

## Case 8

Ms C is a 65 yo right-handed woman slipped and fell and complains of significant pain in the lumbar region. X-rays demonstrate an L1 fracture. She is on the orthopaedic rehabilitation unit. Referral to PM&R states "Please assess. Significant pain and unable to walk"

1. **What is your DDx for Ms. C not being able to walk? What are the key features you would look for on physical exam.**

*Discuss as a group and when ready go to the next section.*

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On Physical Examination, a foley catheter is in place. There is a decreased left ankle jerk reflex in addition to decreased motor and sensory function in the left L5 and S1 segments. Toe flexors and plantar flexion are also decreased bilaterally. There is absent light touch and pinprick sensation in S2 to S5 dermatomes bilaterally, absent deep anal sensation, and absent voluntary anal contraction. Bulbocavernosus and anal reflexes are absent. Ms. C is complaining of significant constipation requiring laxatives and is alternating between loose stool and hard stool.

She is having severe shooting pain down her left leg. She takes Pregabalin 150 mg bid and it makes her feel very drowsy.

2. She tells you, "I am really sensitive to medications in general. I don't like taking medication" **What is your approach to pain management for Ms. C?**

*Discuss as a group and when ready go to the next section.*

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The Foley catheter is removed in context of a voiding trial.

Ms. C feels a vague fullness but is not able to urinate. Her nurse performs a bladder scan and there is 1 L of urine in the bladder.

### 3. What is your approach to her bowel and bladder management?

*Discuss as a group and when ready go to the next section.*

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It is now 1 year post spinal cord injury (SCI). She has seen the psychiatrist and she is on a selective serotonin reuptake inhibitor (SSRI) and feels that her mood is stable. She has always been an active person who enjoys running, squash, and skiing. She is single and has been living in a long-term care home because her home was not wheelchair accessible and she was not able to walk independently with a walker. She can walk therapeutically for short distances with a 2ww and a left knee-ankle-foot orthosis. She continues to have severe pain and has significant constipation with occasional episodes of loose stool from taking the laxatives. She performs intermittent catheterizations. She says that she has lost most of her friends because they were all active and she can't do activities. She is an only child, her parents have passed away, and she has no family support.

- 4. Ms. C would like to consider medical assistance in dying (MAID). Her goal was to wait 1 year post SCI to see how life would be. She does not want to live like this. How do you proceed?**

***Be prepared to present this case and your answers to the larger group***