Acute Care Physical Therapy for a Patient Who Experienced a Myasthenic Crisis
Presenters: Paulomee Shah, DPT and Kent E. Irwin, PT, MS, GCS

Background and Purpose. Myasthenia Gravis (MG) is an autoimmune neuromuscular disease characterized by weakness and fatigue of the voluntary muscles. Patients with MG can experience severe respiratory muscle fatigue resulting in a Myasthenic Crisis that can be fatal. The purpose of this poster presentation is to describe a successful course of acute care physical therapy (PT) of a patient who experienced a Myasthenic Crisis.

Case Description. The patient was a 41 year old male who smoked 2-3 packs/day; received 2L/min of Oxygen; and had two CVAs, COPD, two MI’s, angioplasty, and impaired hearing. At home, he was modified independent with ADLs and ambulated household distances with a cane. He was diagnosed with MG four months prior to the hospital admission for the Myasthenic Crisis. The acute care PT evaluation revealed poor posture, severe back and bilateral hip pain, decreased strength and endurance, impaired balance, and an inability to safely transfer and ambulate. The patient complained of constant dizziness and diplopia. The PT program included therapeutic exercises, breathing exercises, safety instructions, and gait/functional mobility training.

Outcomes. Outcome measures utilized were the Numerical Rating Scale for pain, Manual Muscle Testing for strength, a Facility Generated Balance Classification System, the 6 Minute Walk Test, and the Borg Scale of Perceived Rate of Exertion. After six PT sessions, the patient showed improvements in posture, balance, endurance, functional mobility, and gait distance.

Discussion. With expertise in movement dysfunction, PTs are in the ideal position to initiate early mobility, facilitate recovery, and lessen the hospital stay of patients with MG.