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Bringing Occupation to Long-Term-Care Setting

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BRINGING OCCUPATION TO LONG-TERM-CARE SETTINGS

by

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of the

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for the degree of

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This Scholarly Project Paper, submitted by Danielle Schepers and Stephanie Blonigen in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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PERMISSION

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ABSTRACT

As a person enters a long-term-care (LTC) facility, they lose their home, independence, possessions and routine (O'Sullivan, 2004). Adopting a meaningful occupational or social role may improve psychological well-being in elders (Keung Yuen, Huang, Burik, & Smith, 2008). There is a need for resources to support the use of occupations as treatment modalities in LTC settings. The purpose of this scholarly project is to address this need.

A literature review was conducted using AOTA, AJOT, OT Practice, CINAHL, SCOPUS, and PubMed on topics relating to the populations served in LTC, and types of OT intervention used in LTC. Issues concerning occupation-based treatment, resources and contexts that support occupation-based practice, the Model of Human Occupation (MOHO), and occupation-based assessments were explored.

Occupation-based kits were developed to enhance the OT practitioner's ability to provide intervention ideas based on the needs and interests of the client. A manual was developed which provides practitioners with a resource for providing assessment and intervention guided by theory. Two case studies were developed in conjunction with occupation kits to guide the practitioner in appropriate use of the product.

The challenge for today's clinician is to encourage meaningful, purposeful occupation while meeting the needs of the health care system such as coping with increasing caseloads and institutional pressures (Rogers, 2007; Zimmerer-Branum &

Nelson, 1995). To overcome these barriers, a manual was developed to guide implementation of occupation-based intervention via occupation-based kits. This manual is an organized, easy to use, quick reference tool to enhance clinicians' ability to provide meaningful occupation-based intervention to clients in LTC settings.

CHAPTER I

INTRODUCTION

In 2004, there were almost 1.5 million residents living in Skilled Nursing Facilities (SNF) in the United States (Centers for Disease Control and Prevention, 2010). At current usage rates and with the aging baby boomers, there will be approximately 3 million residents in nursing homes in the year 2030 (Sahyoun, Pratt, Lentzner, Dey, & Robinson, 2001). The number of residents living in SNFs is expected to double in the future, which presents a clear need for a more efficient way to provide quality occupation-based treatment.

Hearle et al., (2005) suggest that older adults who make the transition from independence to LTC facilities go through changes in self-direction and self-care. These changes negatively affect their self-esteem and psychological well-being (Hearle et al., 2005). As clients experience these changes, it is important to provide them with occupation-based activities to promote satisfaction in self-esteem and psychological well-being. Unfortunately, allowing residents to maintain a continuity of meaningful activities is one of the greatest challenges for OTs working in LTC (Cipriani, 2007; McLaughlin Gray, 1998). The challenge for today's clinician is to encourage meaningful, purposeful occupation while meeting the needs of the health care system such as coping with increasing caseloads and institutional pressures (Rogers, 2007; Zimmerer-Branum).

Throughout the history of the occupational therapy (OT) profession, it has been noted that enabling occupation has not always been the focus of OT services (Wilding & Whiteford, 2007). “Our [occupational therapists] partnership with science has stifled our perspective and diverted our attention” (Burke, 1996, p.635), which results in the substitution of occupation-based treatment with rote interventions and meaningless outcomes (Chisholm et al., 2000; McLaughlin Gray, 1998). Through personal experience, the authors of this manual have witnessed the underutilization of occupation-based intervention in LTC settings. Elliott, Valde, & Wittman (2002) found that many OTs either do not use theory or have difficulty explaining how theory was used throughout their intervention process. This plays a huge role in the absence of occupation in LTC. The authors chose the Model of Human Occupation (MOHO) to guide development of the Occupational Therapy Toolkit. MOHO supports a client-centered approach, provides a holistic view of clients, and allows therapists to conduct occupation-based practice (Cole & Tufano, 2008; Kielhofner, 2009; Lee et al., 2008). The holistic approach and interdependence of the three subsystems, volition, habituation, and performance capacity, and the environment are particularly relevant to work with elderly patients, where there tends to be a multitude of physical, emotional, social, and environmental issues operating concurrently (Burton, 1989).

The purpose of the Occupational Therapy Toolkit is to increase the use of occupation-based interventions in practice. Engagement in meaningful occupations has shown to be beneficial to quality of life and successful aging. Nobody knows this better than OTs. Because occupation is the core of OT practice, it is essential that therapists incorporate it into practice. This scholarly project provides information regarding the

benefits of using occupation in practice and ideas for how to incorporate it efficiently. The manual provides occupation-based activities that OTs can use with elderly clients in LTC settings. Chapter II includes a review of literature that provides information regarding the elderly population, LTC setting, occupation-based intervention, the Model of Human Occupation (MOHO), and the role of the occupational therapist. Chapter III comprises the methodology used in designing the Occupational Therapy Toolkit. Chapter IV incorporates the Occupational Therapy Toolkit, including assessments, a client profile form, two case studies, and fifteen occupation-based kits, including five activities for each kit. Finally, Chapter V includes a summary, as well as the limitations and recommendations for use of the Occupational Therapy Toolkit.

CHAPTER II

REVIEW OF LITERATURE

Introduction to Occupational Therapy

Occupational therapy (OT) is based on the belief that occupation may be used to prevent and mediate dysfunction (Chisholm, Dolhi, & Schreiber, 2000). The OT profession uses the term occupation to describe “everyday activity” (AOTA, 2008). The areas of occupation include activities of daily living (ADLs), such as bathing, dressing, and eating; instrumental activities of daily living (IADLs), such as child rearing, financial management, and community mobility; rest and sleep, education, work, play, leisure, and social participation (AOTA, 2008). Humans are occupational beings, and everyone has differing occupational needs (Townsend & Wilcock, 2004). An occupation is a personally constructed, non-repeatable experience (Pierce, 2001). Each person engages in and experiences occupations differently. Interpretation of the meaning of an occupation cannot be done by anyone but the person experiencing it (Pierce, 2001). Occupation-based practice involves the use of occupation as both the means and the end of OT (Wilding & Whiteford, 2007).

Occupation-Based Practice

McLaughlin-Gray (1998) identifies the characteristics of occupation-based interventions as being goal directed, meaningful to the client, having a sense of finality, involving the client’s physical, cognitive, perceptual, and emotions systems, and being

performed in the natural context. People need to feel a sense of purpose and meaning in activities they participate in to obtain a sense of self worth (O'Sullivan, 2005). Clients that participate in meaningful occupations and stay active are more likely to stay physically and mentally healthy and prevent illness (Vik, Lilja, & Nygard, 2007). Rogers (2007) states that participation in occupations that clients find meaningful presents an opportunity for increased independence and motor skills. Engagement in purposeful and meaningful occupation improves impaired abilities, producing occupational functioning (Trombly, 1995). Guidetti and Tham (2002) illustrate the importance of providing clients with enabling occupational experiences. Clients need to practice and experience from doing to improve their occupational competence. People can influence the health in their bodies, not only by taking a pill or receiving surgery, but also by their everyday occupations (Wilding & Whiteford, 2007). Older adults contribute to their health by staying active (Van Leuven, 2010). Participating in meaningful occupations and staying active are important for successful aging (Vik et al., 2007). "It is time, and past time, that both activity and occupation were claimed, honored, studied, and better used within the lives of those we serve" (Pierce, 2001, p. 145). Townsend and Brintnell (1997) stated that "if we can recognize that our health is improved by participating in occupations that give meaning to our life, as it allows self-expression, social engagement, and life satisfaction, than it too is important for the promotion of wellness in the elderly population."

Client and Family Centered Care

"Occupation-based practice must be client-centered" (Chisholm, Dolhi, & Schreiber, 2000). OTs can be client-centered by respecting and collaborating with their clients, encouraging the client and their caregivers to have responsibility for decisions,

being flexible and individualized, and focusing on the person-environment-occupation relationship (Chisholm, Dolhi, & Schreiber, 2000). Being client-centered means revolving the OT treatment around the client (Maitra & Erway, 2006). OT principles suggest that rehabilitation should be more sensitive to clients' experienced values of certain activities (Guidetti & Tham, 2002). There has to be collaboration between the OT and the client during goal setting and treatment planning (Maitra & Erway, 2006). In order to be client-centered, OTs must also be culturally competent. OTs must be knowledgeable of the norms and expectations inherent in the activities and occupations of clients of all ages, genders, and cultural backgrounds (Pierce, 2001).

It is suggested that the client-centered approach is not always used by OTs because of the lack of time needed to involve the clients. Maitra and Erway (2006) conducted a study to determine how participation in client-centered practice was perceived by clients and OTs throughout the treatment process. They found that clients in LTC settings were less aware of their therapy goals than clients in other settings, even though 85% of the participants indicated that it was very important to participate in goal-setting. The authors also found that the participants from the LTC setting indicated the least benefit from and satisfaction with OT. (Maitra & Erway, 2006).

In order to increase client involvement in therapy, OTs can use goal-directed training. The focus of a goal-directed training approach is to enhance a client's ability to engage in meaningful occupations (Mastos, Miller, Eliasson, & Imms, 2007). If the client is involved in the goal-setting process, they will have a better understanding of what they're working towards, and will be more motivated to participate in the therapeutic process (Doig, Fleming, Petrea, Cornwell, & Kuipers, 2009). Chiou and Burnett (1985)

found an alarming mismatch between patients' and their therapists' priorities for therapy goals. They suggest that understanding a patient's value system is key to establishing appropriate therapy plans and has the potential to both shorten rehabilitation time and assist with carry-over of gains made in therapy. This is why communication between the client and therapist regarding the aim of therapy is essential for successful intervention (Guidetti & Tham, 2002). Participants in a qualitative study by Doig et al. (2009) stated that [by setting their own goals], they were doing what they wanted to do. Involving clients in the goal setting process can promote understanding of the OT process and increase success and satisfaction in progress.

Mastos et al. (2007) suggest that goal-directed training can be used by therapists for clients with a variety of physical and cognitive disabilities. Goal-directed therapy uses a four-step process, which includes the goal-setting process, analysis of baseline performance, intervention, and evaluation of outcomes. During the goal-setting process, therapists use a client-centered approach by transforming the client's wishes into goals that will guide the treatment interventions. (Mastos et al., 2007; Doig et al., 2009).

OT practitioners who provide services to clients throughout the lifespan have been encouraged to also assume a family-centered framework (Werner DeGrace, 2003). Werner DeGrace (2003) describes family-centered care as focusing more on the meaningful aspects of "being" a family, rather than the "doing" of family tasks. In order to achieve this, the OT needs to gain an understanding of what constitutes the meaningful occupations of the family. Practitioners can do so by interviewing the family with open-ended questions, storytelling, and observation (Werner DeGrace, 2003). Because each

family unit is unique, ethnically and culturally, it is important for OTs to be aware of their biases, and sensitive to the ways of living of those they serve.

Occupational Therapy in Long-Term-Care Settings

Occupational therapists work in a variety of settings including schools, hospitals, clinics, and long-term-care facilities. Skilled nursing facilities (SNFs) are health care facilities, primarily for adults that require medical care for variable periods of time, ranging from relatively short to more extended or even permanent residence (Roberts & Evenson, 2009). When older adults are being discharged from a hospital, they may go to a SNF until they are discharged to a long-term-care (LTC) setting or home (Lee & Rantz, 2008). Approximately 13% of hospital patients are discharged to LTC settings, making it the second highest discharge placement from acute care hospitals (Aston, 2011). Among all hospital discharges in 2007, the principal diagnoses for older adults were congestive heart failure, pneumonia, septicemia, infections, and hip fractures (Gray-Miceli, Aselage, & Mezey, 2010).

