

### Sample Case Studies

A case study activity can be used during TLR classroom training. Case studies are designed to enhance/assist with learning *TLR's Client Mobility Risk Assessment* process and the TLR logo selection. They can also provide TLR trainers with an additional means to ensure each participant's understanding.

TLR trainers can choose any of the following case studies or create their own (refrain from using actual names). Reproduce (e.g., photocopy, print) enough copies for use as handout activities during the training session.

Each case study has three questions for participants to complete, along with a reminder about performing an *In The Moment Risk Assessment* that captures all areas of TLR risk assessments. As participants complete the case study, TLR trainers offer coaching as needed.

### TLR Trainer Answer Key

The *TLR Technique/Logo Selection* and *Rationale* provided below are offered for each case study and is based on the information provided for that case study.

Case Study	TLR Technique/Logo Selection	Rationale
#1 - Mr. J	<b>Standing Transfer with Belt - One Worker (with assistant)</b>	<ul style="list-style-type: none"> <li>▪ Can bear his own body weight</li> <li>▪ Minimal hands-on assistance required</li> <li>▪ Attachments(IV and catheter)</li> </ul>
#2 - Miss J	<b>Sit/Stand Lift</b>	<ul style="list-style-type: none"> <li>▪ Bears weight for less than 20 seconds</li> <li>▪ Is unpredictable</li> <li>▪ Unable to remain balanced</li> </ul>
#3 - Mr. N	<b>Standing Transfer with Belt - Two Workers</b>	<ul style="list-style-type: none"> <li>▪ Can bear his own body weight</li> <li>▪ Requires assistance with balance</li> </ul>
#4 - Mrs. M	<b>Standing Transfer with Belt - Two Workers (indicate 4 wheeled walker as assistive device)</b>	<ul style="list-style-type: none"> <li>▪ Has the ability to stand but has decreased balance and is anxious</li> </ul>
#5 - Mr. D	<b>Total Lift (indicate in/out of bed)</b>  <b>Sit/Stand Lift (indicate to chair or other seated surfaces)</b>	<ul style="list-style-type: none"> <li>▪ Does not have the ability to get into sitting position or remain sitting on side of bed</li> <li>▪ Has partial weight bearing abilities but not for the full 20 seconds</li> </ul>

## Case Study #1 - Mr. J

This is information gained from family, client, chart, etc., prior to the hands-on assessment. Always observe for changes in this information during the hands-on assessment.

A 72 year old male is assigned to your care. He was originally admitted to hospital through Emergency after a fall at home, down the basement stairs.

Despite a great deal of pain, no injuries are found. He is waiting for transfer to a long-term care home.

Mr. J has a history of alcohol abuse. He complains of a long history of headaches and uses large quantities of over the counter pain reliever.

Mr. J has difficulty understanding what is expected of him. He can follow directions if they are given clearly and slowly.

Mr. J has a catheter in place and an IV line.

The *TLR Client Mobility Risk Assessment* process reveals the following:

- He grips, pushes and pulls with both hands but requires consistent coaching
- Does not move feet up and down at the ankle
- He bends knees and lifts legs with minimal assistance
- He is able bridge
- Rolls slowly to both sides with coaching and minimal assistance
- Gets into sitting position very slowly due to discomfort from fall
- Sits up, stays balanced when gently tipped, prefers to stay sitting
- Stands with minimal hands-on assistance
- Takes effective steps forward and back

### Case Study Questions:

What do you determine is the *minimal amount of assistance* solely based on the TLR client mobility risk assessment?

Would anything be indicated on the TLR logo for additional information? If yes, what would that be?

Why did you make this your choice?

**Remember to perform a *TLR In the Moment* Risk Assessment for each client moving task.**

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## Case Study #2 - Miss J

This is information gained from family, client, chart, etc., prior to the hands-on assessment. Always observe for changes in this information during the hands-on assessment.

Miss J is an 82-year old retired school teacher assigned to your care. Miss J has a long history of small strokes (TIA's). A recent episode has left her with weakness in legs, right arm and hand.

The nursing history from the hospital describes Miss J as talkative but not able to plan or organize her activities for herself. If told in simple language what to do, Miss J will cooperate although her mood varies from sadness to anger to excitement.

Miss J has a urinary catheter in place. She is taking 80mg of pain reliever every day. She has used a cane in the past.

