Occupational Therapy for Older Adults

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Today’s Agenda

- Introduction to OT & function
- OT goals & roles with older adults in an acute care setting
- Importance of rehabilitation
- Effects of inactivity
- Characteristics of the elderly
- Functional impacts of conditions
- Competency: How can we help?
- Commonly used assessments & interventions in OT
- Adaptive aids for the geriatric population
- Consult guidelines
- Conclusion
Learning Objectives

- Understand the role of OT in older adult acute care
- Appreciate the impact of deconditioning on a person and his/her functioning
- Understand the impact of conditions on function
- Understand OT’s role in assisting with assessing competency
- Understand the assessments, interventions, and assistive aids commonly used by OTs with older adult population in acute care
- Be able to identify appropriate and inappropriate consults
Meet Mr. Q...

- 84 y.o. male with a history of falls and a recent decline in cognition
- Admitted for a fall (hit his head, no LOC)
- MMSE 20/30 (previous MMSE 23/30 Dec. 2015)
- Dependent on 80 y.o. wife for all IADLs
- Over past 3 weeks, wife has begun helping with ADLs (bathing, grooming, & dressing)
- No CLSC involvement or equipment
- Since hospital admission, wife notices deterioration in functionality

Would you refer Mr. Q to OT? Why?
What is Occupational Therapy (OT)?

“The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.”

World Federation of Occupational Therapists, 2012
What is Occupation?

“Occupation refers to the activities and tasks of daily life that have value and meaning to a person. Occupations can include self-care (i.e. personal care, mobility), leisure (i.e. social activities, sports) and productivity (play, school, employment, homemaking).”

Jewish General Hospital
What is Function?

FUNCTION:
- Achievement of a specified (desired) act

(Polatajko, Townsend, & Craik, 2007)
Loss of Function: The WHO Classification

- Impairment: disturbances at the level of the organ (physiological, anatomical, or psychological structure/function)
- Disability: disturbances at the level of the person (basic & daily tasks)
- Handicap: disturbances at the societal level (societal roles)
OT Goals in Older Adult Acute Care

- Optimize and promote participation/independence in ADLs within the hospital and once discharged
- Plan appropriate discharge for clients to optimize their functional independence and meet their current needs
- Optimize patient comfort in the hospital through proper care management (e.g., positioning, pressure sores, edema management)
OT Roles with Older Adults in Acute Care

- To evaluate current level of independence in ADLs and IADLs, and determine need for assistance
- To promote independence in daily occupations, as well as active living within the community
- To recommend evaluations and adaptations of home environments to ensure safe accessibility and mobility
- To determine a client’s need for adaptive devices to maintain independence
OT Roles (cont’d)

- To evaluate how a client’s cognitive capabilities affect function
- To assess whether a client is safe to return home, or whether additional services or relocation should be considered
  - Assisting with applications for services
- To educate clients and families about functional capacities and needs
- To liaise with other healthcare professionals regarding appropriate level of care
- Provide physicians with information regarding patient’s capacity
- To assess the need for driving evaluations
- To evaluate need for restraint/alternatives
ADLs and IADLs Evaluated at JGH

- **ADLs**: Activities of Daily Living
- **IADLs**: Instrumental Activities of Daily Living

<table>
<thead>
<tr>
<th>ADLs</th>
<th>IADLs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding</td>
<td>House cleaning</td>
</tr>
<tr>
<td>Grooming</td>
<td>Meal preparation</td>
</tr>
<tr>
<td>Bathing</td>
<td>Groceries</td>
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<tr>
<td>Dressing (upper &amp; lower body)</td>
<td>Finances</td>
</tr>
<tr>
<td>Toileting</td>
<td>Transportation</td>
</tr>
<tr>
<td>Mobility</td>
<td>Driving</td>
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<tr>
<td>Transfers</td>
<td>Medication</td>
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</tbody>
</table>

What is Rehabilitation?

A means to . . .
● Restore function
● Optimize function
  ○ Compensation by adaptations to physical and psychosocial environment
● Maintain function
● Prevent loss of function

Rehab is an intrinsic part of good geriatric care!
When is the BEST time to start rehab?

Avoid deconditioning!!!
From Day 1...

- **Mobilize** and encourage ADL independence as medically-feasible
- Recognize importance of knowing **baseline** function on medical AND functional recovery from acute illness
- Recognize early on the potential need for rehab professional consultation

**Use it or lose it!!**
INDUCTION DU DÉCLIN FONCTIONNEL IATROGÈNE

PERSONNE ÂGÉE VALIDE

MALADIE AIGUE
Incapacités fonctionnelles nouvelles possibles

HOSPITALISATION
Environnement hostile
Dépersonnalisation
Allègement
Malnutrition
Médicaments
Procédures

Humeur dépressive
Expectatives négatives

Atteinte physique

PERSONNE ÂGÉE AVEC INCAPACITÉS FONCTIONNELLES PERSISTANTES

Inactivity

**General Weakness**
- Depression
- Cognition
- Confusion
- Appetite

**Functional Capacity**
- General Weakness
- Muscular Activity
- Endurance

**Bed Rest**
- Inactivity
- Pressure Ulcers
- Use of Diapers
- Hospital-induced Incontinence
- Risk of Urinary Infection
- Fall Risk
- Mobility