The goal of SNF care is to restore recently hospitalized people to their prior level of functioning. Among SNF residents, the most common diagnoses are cerebral vascular accident (CVA), myocardial infarction (MI), chronic obstructive pulmonary disorder (COPD), congestive heart failure (CHF), arthritis, hip fracture, pneumonia, diabetes, and mood and anxiety disorders (Latham, Jette, Ngo, Soukup, & Iezzoni, 2008; Sahyoun, Pratt, Lentzner, Dey, & Robinson, 2001; White, 2003). The rehabilitation team in SNFs work to maintain functional abilities of residents, and to gain functional independence for those being discharged to their homes, all of which is to improve quality of life for clients (Kochersberger, Hielema, & Westlund, 1994). In 2004, there were almost 1.5 million

residents living in SNFs in the United States (Centers for Disease Control and Prevention, 2010). At current usage rates and with the aging baby boomers, there will be approximately 3 million residents in nursing homes in the year 2030 (Sahyoun, Pratt, Lentzner, Dey, & Robinson, 2001). The number of residents living in SNFs is expected to double in the future, which presents a clear need for a more efficient way to provide quality occupation-based treatment.

Green and Cooper (2000) conducted a qualitative study to determine how a nursing home environment addressed the occupational needs of its residents. They found that the philosophy of care of the nursing homes did not always reflect the organizational activities and staff attitudes, the residents' needs for basic care always exceeded occupational needs, and that only staff determined the residents' schedules and provided activities (Green & Cooper, 2000). Ethical treatment and quality of life among LTC residents has been a growing concern (Duncan-Myers & Huebner, 2000). Because the medical model, which is often used in LTC settings, focuses on efficiency, control, and standardization, residents often feel a loss of identity and independence, depersonalization, and development of submissive behavior and learned helplessness (Duncan-Myers & Huebner, 2000).

Residents living in a SNF reported that they had to adjust to being at the facility as long-term residents (Van Leuven, 2010). Hearle et al., (2005) suggest that older adults who make the transition from independence to LTC facilities go through changes in self-direction and self-care. These changes negatively affect their self-esteem and psychological well-being (Hearle et al., 2005). This makes for a difficult environment for OTs to encourage and motivate residents to do the opposite. Early intervention is

important to older adults moving from the hospital setting to a SNF (Lee & Rantz, 2008). As clients experience these changes, it is important to provide them with occupation-based activities to promote satisfaction in self-esteem and psychological well-being. “Engagement is a crucial factor in successful aging. As health care providers, we must assess our older patients for engagement and examine what role we, as providers, can play in supporting engagement” (Van Leuven, 2010, p. 45).

It is vital that clients in a LTC setting have a variety of meaningful occupations available to them (O’Sullivan, 2004). Because the environment is a factor that affects how a client engages in occupations, therapists in LTC settings need to incorporate activities that the clients find meaningful into their treatment interventions.

Unfortunately, allowing residents to maintain a continuity of meaningful activities is one of the greatest challenges for OTs working in LTC (Cipriani, 2007; McLaughlin Gray, 1998). Green and Cooper (2000) found that it was difficult for nursing home staff to select activities that catered to the more frail residents. The challenge for today’s clinician is to encourage meaningful, purposeful occupation while meeting the needs of the health care system, such as coping with increasing caseloads and institutional pressures (Rogers, 2007; Zimmerer-Branum & Nelson, 1995).

Practice settings run by the medical model often have several restrictions for OTs including high caseload demands, low staffing ratios, restricted budgets, reimbursement constraints, high documentation demands, low planning time, and inadequate space (Burke, 1996; Chisholm, Dolhi, & Schreiber, 2000; Townsend & Wilcock, 2004). This is because the medical model promotes a reductionist approach to practice (Chisholm, Dolhi, & Schreiber, 2000). “Our [occupational therapists] partnership with science has

stifled our perspective and diverted our attention” (Burke, 1996, p.635), which results in the substitution of occupation-based treatment with rote interventions and meaningless outcomes (Chisholm et al., 2000; McLaughlin Gray, 1998).

Throughout the history of OT, it has been noted that enabling occupation has not always been the focus of OT (Wilding & Whiteford, 2007). Although OT students learn to understand and value occupation on fieldwork, it is typical for them to observe therapists using assessments and interventions that focus on performance skills, rather than occupational performance (Fortune, 2000). It is established knowledge that improvement of underlying performance skills may not lead to desired changes in engagement in occupation. Although clients may demonstrate progress in the performance of a given sub skill, there is no evidence that these skills are transferred to their daily occupations.

Occupation as a treatment modality, when given careful activity analysis and therapeutic structuring by an OT, can be the perfect venue for establishing more generalizable skills (McLaughlin Gray, 1998). Evidence shows that turning a rote exercise into a meaningful occupation offers better client outcomes. Yoder, Nelson, and Smith (1989) described the evidence found in seven studies comparing added purpose to rote exercise. They found that occupationally embedded exercise elicited significantly more repetitions than did rote exercise. As cited in Pierce (2001), therapist-designed, purposeful activities were found to be more effective than rote exercise (Lin, Tickle-Degnen, & Coster, 1997; Steinbeck, 1986; Trombly, 1995; Yoder, Nelson, & Smith, 1989). Lang, Nelson, and Bush (1992) found that nursing home residents who engaged in the occupation of stirring cookie dough to make cookies stirred longer and with more

rotations than the subjects engaged in the rote exercise condition. There are several other examples within this line of inquiry (Ferguson & Trombly, 1997; Heck, 1988; King, 1993; Licht & Nelson, 1990; Paul & Ramsey, 1998; Wu, Trombly, Lin, & Tickle-Degnen, 1998; Zimmerer-Branum & Nelson, 1995).

Using occupation during OT intervention allows for therapeutic exercise, improved performance in physical activity, and personal satisfaction (Lang et al., 1992). When offered a choice, a statistically significant number of nursing home residents chose an occupationally embedded exercise instead of a rote exercise (Zimmerer-Branum & Nelson, 1995). Providing daily occupations in LTC settings facilitates the client to engage in meaningful occupations, which provides life purpose (O'Sullivan, 2004). McKinnon (as cited in O'Sullivan, 2005) suggests that anticipation and enthusiasm can be produced from participating in meaningful activities. Guidetti and Tham (2002) found that clients needed to experience from doing and practicing in order to improve occupational competence and gain a sense of control. O'Sullivan (2005) stated that meaningful activities are an important component in quality of life for elderly adults whom are living in a LTC facility.

Duncan-Myers and Huebner (2000) suggest that programs which empower residents to make small, everyday choices helped improve their physical and mental health and quality of life. Empowerment depends on enabling choice and control in occupational participation (Townsend & Wilcock, 2004). In the geriatric setting therapists tend to use a mix of client-defined, professionally driven, and negotiated decision-making as there tends to be more frail and cognitive impairment present (Moats, 2006). OTs should collaborate with the client during the decision-making process that

will affect the intervention process. OT literature has demonstrated a positive relationship between measures of interests, values, personal causation, and life satisfaction (Duncan-Myers & Huebner, 2000). Duncan-Myers and Huebner (2000) found that as LTC residents' ratings of choices in self-care tasks increased, so did their perceptions of quality of life. Moats (2006) suggested that it is important for older adults to participate in the decision making process as it is impacting the client.

Long-Term-Care Setting Effects on Residents

In the past, social and leisure activities were not considered important for clients living in LTC. Leisure programming has become an increased awareness among elderly people living in LTC facilities. The focus of leisure programming in the LTC setting is to address health, quality of life, and identity. Leisure activities that clients find purposeful can be used to help evaluate, develop, reinforce, and enhance abilities (O'Sullivan, 2005). Within a LTC facility, leisure activities are an adaptive strategy that helps to establish occupational habits and routines.

Upon admission to a LTC facility, daily routines can be lost. O'Sullivan (2005) found that leisure activities help to fill a void and facilitate time management that was lost during a client's routine change when admitted to a LTC facility. Clients who feel their leisure lifestyle is adequate and are able to choose activities to partake in during their free time, find life in a broad-spectrum to be more satisfying (Drummond & Walker, 1996). Satisfaction in leisure activities promotes quality of life (O'Sullivan, 2005). Clients structure their time by associating activities to a specific day or time. Jackson (as cited in O'Sullivan, 2005) stated that having this structured time offers some security to the clients as it gives a natural subconscious rhythm to their day.

Older adults hold the roles of volunteer, mentor, grandparent, and co-worker, among many others (Cipriani, 2007). These roles often provide older adults with the opportunity to help others. LTC residents reported the loss of meaningful social activities as more important to their emerging quality of life than the loss of physical health (Cipriani, 2007). Hatter and Nelson (1987) found a statistically significant difference between two groups, one participating in an altruistic activity, and the other in a regular activity. The altruistic group had a higher participation rate. DePoy et al. (1989) conducted a similar study and found that persons in the altruistic group demonstrated a much higher level of participation and feelings of satisfaction. Bower and Greene (1995) found that residents who participated in an altruistic activity indicated a more positive attitude towards aging, and Yuen (2002) found that residents significantly improved their life satisfaction. The satisfaction residents may get from performance in altruistic activities is underappreciated and often overlooked even though having residents of a LTC facility engage in altruistic activities is directly congruent with the philosophy of OT practice (Cipriani, 2007).

Several OT programs for maintaining wellness among older adults have been implemented; however, most focus on physical and social functioning, rather than on cognitive status (Metz & Robnett, 2011). For OTs, it is a common goal to increase the clients' functional mobility for activities of daily living, as well as cognition (Jette, Warren, & Wirtalla, 2005). Cognitive functions including memory, attention, goal-directed behavior, abstract thinking, and decision-making are vital to occupational performance (Metz & Robnett, 2011). Some of these abilities such as short-term memory and processing speed decline with age. However, there are protective factors against

cognitive decline. Occupational engagement, such as education, physical exercise, and leisure activities, can maintain and enhance cognition (Metz & Robnett, 2011).

In a study of healthy older adults, participation and frequency of participation in cognitive activities, but not physical activities, were associated with slower cognitive decline and lower risk of dementia (Verghese et al., 2003). The use of mentally challenging occupations promotes healthy aging (Metz & Robnett, 2011). Bach, D., Bach, M., Bohmer, Fruhwald, & Grilc (1995) performed a study using two different techniques, a reactivating OT program combined with functional rehabilitation, and functional rehabilitation alone. Reactivating OT programs are a technique to activate suppressed reserves of cognitive performance (Bach, D. et al., 1995). Bach, D. et al. (1995) suggest that reactivating OT programs enhanced geriatric patients' cognitive and psychosocial performance. Through a reactivating OT program, the therapist can work with the client to improve their mental mobility by restoring their capacity for decision-making and performing daily activities (Bach, D. et al. 1995).

Need for Occupation-Based Practice in Long-Term-Care Settings

OTs can promote the shift from the medical model to a community model in order to promote relationships between residents and others. (Duncan-Myers & Huebner, 2000). Green and Cooper (2000) suggest that in order to improve occupational performance in frail nursing home residents, OTs should serve as a consultant to nursing home staff. OTs would be able to provide nursing homes with an organizational framework for understanding how to connect aspects of the person, environment, and occupation. They could host in-services, workshops, and projects to transform the staff

and setting into an occupation-oriented environment (Burke, 1996), along with providing a mentoring program for new therapists.

In order to make her workplace more occupation-based, Burke (1996) created and built treatment stations in the therapy department. The therapists were able to interview clients, and then go to a cabinet and quickly get what they needed for treatment. Another great way to increase occupation-based interventions is to use a variety of occupation-based kits (Chisholm, Dolhi, & Schreiber, 2000; Rogers, 2007). By creating environments that support occupation, the therapist can save time with less reliance on preparatory or purposeful activity. Chisholm, Dolhi, and Schreiber (2000) and Rogers (2007) provide examples of how to access supplies. These include asking for donations from volunteers, church groups, service organizations, and maintenance departments; looking for free samples; cleaning out closets, drawers, and cupboards; as well as visiting flea markets, garage sales, and thrift shops. Another idea is to organize a donation drive at the facility during OT month. This will not only present the department with supplies, but promote OT as well.

