



Case-Base Discussion – 14th June 2023 (Ref 307)

Case - Benign Hereditary Chorea (BHC)

This week's patient is a 21-year-old student, studying computer programming at university. He was diagnosed in childhood with the rare condition, Benign Hereditary Chorea (BHC); although the developmental milestone of walking was delayed, he is now able to walk, albeit in an uncoordinated fashion. He is not able to write but can use a touch pad for his computer work. He enjoys karate and horse riding, but the majority of his time is spent sitting at the computer.

He presented with pain in the right acromioclavicular region associated with a loud 'clunk' on lifting his arm. He first noticed this during lockdown but reported no specific onset. On examination, the scapula did not follow the 'usual' pattern of movement of protraction but moved spasmodically, requiring assistance from his other hand, or a releasing 'clunk' to allow space for the head of the humerus to pass. Aggravating factors were the rising block position in Karate (flexion/internal rotation of the GH joint), abduction movements, and being pulled by the reins of a horse.

The osteopath presenting this case was keen to know if any other practitioners had had experience of treating patients with BHC; whether this was something that falls within our remit; and whether manual therapy and traditional approaches, such as scapula stabilisation exercises can be of use in this instance?

Suggestions for treatment and management of this patient

- Manual therapy of the symptomatic areas, including trigger point therapy.
- Kinesio taping to help stabilise the scapula while passively guiding the GH joint through 'normal' movement.
- Contralateral training (ie. training non-injured side).
- Building functional exercises into his everyday activities or karate positions.
- Addressing imbalances in pelvis and hypomobility in the thorax to help improve shoulder function.
- Postural assessment and management.

- Ergonomics assessment (possibly sit-stand desk and larger screen).

Despite the challenges this case presents, we can still apply the old AT Still adage of 'find it, fix it, leave it alone' to help to make this patient more comfortable in the short term. In the medium to long term, there is scope for engaging with other health care practitioners to create a management plan that takes into account the specific challenges arising from BHC and help to improve his overall function.

Linking this case with Osteopathic Practice Standards Themes

A – Communication and patient partnership

A1 You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.

A2 You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them.

A5 You must support patients in caring for themselves to improve and maintain their own health and wellbeing.

B - Knowledge, skills and performance

B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.

B2 – You must recognise and work within the limits of your training and competence

B3 You must keep your professional knowledge and skills up to date.

B4 – You must be able to analyse and reflect upon information related to your practice in order to enhance patient care.

C - Safety and quality in practice

C1 – You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients

D – Professionalism

D10 You must consider the contributions of other health and care professionals, to optimise patient care.

Linking this case with the Chiropractic Code

Principle A – Put the health interests of the patient first

A1 Show respect, compassion, care by listening/acknowledging views decisions.

Principle C – Provide a good standard of clinical care and practice

C5 Develop, apply and document a plan of care in full agreement with the patient.

Principle E – Obtain informed consent for all aspects of patient care

E1 Share with the patient accurate, relevant and clear information to enable the patient to make informed decisions about their health needs and relevant care options. You must also take into consideration a patient's capacity to understand.

Principle F – Communicate properly and effectively with patients, colleagues and other healthcare professionals

F1 Explore care options, risks and benefits with patients, encouraging them to ask questions.

F3 Involve other healthcare professionals in discussions on patient's care, with the patient's consent, if this means the patient's health needs will be met more effectively.

Principle G – Maintain, develop and work within your professional knowledge and skills

G1 Keep your knowledge and skills up to date, taking part in relevant and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance and the quality of your work.

G3 Recognise and work within the limits of your own knowledge, skills and competence.

G5 Refer to, or seek expertise from, other chiropractors or healthcare professionals, when needed.