

## **Case report I.**

Man, born 1963, Dg.: F067 - J.mental. disorder caused by brain damage, its dysfunction and somatic. Diseases

OA: status after. of a fall on the head in the 4/2025 ebrieta, short-term unconsciousness, amnesia for the event, according to CT st.p. rupture of the medial and caudal walls of the orbit on the left with a slight protrusion of intraorbital fat into the maxillary sinus, hemosin, hematoma of the orbital floor and discrete extraconal pneumoorbita.

Status after Stroke 2010 and 2011, bilateral symptoms; Encephalopathy and polyneuropathy of toxonutritive etiology.

He moves on two French canes, limited ROM mainly on the left limbs - therapy with VR Vitalis takes place while sitting.

### An example of therapy:

subj.: The patient feels good, looks forward to activity

obj.: Therapy using VR glasses. The patient is cooperative and communicative, responds well to the therapist's instructions and can handle the VR glasses. Therapy is seated, he chooses activities himself, has a sense of control, reacts intuitively - light verbal guiding is enough. During therapy, he actively uses the LHK, without major problems, we aim to increase AROM (Active range of motion) and SS (static stretching).

therapy.: /\*\*\* Posted: 1 x 21621 \*\*\*/ Individual basic occupational therapy: Active movement training of the upper limb - increasing the range of motion and muscle strength - especially on the left limbs, exercises focused on coordination of the lower limb (cups, watering flowers, butterflies) /\*\*\* Posted: 1 x 21625 \*\*\*/ Training of everyday daily activities - ADL: Understanding and orientation in the environment, thinking in context and working memory (puzzles, connecting, doors). The patient is compensated after therapy.

## **Case report II.**

Male, born 1986, Dg.: F200 Paranoid schizophrenia

Heteroaggressive thoughts, oriented in all directions, striving for cooperation and self-control, responds in the relationship with latency at times, occasionally seizures, PMT within the norm, tense, more labile emotionality, anxious mood, thinking appears coherent, does not verbalize delusional production, psychotic state present, indicates perception disorders that change over time (visual, auditory, somatic), based on this, the need to attack someone, he himself asks for restrictions in order to prevent aggression, suicidal, currently in the ward without behavioral disorders and aggression, but behavior is unpredictable, risk of aggression.

### Individual occupational therapy – first contact 16. 5. 2025

subj.: The patient states that he feels good. During the conversation with the therapists, he states that he has concerns about using virtual reality.

obj.: The patient has been in the isolation room for a long time and was recommended for occupational therapy in order to activate, improve memory and cognitive functions. Based on consultation with the doctor and nursing staff, today's therapy took place in the presence of two occupational therapists and

one nurse due to the increased risk of aggression towards the staff. The patient was sitting on the bed and after a few minutes of conversation he began to show slight signs of nervousness. We agree with the patient that the first trial with virtual reality glasses will take place next week, during which - in agreement with the patient and the doctor - only relaxation exercises will be performed. The patient will lie down and be restricted during them. The further procedure will be evaluated based on the patient's reaction to virtual reality in order to avoid possible negative impacts of the therapy.

#### Individual occupational therapy – 19. 5. 2025

subj.: The patient complains of a headache, wishes to be restricted in movement, complains of nervousness associated with his conditions.

obj.: The patient is smiling, cooperative, visibly nervous. After preparation and instruction, he is noticeably calmer, he actively cooperates during the therapy, he is interested in it, he wants to continue it. The patient is guided to become aware of his emotions and feelings, he verbally confirms that he understands the course of the entire therapy and agrees with it. The therapy took place in the presence of two occupational therapists and one nurse from ward 36.

therapy.: /\*\*\* Posted: 1 x 21621 \*\*\*/ Individual occupational therapy basic – Sensory stimulation using VR. Visual and auditory stimulation, attention training, effort to engage spatial orientation.

/\*\*\* Posted: 1 x 21625 \*\*\*/ Practice of everyday daily activities - ADL - Training of emotional stability, perception of one's body and its reactions, striving for sensory integration using VR.

Patient compensated after therapy.

#### **Case report III.**

Woman, born 1971, Dg.: F61 – Mixed and other personality disorders.

He cooperates in the Central Reception and the ward, answers questions in the session, is running around, needs to be directed, no latency, PMT norm, mood depressed, anxiety-related longing, coherent thinking, no delusional production, no perceptual disorders, apsychotic, no auto- or heteroaggression, moderate to severe TS - combined intoxication with drugs and alcohol, still present suicidal ideation, in a protected environment without tendencies, uncritical of what has happened, clueless, insufficiency, socially failing, nihil psychoticum, avoidant personality, emotionally unstable.

#### Individual occupational therapy – 2nd therapy.

subj.: She is doing well. The image in the VR glasses is sharp. She says she enjoys VR, but "it won't help her find meaning in life, no one can help her with that."

obj.: The patient is cooperative, communication is unrestricted. She uses VR glasses while standing and walking, good level of stability. She also uses prescription glasses. She fully understands and responds to the therapist's instructions, she can control the virtual world independently even without verbal navigation.

therapy.: /\*\*\* Posted: 1 x 21621 \*\*\*/ Individual basic occupational therapy: Training of coordination movements of the whole body. Focused primarily on stimulating cognitive functions - short-term visual memory, sustained and focused attention, visual-spatial skills, logical thinking. Relaxation exercises aimed at the correct breathing stereotype and overall relaxation. /\*\*\* Posted: 1 x 21625 \*\*\*/ Training

of everyday daily activities - ADL: Training of bimanual activities in a virtual environment, training of iADL (hanging laundry, shopping). Understanding and orientation in the environment, thinking in context and working memory. The patient was compensated after therapy.

#### Individual occupational therapy – 3rd therapy

subj.: She doesn't feel very well today, she thinks a lot about life and what will happen to her. She sees the image of the VR glasses in focus.

obj.: The patient is cooperative, communication is unrestricted. She initially refuses VR therapy, but later says she would like to try it again. She uses the VR glasses while standing and walking, good level of stability. She fully understands and responds to the therapist's instructions, and can control the virtual world independently even without verbal navigation.

therapy.: /\*\*\* Posted: 1 x 21621 \*\*\*/ Individual occupational therapy basic: Focused on training cognitive functions - short-term visual memory, visual-spatial abilities, alternating attention. /\*\*\* Posted: 1 x 21625 \*\*\*/ Training of everyday daily activities - ADL: Training of bimanual activities in a virtual environment, training of iADL (shopping). Understanding and orientation in the environment, thinking in context and working memory. The patient is compensated after therapy.