after grandchildren 1 day a week (2 grandchildren, 1 and 3 years old).
Referral	Mr./Mrs. Idrisi received a referral for physiotherapy from the hospital's lung specialist.
Reason for requesting a home consultation (request for help)	On the referral note, it says: "your guidance for the client, who has been diagnosed with COPD". No request for help yet at the start. During the first consultation: "I want to get rid of my shortness of breath". *NOTE: medication policy is primarily important; PT can help the client to cope better with the shortness of breath.*
Somatic aspects: localization, appearance and external symptoms and nature of the complaints	Data from a pulmonary function test were sent along with the referral; it states: "Obstructive pulmonary function disorder consistent with COPD".
origin	Smoking since the age of 16 (almost 49 years); in recent years about 6-10 cigarettes a day.
functional disorders and limitations in activities	Client was truly short of breath on admission to hospital; currently client is no longer short of breath at rest, but is still short of breath during exertion, e.g., during physical care and moving around (climbing stairs, going to the toilet). Going outside, working in the garden, shopping, etc. are not yet possible; the client still feels too short of breath for that or is afraid of becoming shorter of breath again. The client has difficulty talking, getting up from the sofa; needs support when walking and is walking slow. When climbing stairs, the client needs to pause every three steps. Also getting dressed and going to the restroom is strenuous. Help is needed from the partner.

	Living arrangements: lives in a three-storied house with family, no adaptation aids in the house; medium-sized garden, which the client maintains. Before hospitalization: Client thinks to have had an average activity level, sometimes takes the bike, sometimes the car to go shopping, goes by car to work and to their grandchildren, and by car to the petting zoo. Client does not do any sports.
complaints over time	The client was admitted last week after suddenly becoming truly short of breath. During examination (an X-ray of the lungs, a lung function test, and blood tests) COPD, GOLD II, was diagnosed. After being hospitalized for a few days, the client can continue the treatment at home.
intensity: aggravating and mitigating factors	Now, the client has shortness of breath during exertion, not in rest. See: functional disorders and limitations in activities.
history: additional complaints, previous treatments. Information that is already known before the anamnesis.	In retrospect, the client has had symptoms of tightness of the chest, sometimes coughing, and increasing fatigue.
Medication and medical history:	Current medication list: Salbutamol four dd- 200 microg., Fluticasone two dd- 500 microg Client must continue to take medication, this time not via infusion, but in tablet form. Medical history: Appendectomy in 1971.
Contextual aspects: a. Cognitions (cause, prognosis, consequences, treatment) b. Health information access and comprehension c. Living situation	a. The client had not heard of COPD before, and thinks the situation is caused by smoking. b. Children help clients to find information on the internet. c. Client lives with partner in a three-story house, no adaptations in the house; a medium-sized garden which the client maintains.
Emotions: (concerns, perception)	Upon examination, the client was diagnosed with COPD which was a great shock. The client is not able to control the breathing problems and finds that very frightening. Now the client is afraid to become short of breath again with activities. The client is often depressed, anxious and tense and feels embarrassed when having a cough. Client cannot yet think of working and is worried about his/ her health.
Behavioral consequences: a. Current health behavior:	a. The lung specialist urgently advised the client to stop smoking; the client finds this difficult and does not know where to get help.

b. Health promotion barriers and support:	b. Family members offered to quit smoking together.
Social consequences Supportive professional and personal relationships. (Hobbies, sports, and/or (informal) care tasks) and how they are experienced	A partner helps as much as possible during and after the hospital with daily needs. Children are also willing to help but the client sees they are also busy with their young children. The client does not want to be an extra burden. Hobbies: volunteer at the petting zoo (tours), likes to ride the bicycle, looks after grandchildren 1 day a week (2 grandchildren, 1 and 3 years old).

Daily activities	o Getting up from the sofa takes a lot of support from the partner. o Walking: small steps, takes a lot of support from furniture and partner Client gets increasingly distressed, especially breathing frequency increases, client stops talking; max. 10-15 steps, then period of rest o Climbing stairs: three steps max, then rest period and increasing shortness of breath o Dressing and going to the toilet, taking a long time, some breaks in between; help from partner
Shared decision options	Think of different options for shared decision making. e.g., Exercise therapy at the fitness center and/or at home, in a group or alone, walking (to the playground/petting zoo with grandchildren), jeu-de-boule, dancing/playing with grandchildren, or… Functional training by using the stairs more often, walking to the shopping mall/ petting zoo for a longer round and in a faster speed, watching TV standing, etc. Choose for graded activity - activities
Instructions how to play the role of the client	o Client lies on the sofa, supported by pillows in the back. o Breathing frequency at rest around 20 p/m o Looks very tired o Moves carefully (sitting down, standing up, walking); does not use aids. o Supports posture with arms while moving and at rest (at chair, table, partner) o Shortened length of speech (max. 4-5 words). Coughing occasionally, not productively o Signs of hyperinflation: shoulder elevation, thoracic inhalation position **Signs of LHL** o You make little or no eye contact. o You doubt when giving answers (you also show that in the facial expression) o You wait a while before answering. o You give an answer on every question, but the answer isn't always right.

	o You don't ask questions. o It is difficult for you to tell your problems in a chronological order

The role of the Physiotherapist –
Prepare information for: Providing Information about Physiotherapeutic diagnosis and treatment.

'Ask me 3'

I. What is my main problem?
II. What do I need to do?
III. Why is it important for me to do this?

1. **Introduction:**
   Tell the client what you are going to explain (what is the main problem and how long will it last (I), what is the physiotherapist going to do and what does the client need to do (II) and why is it important to do this (III).

2. **Explain the findings of the investigation.**
   This is a summary because during the examination you will also share what you observe.

3. **(I) Explain the main problem.**
   Outline the physiotherapeutic diagnosis: which functions are restricted, what influence does this have on activities and participation?

4. **(II) What does the client need to do?**
   Tell what the treatment goals will be and in what order you want to work on them together. Briefly discuss treatment methods (e.g. exercise therapy at the fitness centre and/or at home, in a group or alone, in a swimming pool, on a bicycle or…). Ask the client what he thinks of this (shared decision) and come to treatment goals together.

5. **(III) Explain why it is important for the request for help.**

6. **Teach-back and last questions:**
   Check that your explanation came across clearly.

   To know if I have been clear in my explanation, I want to ask you:
   - How would you now explain at home what is going on? OR
   - What would you tell your daughter or cousin about what is wrong with you and what you can do about it? OR
   - Can you tell your trainer why you cannot train with him for the time being?

Check whether you have addressed all aspects of the client's request for help (e.g., Can I do...? How long will it take? etc.).

What questions do you still have for me?