Another time saving technique is to develop pre-packaged occupation-based sessions, so the required supplies are all in one place and ready for use (Chisholm, Dolhi, & Schreiber, 2000). To save time, it is important to organize documents and tools so that they are easily accessible. For these interventions, the therapist should develop protocols that include objectives, member criteria, equipment, supplies, and instruction methods, so that any treating therapist can easily carry them out (Chisholm, Dolhi, & Schreiber, 2000).

When the OT provides therapy in a group setting, it allows the therapist to enhance the efficiency and productivity of treatment sessions (Spilak, 1999). The therapist can group clients with similar skills, interests, and occupational needs, and conduct occupation-based group treatment sessions (Chisholm, Dolhi, & Schreiber, 2000). Group occupation-based interventions can assist clients in building feelings of self-worth, improving self-confidence, and developing social skills, which decreases their risk for isolation in LTC settings (Spilak, 1999). Group therapy is considered to be more cost effective in the LTC setting which tends to make it more appealing to administrators and rehabilitation directors (Spilak, 1999).

Often times, therapists can experience environmental barriers that interfere with the delivery of occupation-based interventions. Chisholm, Dolhi, and Schreiber (2000) and Rogers (2007) provide examples of ways to overcome these barriers such as using the facility to the fullest including the kitchen, restroom, client's room, lobby, chapel, vending machines, phones, gift shops, and outdoor areas. Chisholm, Dolhi, and Schreiber (2000) also suggest personally transporting clients to the treatment area and using the transit time as part of the treatment session to address issues such as mobility, orientation, and planning; rearranging the client's treatment schedule so that the space is used optimally; considering changing space with another discipline or department; and making environmental needs known so that changes can be made.

OTs, as well as other LTC staff, can enhance personal control of residents by emphasizing self-responsibility and opportunities for decision-making in order to increase activity, alertness, happiness, and decreased mortality (Duncan-Myers & Huebner, 2000). Elderly clients desire more control than they perceive themselves to

have (Burton, 1989). Green and Cooper (2000) suggest that by promoting resident choice and control over activity involvement, they will be more likely to participate. Allowing clients to participate in choosing an activity is important, as research shows a relationship between meaningful activity and well-being in older adults (Hocking, 1996). OTs can not only implement choices in all self-care and leisure tasks for LTC residents, but also serve as role models for other LTC staff, especially nursing assistants, in encouraging flexibility and choice opportunities into the care of residents. (Duncan-Myers & Huebner, 2000). Choice making by the client enhances the quality of performance, fosters long-term development of an internal sense of self-efficacy, and is a characteristic of basic human dignity (Zimmerer-Branum & Nelson, 1995). Providing clients with occupational choices may also elicit commitment to the occupation and an improved participation in therapy.

Incorporating Occupation-Based Theory

Using theory in everyday practice is an important aspect for the OT profession. Elliott, Velde, & Wittman (2002) suggest that the use of theory improves the clinical reasoning skills of the professional. Theory guides the intervention process and provides rationale for treatments provided (Elliott, Velde, & Wittman, 2002). Several theories, models, and frames of reference are used in the OT profession. Cipriani (2007) examined The Model of Human Occupation (MOHO), the Person-Environment-Occupation Model (PEO), and the Lifestyle Performance Model (LSPM), and found that they are all client-centered and place a strong emphasis on the influence of environment on performance. Elliott, Velde, & Wittman (2002) suggest that therapists can choose from various theories and frames of reference that would be most appropriate for the client's specific needs.

Therapists in LTC settings would benefit from the use of theory as each client presents with a different diagnosis and requires individualized interventions.

There is some evidence that OTs have difficulty articulating theory and enacting evidence-based practice (Lee & Kielhofner, 2010; Wilding & Whiteford, 2007). Elliott, Valde, & Wittman (2002) found that many OTs either do not use theory or have difficulty explaining how theory was used throughout their intervention process. Therapists may feel some constraints from departmental evaluations, which suggest that they may be eliminating the clinical reasoning process during intervention (Elliott, Velde, & Wittman, 2002). OTs working in LTC settings may experience time and contextual constraints that interfere with their ability to use theory. It is suggested that although therapists may be providing high quality interventions to clients, they are unable to provide evidence to support them. Lee and Kielhofner (2010) suggest that merging theory and evidence simultaneously during intervention can benefit occupation-based practice.

Fortune (2000) presents data from a qualitative postgraduate study that explored the roles and philosophies of OTs. The responses from interviews with two therapists suggested that their roles were devoid of a philosophical reference to occupation. They appeared to be filling a gap, or doing what needed to be done, for reasons unrelated to occupation. Occupational therapists tend to take on the role that their facility assigns to them, and borrow concepts and techniques from other disciplines to help guide them. In a qualitative study by Fortune (2000), one therapist uses the metaphor of a chameleon to describe his role as an OT. Fortune (2000) suggests that this is a harmful relation, since chameleons do not assert their presence, but blend with the background. "If the chameleon is not noticed when it is present, will it be noticed when it is absent?"

(Fortune, 2000). This means that without a framework to guide practice, OTs can become philosophically lost.

Applying the Model of Human Occupation (MOHO)

Over the past 30 years, many practice models have been proposed to pave the way for occupation-based practice (Lee, Taylor, Kielhofner, & Fisher, 2008). The Model of Human Occupation (MOHO), in particular, supports occupation-based practice. MOHO supports a client-centered approach, provides a holistic view of clients, and allows therapists to conduct occupation-based practice (Cole & Tufano, 2008; Kielhofner, 2009; Lee et al., 2008). MOHO seeks to explain behavior as a function of volition, habituation, performance capacity, and environmental impact (Lee & Kielhofner, 2010).

Three interrelated components of MOHO, volition, habituation, and performance capacity, describe how human occupation is motivated, patterned, and performed (Lee, 2010). MOHO provides a foundation for analyzing the occupational impact of transitioning to a new care setting for clients. Client's often transition to a care facility when there is a change in their medical status in which they are unsafe or unable to perform their occupational skills. During this time, the client's skills and abilities are commonly challenged with a consequence in loss of pride, loss of valued occupations, and threatened aspirations (Hocking, 1996).

Volition is the client's motivation to select and participate in activities that are meaningful to them. Volition is shaped by one's thoughts and feeling about self, personal causation, values, and interests. (Kielhofner, 2008; Kielhofner, 2009). Personal causation, which is concerned with self-esteem, involves the belief in one's skill, belief in the efficacy of one's skill, the internal and external locus of control, and the expectation of

success or failure (Burton, 1989). The aging process, especially when disability is involved, can have a dramatic effect on personal causation. Upon admission to a care setting, clients' values and interests may no longer be the same due to their skills and abilities being challenged (Hocking, 1996). The elderly have many negative issues to deal with such as loss of friends and relatives, lowered income, decrease in energy and physical strength, and the effects of stereotyping (Burton, 1989).

Habits are formed by consistently doing the same thing in the same context, which influences performance and behaviors. Roles identify who we are and what we do, and include titles such as student, teacher, mother, and spouse. Together, habits and roles form habituation, the process during which people form patterns and routines. (Kielhofner, 2008; Kielhofner, 2009). Old age is characterized by role loss. Since roles provide love, identity, and self-esteem, it is important that those that are lost are replaced by equally satisfying ones (Burton, 1989). When one transitions to a care setting, they have to make adaptations to their existing roles and habits. The client may experience a loss of identity and self-esteem if they lose a valued role, or their new roles are perceived as less important than those in the past were. (Hocking, 1996). Western society places a high value on work, and when there is a loss of work or ability to work, people, especially the elderly, feel threatened. The loss of a meaningful role often leads to depression, which is common after retirement. As a result of losses and changes in work and family roles, leisure and social roles become vitally important sources of needed fulfillment, companionship and meaningful occupation (Burton, 1989; Hocking, 1996).

Performance capacity is a person's ability to do things based on their mental and physical skills. Performance capacity is affected by the body systems including

musculoskeletal, neurological, and cardiopulmonary. (Kielhofner, 2008; Kielhofner, 2009). Biological changes occur during the normal aging process. Neurological deficits occur in sensory organs, most commonly vision and hearing. Musculoskeletal changes include loss of muscle tone and strength, and decreased range of joint motion. In older age, more time is required to process incoming sensory data. Because of this, perceptual-motor skills show slowed reaction times. There is an age-associated decline in cognition that usually occurs in the 6th decade of life. (Burton, 1989). Older adults may experience slow processing of perceptual information and difficulty with memory and attention (Bonder, 2009). Volition, habituation, and performance capacity are integrated parts of the human that work together to form occupations.

The physical, social, cultural, economic, and political environments in which occupations take place can either enable or disable the individual. (Kielhofner, 2008; Kielhofner, 2009). As mobility and energy decrease, the elderly person's environment shrinks. Loss of social contacts through death or disability is also a factor in diminishing interaction with the environment. Many objects become hazardous to elderly people due to sensory changes, slowing of the righting reflex, and physical stiffness and mobility problems. This is why safe management of the physical environment is important for this population. (Burton, 1989).

Lee et al. (2008) found that more than 80% of therapists used MOHO in their practice at least some of the time. The participating therapists reported that MOHO supports holistic, occupation-based, client-centered, and evidence-based practice. MOHO guided interventions are focused on altering the client's occupational performance, rather than adaptation. If the client is unable to reach full recovery, interventions focus on

modifying and altering the client's environment. (Cole & Tufano, 2008). The participating therapists report that the greatest barrier to applying MOHO is their need for more knowledge and skills. Some of these therapists report that MOHO assessments are too complicated and time consuming, and the concepts were too hard for clients to understand and difficult to document and get reimbursement for. (Lee et al., 2008).

MOHO is considered a client-centered model because it looks beyond impairment and focuses on client-related factors that affect occupational performance (Kielhofner, 2009). Lee et al. (2008) found that 98% of therapists interviewed reported that MOHO is client-centered, and 97.6% agree that it provides a holistic view of clients. With MOHO guiding practice, the client is involved in the therapeutic process to the extent possible. This model emphasizes that all change in OT is driven by clients' occupational engagement. What the client does, thinks, and feels is essential to the therapeutic process. (Kielhofner, 2009).

MOHO is intended for use with any person experiencing problems in their occupational life and is designed to be applicable across the life span (Cole & Tufano, 2008). MOHO has been used with a variety of populations including adults with chronic pain, children with attention deficit hyperactivity disorder, persons with traumatic brain injury, older persons with dementia, persons living with AIDS, and adolescents with mental illness. MOHO is also used in a variety of contexts including hospitals, outpatient clinics, residential facilities, nursing homes, rehabilitation programs, work programs, prisons and correctional settings, and community based organizations (Lee, 2010).

MOHO has the largest research base, with 390 published journal articles and 20 assessments (Lee, 2010). There is evidence that MOHO is the most widely used

occupation-based model in the United States, with close to 80% of practitioners using MOHO in practice (Kielhofner, 2008), and internationally (Lee et al., 2008). MOHO is a commonly used model of practice used with older adults in LTC settings (Cipriani, 2007).

Overall, MOHO aims to understand occupation and problems of occupation that occur in terms of its primary concepts of volition, habituation, performance capacity, and environmental context. It is the unique focus on occupation that distinguishes occupational therapy from other disciplines (Rogers, 2007). It is essential that therapists understand the effectiveness of and need for occupation-based intervention in all settings, especially in LTC. The holistic approach and interdependence of the three subsystems and the environment are particularly relevant to work with elderly patients, where there tends to be a multitude of physical, emotional, social, and environmental issues operating concurrently (Burton, 1989). As the evidence suggests, engagement in purposeful and meaningful occupation improves impaired abilities, producing occupational functioning (Trombly, 1995).

