

Occupational Therapy TOOLKIT

Treatment Guides

Dressing

Breast Cancer

Frail Elderly/Oldest Old 85+

Osteoarthritis

Stroke/CVA

Occupational Therapy TOOLKIT

Dressing

Dressing includes selecting appropriate clothing for the time of day, weather and occasion; obtaining clothing from closets and drawers; dressing and undressing of open-front garments; pullover garments, bra, pants, underwear, socks, panty hose, nylons, shoes, slippers, support and anti-embolism stockings; opening and closing fasteners; personal devices (hearing aides, eyeglasses, AFO, hand splint, back brace, slings, prosthetics).

Problems:

Impaired shoulder strength and/or ROM

Impaired hand strength, ROM, sensation and/or coordination

Impaired LE function

Limited activity tolerance and endurance

Impaired sitting balance

Impaired standing balance

Visual perceptual impairment

Cognitive impairment

Occupational Therapy Intervention:

Apply different approaches for solving difficulties with dressing. Including but not limited to...

1. Treat underlying physical, cognitive and/or perceptual problems.
2. Train in compensatory strategies such as.
 - One-handed techniques
 - Energy conservation
 - Low vision techniques
 - Cognitive compensation
 - Task segmentation
 - End chaining
 - Joint protection
 - Step-by-step instructions
3. Train in the use of adaptive equipment and assistive devices such as.
 - Buttonhook
 - Velcro closures on shoes
 - Elastic shoelaces
 - Long handled shoehorn
 - Dressing stick
 - Reacher
 - Sock aid
 - Zipper pull
 - Walker tray or basket
 - Labeling system for identifying clothes

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Dressing

Occupational Therapy Intervention:

4. Provide environmental modifications and adaptations such as.
 - Use a step stool to assist in reaching the feet
 - Avoid storing items on the floor
 - Lower closet poles
 - Organize clothes within easy reach
 - Hang complete outfits on single hanger
 - Label drawers of contents using picture or words
5. Instruct in task modification - change the task, eliminate the task or have someone else do part or all of the task such as.
 - Place the weaker extremity into the garment first
 - Sit to dress
 - Dress in a supine position
 - Choose garments that are easy to put on and remove such as: elastic waist pants, loose fitting tops, pullover tops, suspenders instead of a belt, Velcro or slip on shoes, front hook bra, sports bra, camisole.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to dressing.

Provide caregiver/family education and training.

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Dressing

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Breast Cancer

Functional Limitations:

ADL, IADL, work and leisure impairment

Limited activity tolerance and endurance

Limited ROM of shoulder

Depression

Pain

Knowledge deficit

Other symptoms and conditions - pathologic fractures, lymphedema

Occupational Therapy Intervention:

ADL, IADL, work and leisure training including but not limited to...

Recommend and/or provide adaptive equipment.

Encourage use of affected extremity during tasks.

Education in energy conservation principles.

Instruct in activity balancing (keep an activity record noting activity, length of time and how they felt after).

Provide graded UE therapeutic activities and exercises to improve ROM and strength.

Instruct in deep breathing techniques and proper posture during exercise and activities.

Educate in the prevention and control of lymphedema.

Obtain three baseline measurements of the arm: 2" above the elbow crease, 2" below the elbow crease and around the styloid processes of wrist; instruct patient to measure her arm periodically.

Provide management of lymphedema (only performed by a qualified therapist).

Manual Lymph Drainage (MLD).

Compression bandaging and garments.

Lymphedema exercises while wearing compression garments.

Teach stress management and relaxation techniques.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, good sleep habits and making informed decisions about medical and alternative treatments).

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Breast Cancer

Occupational Therapy Intervention:

Educate patient and caregivers in the disease process, the availability of community resources and encourage participation in support groups.

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Occupational Therapy TOOLKIT

Frail Elderly / Oldest Old 85+

Functional Limitations:

ADL, IADL, work and leisure impairment

Functional mobility impairment

Muscle weakness

Limited activity tolerance and endurance

Impaired balance

At risk for - falls, dementia, delirium, depression, urinary incontinence, malnutrition, pressure sores and hypothermia

Occupational Therapy Intervention:

ADL, IADL, work and leisure training including but not limited to...

Treat underlying physical limitations to safety and independence.

Recommend and/or provide adaptive equipment.

Assess ability to access kitchen and prepare meals.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Provide functional balance activities to increase balance confidence with ADL tasks.

Provide UE therapeutic activities and exercises to improve strength and endurance.

Educate regarding fall risk and prevention strategies.

Assess home and functional safety. Provide environmental modifications and adaptations.

Educate regarding hypothermia prevention.

Eat well and dress warmly. Dry off if you get wet. Wear a hat and scarves and gloves when it is cold. Avoid alcohol before going out in the cold.

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Osteoarthritis

Functional Limitations:

ADL, IADL, work and leisure impairment

Functional mobility impairment

Limited ROM (typically seen in shoulder abduction and external rotation, elbow extension, forearm pronation and supination wrist flexion and extension, radial ulna deviation, and thumb and finger flexion and extension).

Impaired grip and pinch strength

Hand deformities due to osteophyte formation in the DIP called Heberden nodes and at the PIP called Bouchard nodes.

Impaired strength

Limited activity tolerance and endurance

Joint pain, stiffness and inflammation that increase with activity

Impaired fine motor control

Impaired hand function

Fall risk

Knowledge deficit

Environmental barriers

Occupational Therapy Intervention:

ADL, IADL, work and leisure training including but not limited to...

