

# The Complaining Husband: Problem Handouts



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# The Complaining Husband

## Part 1

### ***Symptoms:***

George, a 46-year-old male, is presented to his family physician by his wife. George has been complaining of increased clumsiness lately, and his wife finally decided that she had heard enough complaining, so she brought him to the office late one afternoon. In addition to being clumsy George is reported to have experienced repeated episodes of pain starting in the left shoulder and radiating down into the left arm.

### ***Patient History:***

At the age of 18 George was in a motor vehicle accident. As a result of the accident he sustained C2 and C3 fractures. These fractures caused quadriplegia that gradually improved. In addition to the above complaints the patient presented with the following characteristics:

- Patient is 46 years old, 6 foot 4, 265 lbs, and has an unremarkable medical history other than the above mentioned automobile accident.
- Preliminary exam by the family physician demonstrated significant bilateral difficulty with motor and sensory function, which resulted in an increased difficulty in walking.
- George was seen by the family physician previously, and was referred to a neurologist (approximately 5 years ago).

It was determined that George should be referred to a neurologist again. The preliminary diagnosis sent ahead to the neurologist, based upon the slow increase in symptom severity, involved central spinal cord involvement secondary to multiple sclerosis.

### ***Questions to Consider:***

1. What is multiple sclerosis?
2. Does George fit into the "typical" age group for onset of MS?
3. Would the involvement in a car accident previously increase George's tendency to develop MS later in life?

This problem is an adaptation of a problem entitled "Sensory Loss Over Both Shoulders" in *Neuroanatomy Through Clinical Cases*. Sunderland, MA: Sinauer Associates, Inc. Publishers, 2002.



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## Part 2

### ***Physical Exam:***

A physical exam by the neurologist provides the following information:

- In recent years George has had increasing difficulty walking.
- He has also developed neck pain, but only numbness in the shoulders and arms, more severe on the left side.
- Physical exam has noted increased muscle tone in all extremities, and 3/5 to 4/5 power throughout. These exam findings were worse than those seen in the previous exam.
- George had absent biceps reflexes on the right and absent reflexes at the biceps triceps and brachioradialis on the left, all other deep tendon reflexes were brisk and bilateral extensor plantar responses were present.
- His gait was shuffling and slow.
- George demonstrated decreased pinprick sensation in the left arm from the shoulder down, and over the right shoulder.
- Vibratory sense was intact.

Utilizing *sound anatomical logic*, consider the following questions:

1. Is the initial diagnosis by the family physician correct or incorrect? If his diagnosis is incorrect, list your reasons and give your rationale for such a decision.
2. What is your diagnosis for this patient? What would a MRI of this patient's head and neck reveal?
3. What are the key symptoms and signs for your diagnosis of this case?
4. Explain this patient's condition and discuss its frequency.
5. What is the neurological rationale for the bilateral nature of this patient's symptoms?
6. What is the patient's prognosis without treatment? If the patient is treated surgically, what would the treatment consist of and how effective is it? What is the patient's prognosis with treatment?

# The Complaining Husband

## Team and Self Assessment Form

Your name: \_\_\_\_\_

Please use the rating scale below to describe how you and your team members performed on each of the tasks listed associated with your PBL group's activities. The purpose of the grading is not to divide groups but to reward those making above average effort and to encourage those not giving their fair share to the group overall effort.

5 if Always    4 if Very Often    3 if Sometimes    2 if Rarely    1 if Never

PBL Group Number: \_\_\_\_\_

Please fill in PBL Group Members' *Last* Names (including your own)

Names                      \_\_\_\_\_

Completed assigned tasks \_\_\_\_\_

Contributed valuable  
information to the group \_\_\_\_\_

Attended group meetings \_\_\_\_\_

Was honest in reporting  
progress about his/her  
assigned tasks                      \_\_\_\_\_

Participated in writing  
final report                      \_\_\_\_\_



Now, ***please circle*** the rating below that you feel you would best describe your group's overall performance:

Very good

Good

Barely Acceptable

Poor

Very Poor



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## PBL Self Evaluation Form

This evaluation form will not be utilized in assigning any grades. However, it is beneficial to reflect on any progress that you might have made in various areas as a result of participating in a PBL course. Therefore, please evaluate yourself utilizing the following scale.

Scale:

5 = Strongly agree

4 = Agree

3 = Neutral

2 = Disagree

1 = Strongly disagree

Your name: \_\_\_\_\_

As a result of my participation in PBL in Human Anatomy I feel that I have improved in the areas of:

1. Effective group participation \_\_\_\_\_

2. Effective group communication \_\_\_\_\_

3. Evaluation of myself (self evaluation) \_\_\_\_\_

4. Evaluation of others (peer evaluation) \_\_\_\_\_

5. Acquiring information to solve complex problems \_\_\_\_\_

6. Evaluation of the quality of information needed  
to solve complex problems \_\_\_\_\_

7. Working effectively with others \_\_\_\_\_



8. Higher-order, critical thinking skills \_\_\_\_\_

Overall improvement rating of yourself: \_\_\_\_\_

5 = excellent; 4 = good; 3 = average; 2 = needs work; 1 = poor