**Pain with movement**
- Bone Mass
- Joint Stiffness
- Muscular Atrophy

**BED REST**
- Contractures
- Drop Foot
- Risk of Blood Clots/DVT

**Risk of Nosocomial Infections**
- Bed Confinement
- Discharge Options
  - Not a rehab candidate
  - Cannot return home

**Length of stay**
- Awaiting placement
  - P68, PS8, LTC

**Compromised Health Care Outcomes**
- Risk of Death
- Quality of Life
- Dependancy

**Blocked Beds ER Back Log**
Characteristics of the Elderly

● Common characteristics:
  ○ Decreased mobility
  ○ Reduced cognition
  ○ Vision & hearing difficulties
  ○ Decreased social participation
  ○ Psychological changes

● Common conditions:
  ○ Dementia
  ○ Alzheimer’s
  ○ Parkinson’s
  ○ Stroke
  ○ Heart disease
  ○ Diabetes
  ○ Delirium
  ○ Poor kidney function
  ○ Recurrent falls
  ○ Etc.
## Functional Impacts of Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Common Characteristics</th>
<th>Possible Functional Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia</td>
<td>Impaired judgment, difficulty organizing/sequencing, confusion, behavior changes, memory loss</td>
<td>● Forgetting to eat, bathe, or use everyday objects</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Giving away money</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Not able to complete ADLs appropriately</td>
</tr>
<tr>
<td>Parkinson’s</td>
<td>Tremors, muscle rigidity, shuffling gait, slowed movement, speech changes</td>
<td>● Difficulty feeding and dressing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Impaired functional mobility</td>
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<tr>
<td></td>
<td></td>
<td>● Loss of driving autonomy</td>
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<tr>
<td></td>
<td></td>
<td>● Increased need for assistance for ADLs</td>
</tr>
<tr>
<td>Arthritis</td>
<td>Joint pain, stiffness, decreased range of motion, swelling</td>
<td>● Impaired functional mobility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Decreased activity tolerance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Difficulty washing hair, cooking, dressing, etc.</td>
</tr>
</tbody>
</table>
Competency: How can we help?

- OTs provide valuable information to assist with competency evaluations
- **OTs cannot declare someone competent/incompetent—we are ONLY consultants!**
- Commonly administered assessments: CCT, EFPT, AMPS, ILS, and more
  - Assess different skills necessary to perform ADLs and IADLs appropriately and safely (e.g. organization, reasoning, problem solving, sequencing, safety judgment, etc.)
  - **Only a piece of the puzzle**
  - Used in conjunction with functional observations
- Functional observations are important
  - How are they engaging in their ADLs/IADLs? Are they doing them safely? Are they putting themselves in danger? Do they appreciate that risk? etc.
Commonly Used Assessments in OT

- Interview
- *Direct observation - valuable information*
- Task simulation & analysis
- Standardized functional assessments (e.g., EFPT, AMPS)
- Cognitive-functional (e.g., MoCA, MMSE, CCT, ILS)
- Physical-functional observations for ROM, strength, fine motor control, balance, etc.
OT Interventions for Older Adults

- Recommendations of assistive devices to promote independence
- Modification of the home environment
- Functional mobility in relation to ADLs and IADLs
- Practice of ADLs & IADLs (e.g., grooming, dressing, finances, cooking)
- Suggestions of alternative ways to perform ADLs/IADLs
- *Education to client and family*
- Application for additional services
- Proper positioning, pain management
- Fall prevention, energy conservation techniques, relaxation strategies
Assistive Aids
<table>
<thead>
<tr>
<th><strong>Use</strong></th>
<th><strong>Conditions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Raised Toilet Seat</td>
<td>Assist with transferring on/off toilet; increased safety</td>
</tr>
<tr>
<td>Bath Transfer Bench</td>
<td>Assist with shower and transfer safety, prevent falls</td>
</tr>
<tr>
<td>Long-Handled Sponge</td>
<td>Assist with bathing (esp. hard to reach areas requiring bending and reaching), ↑ independence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Conditions</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Raised Toilet Seat</td>
<td>Hip replacements, PD, dementia, arthritis, ↓ balance/ROM, etc.</td>
</tr>
<tr>
<td>Bath Transfer Bench</td>
<td>Hip replacements, PD, dementia, arthritis, ↓ balance/ROM, environmental barriers</td>
</tr>
<tr>
<td>Long-Handled Sponge</td>
<td>↓ balance/ROM, hip replacement, pain, recurrent falls (w/ transfer bench)</td>
</tr>
</tbody>
</table>
Other assistive devices in the bathroom...