Incorporating Frames of Reference

In addition to occupation-based practice models, OT frames of reference (FOR) can also serve as a guide to intervention. Biological changes occur during the normal aging process including a decline in motor, visual-perceptual, and cognitive performance skills. These factors need to be taken into consideration for OT intervention. The biomechanical frame of reference relates the principles of physics to the human movement and posture with respect to the forces of gravity. While clients are engaged in an activity, OTs assess range of motion (ROM), strength, endurance, and ergonomics.

(Cole & Tufano, 2008). Older adults tend to have decreased ROM, strength and endurance when there is a loss of role in their life. Musculoskeletal changes include loss of muscle tone and strength, and decreased range of joint motion (Burton, 1989). Musculoskeletal disorders, cumulative trauma, hand injuries, work hardening, ergonomics, and prevention are all reflective of this frame of reference. Occupational therapists consider the client's performance areas, task demands, and the contexts when providing intervention. The client's age, gender, and physical characteristics are important to consider in regard to level of function. Disability is considered, including restriction in joint ROM, strength, and endurance with interference in everyday occupations. Within the biomechanical FOR, physical agent modalities (PAMs) are sometimes used. (Cole & Tufano, 2008). Elderly people experience sensory changes, slowing of the righting reflex, physical stiffness, and mobility problems (Burton, 1989). Interventions using this FOR focus on the client's roles and priorities for task performance through the use of activity adaptations, application of compensatory strategies or technologies, and physical reconditioning. (Cole & Tufano, 2008).

With normal aging, neurological deficits occur in sensory organs, most commonly vision and hearing. In older age, more time is required to process incoming sensory data. Because of this, perceptual motor skills show slowed reaction times. (Burton, 1989). Visual acuity, adaptability, depth perception and peripheral vision decline in older adults during the aging process. Since there is a close relationship between vision and perception, visual perceptual abilities in the elderly can be affected by ageing. Throughout the lifespan, changes to the physical structures of the eye occur including the cornea, pupil, iris, lens, vitreous, and ciliary muscles. Older adults often experience age

related conditions that affect vision such as macular degeneration, glaucoma, cataracts, and arteriosclerosis. In the elderly population, there is a decreased pattern recognition and poor attentional processing during visual searches. Vision, perception, and cognition are all influenced by a client's skills. Age, motivation, depression, fatigue, behavior, and secondary medical are all aspects that can influence the client's cognitive, perceptual, and visual skills. The OT evaluates for visual or visual processing dysfunction as a means to explain functional limitations. (Zoltan, 2007).

Cognition guides human performance in everyday occupations. In some areas of function, the range of cognitive performance is greater in older adults than younger adults. (Bonder, 2009). Learning is a prominent feature of old age. Adjustment to changes in roles and life circumstances involves plenty of new learning. Learning style in the elderly is observational and informal. The use of role models and demonstration is essential. (Burton, 1989). However, there is an age associated decline in cognition by the sixth decade of life. Older adults may experience slowed processing of perceptual information and difficulty with memory and attention. (Bonder, 2009). Changes in memory, processing ability, attention, and executive functions including problem solving, mental flexibility or abstraction are found in the elderly population. When a client participates in activities that do not require retrieval or processing of information, there is less evidence of age related cognition deficits. (Zoltan, 2007). As older adults lose their sensory systems, they may have a distorted representation of the external world, which leads to a decline in cognitive performance. Zoltan (2007) indicates that older age has been related to a decrease in brain weight and volume and a decrease in the number of cells in the cerebral cortex. Because of this, cognitive and behavioral changes can appear

in older adults. Cognition is influenced by different aspects of the client such as aphasia, sensory loss, and visual and perceptual deficits. (Zoltan, 2007).

Often times, normal aging is not considered when motor, visual-perceptual, and cognitive skills are assessed and treated in elderly clients. This is why, in addition to MOHO based assessments, evaluations that focus on motor, visual-perceptual, and cognitive skills have been implemented into the product. With the use of occupation-based kits and a guiding theory, therapists can provide the occupation-based intervention that is at the core of our profession.

CHAPTER III

METHODOLOGY

Evidence shows that clients who participate in meaningful occupations and stay active are more likely to stay physically and mentally healthy and prevent illness (Vik, Lilja, & Nygard, 2007). Rogers (2007) reports that participation in meaningful occupations presents an opportunity for increased independence and motor skills. Engagement in purposeful and meaningful occupation also improves impaired abilities, producing occupational functioning (Trombly, 1995). Older adults contribute to their health by staying active (Van Leuven, 2010). Participating in meaningful occupations and staying active are important for successful aging (Vik et al., 2007). Research shows that participation in meaningful occupation is beneficial to people of all ages, especially in the elderly. Because occupation-based intervention is what makes occupational therapy unique in the health care profession, it is essential that therapists incorporate it into treatment.

A literature review was conducted using AOTA, AJOT, OT Practice, CINAHL, SCOPUS, and PubMed on topics relating to the populations served in LTC, and types of OT intervention used in LTC. Issues concerning occupation-based treatment, resources and contexts that support occupation-based practice, the Model of Human Occupation (MOHO), and occupation-based assessments were explored. From the information gained through a review of the literature, an organized, easy to use, quick reference tool was

developed to enhance OTs' ability to provide meaningful occupation-based intervention to clients in LTC settings.

The Occupational Therapy Toolkit is a manual that was developed to enhance therapists' ability to provide occupation-based intervention. The four parts of the manual include a chart of assessments, a client profile form, fifteen occupation-based kits, and two case studies. The information gained through the literature review was used to guide the development of each part of the product. A chart of relevant assessments for geriatric clients in a LTC facility was developed. It is established knowledge that improvement of underlying performance skills may not lead to desired changes in engagement in occupation. Although clients may demonstrate progress in the performance of a given sub skill, there is no evidence that these skills are transferred to their daily occupations. Thus, in addition to assessments that address underlying performance skills, those that address occupational performance were selected as well. The authors used the MOHO to guide selection of these assessments.

The Model of Human Occupation was also used to guide development of the client profile form. This form provides the therapist with a snapshot view of the client. It highlights all of the information collected from the selected assessments. The components of MOHO are directly reflected in the client profile including volition, habituation, performance capacity, and environment. MOHO was chosen to guide the manual as it supports a client-centered approach, provides a holistic view of clients, and allows therapists to conduct occupation-based practice (Cole & Tufano, 2008; Kielhofner, 2009; Lee et al., 2008). The holistic approach and interdependence of the three subsystems and the environment are particularly relevant to work with elderly patients, where there tends

to be a multitude of physical, emotional, social, and environmental issues operating concurrently (Burton, 1989).

In 2004, there were almost 1.5 million residents living in SNFs in the United States (Centers for Disease Control and Prevention, 2010). At current usage rates and with the aging baby boomers, there will be approximately 3 million residents in nursing homes in the year 2030 (Sahyoun, Pratt, Lentzner, Dey, & Robinson, 2001). The number of residents living in SNFs is expected to double in the future, which presents a clear need for a more efficient way to provide quality occupation-based treatment.

Ethical treatment and quality of life among LTC residents has been a growing concern (Duncan-Myers & Huebner, 2000). Because the medical model, which is often used in LTC settings, focuses on efficiency, control, and standardization, residents often feel a loss of identity and independence, depersonalization, and development of submissive behavior and learned helplessness (Duncan-Myers & Huebner, 2000). The challenge for today's clinician is to encourage meaningful, purposeful occupation while meeting the needs of the health care system such as coping with increasing caseloads and institutional pressures (Rogers, 2007; Zimmerer-Branum & Nelson, 1995). Restrictions for OTs in practice settings guided by the medical model include high caseload demands, low staffing ratios, restricted budgets, reimbursement constraints, high documentation demands, low planning time, and inadequate space (Burke, 1996; Chisholm, Dolhi, & Schreiber, 2000; Townsend & Wilcock, 2004).

Green and Cooper (2000) suggest that in order to improve occupational performance in frail nursing home residents, OTs should serve as a consultant to nursing home staff. OTs would be able to provide nursing homes with an organizational

framework for understanding how to connect aspects of the person, environment, and occupation. They could host in-services, workshops, and projects to transform the staff and setting into an occupation-oriented environment (Burke, 1996). The authors developed a manual to accomplish just this. The goal is to overcome common barriers in LTC settings and provide therapists with the resources and tools needed to provide occupation-based intervention.

A great way to increase occupation-based interventions is to use a variety of occupation-based kits (Chisholm, Dolhi, & Schreiber, 2000; Rogers, 2007). By creating environments that support occupation, the therapist can save time with less reliance on preparatory or purposeful activity. Chisholm, Dolhi, and Schreiber (2000) and Rogers (2007) provide examples of how to access supplies. These include asking for donations from volunteers, church groups, service organizations, and maintenance departments; looking for free samples; cleaning out closets, drawers, and cupboards; as well as visiting flea markets, garage sales, and thrift shops. Another idea is to organize a donation drive at the facility during OT month. This will not only present the department with supplies, but promote OT as well.

Fifteen occupation-based kits were developed that support common occupations of the elderly population. These kits include arts and crafts, car care, card and dice games, cooking and baking, dancing, fishing, gardening, health management, home management, needlework, personal hygiene and grooming, reading, scrapbooking, technology, and toolbox. In a study of healthy older adults, participation and frequency of participation in cognitive activities, but not physical activities, were associated with slower cognitive decline and lower risk of dementia (Verghese et al., 2003). The use of

mentally challenging occupations promotes healthy aging (Metz & Robnett, 2011). The majority of the kits address both physical and cognitive skills. Within each kit, there is a list of supplies needed, recommended adaptive equipment, recommended environments, and five activity descriptions. For each activity, the authors have listed the needed supplies, the client factors and performance skills addressed, an introduction to the activity, and a summary of how to implement it in an individual or group session. This format provides therapists with the resources needed to quickly and efficiently utilize meaningful occupations in practice.

In order to ensure therapists' understanding of the manual and how it is intended to be used, the authors developed two case studies that outline the process. The two case studies, an elderly woman with a hip fracture and dementia and an elderly man with a CVA and sensory loss, were chosen due to the commonality of these diagnoses in LTC settings. Each case study guides the therapist through assessment, completion of the client profile form, intervention planning including selection of relevant occupation-based kits.

CHAPTER IV

PRODUCT OVERVIEW

As a person enters a long-term-care facility (LTC) facility, they lose their home, independence, possessions and routine (O'Sullivan, 2004). Adopting a meaningful occupational or social role may improve psychological well-being in elders (Keung Yuen, Huang, Burik, & Smith, 2008). There is a need for resources to support the use of occupations as treatment modalities in LTC settings. The purpose of this manual is to address the need for occupation-based therapy in long-term-care (LTC) settings. An easy to use manual, the Occupational Therapy Toolkit, was developed to guide you, as an occupational therapist (OT), in providing occupation-based interventions.

The manual will guide you through assessment selection and implementation, goal setting, and intervention planning. A variety of assessments addressing occupational performance, biomechanical skills, visual-perceptual skills, and cognition were summarized and formatted into a chart for easy viewing. Too often, therapists focus predominantly on underlying performance skills during evaluation. With this manual, it is suggested that you choose assessments that address each area of functioning, most importantly occupational performance. The authors recommend using both observation-based and client self-report types of assessments, if possible. By using a combination of the selected assessments, you will be provided with a holistic view of the client including

their strengths, weaknesses, and goals for therapy. The assessments chosen prove to be beneficial for the geriatric population residing in LTC facilities.

A client profile form was developed to provide you with a snapshot view of the client. This form highlights all of the information collected from the selected assessments. In order to provide occupation-based intervention, you must be aware of who the client is and what their wants and needs are in therapy. Thus, the client profile form serves as a quick reference tool for you to provide client-centered occupation-based intervention. It is also beneficial for other therapists who may be unfamiliar with the client in doing the same. Areas of the form include the client's medical and social history, the assessments that have been administered, the client's current occupations and interests, their performance capacity, habits and routines, values and volition, client goals, intervention plan, and the client and/or family perspective. There is also an area where relevant occupation-based kits can be chosen or created to fit the client. By using the client profile form, you will have all of the necessary information needed to provide the best quality care to your clients right at your fingertips.

