Why Occupational Therapy?

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What is Occupational Therapy?

Definition from the American Occupational Therapy Association:

“Occupational therapy is the only profession that helps people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations). Occupational therapy practitioners enable people of all ages to live life to its fullest by helping them promote health, and prevent—or live better with—injury, illness, or disability.”

(AOTA, 2019)
Occupational Therapy in the Acute Hospital Setting

“Occupational Therapy is going to help you be able to take care of yourself and do everyday activities.”
Benefits of Occupational Therapy in Acute Care

Length of Stay

Functional Independence

Time till return to Independence

Readmission Rates

(Erikson & Perkins, 1993; Hagsten et al., 2004; Rogers et al, 2017; Sanchez & Roach, 2001; Rogers et al, 2017)
So What Are We Actually Doing???
Initial Evaluation

Step 1: Gather Information
Step 2: Determine PLOF and Home Environment
Step 3: Assess Patient
Step 4: Make Discharge Recommendations
But Wait, There’s More!
Occupational Therapy Intervention

- Total Hip and Knee Surgery
- Total Shoulder Surgery
- Spinal Surgery
- Trauma
Dressing Techniques
Dressing Techniques
Occupational Therapy Intervention

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Discharge Recommendations

- Extended Rehab Facility
- Home with Home Health
- Outpatient Therapy
- No Skilled Therapy
So what's the difference between OT and PT???

When you walk into your patient's room and find them struggling to put their shirt on

Now this looks like a job for me
Example Patient: Oscar

58 y/o M, fell from a ladder when trimming his trees. Pt sustained a L intertrochanteric hip fx and L distal radius fx. Pt s/p L hip hemiarthroplasty and L wrist ORIF.

Precautions: WBAT LLE, L Posterior Hip Precautions, NWB L Wrist
**Oscar** - Initial Occupational Therapy Evaluation

<table>
<thead>
<tr>
<th>PLOF:</th>
<th>Lives alone with 4 stairs to enter. Pt has tub/shower at home. Pt was independent prior to fall.</th>
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<tbody>
<tr>
<td>Assessment:</td>
<td>Mod assistance with toilet tx using a platform walker; mod assist for LE dressing with equipment.</td>
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<tr>
<td>Discharge Recommendation:</td>
<td>Extended Rehab Facility</td>
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Oscar- Continued Treatment in Hospital
Oscar - Discharge Recommendation

Extended Rehab Facility
Extended Rehabilitation Facility (ERF)
Skilled Nursing Facility

- Initial evaluation within 48 hours
  - PT/OT/ST
- Plan of care developed
- Goals established
Evaluation Methods- what does the OT look at?

- Upper Extremity strength and range of motion
- Balance sitting and standing
- Functional use of arms for reaching and performing functional tasks
- Dressing upper and lower body
- Transfers for toileting and showering
- Grooming and hygiene needs
- Safety and energy conservation
First Contact with Patient

- In the setting of the SNF I start my patient interactions with two patient identifiers and an introduction.
- Sometimes it’s best to say “the PT gets you mobile, going from one place to another and the OT helps you be able to things once you get there”.

![Image of Bill with captions: This is Bill, Bill knows Physical & Occupational Therapy aren't the same, Bill is Smart, Be like Bill]
Eval and Goals

- The SNF evaluation process is similar to the Acute hospital, but since the patient will be with us longer than 2-3 days we are able to work in detail on his goals.
- Oscar has multiple diagnosis from a traumatic fall and will need to be able to follow all his new precautions as a temporary lifestyle change in order to achieve best outcomes.
- As his goal is to return home with limited assist available he will need to demonstrate a high level of independence with dressing, toileting/bathroom needs, and kitchen management.
- During that initial eval we will encourage Oscar have family or friends bring in comfortable clothing.
Treatment Session

- OT sessions are approximately 45 minutes in length. This is direct patient care. There is additional time spent with communication with staff or patient to coordinate best times for session.
- Sessions *may* include dressing, toileting, standing at sink for oral cares, making food in OT kitchen, arm exercises or maneuvering in an obstacle course to simulate home.
- There is a goal of each session, however the therapist must be flexible and adapt to individual needs.
- For example Oscar may be tired or in pain from a long walk with PT so the planned OT session may need to be modified.
- Each physical challenge and precaution will be considered throughout the sessions.
Hip and Arm Considerations

- Limited hip mobility and balance
- Weight bearing restrictions for arm and decreased coordination of hand
- Decreased activity tolerance
- Pain management with nursing
Dressing with ADL Equipment

Hip Kit
Modern Learning

- Hands on training is most important, but since Oscar is young theoretically he could have some sort of personal device (smartphone or laptop),

- Encouraging active learning we support his sense of independence and give him ownership of his involvement into his recovery.