The *TLR Client Mobility Risk Assessment* process reveals the following:

- Shakes hands but is stronger on the left side
- Moves both feet up and down at the ankle minimally
- Can bend knees and lift legs one at a time, both activities stronger on the left side
- Can bridge
- Rolls to the right side but requires minimal assistance to roll to the left
- Gets into a sitting position with minimal assistance but unable to maintain balance when gently tipped
- Stands and bears weight but unable to remain standing for 20 seconds

### Case Study Questions:

What do you determine is the *minimal amount of assistance* solely based on the TLR client mobility risk assessment?

Would anything be indicated on the TLR logo for additional information? If yes, what would that be?

Why did you make this your choice?

**Remember to perform a *TLR In the Moment* Risk Assessment  
for each client moving task.**

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### Case Study #3 - Mr. N

This is information gained from family, client, chart, etc., prior to the hands-on assessment. Always observe for changes in this information during the hands-on assessment.

A cooperative man, Mr. N, diagnosed with Parkinson's disease six years ago, is assigned to your care.

Mr. N has significant tremors on both sides of his body. His ability to manage is helped with medication and sufficient rest before any activity. Mr. N does not always remember instructions so they frequently need to be repeated.

The *TLR Client Mobility Risk Assessment* process reveals the following:

- Shaky, but attempts to grip, push and pull in a handshake
- Consistent tremors both sides but does move both feet and bends and lifts both legs with repeated instruction
- Is able to bridge
- Rolls side to side with encouragement
- Requires minimal assistance to sit and to stay sitting
- Stays balanced in sitting position for more than 20 seconds
- Stands with assistance, appears unbalanced when standing, weight bears but requires assistance to remain balanced
- Walks with small running steps, requires assistance to remain balanced

#### Case Study Questions:

What do you determine is the *minimal amount of assistance* solely based on the TLR client mobility risk assessment?

Would anything be indicated on the TLR logo for additional information? If yes, what would that be?

Why did you make this your choice?

**Remember to perform a *TLR In the Moment* Risk Assessment for each client moving task.**

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## Case Study #4 - Mrs. M

This is information gained from family, client, chart, etc., prior to the hands-on assessment. Always observe for changes in this information during the hands-on assessment.

Mrs. M is 74 years old and has just moved into your facility. She spent three months in hospital awaiting for a bed in long term care. Before her hospital admission, she was living alone in her apartment that had an elevator that she used to access her third floor apartment. She used a four wheeled walker to mobilize in her apartment and for all her outings. Since her admission to long term care two weeks ago, she has only been using her wheelchair to mobilize. Her four wheeled walker is in her room. She was using a Total Lift to transfer when she was first admitted. Staff are now reporting that she can move from lying to sitting and stay sitting unassisted on the side of the bed.

The *TLR Client Mobility Risk Assessment* process reveals the following:

- She grips, pushes and pulls with both hands/arms equally
- She is able to lift and bend both feet and legs
- She is able to bridge with cueing
- She needs cueing and reassurance to move from her back, to laying on her side and then to sit on the side of the bed
- When moving from sitting to standing, she requires hands on assistance because of the decreased balance
- She is anxious and reluctant to step around to sit in her wheelchair

### Case Study Questions:

What do you determine is the *minimal amount of assistance* solely based on the TLR client mobility risk assessment?

Would anything be indicated on the TLR logo for additional information? If yes, what would that be?

Why did you make this your choice?

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## Case Study #5 - Mr. D

This is information gained from family, client, chart, etc., prior to the hands-on assessment. Always observe for changes in this information during the hands-on assessment.

Mr. D is a 70 year old man who had a CVA two years ago which has affected his right side. He has been living in this facility for just over one year.

Mr. D was walking independently with a two wheeled walker but recently fell and broke the ankle on his affected side. He has had to be non-weight bearing on that ankle so the care staff were using a Total Lift for all his transfers.

His ankle is now healed and he can again put weight on his ankle. He is using a wheelchair for mobility. Staff want to use the most appropriate transfer for him.

The *TLR Client Mobility Risk Assessment* process reveals the following:

- He grips, pushes and pulls with both hands
- He responds appropriately to questions and cueing, if given time
- He is able to bend and lift his leg, but is unable to move his left foot at the ankle. He moves his right leg using his arms to lift his leg and to place his foot
- He cannot bridge and is unable to roll side to side in bed
- He is unable to get himself into a sitting position or to remain sitting at the side of the bed
- He is able to weight bear but unable to remain standing for 20 seconds

### Case Study Questions:

What do you determine is the *minimal amount of assistance* solely based on the TLR client mobility risk assessment?

Would anything be indicated on the TLR logo for additional information? If yes, what would that be?

Why did you make this your choice?

**Remember to perform a *TLR In the Moment Risk Assessment* for each client moving task.**