After the assessments have been chosen and administered, and the results have been transferred to the client profile form, you will determine which occupation-based kits would be appropriate for use, depending on the client's interests and goals for therapy. Fifteen occupation-based kits have been developed that address common interests and needs of the geriatric population. These kits include arts and crafts, car care, card and dice games, cooking and baking, dancing, fishing, gardening, health management, home management, needlework, personal hygiene and grooming, reading, scrapbooking, technology, and toolbox. Within each kit, there is a list of supplies needed, recommended adaptive equipment, recommended environments, and five activity

descriptions. For each activity, the authors have listed the needed supplies, the client factors and performance skills addressed, an introduction to the activity, and a summary of how to implement it in an individual or group session.

Two case studies have been created to help guide you through the implementation of the developed manual. Each case study provides a summary of the client's abilities prior to and after injury or diagnosis. The diagnoses chosen for the two case studies, total hip replacement with dementia and cerebrovascular accident with sensory loss, are both often seen in LTC settings. The results of the selected assessments are summarized and used to initiate the goal setting and intervention planning process. Based on the client's goals, occupation-based kits were selected to address client factors and performance skills along with meaningful occupations and interests. The information from these case studies were transferred onto client profile forms to demonstrate appropriate application. The case studies were developed to show you, in detail, how the manual is expected to be used in order to provide the highest quality of occupation-based treatment possible.

The Model of Human Occupation (MOHO) was used to guide the development of the occupation-based kits manual. The components of the MOHO model including volition, habituation, performance capacity, and environment were previously discussed in the literature review. Often times, normal aging is not considered when motor, visual-perceptual, and cognitive skills are assessed and treated in elderly clients. This is why, in addition to MOHO based assessments, evaluations that focus on motor, visual-perceptual, and cognitive skills have been implemented into the product. The client profile form specifically addresses the concepts of MOHO that were evaluated using these assessments. The information gained during assessment will be used to determine which occupation-based kits will be most meaningful and beneficial to clients. The kits are

organized in a way that they address all aspects of MOHO. The kits are selected by matching them to each client's individual interests, addressing the volition and habituation aspects of MOHO. Each kit addresses a variety of client factors and performance skills to enhance the client's performance capacity, and environmental adaptations allow you to provide just the right challenge.

Occupation-based activities are the foundation of OT, and as such, it is important that OTs implement them into intervention. Facility demands and time constraints can often interfere with your ability to carry out these types of intervention. These kits provide quick and easy access to all of the necessary components that make up an occupation-based activity. You are provided with a detailed list of supplies and steps to implementing each activity. The kits can be used as is, or you are free to add your own creative twist to them. As an OT, you are a master in activity analysis. Using these skills in conjunction with these kits will allow you to receive the most benefit from our manual. In addition to using and adapting the kits provided, encourage yourself to come up with new kit ideas that will support clients in your setting.

The Occupational Therapy Toolkit

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University of North Dakota

2012

Assessment

Assessments

Type of Assessment	Assessment	Purpose	Administration	Population	Completion Time	Resource
<i>Observation-Based Tools</i>	The Assessment of Communication and Interaction Skills (ACIS)	To gather data on skills that clients demonstrate when communicating and interacting with others in an occupation; to measure the consequences of disease/illness on communication and interaction abilities.	Clinical observation leads to ratings on a 4-point scale.	Adults in both psychosocial and physical disabilities settings.	Observation time ranges from 15-45 minutes. Scoring takes approximately 5-10 minutes.	Website: http://www.uic.edu/depts/moho/assess/acis.html
	Functional Independence Measure (FIM)	To assess level of independence in areas of self-care, spincter control, transfers, locomotion, communication, and social cognition. The scale rates a client's performance by taking into account their need for assistance from another person or a device. It is a measure of the severity of the disability.	Clinical observation leads to ratings on a 7-point ordinal scale.	Adolescents and adults who have various physical impairments.	Approximately 45 minutes, depending on client abilities.	Website: http://www.uds-mr.org

<p><i>Self-Report Tools</i></p>	<p>The Model of Human Occupation Screening Tool (MOHOST)</p>	<p>To assess the impact of volition, habituation, skills, and environment on the client's occupational participation. It is used to generate goals and assess outcomes and changes in participation.</p>	<p>A rating form based on observation, interview, and chart review.</p>	<p>Clients with mental health problems who demonstrate poor attention and concentration, insight, and expression of thoughts and feelings.</p>	<p>The therapist determines the number and length of observations over days or weeks. It takes 10-20 minutes for scoring.</p>	<p>Website: http://www.uic.edu/depts/moho/assessment/mohost.html</p>
	<p>The Volitional Questionnaire</p>	<p>To determine the client's inner motives and the effect of the environment on their participation in meaningful occupations.</p>	<p>Observation and rating scale.</p>	<p>Best suited for older children – older adults regardless of their verbal or cognitive abilities.</p>	<p>Observation takes 5-30 minutes. It is recommended that multiple observations take place in a variety of settings. Scoring takes approximately 5 minutes.</p>	<p>Website: http://www.uic.edu/depts/moho/assessment/vq.html</p>
	<p>Activity Card Sort (ACS)</p>	<p>To determine the individual's participation or lack of participation in instrumental, leisure, and social activities. It allows the therapist to understand the impact that an illness or disability has had on participation.</p>	<p>The ACS uses a Q-sort methodology, which is a rank order procedure using groups of objects. In this case, photographs depicting a variety of activities are</p>	<p>Adults with and without cognitive deficits. There is a version for healthy older adults, those who are institutionalized, and those in recovery.</p>	<p>Approximately 20 minutes.</p>	<p>Website: http://myaota.ta.org/shop_aota/prodview.aspx?TYPE=D&PID=763&SKU=1247</p>

			<p>used. The client is encouraged to sort the photographs into groups regarding level of participation. It can be performed with the client or with a family member or caregiver.</p>	<p>A semi-structured interview and/or written self-report.</p>	<p>It is appropriate for use with adolescents and adults across many populations, but in particular with the elderly in in-patient settings, individuals with schizophrenia, and persons with alcohol dependence.</p>	<p>Approximately 30 minutes.</p>	<p>Website: http://www.sahp.vcu.edu/occu/ot/aofcv.html</p>
<p>Assessment of Occupational Functioning-Collaborative Version (AOF-CV)</p>	<p>To provide the therapist with information about how the client is functioning relative to key components of MOHO including values, personal causation, interests, roles, habits, and skills.</p>	<p>To detect change in a client's self-perception of occupational performance over time. The areas addressed include self-care, productivity, and leisure.</p>	<p>Semi-structured, interview-based rating scale.</p>	<p>Clients across the lifespan experiencing a variety of disabilities. Most useful for clients ages seven and older.</p>	<p>Approximately 30-40 minutes.</p>	<p>Website: http://www.caot.ca/copm/index.htm</p>	
<p>Canadian Occupational Performance Measure (COPM)</p>							

	Modified Interest Checklist	To identify a client's strength of interest and engagement in 68 activities in the past, present, and future.	Self-report checklist.	Adolescents or adults.	Approximately 10-20 minutes.	Website: http://www.uic.edu/depts/mohorelatedsrcs.html
Biomechanical Skills	Adult Sensory Profile	To measure the responses to sensory events in daily activities.	Self-report questionnaire with standard results. Can be filled out by a caregiver.	All adults.	Approximately 10-15 minutes for the client to complete and 5-10 minutes for the therapist score.	Website: http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=076-1649-700
	Borg Rating of Perceived Exertion Scale	To obtain the client's perceived level of exertion with activity on a scale of 6-20.	Self-report rating scale.	All clients.	Approximately 1 minute.	Blesedell Crepeau, E., Cohn, E.S., & Boyt Schnell, B.A. (2009)
	Grasp and Pinch Strength	To measure the strength in the upper extremities.	Standardized norm-based performance test.	Norm-based results indicative of ages 20-75+.	Approximately 10-15 minutes to test both pinch and grip.	Blesedell Crepeau, E., Cohn, E.S., & Boyt Schnell, B.A. (2009)
	Jensen-Taylor Hand Function Test	To test the effective use of the hands in everyday activities by having the client complete tasks that represent functional manual activities.	Standardized norm-based performance test.	For children and adults ages 5 and older.	Approximately 15-20 minutes to test both hands.	Blesedell Crepeau, E., Cohn, E.S., & Boyt Schnell, B.A. (2009)

	Manual Muscle Testing (MMT)	To measure the client's strength in specific muscles	Normalized performance-based.	All clients.	Up to one hour.	Blesedell Crepeau, E., Cohn, E.S., & Boyt Schnell, B.A. (2009).
	Nine-Hole Peg Test	To determine fine motor coordination by measuring unilateral finger dexterity.	Performance-based timed task.	Children and adults ages 4 years and older.	Approximately 10 minutes to test both hands.	Blesedell Crepeau, E., Cohn, E.S., & Boyt Schnell, B.A. (2009).
	Range of Motion (ROM)	To measure the client's range of motion in joints.	Normalized performance-based.	All clients.	Full evaluation of the uppers extremities can take 45-60 minutes.	Blesedell Crepeau, E., Cohn, E.S., & Boyt Schnell, B.A. (2009).
	Visual Analog Scale (VAS)	To assess pain intensity and any changes that occur over time.	Self-report rating scale. Can also be given verbally.	All clients. The FACES Pain Rating Scale is more useful with children.	Approximately 1 minute.	Bracciano, A.G. (2008)
<i>Cognitive Skills</i>	Allen Cognitive Level Screen (ACLS)	A screening tool to approximate the client's cognitive functioning and capability to learn along with guiding treatment goal setting.	Task analysis of a standardized visual-motor task.	Adults with psychiatric illness or cognitive impairment after an acquired brain injury or dementia.	Approximately 20 minutes.	Website: http://allencognitivelevelscreen.org/products.htm

Cognitive Performance Test (CPT)	To assess function in activities of daily living and independent activities of daily living that require working memory and executive function skills.	Standardized graded task performance.	Adults with Alzheimer's disease and other dementias, and psychiatric diagnoses.	Approximately 15 minutes to several hours, depending on tasks completed.	Website: http://www.madlak.com/cpt-cognitive-performance-test-p-27823.html
Independent Living Scales (ILS)	To determine appropriate living arrangements for adults who are cognitively impaired.	Standardized graded task performance.	Adults age 65+ who are cognitively impaired and temporarily institutionalized.	Approximately 45 minutes to administer and 10 minutes to score.	Website: http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8147-073
Kitchen Task Assessment (KTA)	To measure organizational planning and judgment skills while performing a common food preparation task. It identifies the level of assistance required to perform each task.	Standardized performance based on rating scale.	Adults with senile dementia of the Alzheimer's type.	Approximately 15-20 minutes.	Blesedell Crepeau, E., Cohn, E.S., & Boyt Schnell, B.A. (2009).
Short Blessed Test (SBT)	To measure memory, concentration, and orientation.	Standardized interview.	For adults with possible cognitive impairments.	Approximately 5-10 minutes.	Website: http://mybraintest.org/dl/ShortBlessedTest_WashingtonUniversityVersion.pdf

Visual-Perceptual Skills	Confrontation Visual Field Test	To obtain a gross measurement of the client's visual fields. It can also be useful for detecting blind spots and eye diseases, as well as other health problems.	Direct observation.	Clients with possible vision impairments.	Approximately 5-10 minutes.	Zoltan, B. (2007)
	Northeastern State University College of Optometry (NSUCO): Direct Observation Method Test	To observe ability and accuracy of visual pursuits.	Direct observation.	Clients with possible vision impairments.	Approximately 5-10 minutes.	Zoltan, B. (2007)
	Pepper Visual Skills for Reading Test (VSRT)	To provide an accurate and reliable estimate of the client's ability in the visual components of the reading process.	Standardized visual assessment.	Clients with possible vision impairments.	Approximately 5-10 minutes.	Zoltan, B. (2007)
	Visual Search and Attention Test (VSAT)	To screen for bilateral visual scanning and sustained attention.	Paper and pencil test.	Used with adults. The normative sample included healthy adults aged 18-85.	Administration lasts about 6 minutes and scoring about 2 minutes.	Zoltan, B. (2007)

	Visual Symptoms Checklist	Provide a better understanding of any visual problems that a client may be experiencing. This assessment provides a variety of vision areas to address if needed.	Interview or questionnaire.	All clients with possible vision impairments.	Approximately 5-10 minutes.	Website: http://www.wyo-opto.com/WyomingOptometricCtr/visual_symptom_checklist.htm
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References

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- Zoltan, B. (2007). *Vision, Perception, and Cognition. A Manual for the Evaluation and Treatment of the Adult with Acquired Brain Injury*. Thorofare, NJ: SLACK Incorporated.