- The safer and more motivated a patient, the sooner he will most likely achieve his goal of safe discharge home.
Following Precautions

● Most toilets do not accommodate the 90 degree restrictions of the posterior hip precautions.

● The commode has adjustable height legs and can be used bedside or over the toilet.

● Theoretically it is designed to also be placed into the shower or tub, but due to his hip precautions he may have difficulty managing around the arm rests.
Bathroom Tasks

Bedside 3 in 1 Commode
Shower Chair

Shower or Tub use

If he has a step in shower this may work, but there has to be enough space for the patient, walker and the chair.
Tub Bench

If there are further environmental obstacles or he has a tub, this may be the safest way to go.
Arm Restrictions

- Platform FWW
- OT will work in coordination with the PT to fit the patient with a FWW (front wheeled walker) with a platform. This allows the hand and wrist to be offloaded from weight bearing.
- OT will teach Oscar how to manage the walker for ADLS. Since both hands are occupied with control of the walker, Oscar will need to use his environment for transportation of items.
Armrest or Trough

Therapy will adjust for left side
Kitchen Management

- Kitchen management is usually challenging.
- Most people/patients forget they will need to eat when they get home.
- Getting into the kitchen usually is easy, but once there handling items, food, and miscellaneous food related items become challenging.
- Use of counters, islands, and other surfaces allow people to safely handle the walker.
Simulate Home Environment

- It is not unusual for the OT to play the role of problem solver.
- Family or caregiver involvement is critical for some of these basic needs.
- Pictures and tape measures eliminate guessing.
Preparing for Discharge

- Discover the challenges/barriers to discharge home safely in order to plan and train for the most difficult hurdles.
- Use of a Hip Kit (reacher, sock aid, dressing stick, long handled shoe horn and bath sponge) and other equipment will be integrated into OT sessions.
- Insurance does not cover these items but most pharmacies, hospital gift shops and even Amazon carries at a reasonable price. It is a wise investment for prevention of a dislocated hip or injury of a recent surgical repair.
- Caregiver training will be coordinated with the Case Managers and Social Worker to ensure there is support for home.
OT in SNF Recap

- Evaluation for current baseline
- Education on Adaptive equipment needs
- Training on individual ADL and environmental needs
- Caregiver training
- Obstacle course training for discharge home prep
- Daily communication with patient, nursing staff, case manager, and social worker.
Discharge Recommendations

- OT may initially recommend home with home health OT for increasing his strength safety and independence in the home environment.
- Depending on his level of ability upon leaving the SNF OT may also recommend outpatient OT to focus on the upper extremity.
Outpatient Rehabilitation: Occupational Therapy

Ideally with upper extremity injuries a patient coming to an Outpatient Rehabilitation facility will be evaluated and treated by a Certified Hand Therapist.

Within the scope of Occupational Therapy there are multiple specialty certifications with Certified Hand Therapist being one of them.
Definition of Hand Therapy

According to the Hand Therapy Certification Commission (HTCC, 2008) the definition of Hand Therapy states:

Hand therapy is the art and science of rehabilitation of the upper limb, which includes the hand, wrist, elbow and shoulder girdle. It is a merging of occupational and physical therapy theory and practice that combines comprehensive knowledge of the structure of the upper limb with function and activity. Using specialized skills in assessment, planning and treatment, hand therapists provide therapeutic interventions to prevent dysfunction, restore function and/or reverse the progression of pathology of the upper limb in order to enhance an individual’s ability to execute tasks and to participate fully in life situations.
The Benefits of Occupation-Based Hand Therapy:

The Benefits of Occupation-Based Hand Therapy Evidence indicates that clients view themselves in relation to their occupational abilities and roles.

