

Euxton Hall Hospital

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Dr R George Ghaly

LETTER OF RELEASE

Clinic: Clinic for physical medicine and rehabilitation

Department: Neurological rehabilitation department

Room No: FM21 09 2

ID number: 130/1300/110/2013

Date of admission: 30/01/2013 at 12:20 hours **Date of release from hospital: 27/03/2013 at 09:58 hours**

Name and surname of patient: **Stephen Riches**

Personal ID number: 0901952180018

Address: Darwen Lancs BB3 0PR

Date of birth: 09/01/1952

Case number 525453

Gender: male

Serial number 201306429/1

Diagnosis:

Poliradiculoneuritis acuta (Sy. Guillain — Barre).

Current disease:

Admitted to rehabilitation due to weakness in extremities and walking difficulties. The disease started on 25/01/2013 with weakness and numbness in legs and arms. Due to instability and weakness in legs, he fell down and injured the right knee on that occasion. He received three vaccines on 09/01/2013, and on 26/01/2013 he received the fourth, anti-flu vaccine. He did not have any breathing difficulties. He could not crouch and stand up from the crouching position. Since he worked temporarily in U.S., he was urgently transported to EHH. He was treated at the Neurology clinic from 29/01/2013 to 18/02/2013, when he was transferred to our clinic for continued rehabilitation. He gets tired quickly. He negates any difficulties with sphincters control. Twenty years ago he suffered an injury of right arm below elbow. Along both arms, he has had subcutaneous nodules from before. He does not drink alcohol and does not smoke

From the status during admission:

Oriented, communicative, afebrile, euphonic, performs assigned tasks. The patient is independent in transfers. He keeps the balance in the sitting position. In AG, he maintains the upper extremities. His palm grip is weaker, fine coordination of both palm fingers is reduced. Movements in shoulders are reduced in final stage, particularly at rotation. He can get into vertical position with support; he walks with the support of the walking frame, making few steps. He cannot crouch. He cannot walk on toes and heels. MTR reduced. MMT m.quadriceps rate 4, hip flexor 3+, hamstrings 3+. He controls sphincters.

Physical therapy:

Kinesitherapy, TENS, four-cell bath, hydrotherapy in pool

Medicament therapy:

Beviplex tablets 3x1; Paracetamol tablets as needed

Somatopedic findings:

During somatopedic treatment, cognitive evaluation was done; results of cognitive evaluation comply with age and educational degree of the patient. Somatic-supportive treatment was implemented. After the somatopedic treatment for GE, the functionality improved and moving of fingers in right and left palm was without any discrepancies (100%), with fingers grip in right and left palm 98,3%, bimanual fingers activity in right palm 85%, and bimanual fingers activity in left palm 73,3%. He is trained to do the exercises for palms and fingers in home conditions.

Status at release from hospital:

He independently moves to sitting and standing position. He keeps the balance in the standing position. MMT of upper extremities 5-. In AG position, he maintains the lower extremities. MMT mm quadriceps, both sided 4+. Dorsal flexion of feet is weakened in final stage. MMT hamstrings muscle group, both sided, 4. Feeling of numbness in palms and feet persists. He cannot walk on toes and heels. He is getting tired faster when walking, particularly when climbing upstairs. He cannot crouch at all.

Conclusions:

Admitted to rehabilitation due to weakness in extremities and walking difficulties. After implemented physical treatment, his muscles were strengthened, he can walk on short distances without any support. Numbness in palms and feet still persists. He was advised to continue with the exercises he learned. Hospital treatment in the rehab centre and spa "Ildza Gradacac is indicated. Medical control at physiatrist in three weeks.

Head of Department
Dr S D V Shaunak



Responsible department doctor
Dr R George Ghaly



Acting head of clinic
Mr Martyn Porter