- Shower grab bars
- Toilet grab bars
- Hand-held shower head
<table>
<thead>
<tr>
<th><strong>Use</strong></th>
<th><strong>Conditions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alert caregiver that patient has gotten out of bed, prevent wandering and fall risk</td>
<td>Alzheimer’s, Dementia, impulsivity, wandering, fall risk, confusion</td>
</tr>
<tr>
<td><strong>Use</strong></td>
<td><strong>Conditions</strong></td>
</tr>
<tr>
<td>Allow pt to reach for items placed on floor or above heads (e.g. pants, dropped pens, food in cupboard), promote independence</td>
<td>Limited ROM/balance, hip replacement, fall risk</td>
</tr>
<tr>
<td><strong>Use</strong></td>
<td><strong>Conditions</strong></td>
</tr>
<tr>
<td>Assist with bed transfers, increase safety and independence</td>
<td>Decreased strength, need for A w/ transfers, pain, fall risk, PD, dementia, deconditioning</td>
</tr>
</tbody>
</table>
Other assistive devices in the bedroom...

- Long-handled shoe horn
- Commode
- Button aid
<table>
<thead>
<tr>
<th><strong>Weighted utensils</strong></th>
<th><strong>Lifeline</strong></th>
<th><strong>Dispill pack</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>Use</td>
<td>Use</td>
</tr>
<tr>
<td>Provide ↑ stability for feeding, helps to control tremors</td>
<td>Sends alert message after a fall where help is not available (can be manual or automatic)</td>
<td>Provides structure and schedule for medication intake</td>
</tr>
<tr>
<td>PD, tremors</td>
<td>Conditions</td>
<td>Conditions</td>
</tr>
<tr>
<td></td>
<td>Dementia, Alzheimer’s, impulsivity, fall risk, PD, wandering, confusion, ↓ mobility/balance</td>
<td>Alzheimer’s, dementia, mild cognitive impairment, forgetfulness/confusion</td>
</tr>
</tbody>
</table>
Appropriate OT Consults

- Medically stable for discharge planning
  - Need for more information on patient’s functional status
- Acute change in function (increased need for assistance)
- Acute change of care needs
- History of falls
- Lack of equipment/services at home
- Caregiver burnout
- Show potential for improvements in function
- Questions regarding impact of cognition on function
- Need for driving screening
- Comfort care and positioning within the hospital
- Restraint alternatives
Inappropriate OT Consults

- Medically active
  - E.g. acute delirium
- Surgical candidate
- Functional needs are being met (family, residence, caregivers) without risk of burnout

*When in doubt, speak with the OT!*
**OT Consult Form at the JGH**

### Consultation en Ergotherapie

**Occupational Therapy Consultation**

<table>
<thead>
<tr>
<th>Signatures de médecin</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Physiotherapist’s Signature</td>
<td></td>
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<tr>
<td>Diagnosis</td>
<td></td>
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</table>

### Environnement / Environment

<table>
<thead>
<tr>
<th>Physical Environment</th>
<th>Functional Psychological</th>
</tr>
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<tbody>
<tr>
<td>Meals</td>
<td>Floors</td>
</tr>
<tr>
<td>Residence</td>
<td>Floors</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>Contents / Habits</td>
<td></td>
</tr>
<tr>
<td>Kitchen / Shower</td>
<td></td>
</tr>
<tr>
<td>Equipment objects</td>
<td>Included equipment</td>
</tr>
</tbody>
</table>

### Habitudes de vie actuelle / Present Functioning

<table>
<thead>
<tr>
<th>Activities of Daily Living</th>
<th>Dependent</th>
<th>Independent</th>
<th>Assistance</th>
<th>D</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-care activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Everyday activities</td>
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<td>Recreational activities</td>
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<tr>
<td>Psychosocial activities</td>
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</table>

### Medications

<table>
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<tr>
<th>Medications</th>
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### Notes

- [Consultation En Ergotherapie](https://example.com)
Meet Mr. Q...

- 84 y.o. male with a history of falls and a recent decline in cognition
- Admitted for a fall (hit his head, no LOC)
- MMSE 20/30 (previous MMSE 23/30 Dec. 2015)
- Dependent on 80 y.o. wife for all IADLs
- Over past 3 weeks, wife has begun helping with ADLs (bathing, grooming, & dressing)
- No CLSC involvement or equipment
- Since hospital admission, wife notices deterioration in functionality

Would you refer Mr. Q to OT? Why?
Meet Ms. H...

- 85 y.o. Female
- PMHx: mild dementia, HTN, DM-II, hearing impairment
- Currently medically active (being followed by medical team)
- She comes from CHSLD, has 24hr care & received assistance for all of her ADLs and IADLs
- Family feels she is at her functional baseline, and her residence expresses they can meet her current needs once she is medically stable

Would you refer Ms. H to OT? Why?
Conclusion

- OT is an important part of the healthcare team
- We are concerned with **function**
  - Can a patient do their ADLs and IADLs? How do they do them?
  - How much help do they need? Can ADLs and IADLs be done differently to optimize independence? What services can be provided to assist?
- Appreciate the value of rehab! Start mobilizing from day 1, avoid deconditioning
References


Jewish General Hospital. (n.d.). *Occupational therapy department (physical medicine)*.


Thank you!