

Assumptions Exercise for strength based assessing

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Client 1:

70 year old male

Medical History: quadruple bypass surgery, surgery for a partially collapsed lung, two coronary stents implanted in heart, tonsillectomy, reflux, allergic rhinitis, 50% tear of R knee tendon, removal of Basal cell carcinoma, hearing impairment

- Is this person CHSP eligible?
- What parts of this persons life might be affected?



Client 2

Male, living with partner in own home

Medical History: L foot big toe ruptured tendon, ankylosing spondylitis- degenerative back disease- symptoms pain, reduced flexibility, hunched forward posture, arthritis in ankles, knees, wrists and hands- some pain on exercise, and some reduced mobility in joints

Q: what do you think a referral would be for?
 what limitations would you want to assess?



ACNA

Access Care Network Australia

Client 3:

- Female living alone at home
- Medical History: Sjorgens syndrome; autoimmune disease with symptoms including dry eyes, dry mouth, difficulty with chewing or swallowing, swelling and tenderness of the glands around the face, neck, armpits and groin, tiredness (fatigue), joint pain and general achiness, other symptoms including headaches
- Past medical History: previous wrist injury, hip injury
 - Is this person CHSP eligible?
 - What might this person look like when you assess them?



What assumptions judgements or perceptions do we take with us into a client interaction

How does this assumption hold us back from seeing the potential in others?

Have we assisted someone to understand how to achieve their 'best life'

