

Mr. Damian Cesar

Case Objectives: At the completion of this **case review** students will be able to:

1. Discuss the normal kinesiology of circulation both at rest and with activity
2. Discuss the etiology, pathology, pathophysiology and current management of Coronary Artery Disease
3. Correlate CAD to other medical issues presented in this case study
4. Identify the results of Cardiac Catheterization, Arteriogram, Dobutamine MIBI and Stress Echo as it pertains to this patient's ability to participate in exercise
5. Discuss the etiology, pathology, pathophysiology and current management of Coronary Artery Disease
6. Discuss the relationship of coronary artery disease and diabetes
7. Discuss the difference between myocardial ischemia and infarction
8. Explain the cardiac dysfunction (TR, PHTN and corpulmonale) as it relates to the pulmonary dysfunction
9. Synthesize this patient's medical information (lab values, radiology results, echocardiogram, pulmonary function tests, exercise tests, medications) to plan the physical therapy examination
10. Justify the components of the physical therapy examination with the use of current literature
11. Demonstrate/discuss the procedures used for the tests and measures used in the Physical therapy examination.
12. Determine the patient prognosis based on the examination findings and current literature
13. Determine a plan of care based on the physical therapy and medical examinations.
14. Justify the physical therapy plan of care with the use of current literature
15. Discuss the implications of BG and the timing/ effect of insulin for exercise.

Damian Cesar is a 40 year old black male with Type I diabetes, CAD who presented to the EW yesterday with chief complaint of shortness of breath. Patient taken to cath lab. Today, patient had an exercise MIBI.

PMHx: Type I Diabetes (diagnosed in his teens), hypercholesterolemia, family history of ischemic heart disease, s/p MI x 2, (silent MI at 35 and 37)

Labs: WBC 7.8, RBC 4.49, Hgb 13.0, Hct 37.3, PT 12.6, PTT 22.6, Plts 264, INR 1.1

CK		CK-MB	
07/20 5:00 AM	86	07/20 5:00 AM	NotDone CK <100
07/19 8:20 PM	104	07/19 8:20 PM	4
07/19 11:40 AM	142	07/19 11:40 AM	6

Troponin

07/20 5:00 AM	<0.3; CTROPNI > 2.0 NG/ML SUGGESTS ACUTE MI;
07/19 8:20 PM	<0.3; CTROPNI > 2.0 NG/ML SUGGESTS ACUTE MI;
07/19 11:40 AM	<0.3; CTROPNI > 2.0 NG/ML SUGGESTS ACUTE MI;

Medications: Aspirin 325 mg, metoprolol 50 mg bid, vitamin C, Nifarex, Lipitor 40mg qd, Folic acid 300 mcg qd, Vitamin E, Gemfibrozil 600 mg bid, Glipizide, Metformin, Tylenol/ Ibuprofen, hydromorphone.

Radiology/tests: See test data sheets

Social Hx: Works as a performance artist. He lives with his significant other. No tobacco, denies drug use, social ETOH.

Living environment: Lives in apartment in building with elevator. Able to negotiate stairs without railings. No adaptive equipment in home

Prior functional level: Active throughout the day. Stands most of the day at work. Belongs to a gym and goes occasionally. No use of assistive device. Complains of dyspnea on exertion. Also complaints of claudication, especially when walking up inclines. Independent in ADLs and IADLs.

Mr. Cesar had a revascularization procedure and will be followed by physical therapy in an outpatient cardiac rehabilitation program.