Client Profile Form

Client Profile

Name: _____ Age/Sex: _____

Treating Diagnosis: _____

Reason for Referral: _____

Precautions: _____

Medical History:

Social History:

Administered Assessments:

Occupations/Interests:

Performance Capacity (biomechanical, cognitive, and sensory-perceptual):

Habits/Routines:

Values/Volition:

Client Goals:

Intervention Plan:

Client/Family Perspective:

Relevant Occupation-Based Kits:

- | | |
|--|--|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Needlework |
| <input type="checkbox"/> Car Care | <input type="checkbox"/> Personal Hygiene and Grooming |
| <input type="checkbox"/> Card and Dice Games | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Cooking and Baking | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Toolbox |
| <input type="checkbox"/> Health Management | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Home Management | |

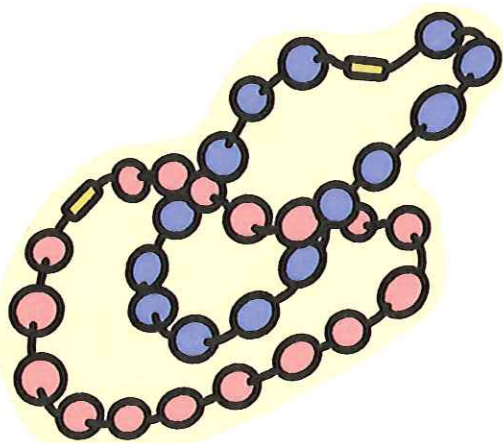
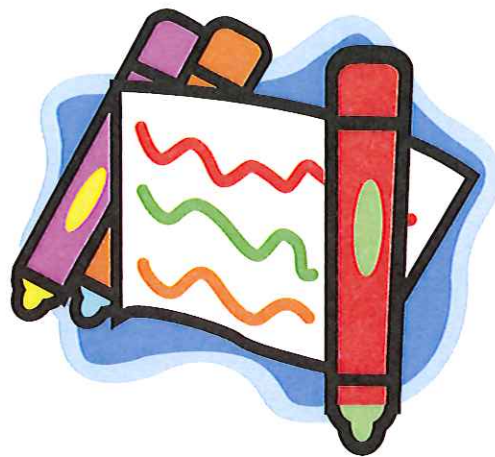
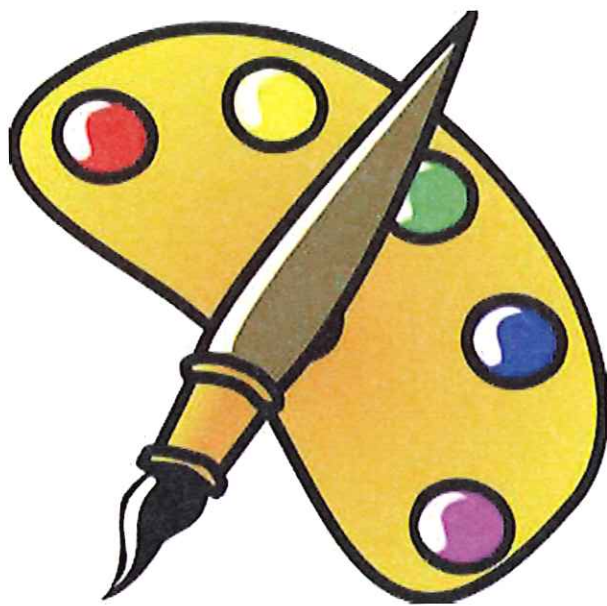
Occupation-Based Kits

Occupation-Based Kits

- 1. Arts and Crafts:** Activities include painting, window painting, building model kits, beading, and wood burning.
- 2. Car Care:** Activities include washing, waxing, and detailing a car, scheduling repair appointments, changing tires, and snow removal.
- 3. Card and Dice Games:** Activities include playing card, dice, and memory games, cribbage, and building a house of cards.
- 4. Cooking and Baking:** Activities include baking cookies, boxed meal preparation, making a snack, following a recipe, and kitchen safety.
- 5. Dancing:** Activities include playing a dance video game, chair dancing, and incorporating ballroom, swing, and line dance into therapy.
- 6. Fishing:** Activities include baiting a hook, casting, reeling in, catching fish, and a memory game.
- 7. Gardening:** Activities include planting pots, flower arrangement, vase design, pruning, and sequencing plant growth.
- 8. Health Management:** Activities include medication management, filling prescriptions, and establishment of contact lists, routines, and home exercise programs.
- 9. Home Management:** Activities include setting the table, doing dishes, doing laundry, housekeeping, and bill pay.
- 10. Needlework:** Activities include quilting, embroidery, knitting, crocheting, and clothing repair.
- 11. Personal Hygiene and Grooming:** Activities include nail care, hair styling, oral care, cosmetic application, and shaving.
- 12. Reading:** Activities include word puzzles, reading directions and maps, current events, book club, and creating a newsletter.
- 13. Scrapbooking:** Activities include making cards, photo albums, scrapbook pages, and collages, and gift-wrapping.
- 14. Technology:** Activities include e-mailing, internet search, cell phone use, video games, and brain games.
- 15. Toolbox:** Activities include hanging pictures, making napkin holders, bicycle maintenance, replacing light switch faceplates, and making a cribbage board.

Occupation-Based Kit

Arts-Crafts



Arts and Crafts

Occupation-Based Kit

Supplies:

- Paint
- Paper/Canvas
- Paint Brushed
- Paint Cups/Egg Carton
- Pencil
- Model Car Kit (or other kits)
- Paint for model car
- Window Paint
- Beads
- Fish line/Necklace
- String
- Necklace clamp
- Fine tip pliers
- Glaze
- Various sizes of wood
 - 4" x 6"
 - 5" x 7"
 - 8" x 10"
- Clock kit (optional)
- Drill (if installing clock)

Recommended Adaptive Equipment:

- Foam or Styrofoam: use built up handles for writing or using paint brush
- Wrist weight: to reduce tremors or increase challenge
- Velcro or ace wrap: to secure hand to writing and painting tools
- Dycem: to prevent things such as beads rolling away or hold project in place for clients who have difficulty with pinching, gripping, or decrease upper extremity coordination

Recommended Environment:

- Occupational therapy department
- Client rooms
- Common areas in the facility

Activities:

- Activity 1: Painting
- Activity 2: Model Kits
- Activity 3: Window Paint
- Activity 4: Beading
- Activity 5: Wood Burning

Arts and Crafts

Activity 1: Painting

Supplies:

- Paint
- Paper/Canvas
- Paint brushes
- Paint cups/egg carton
- Pencil

Client Factors/Performance Skills:

- Fine motor coordination
- Gross motor coordination
- Bilateral coordination
- Upper extremity strength
- Static and dynamic standing balance
- Sequencing
- Following directions
- Memory

Introduction:

- Today's activity is going to focus on fine motor coordination and upper extremity strengthening as we paint. As we complete this activity we are going to be working on skills that will help with things such as upper body dressing, completing buttons or increasing strength to do things such as carrying a laundry basket.

Individual Session:

- Complete in standing or sitting
- Add adaptive equipment that may be needed
- Create the just right challenge by changing the paper size or the amount of detail need in the picture
- Instruct the client in choosing appropriate supplies
- Have the client provide a plan for what they are going to paint
- Client can paint any picture
- If working on cognitive aspects the therapist can provide a picture for the client to copy

Group Session:

- Follow individual session plan
- Group can work together on one painting or individually
- Paintings can be used within the facility for decoration
- Therapist should address each individual's needs

Arts and Crafts

Activity 2: Model Kits

Supplies:

- Model car kit (or other model kits)
- Paint

Client Factors/Performance Skills:

- Fine motor coordination
- Bilateral coordination
- Upper extremity strength
- Sequencing
- Static and dynamic standing

Introduction:

- Today's activity is going to focus on fine motor coordination and sequencing as you complete a model care kit. This activity is going to help you in other areas of daily activities such as handwriting, completing buttons, and following directions for things like a recipe.

Individual Session:

- Make proper adaptations to the supplies for the client's need
- Sequencing can be addressed by having the client first make a plan to complete the task
- Once the kit has been completed the therapist will instruct the client in choosing a paint
- The therapist will then direct the client in painting the model car/kit

Group Session:

- Follow the individual sessions plan
- Group can work together or on individual kits
- The model kits can be put on display in the facility
- It is important that the therapist addresses each individual's needs

Arts and Crafts

Activity 3: Window Paint

Supplies:

- Window paint
- Paint brushes

Client Factors/Performance Skills:

- Fine motor coordination
- Gross motor coordination
- Bilateral coordination
- Upper extremity strength
- Static and dynamic standing

Introduction:

- Today's activity is going to focus on fine motor coordination and upper extremity strengthening as we paint some windows. This activity is going to help with keeping upper body strength to complete activities such as upper body dresses or lifting and carrying objects. This activity is also going to help with fine motor coordination in various planes to maintain pinch such as when reaching for items in the cupboards.

Individual Session:

- Have the client choose window paint
- Have client completing window painting by following a specific design or allowing the client to paint what they would like
- This can be completed in different scenes such as Halloween or 4th of July.
- The activity can be graded by completing this task in standing/sitting, height of the window, or design challenge.

Group Session:

- Follow the individual sessions plan
- Group can work together or on individual designs
- One member can draw and another member can color in the design
- It is important that the therapist addresses each individual's needs

Arts and Crafts

Activity 4: Beading

Supplies:

- Beads
- Fish line
- Necklace string
- Necklace clasps
- Fine tip pliers

Client Factors/Performance Skills:

- Fine motor coordination
- Bilateral coordination
- Upper extremity strength
- Static and dynamic standing
- Sequencing
- Organization

Introduction:

- Today's activity is going to focus on fine motor coordination with organizational skills while we make necklaces and bracelets. This activity is going to help us increase fine motor coordination for things such as clasping a necklace or using buttons on clothing. This activity is also going to help with organizational skills that you use in everyday activities such as making appointments or filing bills.

Individual Session:

- Have the clients tie a knot at one end of the string with attaching necklace clasp
- Have clients bead the string
- Challenge the clients by having them copy a design from a picture or from a sample necklace
- The therapist can also give the client mixed up beads and have them organize the beads before starting the necklace
- The activity can be graded by changing the bead sizes

Group Session:

- Follow the individual sessions plan
- Group can work together or on individual designs
- Necklaces/bracelets can be used for a volunteer project or other organization needs
- It is important that the therapist addresses each individual's needs

Arts and Crafts

Activity 5: Wood Burning

Supplies:

- Various sizes of wood
 - 4" x 6"
 - 8"x10"
- Wood burning kit
- Glaze
- Paint brush
- Clock kit (optional)
- Drill (Needed if installing clock)

Client Factors/Performance Skills:

- Fine motor coordination
- Gross motor coordination
- Bilateral coordination
- Upper extremity strength
- Static and dynamic standing
- Sequencing
- Memory
- Judgment
- Attention

Introduction:

- Today's activity is going to focus on fine motor coordination as we are going to complete a wood burning project. This activity is going to help strengthen your finger and arm muscles to increase participation in activities of daily living. We use fine motor coordination when we complete activities such as clothing buttons, tie shoes, or handwriting.