Train in the use of adaptive equipment to improve grasp (built-ups), improve ease of performance (electric can opener), compensate for range of motion loss (dress stick), compensate for weak/absent muscle (universal cuff, jar opener), prevent stress on joints (lever door handle), prevent prolonged grasp (book holder, Dycem), prevent accidents (bath seat, nonskid rugs).

Instruct in energy conservation principles and joint protection.

Instruct in activity balancing.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Instruct in safe walker use and transporting items.

Provide UE, neck and trunk therapeutic activities and exercises to improve ROM and strength.

Acute flare-ups - instruct in performing gentle range of motion exercises 3-4 times daily followed by icing for 15 minutes.

For non-acute joints - instruct in the use of superficial heat, gentle self-stretching techniques and strengthening in pain free range.

Occupational Therapy TOOLKIT

Osteoarthritis

Occupational Therapy Intervention:

Provide splints to rest inflamed joints, maintain proper joint alignment, improve functional control and support weak or painful joints.

Resting hand splint, wrist cock-up, finger splints, ulnar deviation splint, tri-point proximal interphalangeal joint splint, and thumb spica splint.

Instruct in pain management techniques to improve participation in ADL tasks.

Teach stress management and relaxation techniques.

Coordinate medication peak with exercise and activity.

Educate in use of superficial heat and cold.

Teach acupressure self-massage techniques.

Provide positioning support devices (back supports, pillows, splints).

Assess home and functional safety. Provide environmental modifications and adaptations.

Educate regarding fall risk and prevention strategies.

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Occupational Therapy TOOLKIT

Stroke / CVA

Functional Limitations:

ADL, IADL, work and leisure impairment

Functional mobility impairment

Limited range of motion

Impaired upper extremity strength and function

Limited activity tolerance and endurance

Central Post Stroke Pain (CPSP) or Thalamic Pain Syndrome

Shoulder pain due to biceps tendonitis, impingement syndrome, adhesive capsulitis, rotator cuff tendonitis, shoulder-hand syndrome or inferior subluxation.

Edema UE

Abnormal muscle tone

Impaired posture/trunk control

Impaired sitting balance

Impaired standing balance

Sensory deficit

Impaired coordination

Impaired hand function

Language disorders (aphasia, dysarthria)

Dysphasia

Apraxia

Unilateral Spatial Neglect

Visual perceptual impairment

Cognitive impairment

Behavioral disorders (depression, lability, low frustration tolerance, impulsivity)

Bladder dysfunction (diminished bladder control with urge incontinence)

Environmental barriers

Fall risk

Occupational Therapy Intervention:

ADL, IADL, work and leisure training including but not limited to...

Use of compensatory techniques (adaptive equipment, task modification, one-handed techniques, hand over hand guiding techniques, task segmentation, end chaining).

Incorporate affected extremity with all activities.

Instruct in energy conservation techniques.

Assess environment and provide modifications for safety, improved performance and energy conservation.

Occupational Therapy TOOLKIT

Stroke / CVA

Occupational Therapy Intervention:

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Instruct in safe walker use and transporting items.

Instruct in wheelchair mobility.

Instruct in car transfers and community mobility skills.

Provide driving assessment and adaptations.

Manage the affected upper extremity:

1. Improve upper extremity function
 - Use task-oriented intervention
 - Provide opportunities to use and move the arm all day (use of ball bearing feeder, mobile arm support, overhead suspension sling)
 - Functional Electrical Stimulation (FES)
 - Constraint-Induced Movement Therapy
 - Provide weight bearing exercises and activities
2. Improve trunk control
 - Supported and unsupported reach-grasp-hold-carry-place activities.
 - During standing and sitting tasks.
 - In all angles - forward at shoulder level; forward and overhead; side-shoulder level; side-to floor; behind and over same shoulder; across to opposite side at shoulder level and directly behind.
3. Prevent or manage shoulder pain
 - Mobilize and strengthen the scapula
 - Position arm with cubital fossa facing up, 45° abduction and comfortable external rotation.
 - Avoid overhead shoulder movement if the scapular is not gliding
4. Prevent contractures (maintain scapular protraction and upward rotation, shoulder external rotation, elbow extension, wrist extension, radial deviation, composite flexion and extension and intrinsic plus and minus).
 - PROM and SROM (once a day to maintain, twice a day if contractures are beginning to develop)
 - Proper positioning in bed, chair and with mobility
5. Prevent or manage edema

Provide strengthening exercises for non-affected extremity.

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Stroke / CVA

Occupational Therapy Intervention:

Provide splinting to protect hand/wrist and prevent contractures.

Resting hand splint for flaccid to mild tone.

Spasticity splint for moderate to high tone.

Instruct patient and caregiver in proper care of the affected extremity.

Preventing and controlling edema.

Passive ROM exercises.

Self-ROM exercises.

Protection of the extremity during bed mobility, transfers and ambulation.

Proper positioning in bed and chair.

Care and use of positioning splints.

Teach compensatory strategies for perceptual deficit.

Provide cognitive retraining and training in the use of compensatory strategies.

Educate regarding fall risk and prevention strategies.

Educate patient and caregivers about stroke, availability of community resources and encourage participation in support groups.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, good sleep habits and making informed decisions about medical and alternative treatments).

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