### Simulation-based learning content

- **10 Case-Based Lab Sessions**
- Designed for 30-72 Physical Therapy (PT) Students
- **Simulation Teams**
  - ~10 Students/Team
  - Faculty Instructor
  - Student PT
  - PT Technicians (Tech) or Physical Therapy Assistant (PTA)
  - Student Observers
- **2 Hour Lab Sessions:**
  - 45-60 minutes summative simulation:
    - Physical Therapy evaluation and treatment of a complex patient case in simulated outpatient setting
    - Plan of care development
    - Documentation
  - 45-60 minutes debriefing and Q&A
  - Student PT’s self-reflection
  - Observer’s feedback
  - Instructor feedback

*PCM=patient care management*

### Simulation-based learning course content: Case Scenarios

<table>
<thead>
<tr>
<th>Initial Evaluations</th>
<th>Re-evaluations</th>
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<tbody>
<tr>
<td><strong>Case 1: Chronic stroke and end stage renal disease-67-year-old Hispanic male receiving dialysis Right spastic hemiplegia, neuropathy, HTN, and multiple medications.</strong> Received aggressive acute care for 1 week, 30-day skilled nursing facility rehabilitation, and 30-day home health rehabilitation.</td>
<td><strong>Case 6: Progression of right sided heart failure-Patient complains of feet swelling over the past week. Physician ordered no salt diet and increased dosage of diuretic.</strong></td>
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<td><strong>Case 2: COPD and heart failure-58-year-old Caucasian male with a chronic history of COPD, hypertension, dyslipidemia, coronary artery disease.</strong> Admits cardiac rehabilitation on a 1-time weekly basis.</td>
<td><strong>Case 7: Progression of left sided heart failure secondary to medication non-compliance. The patient is very argumentative about trying to stop smoking.</strong></td>
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<td><strong>Case 3: Type 2 Diabetes &amp; chronic pain-63-year-old African American male, BMI of 33, with small ulceration between Right great and ring toe webbing stage II wound, no dressing. Has had flashbacks from war. Walks slower than normal, complains that feet hurt regardless of walking or sitting.</strong></td>
<td><strong>Case 8: Transmetatarsal amputation, causalgia, &amp; phantom limb pain. The patient developed gangrene in all toes underwent a transmetatarsal amputation 4 weeks ago. He is full weight-bearing using a single-point cane and shoe with filler.</strong></td>
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<td><strong>Case 4: Lymphedema, cancer rehab &amp; chronic pain-55-year-old morbidly obese Caucasian female admitted to outpatient with severe loss of functional mobility and increased swelling to her lower extremities. History of Left breast cancer, axillary desmoid tumor, and chronic pain.</strong></td>
<td><strong>Case 9: Acute cellulitis and lymphedema-Left upper extremity and chest wall. The surgeon had to remove the breast implant. Progression of upper body chronic pain.</strong></td>
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<td><strong>Case 5: Osteoporosis, compression fracture &amp; incontinence-72-year-old female, competitive walker diagnosed with compression fracture and urinary incontinence. Using a catheter anterior spinal extension brace.</strong></td>
<td><strong>Case 10: Post-hospitalization, UTI, dehydration and fear of falling-Incontinence worse since hospitalization.</strong></td>
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