Individual Session:

- Instruct the client in completing wood burning and the safety instructions to complete the task
- Provide the client with a picture to follow or they can create their own design
- Once the design is done, the client can place a glaze over the wood to protect it
- The client can then drill a hole in the board and assemble the clock kit

Group Session:

- Follow the individual sessions plan
- Group can work together or on individual designs
- The group can make coasters or other items for the common areas
- It is important that the therapist addresses each individual's needs

Occupation-Based Kit

Car Care



Car Care Occupation-Based Kit

Supplies:

- Vehicle
- Hose
- Bucket
- Washrags
- Towels
- Sponges
- Soap
- Car wax
- Gloves
- Coat
- Windshield ice scraper and snow brush
- Sidewalk salt
- Sand
- Shovel
- Phone book
- Telephone
- Paper and pencil
- Car or trailer tire
- Lugnut wrench
- Tire pressure gauge
- Bolts and nuts
- Car mats
- Vacuum-handheld or shop vac
- Car cleaning wipes
- Windex and paper towels

Recommended Adaptive Equipment:

- Dycem: add to tool handles to secure grip
- Foam or Styrofoam: use to build up tool handles
- Velcro or Ace wrap: use to secure hand to tool handles
- Long handled tools: use to adapt for limited ROM
- Wrist weights: use to increase challenge or reduce tremors

Recommended Environment:

- Occupational therapy department: use prop vehicle if available
- Outdoors with the use of facility vehicle, staff vehicle, or resident's vehicle
- Facility outdoor property: parking lot, sidewalks

Activities:

- Activity 1: Washing/Waxing
- Activity 2: Repair Appointment
- Activity 3: Tires
- Activity 4: Snow Removal
- Activity 5: Car Detailing

Car Care

Activity 1: Washing/Waxing

Supplies:

- Vehicle
- Hose
- Bucket
- Washrags
- Lint-free towels
- Sponges
- Soap
- Water
- Orbital buffer
- Car polish

Client Factors/Performance Skills:

- Static and dynamic standing
- Endurance
- Bending and reaching
- Upper extremity ROM and strength
- Gross motor control
- Bilateral coordination
- Visual-perceptual skills
- Attention
- Memory
- Sequencing

Introduction:

- Today's activity will focus on how you are able to complete a physically demanding task. Skills involved include balance, strength, and endurance. These are needed to perform activities of daily living including bathing, housekeeping, and caring for children or pets.

Individual Session:

- This activity can be completed in one session, or split into multiple sessions.
- The client will wash, dry, and wax a vehicle.
- Washing:
 - The client will begin by hosing off the vehicle.
 - Next, use a soapy sponge or towel and wash the roof of the vehicle.
 - Using the hose, the client will then rinse off the roof of the vehicle.
 - Repeat these steps for the front, back, and both sides of the vehicle.
 - Give the vehicle one final rinse with the hose, then dry with a towel.
- Waxing:
 - Apply a liberal amount of car polish to the surface of the paint and work it in using an orbital buffer.
 - Move the buffer in a linear motion across the surface of the paint
 - When the paint develops a "deep," glossy and "wet" look, it's finished.
 - Polish one section of the car at a time and wipe down that section with a lint-free towel when done polishing.
 - Next, apply a liberal amount of cleaner wax to all painted surfaces of the car. Allow to set for 30 minutes.
 - Buff cleaner off using an orbital buffer.
 - Next, apply a liberal amount of car polish to the surface of the paint and allow to dry.
 - Hand buff or use an orbital buffer to remove wax.
- Examples of vehicles that can be used include a prop vehicle, or one owned by the facility, the therapist, or the client.

Group Session:

- In a group, clients can work together to wash, dry, and wax the same vehicle.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Car Care

Activity 2: Repair Appointment

Supplies:

- Phone book
- Telephone
- Paper Pencil

Client Factors/Performance Skills:

- Judgment
- Fine motor coordination
- Sequencing
- Memory
- Attention to detail

Introduction:

- Today's activity is going to focus on cognitive skills in order to make an appointment. Today's activity is going to looking up car repair places, making an appointment, and asking appropriate questions.

Individual Session:

- The therapist will provide the appropriate supplies to complete the task.
- The therapist will provide the client with a scenario such as, your car needs an oil change or you have a scrap in your car paint that you want to fix.
- The therapist will then ask the client to identify an appropriate repair garage and have them pretend to call the garage by looking them up in the phone book.
- The therapist will then instruct the client in writing down questions that they would ask the repair garage like:
 - How much it will cost
 - Available appointment times
 - Alternative transportation methods will vehicle is being repaired
- The therapist should also instruct the client in writing down the answers to the questions (having the therapist be the repair shop or calling a real garage).
- To challenge the client, the therapist can provide the client a schedule of times that they are busy so they have to schedule the appointment time for a time that works in their schedule.

Group Session:

- This activity can be completed in a group setting by providing each client with a different scenario of repairs that need to be completed on their car.
- This can also be completed as a group as each client can call one place for a specific scenario and compare to find the best deal.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Car Care

Activity 3: Tires

Supplies:

- Car tire or trailer tire
- Tire iron
- Diamond jack
- Tire pressure gauge
- Lug nuts; bolts/nuts
- Car (can use a facility car or personal car)

Client Factors/Performance Skills:

- Fine motor coordination
- Gross motor coordination
- Bilateral coordination
- Static and dynamic standing balance
- Upper extremity strength

Introduction:

- Today's activity is going to focus on fine motor coordination, upper extremity strength, and standing balance. Today's activity includes taking tire lugnuts off the tire and checking the tire pressure.

Individual Session:

- The therapist will provide the supplies that are needed for this group.
- The client will be encouraged to change a tire on the vehicle. To do this:
 - Loosen the lug nuts using the tire iron
 - Place diamond jack underneath car and jack it up
 - Now the lug nuts are loosened, use hands to unscrew them the rest of the way
 - Pull old tire straight off
 - Take the new tire and match the holes on the rim to the bolts on the car; place on
 - Hold tire in place as you hand tighten the nuts
 - Lower car down with jack slowly
 - Finish tightening the nuts with tire iron
 - It is important to note that nuts should be tightened in a diagonal pattern
- Clients can also work on a tire alone, placing a removing lug nuts.
- Clients can also use a pressure gauge to measure tire pressure.
- If the facility does not have access to a car or the client would not be appropriate to take out to a car, the therapist can adapt the activity by using a smaller tire on a table top and using regular bolts and nuts on the tire.

Group Session:

- To complete this activity in a group setting the therapist can have each client working on a different tire or if working at a tabletop, clients can work on the same tire.
- To make it a competition, the therapist can time the clients to see who can take the lug nuts or bolts/nuts off the fastest.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Car Care

Activity 4: Snow Removal

Supplies:

- Vehicle
- Gloves
- Coat
- Windshield ice scraper and snow brush
- Sidewalk salt
- Sand
- Shovel

Client Factors/Performance Skills:

- Static and dynamic standing
- Endurance
- Bending and reaching
- Upper extremity ROM and strength
- Gross motor control
- Bilateral coordination
- Visual-perceptual skills
- Attention
- Memory
- Sequencing

Introduction:

- Today's activity will focus on how your body moves to perform a physically demanding task. The task requires balance, strength, and endurance. These skills are necessary for activities of daily including dressing, housekeeping, and carrying groceries.

Individual Session:

- Depending on environmental conditions, the client will brush snow off a vehicle, scrape the frosty windows of a vehicle, shovel, and/or lay salt and sand on a sidewalk or parking space.
- The client can do either one of these tasks, a group of tasks, or all of the tasks. This activity can be broken into multiple sessions as well.

Group Session:

- In a group, clients can share the responsibilities of completing all of these tasks. For example, one client can brush the snow off the car, one can scrape the frosty windows, one can shovel a sidewalk, and another can lay the salt and sand.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Car Care

Activity 5: Car Detailing

Supplies:

- Car (can use a facility car or personal car)
- Car mats
- Vacuum (handheld or small shop vac)
- Car wipes
- Windex/paper towels

Client Factors/Performance Skills:

- Fine motor coordination
- Gross motor coordination
- Bilateral coordination
- Static and dynamic standing balance
- Upper extremity strength

Introduction:

- Today's activity is going to focus on fine motor coordination, upper extremity strength, and standing balance. Today's activity includes performing the tasks involved in detailing a vehicle including washing windows and vacuuming floor mats.

Individual Session:

- The therapist will provide the supplies that are needed for this group.
- The client will be encouraged to detail the inside of a vehicle.
- This will include washing windows, center console, and dashboard, and vacuuming the floors/mats.
- The therapist can adapt the activity by vacuuming the car mats at a table top or in the sitting position.
- The therapist can also break this group into different activities depending on the client's needs.

Group Session:

- In a group, clients will share the tasks of detailing a car.
- For example, one client will wash the windows for upper extremity strengthening as they have to lift their hands over their head to complete when sitting in the car and another client can be focusing on balance by vacuuming the car mats.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Occupation-Based Kit

Card and Dice Games



Card and Dice Games

Occupation-Based Kit

Supplies:

- 2-3 decks of regular playing cards
- Deck of miniature playing cards
- Old Maid
- Memory card game
- Cribbage board
- 6 dice
- Dice cup
- Paper and pencil

Recommended Adaptive Equipment:

- Large print playing cards
- Card holder
- Automatic card shuffler and dealer
- Dycem or shelf liner

Recommended Environment:

- Occupational therapy department
- Facility lounge or common area
- Facility coffee shop, if available
- Outdoors, depending on weather
- Include family members if appropriate

Activities:

- Activity 1: Playing Cards
- Activity 2: House of Cards
- Activity 3: Memory
- Activity 4: Cribbage
- Activity 5: Playing Dice

Card and Dice Games

Activity 1: Playing Cards

Supplies:

- Deck of cards

Client Factors/Performance Skills:

- Upper extremity ROM
- Fine motor control
- Grasp and pinch
- Eye-hand coordination
- Bilateral coordination
- Organizing
- Sequencing
- Visual-perceptual skills

Introduction:

- Today's activity is going to work on how your hands move and work together. These skills are needed to perform activities of daily living including opening jars, brushing your teeth, and writing checks.

Individual Session:

- The client and therapist will play a game of cards. This can be any game that involves picking up and putting down cards, including Go Fish, Old Maid, Golf, Solitaire, etc.
- The client will be asked to shuffle and deal the cards. Depending on the client's abilities, this will be done in varying ways. If needed, the card holder and/or automatic card shuffler and dealer can be used.

Group Session:

- The clients will play a multi-player game.
- The clients will take turns shuffling and dealing cards.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Card and Dice Games

Activity 2: House of Cards

Supplies:

- Deck of cards

- Tabletop

Dycem

Client Factors/Performance Skills:

- Static and dynamic standing balance
- Upper extremity ROM and strength
- Fine motor control
- Bilateral coordination

- Hand-eye coordination
- Attention
- Memory
- Visual-perceptual skills

Introduction:

- Today's activity will focus on how your hands move and work together for small tasks. These skills are needed to put on jewelry, fastening zippers and buttons, and tying your shoes.

Individual Session:

- In either sitting or standing, the client will build a house of cards.
- Dycem or shelf liner can be placed on the tabletop to provide a nonslip surface.

Group Session:

- In a group session, clients can take turns adding cards to the house. Clients can also work individually to build their own houses.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Card and Dice Games

Activity 3: Memory

Supplies:

- Deck of cards or memory card game

Client Factors/Performance Skills:

1. Fine motor control
2. Visual-perceptual skills
3. Attention
4. Memory
5. Sequencing
6. Organization

Introduction:

- Today's activity is going to focus on your memory and thinking. These skills are needed to follow a recipe, drive a car, and get dressed.

