

Visual Perceptual Therapy Case Study - John



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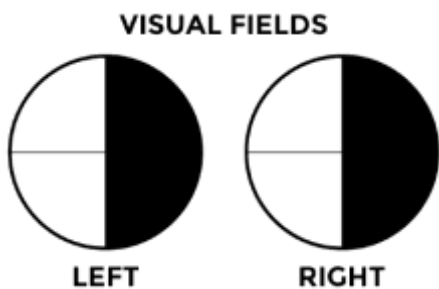
I first heard of John through his niece, who was someone who had spent a lot of time with me, discovering the world of visual perceptual performance.

John was in his early 70's, was internationally renowned in his field and had suffered a devastating stroke. He had already spent 3 months in rehab and had made absolutely no progress at all.

I met with him and agreed to work with him for 6 weeks, 3 times a week. He lived 2½ hours away by car, so I was essentially committing an entire day to him, each time I saw him.

John had what is called a 'neglect' where he was unaware of the left side of his body, meaning he had to be reminded to take care of his arm that did not work, and to take care in going through doorways because he did not account for the left side of his body and wheelchair. He also had a left visual field deficit or neglect.

Let me explain something of visual field and how a neglect works.



Our eyes are set up so that each eye has various fields. The most common ones are left and right and each eye has these fields. When we lose sight in a visual field, it is lost in both eyes. This is because the optic nerve bisects behind the eyes in a place called the optic chiasma, with the left aspect of the nerve from both eyes coming together at this point and going off the visual cortex at the back of the brain, together. Hence, when a stroke affects vision, it is likely to affect the left or right

side of both eyes, resulting in a visual field deficit.

When I had first been contacted about working with John, I had asked what his cognitive status was like and had been told it was very good. This ultimately proved to be inaccurate and, while it was better than most people who suffer such a stroke, there were issues.

I began working with John and within 2 weeks he was reading again with his neglect having majorly resolved. This is the first time I had worked with someone with such a profound issue in this area and it was fantastic to see such a result and see it so quickly. The work I had done with other people, prior to working with John, had led me to realise that no one was actually losing their capacity to see, it was more of a matter that they were seeing but were just not aware of this.

Strokes are major disruptors of the pathways in the brain, as are traumatic brain injuries and many forms of 'dementia.' When these pathways are disrupted, our capacity to deal with the everyday volumes of information within our environment is also disrupted. This leads to sensory overload and a natural consequence of sensory overload is that people



naturally do things to minimise the sensory loading they are exposed to. They do this primarily because, sensory overload is unpleasant but it is also incredibly tiring. When we see people who are exceptionally tired after a head injury or stroke it is usually a consequence of sensory overload – just think of that young baby who needs a lot of sleep. They are an incredible degree of sensory overload as well.

One of the things people do in an attempt to minimise sensory overload, is that they leave out information from what they are perceiving. So much of this overload occurs in our visual processing so it doesn't surprise me that vision is impacted upon in so many of these conditions.

Within a month, John walked the length of the parallel bars with me, twice and his gait was almost normal. I was impressed at how much progress he had made in a short period of time and I recommended he return to rehab, and build upon the gains he had made, which he did.

I also made the recommendation to both John and his family that he be allowed some time to make use of his new found abilities. I make this recommendation with many of my clients, because they will naturally take the gains made with me and make use of them in everyday life. After approximately 18 months (everyone is different here) they are ready to come back and do some more work with me, because they will have capitalised on the progress they made initially and have plateaued, once again.



John was still in a significant degree of sensory overload and this will never fully resolve until the client is able to work with me in standing. Sensory overload carries a huge risk of seizures with it, where the client is so overwhelmed by the volumes of sensory information within their environment, that the neurones in the brain start firing at random and out of control. It is incredibly important that such people do not get access to motorised scooters or wheelchairs and I told both John and his family this in no uncertain terms. Unfortunately, he began working with another therapist who unfortunately did not understand the risks associated with such devices and helped him obtain an electric wheelchair. John did go on to have several seizures associated with its use, usually in very busy situations, such as crossing the road before he decided it wasn't worth the risk. I'm glad he realised his folly because he could have been severely injured in all of this.

John called me about 2 years later. He had moved to the same town as I and wanted to work with me again. I was shocked at how he had declined but it was obvious he was depressed and that this was one of the major reasons for the way he was. His posture was atrocious and, even though he had left rehab able to walk with a quad cane, he was not walking anywhere. He was also sleeping in a chair which is one sure way of adversely affecting posture.

I worked with John for about 18 months. He had been allowed to develop a lot of bad habits in rehab, probably because they did not know how to work with John and facilitated his performance at the levels I usually work at. I got him to the point where he could walk to meals and toilet independently and shower with minimal assistance. One of the main obstacles we had to overcome was the anxiety he now had as a consequence of his seizures. He was very reluctant to take supported risks and this is why it took so long to move forward. I also could not get his GP to treat his depression effectively and John continued to demonstrate issues with comparative reasoning in terms of 'how I am today as opposed to how I was yesterday or last week.' He continued to socially isolate

himself and not go out and make full use of what he regained with me and I always found this to be rather sad because he did demonstrate the capacity to become fully independent in the majority of his daily activities.

While John did demonstrate a massive improvement from someone who was totally dependent on others, had a substantial left neglect and visual field deficit to someone who was taking care of his own business, able to walk within the facility he lived in and engage with his peers from his previous life; I ultimately advised him that there was nothing further I could do for him because his depressed mood level was preventing him from making further progress.

The last I heard of John was that he had bought a house of his own and had moved out of the facility, something that is a truly remarkable achievement.

