

## **CHAPTER A — REHABILITATION PRINCIPLES (10 CASES)**

### **CASE 1 — Early Mobilisation Conflict (HBS Narrative Style)**

**A 67-year-old stroke survivor is admitted for physiotherapy. His daughter strongly insists that “he should not be moved at all” due to weakness. The nursing team supports her views. You, the physiotherapy lead, know that early mobilisation is crucial.**

**However, the daughter threatens a complaint if you move him.**

**How will you ethically convince the caregiver while maintaining professional standards?**

#### **Guiding Questions**

- 1. What are the physiological benefits of early mobilisation?**  
*(Understand — Bloom Level 2)*
- 2. How will you communicate the risk of immobility to the daughter?**  
*(Apply — L3)*
- 3. What strategy will you use to negotiate shared decision-making?**  
*(Analyze — L4)*
- 4. What would be your final recommendation? (Evaluate — L5)**

### **CASE 2 — Emotional Breakdown in SCI Patient**

**A T12 spinal cord injury patient refuses therapy saying, “Nothing will improve.” He cries during sessions and avoids therapists.**

**How do you mix motivational strategies with scientifically structured rehab?**

## **Guiding Questions**

- 1. Identify psychological barriers to rehabilitation. (*Remember — L1*)**
- 2. How does motivation influence rehabilitation outcomes? (*Understand — L2*)**
- 3. Formulate an approach to reintroduce therapy. (*Apply — L3*)**
- 4. Evaluate when counselling referral becomes essential. (*Evaluate — L5*)**

**CASE 3 — Interdisciplinary Disagreement OT wants to prioritise fine motor skills. PT wants to prioritise trunk control. The patient is frustrated.**  
**Guiding Questions**

- 1. Why is trunk stability essential before hand function? (*Understand — L2*)**
- 2. Compare immediate vs long-term goals. (*Analyze — L4*)**
- 3. Predict the consequence of skipping trunk control. (*Evaluate — L5*)**
- 4. Create an integrated 2-week therapy schedule. (*Create — L6*)**

## **CASE 4 — Limited Equipment Challenge**

**Two patients need resistance training simultaneously, but only one resistance band is available.**

### **Guiding Questions**

- 1. List alternative strengthening methods. (*Remember — L1*)**
- 2. How can you modify exercise load safely? (*Apply — L3*)**
- 3. Create a shared-resource workflow. (*Create — L6*)**

## **CASE 5 — Unrealistic Expectations Before Event**

**OA knee patient demands walking normally in 7 days for a family wedding.**

### **Guiding Questions**

- 1. Explain tissue healing timelines. (*Understand — L2*)**
- 2. How do you counsel expectations? (*Apply — L3*)**
- 3. Evaluate options: walker vs cane? (*Evaluate — L5*)**

## **CASE 6 — Post-Amputation Depression**

**Patient shows excellent physical recovery but emotional withdrawal.**

### **Guiding Questions**

- 1. Identify red flags of depression in rehab. (*Remember — L1*)**
- 2. Analyze connection between emotional state and functional outcome. (*Analyze — L4*)**
- 3. Integrate mental health referral into treatment ethically. (*Apply — L3*)**

## **CASE 7 — Assistive Device Selection Conflict**

**Hemiplegic patient insists on elbow crutch; you recommend quad cane.**

### **Guiding Questions**

- 1. Compare biomechanical support differences. (*Analyze — L4*)**
- 2. Demonstrate reasoning for selecting quad cane. (*Apply — L3*)**
- 3. Evaluate patient safety risk with wrong decision. (*Evaluate — L5*)**

## **CASE 8 — Home-Based Rehab With No Equipment**

**Patient stays in rural area. Family cannot attend regular sessions.**

### **Guiding Questions**

- 1. Identify essential rehab goals. (*Remember — L1*)**
- 2. Create home-exercise plan without equipment. (*Create — L6*)**
- 3. Propose caregiver training modifications. (*Apply — L3*)**

## **CASE 9 — Geriatric Independent Living Risk**

**Old patient lives alone but needs supervision.**

### **Guiding Questions**

- 1. Explain fall risk factors. (*Understand — L2*)**
- 2. Categorise home safety modifications. (*Analyze — L4*)**
- 3. Make a decision plan for safe discharge. (*Evaluate — L5*)**

