\*\*Subjective (S):\*\*  
  
The patient, M.A., a young adult male, attended the session with his primary caregiver, his mother. The primary reason for the interaction was to evaluate the benefits M.A. is experiencing with the use of a voice-activated device, referred to as Alexa, following an accident that led to blindness and cognitive communication deficits. The accident has resulted in M.A. being heavily reliant on caregivers for activities of daily living (ADLs). The use of Alexa is part of a strategy to enhance M.A.’s independence.  
  
\*\*Chief Complaint (CC):\*\*   
Ongoing rehabilitation to regain skills and independence post-accident using assistive technology.  
  
\*\*History of Present Illness (HPI):\*\*  
M.A.’s mother reports that M.A. has made significant progress in learning and maintaining commands taught for utilizing Alexa, which aids him in creating to-do lists and participating in interactive activities, thus fostering a sense of independence. The training focuses on everyday tasks, which M.A. has adapted to well, though he faces challenges with the visual outputs of devices, which are inaccessible due to his vision impairment.   
  
\*\*History:\*\*  
- \*\*Medical History:\*\* Traumatic brain injury (TBI) resulting in blindness; cognitive communication deficits.  
- \*\*Surgical History:\*\* Not mentioned.  
- \*\*Family History:\*\* Not detailed; primary caregiver is the mother.  
- \*\*Social History:\*\* M.A. resides with his family. His main activities involve sessions to regain cognitive skills through technology like Alexa. He depends on his mother for support and daily living activities.  
  
\*\*Review of Systems (ROS):\*\*  
- \*\*General:\*\* No significant weight loss or gain reported. Appetite stable.  
- \*\*Social Cognitive Impact:\*\* Improvement in performing self-initiated tasks with the device.   
- \*\*Vision:\*\* Complete blindness post-accident.  
  
\*\*Current Medications, Allergies:\*\*  
Not detailed, but important to note any medication regimens through future conversations.  
\*\*Objective (O):\*\*  
  
- \*\*Vital Signs\*\*: Not mentioned in the provided conversation. It is important to document them when available.  
   
- \*\*Physical Exam Findings\*\*: No direct physical examination findings were shared in the communication. Objective data would normally include observations but they are not mentioned in this conversation.  
  
- \*\*Laboratory Data\*\*: No laboratory data was discussed or provided for review.  
  
- \*\*Imaging Results\*\*: No imaging results were shared within this conversation.  
  
- \*\*Other Diagnostic Data\*\*:   
 - The use of a voice-activated device (Alexa) in M.A.'s rehabilitation to regain cognitive and communication skills. The technology aids him in creating to-do lists and engaging in auditory tasks or games.  
 - It was noted that M.A.’s ability to maintain learned commands has improved with the ongoing use of the device.  
   
- \*\*Recognition and Review of Documentation of Other Clinicians\*\*:   
 - There was a discussion involving maximized verbal cues and scaffolding to aid M.A. in completing device-related tasks. His mother assisted significantly by responding and guiding M.A. during the session, indicating caregiver dependency.  
 - Mentions of scenarios where commands like setting alarms and reminders for medications, birthdays, appointments, and timers were practiced.  
   
The objective portion primarily focuses on the aid of the voice-activated device, which acts as a tool for M.A. to enhance his independence in daily life activities despite significant barriers due to his TBI and blindness. Regular practice and training sessions continue, with ongoing support crucial for the patient's progress.  
\*\*Assessment (A):\*\*  
  
\*\*Problem 1: Traumatic Brain Injury (TBI) Resulting in Blindness and Cognitive Communication Deficits\*\*  
  
\*\*Differential Diagnoses:\*\*   
1. Cognitive rehabilitation and adaptive skill challenges due to TBI.  
2. Potential anxiety or depression linked to the loss of independence and vision.  
  
\*\*Discussion:\*\* M.A.'s TBI has presented significant challenges in maintaining independence in ADLs, mainly due to blindness and cognitive communication deficits. However, the integration of technology such as Alexa has been beneficial in enhancing his ability to perform tasks independently. He's shown the ability to retain and execute commands but continues to face challenges with auditory processing, particularly when commands or options are visually presented. The ongoing support from his caregiver, primarily his mother, remains crucial in aiding his adaptability to new skills.  
  
\*\*Plan for Problem 1:\*\*  
- \*\*Therapy and Training:\*\* Continue focusing on voice command training, specifically practicing and expanding ways to overcome auditory processing barriers when using Alexa.  
- \*\*Testing:\*\* Consider an occupational therapy evaluation to refine strategies for increasing independence.  
- \*\*Technology Utilization:\*\* The anticipated receipt of the Echo Show device is expected to provide more consistent results as it is more tailored to M.A.’s needs.  
- \*\*Patient/Caregiver Education:\*\* Continuous education and skill development surrounding the use of assistive technologies such as Alexa for independence in daily activities.  
- \*\*Psychosocial Support:\*\* Evaluate the need for supporting mental health through therapy, discussing potential feelings of anxiety or depression due to the loss of independence and sensory capabilities.  
- \*\*Specialist Referrals:\*\* Maintain communication with neurology and possibly involve a speech-language pathologist to assist in further cognitive-communication strategies.  
   
\*\*Problem 2: Audiovisual Processing Challenges with Adaptive Devices\*\*  
  
\*\*Differential Diagnoses:\*\*  
1. Incompatibility of current technology with the patient's sensory processing needs.  
2. Need for device customization to enhance user-interface for visually impaired users.  
  
\*\*Discussion:\*\* The ongoing difficulty stems from a lack of auditory descriptions when the device provides visual choices. This is a clear gap in accessibility features that needs to be addressed to optimize the device's utility for M.A.’s condition.  
  
\*\*Plan for Problem 2:\*\*  
- \*\*Testing and Adaptation:\*\* Explore technologies or add-ons that allow better auditory feedback and description for blind users.  
- \*\*Consultation:\*\* Engage with a technology specialist or adaptive tech consultant to analyze and potentially customize the device settings.  
- \*\*Patient/Caregiver Education:\*\* Train M.A. and his caregivers in using any new available features that enhance auditory feedback, ensuring independent task management.  
   
\*\*Overall Plan:\*\*  
- Reinforce home exercises involving setting and managing reminders, alarms, and other daily tasks through Alexa.  
- Provide sustained verbal modelling and training to ensure mastery of required skills.  
- Monitoring and reassessing the effectiveness of assistive technology and adjusting plans as required based on the patient's progress, needs, and technological advancements.