Injuries and conditions that interfere with life roles, habits, time use, activity patterns, occupational experiences, and full participation will create a sense of dysfunction and yearning for normalcy (Custer, Huebner, & Howell, 2014).

Incorporating “usual and customary” occupational activities into treatment and focusing goals on enabling performance of those activities provides benefits to clients, including:
• Preserving roles and habits, as well as related psychological well-being, through attention to details of day-to-day functioning early in the rehabilitation process

• Increasing motivation for therapy and more cost-effective rehabilitation because clients can see a direct relationship between their occupational therapy intervention and being able to resume normal participation in their activities

• Making the client a partner in his or her rehabilitation. Not all intervention can or should be completed within the clinic. Consulting with the client about what he or she can and should not do outside the clinic as well as giving “homework” assignments can address occupational goals that go beyond clinical staff time and budget constraints. (AOTA, 2016)
Outpatient OT...

- Like OT in acute care and SNF, and as mentioned in the definition earlier, the patients are assessed, a treatment plan and goals are developed and established and intervention is administered.

- Unlike the acute care and SNF settings, our patients come to us at a set time and day for a prescribed number of sessions as dictated by the referring MD, medical necessity and insurance approval.

- A home program is established and the patient is held responsible for their compliance with the program to aid in their recovery.
What we treat...

Some of the more common orthopedic diagnoses we see include:

- Fractures (radial, ulnar, carpal and metacarpal, phalangeal)
- Elbow dislocations and fractures
- Tendon lacerations and injuries
- Nerve laceration and injuries
- Humerus fractures
- Tendonitis/tendinosis/overuse conditions
Assessment:

- Initial evaluation:
  - Past Medical history
  - Relevant social history
  - Pain measurements
  - Edema measurements
  - ROM measurements
  - Strength measurements if applicable
  - Sensation testing
  - Splinting as needed

**A good therapist will always examine the structures proximal and distal to the site of injury**
Treatment Plan:

- If the patient is post-surgical the incision is assessed and appropriate measures are taken for wound care as needed.
- The appropriate protocol is determined and provided to the patient.
- Treatment generally includes but is not limited to:
  - Physical agent modalities (such as moist hot packs, Fluidotherapy, Paraffin)
  - Manual Therapy (joint mobilization, PAAROM)
  - Therapeutic Exercises (progressing to strengthening when appropriate)
  - Splinting as needed (custom or pre-fabricated)
Goals:

The ultimate goal of occupation-based hand therapy is to ensure that the rehabilitation process promotes healing while also enabling clients to perform meaningful activities both in the clinic and in their daily lives. This approach fosters positive outcomes for clients, including enhancing their satisfaction with the therapy experience and results, maintaining their ability to engage in desired roles within their family and the community, and most importantly, experiencing quality of life as they define it. (AOTA, 2016)
Typical Goals:

1. Decreasing pain to allow for functional movement and use
2. Improving ROM of the affected area to improve functional use
3. Increasing strength (when appropriate) for restoring functional use
4. Restoring ability to perform desired activities whether it be naturally or with adaptive equipment
Home Program:

- Imperative to the success of the program
- Begin basic and are upgraded to advance as appropriate
- Compliance is key
Oscar:

- 58yo male fell off ladder, multiple injuries including L distal radius fx:
- Assessment completed: pain, swelling, ROM, strength
  o Sig decreased pain, swelling since initial incident
  o Improving ROM noted of digits and wrist
  o Discontinued use of orthotic, weight bearing increased to “As Tolerated”
  o Improving functional use of LUE with ADLs, IADLs
- Goals established: return to full functional use of LUE, PLOF
- HEP:
  o Inc ROM to WNL to allow for full use with ADLs, IADLs
  o Restore strength to WNL for full use with resisted activity, independence with all tasks
Oscar’s Treatment Session:

- Fluidotherapy to warm the hand and tissue
- Scar mobilization/massage
- Joint mobilization
- PROM of digits, wrist, forearm
- AROM of digits, wrist, forearm
- Ther ex: weights, putty, various other torturous devices
- Cold pack with electrical stimulation as needed
Occupational Therapy Recap:

Across the continuum of care the common theme of restoring function should be evident.

With the help of OT, Oscar was able to make a full recovery, return home to live independently and resume his normal life.
Questions?
References