## **CASE 10 — Carpal Tunnel Return-to-Work**

**Patient with ongoing symptoms wants immediate return to bank work.**

### **Guiding Questions**

- 1. Explain ergonomic risk factors. (*Understand — L2*)**
- 2. Propose modified duties. (*Apply — L3*)**
- 3. Evaluate impact of early return. (*Evaluate — L5*)**

## **CHAPTER B — DISABILITY, CBR, TEAM APPROACH (10 CASES)**

### **CASE 11 — Doctor vs Physiotherapist Timeframe Debate**

**Doctor insists rehab will finish in 4 weeks. PT estimates 8 weeks.**

#### **Guiding Questions**

- 1. Identify factors influencing rehab duration. (*Understand — L2*)**
- 2. Analyze difference between prognosis and expectation. (*Analyze — L4*)**
- 3. Formulate an evidence-based justification using ICF. (*Apply — L3*)**
- 4. Recommend a compromise plan. (*Evaluate — L5*)**

### **CASE 12 — Disability Certificate Misunderstanding**

**Patient with 40% disability expects benefits applicable for >60%.**

#### **Guiding Questions**

- 1. Explain disability grading. (*Understand — L2*)**
- 2. Discuss ethical communication principles. (*Apply — L3*)**
- 3. Evaluate emotional impact. (*Evaluate — L5*)**

### **CASE 13 — Overcrowded CBR Camp**

**One therapist. 50 clients. Limited time.**

#### **Guiding Questions**

- 1. List triage prioritisation criteria. (*Remember — L1*)**
- 2. Decide priority order. (*Analyze — L4*)**
- 3. Design a group-based treatment model. (*Create — L6*)**

## **CASE 14 — Parent Non-compliance in CP Child**

**Parents think therapy should happen only in hospitals.**

### **Guiding Questions**

- 1. Explain importance of home-based therapy. (*Understand — L2*)**
- 2. Design a parent education module. (*Create — L6*)**
- 3. Analyse barriers to adherence. (*Analyze — L4*)**

## **CASE 15 — Cultural Stigma for Assistive Devices**

**Rural village complains that using assistive devices equals weakness.**

### **Guiding Questions**

- 1. Identify sociological barriers. (*Remember — L1*)**
- 2. Propose culturally sensitive counselling methods. (*Apply — L3*)**
- 3. Evaluate best strategy to change perception. (*Evaluate — L5*)**

## **CASE 16 — Insurance Restriction Problem**

**Insurance covers only 10 sessions, but patient needs 30.**

### **Guiding Questions**

- 1. Identify essential rehab goals. (*Understand — L2*)**
- 2. Prioritise treatment based on SMART goals. (*Analyze — L4*)**
- 3. Design accelerated protocol. (*Create — L6*)**

## **CASE 17 — Wrong Diagnosis by Another Clinician**

**You identify incorrect diagnosis by another therapist.****Guiding Questions**

- 1. Explain ethical guidelines on error communication. (*Understand — L2*)**
- 2. Create a respectful correction strategy. (*Create — L6*)**
- 3. Evaluate consequences of not correcting. (*Evaluate — L5*)**

## **CASE 18 — Unsafe NGO Wheelchairs**

**Families accept low-quality free wheelchairs.**

### **Guiding Questions**

- 1. Compare safety features of wheelchairs. (*Analyze — L4*)**
- 2. Suggest alternative low-cost solutions. (*Apply — L3*)**
- 3. Evaluate risk-benefit ratio. (*Evaluate — L5*)**

## **CASE 19 — Teacher With Chronic LBA**

**Teacher cannot stand long, wants to continue teaching.**

### **Guiding Questions**

- 1. Identify ergonomic hazards. (*Remember — L1*)**
- 2. Recommend workstation adaptations. (*Apply — L3*)**
- 3. Evaluate feasibility in school environment. (*Evaluate — L5*)**

## **CASE 20 — Home Modification for Hemiplegia**

**Home has narrow doorways, slippery floors, high bathroom steps.**

### **Guiding Questions**

- 1. List environmental risk factors. (*Remember — L1*)**
- 2. Create low-cost modification plan. (*Create — L6*)**
- 3. Evaluate which modification should be done first. (*Evaluate — L5*)**