RHS 243
Muscular system \practical session

Mariam has a history of disorder that affects the muscles which control movement of the eyes and eyelids, causing *ocular* weakness. Consequently, a partial paralysis of eye movements *(ophthalmoparesis)*, double vision *(diplopia)* and droopy eyelids *(ptosis)* are usually among the first symptoms of MG.

Then after couple of months, weakness and fatigue in the neck and jaw also have been occurred. This *bulbar* weakness — named for the nerves that originate from the bulblike part of the brainstem — can make it difficult to talk, chew, swallow and hold up the head. Bulbar weakness tends to give speech a slurred, nasal quality. It also can lead to frequent choking spells, and make eating unpleasant and tiresome.

Moreover, weakness tends to spread sequentially from the face and neck to the upper limbs, the hands and then the lower limbs. It may become difficult to lift the arms over the head, rise from a sitting position, walk long distances, climb stairs or grip heavy objects. At the last stage, weakness may spread to muscles in the chest that control breathing.

What is the symptoms that affect Mariam ADL?

What is the possible diagnosis?

What is the role of PT as a management for this case?