

CASE REPORT

EXPERIENCE OF PRELIMINARY MEDICAL EXAMINATION OF PROFESSIONAL COMPETENCE OF A YOUNG MAN WITH AUTISM SPECTRUM DISORDER

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INTRODUCTION

Autism, or as it is nowadays called, autistic/autism spectrum disorder (ASD) is a type of malformation with noticeable delay in social interactions, communication language, and in a symbolic and imaginative game. The autism is a spectrum disorder where there are no sharp borders, the transitions are continuous among the different categories. Autistic disorder and Asperger syndrome are to be differentiated. In case of Asperger syndrome the patients are well capable for communication by words, for example in writing, but understanding of the side forms of communication (facial appearance, body language, tone of voice) has difficulties, and eye contact is hard to be maintained.

THE CASE

In October 2015, N. N. came to the first level of professional competence medical examination for electrotechnical technician in the Main Department of Occupational Health, Office of the Chief Medical Officer Service of Hungary. N.N. was accompanied by his mother to each medical examination.

Work history

The 21 year old young man has never worked yet, he studied only. At the age of 7, he began his studies in a general primary school. At the age of 11, the Committee of Learning Ability Experts

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and Rehabilitation and Curative Education Centre advised him to change school because integrated education was not considered to be appropriate for him. At the age of 14 he became a private student. At the age of 16, integrated education was approved again. He graduated from full-time, integrated education at the age of 20, by average score 4 (good).

The documentation relating to his education was made available for us just at the second medical examination.

1st EXAMINATION

Medical history

He did not smoke or drink alcohol. He did not mention any serious illness or hospital treatment in the past.

Physical examination

Weight: 72 kg. Height: 177 cm. No complaints. Skin was moderately vascularised, spine movements were free, spine was formally and functionally healthy, the lower limbs and the upper limbs were formally and functionally healthy. Auscultation of the lungs was negative, the heart sounds were clear and rhythmic. The abdomen was soft and palpable, there was no pathological sensitivity. Blood pressure was 125/75 Hgmm, the pulse was 74/min, there were no oedema, anasarca or varicose veins in the lower limbs, Romberg was negative, the pupils were round, equal and they reacted well to the light, he could hear whispered talk with both ears by 6 meters, he could read the Csapody IV table with both eyes, his colour vision was good. He was wearing glasses, on the right eye with -2.0 D correction and on the left eye also with -2.0 D correction. The visual acuity was on the right eye 0.9 with correction and on the left eye also 0.9 with correction.

By the time of medical examination he was alone and this situation was hardly tolerated by his mother. N.N.'s answers were adequate, his vocabulary, power of voice and articulation were suitable. Tremor or over-active movement of upper limbs was not detectable. He mentioned that he used to be a private student. When he was asked about his friends he answered like a „plover child”: „I have enough time to make friends with girls.” After a long questioning it was cleared up that he had Asperger syndrome. Then a negative psychiatric specialist summary was presented from October 6th 2015 stating that his condition was compensated. The neurologist did not find organic disorder, tic or Tourette syndrome which were not diagnosable at the time of the medical examination, either.

Medical summary As a result of the medical examination and based also on the neurologist's statement, the patient got a favourable medical performance report for studying to become an electrotechnical technician.

2nd EXAMINATION

History

One week after the first medical examination the deputy director of the patient's school called us. Teachers of different specialities of the school reported to the school director that they could not treat the student N.N. in a practical lesson of electrotechnology because of the overactive movements of his upper limbs. After discussion with the school deputy director it turned out that the parents of the student had never ever mentioned to the school before enrolment that their son had SEN (special education needs). According to the school's articles of association the school can not take in SEN students. After all, we recalled the student N.N. for a new examination with all his medical reports and documentations. And we also asked the teachers of the school to write all remarks concerning him and the conditions of practical training lessons in the school.

Results of the physical examination

At the medical physical examination we found similar status conditions as at the previous examination. The only difference was that the patient was pretty tense and the over-active movements of the upper limbs were well visible, they were unwanted and started from the shoulders and the elbows. He tried to fix and cover his moving arm with the other hand but unsuccessfully. During our conversation, as a reaction to my questions about school conflicts, his over-active movements of upper limbs increased. It came to my mind that the patient might have got a pill of tranquillizers or sedatives before the previous examination. His mother could not confirm that.

Medical findings and health reviews provided by him during examination 2

According to a specialized teacher's information (25th November 2015): „N.N. has shown himself to be an intelligent young man. His knowledge of theory is one of the best in the class. Therefore our fears of study process mainly focus to the practical training programme of electrotechnology when the students, while working, have to use warm soldering iron. During the work of an electrotechnical technician it is inevitable to get into contact with voltage supply/ insulation so we are highly concerned about the over-active movements of his upper limbs. We recognized through our observation that N.N. tries to struggle against that by pushing his arm to his chest but mainly unsuccessfully. I also observed that these over-active movements of upper limbs are increased during stress.”

Neurological findings (30th September 2015): „He was 11 years old when, based on his psychological complaints, he got the diagnosis of autism. In 2005 the possibility of Tourette syndrome resulting in TIC movements was also raised. In 2009 examination of a cranial MR did not show pathological differences. The muscles of his body corresponded with his nutritional status, all of his body was normotensive. Power of the muscles in the limbs all of the body was normal. Soft frequency movements of the fingers in both sides were detectable. Testing of the latent paresis was negative. Sometimes in the upper limbs TIC type convulsions were shown up. The deep reflexes were moderately vivid and similar. There were not any pyramid-signs. Conclusion: No organic neurological symptoms, no focal differences.”

Child psychiatric assessment (27th January 2005): „Disorder of communication, reciprocal social interactions and flexible behaviour management were well detectable at N.N. Diagnosis: autism spectrum disorder (pervasive development disorders, type of Asperger).”

Evaluation (2nd December 2015): According to our final decision 'he is not suitable' for a profession of electrotechnical technician.

CONCLUSIONS, EXPERIENCES

Judgement of professional capability of disabled people in every situation should be preceded by an independent personal evaluation. We often find that they try to cover some changes which are different from normal or they try to hide some symptoms. So if we have a chance we should try to meet the examined patients a couple of times before the final decision. Before the evaluation of professional competences it is very useful to identify whether the recipient institutions have the basic conditions for accommodating incoming students with SEN.