Individual Session:

- The client and therapist will play a memory card game. The therapist can use a memory card game, or use a regular deck of cards.
- The client's goal is to match similar cards. If using a regular deck of cards, the client can match either colors, numbers, or both. Having to match both colors and numbers would provide a greater challenge.

Group Session:

- In a group, clients can take turns while playing the game or the clients can all work together to find all of the matches.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Card and Dice Games

Activity 4: Cribbage

Supplies:

- Deck of cards
- Cribbage board

Client Factors/Performance Skills:

- Upper extremity ROM
- Fine motor control
- Bilateral coordination
- Eye-hand coordination
- Visual-perceptual skills
- Attention
- Memory
- Sequencing
- Organizing

Introduction:

- Today's activity will focus on how your hands move and work together during small tasks, as well as your memory and thinking. These skills are used during your activities of daily living including preparing a meal, following directions, and getting dressed.

Individual Session:

- The therapist and client will play a game of cribbage. The client will start the game by shuffling and dealing the cards.
- If needed, the client can use a card holder and/or automatic card shuffler and dealer. Dycem can also be used to provide a nonslip surface to place the game pieces and board on.

Group Session:

- In a group, the clients will take turns, playing against one another.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Card and Dice Games

Activity 5: Playing Dice

Supplies:

- 5-6 dice
- Paper and pencil
- Tabletop

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Bilateral coordination
- Eye-hand coordination
- Visual-perceptual skills
- Grasp and pinch
- Fine motor control
- Attention
- Memory
- Sequencing

Introduction:

- Today's activity will focus on how your hands move and work together, and also your memory and thinking. These skills are needed to work on small tasks, follow directions, and plan ahead.

Individual Session:

- The client and therapist will play a game of Farkle, or any similar game of dice. The client will need to shake the die in their hands, release them on the tabletop, count their score, and then pick up the dice and hand them to the therapist.
- If needed, a cup can be used to shake the dice. Games that incorporate dice offer an opportunity for clients to practice fine motor control and coordination. Keeping score requires the client to count and use addition.

Group Session:

- In a group, clients can take turns playing against one another.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Occupation-Based Kit

Cooking and Baking



Cooking and Baking

Occupation-Based Kit

Supplies:

- Ingredients for cookies
- 1 medium bowl
- 1 large bowl
- Measuring utensils
- Mixing spoons
- Utensils
- Spatula
- Cookie sheet
- Rolling pin
- Cookie cutters
- Counter space
- Oven
- Stove
- Fridge
- Boxed meal
- Sauté/sauce pan
- Can opener
- Ingredients for snacks
- Individual serving bowls
- Cutting board
- Paring knife
- Paper
- Pencils
- Cook book
- Small kitchen appliances
- Food ingredients
- Kitchen Hazard Assessment (if available in the clinic)

Recommended Adaptive Equipment:

- Velcro or ace wrap: to secure hand to utensils
- Foam or Styrofoam: to build up handle on utensils
- Fish (extended wood handle with hook and grooves): for safety or increase ROM when using the stove; for decreased pinch, grip, or upper extremity strength
- Book holder
- Color contrast stickers with measuring numbers: for decreased eye sight in order to read measuring cups
- Wrist weight: to decrease tremors or increase challenge
- Dycem: to hold objects in place for clients with decreased grip, pinch, or upper extremity strength

Recommended Environment:

- Facilities common area/kitchen or dining room
- Occupational therapy department

Activities:

- Activity 1: Baking Cookies
- Activity 2: Box Meal
- Activity 3: Snack
- Activity 4: Recipes
- Activity 5: Safety Awareness

Cooking and Baking

Activity 1: Baking Cookies

Supplies:

- Food supplies for chocolate chip cookies or sugar cookies
- One medium and one large bowl
- Measuring utensils
- Mixing spoons/utensils and spatula
- Cookie sheet
- Rolling pin
- Cookie cutters
- Counter space
- Oven

Client Factors/Performance Skills:

- Fine motor coordination
- Gross motor coordination
- Bilateral coordination
- Upper extremity ROM
- Static/dynamic standing balance
- Sequencing
- Attention to detail

Introduction:

- Today's activity is going to focus on following directions for a recipe of making cookies. This task will also help strengthen your arms and work on active range of motion or reaching, pushing, and pulling by reaching in to cupboards or using a rolling pin.

Individual Session:

- Instruct work on reaching into the cupboards or into different planes to retrieve the appropriate items
- Provide the directions to the recipe and ask the client to follow them step by step to address sequencing and attention to detail
- Complete stirring/mixing the cookie dough for ROM
- Work on fine motor coordination to pinch boxes or measuring cups when pouring ingredients
- Use a rolling pin to spread dough and a cookie cutter for patterns

Group Session:

- Follow individual session plan
- Group can work together or individually on completing activity
- Each client can complete different portions of the task for their needs
- Therapist should address each individual's needs

Cooking and Baking

Activity 2: Box Meal

Supplies:

- Ingredients for a box meal
- Mixing bowl
- Mixing utensils
- Measuring utensils
- Sauté/sauce pan
- Can opener
- Stove

Client Factors/Performance Skills:

- Fine motor coordination
- Gross motor coordination
- Bilateral coordination
- Upper extremity ROM
- Static/dynamic standing balance
- Sequencing
- Attention to detail

Introduction:

- Today's activity is going to focus on following directions for a recipe of making a simple meal. This task will also help strengthen your arms and work on active range of motion or reaching, pushing, and pulling by reaching in to cupboards or stirring the ingredients.

Individual Session:

- Make sure the client is able to perform kitchen tasks safely
- Have the client read the instructions for the box meal
- Complete each step of the box meal watching for sequencing and attention to detail
- The task can be graded by choosing a box meal that requires more or less steps or making more than one item at a time

Group Session:

- Follow individual session plan
- Group can work together or individually on completing activity
- Each client can complete different portions of the task for their needs
- Therapist should address each individual's needs

Cooking and Baking

Activity 3: Snack

Supplies:

- Ingredients for days snack
- Individual serving bowls
- Serving cups
- Cutting board
- Paring knife
- Serving spoon

Client Factors/Performance Skills:

- Fine motor coordination
- Gross motor coordination
- Bilateral coordination
- Upper extremity ROM
- Static/dynamic standing balance

Introduction:

- Today's activity is going to focus on bilateral coordination, arm strength, fine motor coordination, and standing balance. This activity can help you in your everyday life as you need standing balance for reaching into cupboards, fine motor for writing or pinching buttons, and upper extremity range of motion for dressing.

Individual Session:

- Have the client gather supplies for a daily snack
- Have client mix fruit or daily snack in a large bowl
- Serve the mix into individual serving
- Serve the snack to other residents
- To grade the activity have the client cut up fruit or peel the fruit

Group Session:

- Follow individual session plan
- Group can work together or individually on completing activity
- Each client can complete different portions of the task for their needs
- Therapist should address each individual's needs

Cooking and Baking

Activity 4: Recipes

Supplies:

- Paper
- Pencils
- Cook book

Client Factors/Performance Skills:

- Sequencing
- Attention to detail
- Planning/Organizing
- Visual perceptual

Introduction:

- Today's activity is going to focus on cognitive and visual perceptual skills. During this activity we are going to work sequencing steps of meal planning and organizing a meal. This is going to help in activities of daily living as you plan and organize other things such as a cooking a meal or planning a family gathering.

Individual Session:

- Instruct the client to either look up a recipe(s) or to plan their favorite meal
- The client will be provided appropriate time and resources to find a meal
- If needed, the therapist can provide more detailed instructions of how to complete the task in order
- To grade the activity, ask the client to plan a 2, 3, or 4 piece meal i.e. Salad, bread sticks, spaghetti, and desert.
- If time permits the therapist can ask the client to make a grocery list of the times that they would need to complete this meal.

Group Session:

- Follow individual session plan
- Group can work together or individually on completing activity
- Each client can complete different portions of the task for their needs
- The activity can be divided into different portions of the meal and then split up into groups
- Therapist should address each individuals needs

Cooking and Baking

Activity 5: Safety Awareness

Supplies:

- Small kitchen appliances (any)
- Large kitchen appliances (any)
- Kitchen Hazard Assessment (if available in the clinic)
- Food ingredients (any)

Client Factors/Performance Skills:

- Safety awareness
- Attention to detail
- Visual perceptual

Introduction:

- Today's activity is going to focus on cognitive and visual perceptual skills. During this task we are going to look at safety awareness in the kitchen as if you were going to be working in the kitchen or leaving your home to go on vacation.

Individual Session:

- Set up various hazards in the kitchen such as milk on the floor, cupboards/drawers left open, oven or stove on, knife on counter, blender plugged in, water running, coffee maker on, or fridge left open
- Asks the client to identify and fix all of the hazards in the kitchen.
- The therapist can also ask the client kitchen safety questions
 - Questions may include:
 - What are signs that your stove/oven is not working properly.
 - When using the stove top, how should you face pan handles?
 - When should you use the overhead fan for the stove?
 - What should you do if you cut yourself when chopping food?
 - What can you do to keep from burning food in the stove or oven?

Group Session:

- Follow individual session plan
- This can be completed in the group setting by making teams or by making it a competition who can find all hazards first
- The therapist can also ask the clients kitchen safety questions pertaining to the kitchen
- Therapist should address each individuals need

Occupation-Based Kit

Dancing



Dancing

Occupation-Based Kit

Supplies:

- Wii or Xbox Kinect
- Dance game: Dance Central and/or Just Dance
- Chair dancing DVDs and/or written instructions
- Paper plates
- Music and dance steps for: Foxtrot, Mambo, Tango, Waltz, Lindy Hop, Jitterbug, Jive, Boogie-Woogie, Tush Push, Boot Scootin' Boogie, and West Coast Shuffle

Recommended Adaptive Equipment:

- Walker
- Cane
- Grab bars or railing
- Wheelchair
- Chair

Recommended Environment:

- Occupational therapy department
- Facility lounge or common area
- Facility held dance
- Include family members if appropriate

Activities:

- Activity 1: Video Games
- Activity 2: Ballroom
- Activity 3: Walz
- Activity 4: Swing
- Activity 5: Chair Dancing

Dancing

Activity 1: Video Games

Supplies:

- Wii or Xbox Kinect
- Dance game: Dance Central, Just Dance

Client Factors/Performance Skills:

- Static and dynamic standing balance
- Trunk control
- Upper and lower extremity ROM and strength
- Gross motor control
- Bilateral coordination
- Endurance
- Sequencing

Introduction:

- Today's activity will focus on your ability to move your arms and legs in a coordinated manner, while maintaining your balance. These skills are needed during activities of daily living including bathing, dressing, and getting around the community.

Individual Session:

- The client will be set up in front of the television and game console.
- The client will be provided with instruction and guidance on how to play the game.
- The client will be encouraged to mirror the characters in the game while they dance.
- The client can either play alone or compete against the OT, depending on their required level of support.

Group Session:

- In a group setting, clients can compete against each other using the multi-player mode.
- Clients should be closely monitored and provided with support as needed.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Dancing

Activity 2: Ballroom

Supplies:

- Music and dance steps for:
 - Foxtrot
 - Mambo
 - Tango
 - Waltz

Client Factors/Performance Skills:

- Static and dynamic standing balance
- Trunk control
- Upper and lower extremity ROM and strength
- Gross motor control
- Bilateral coordination
- Endurance
- Sequencing

Introduction:

- Today's activity will focus on your ability to move your arms and legs in a coordinated manner, while maintaining your balance. These skills are needed during activities of daily living including bathing, dressing, and getting around the community.

Individual Session:

- The client will be provided with the music and dance steps to a variety of ballroom dances.
- The therapist can serve as a dance instructor to assist clients in learning new steps.

Group Session:

- In a group session, clients can dance together.
- Clients should be encouraged to help each other learn and master the dance moves.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Dancing

Activity 3: Swing

Supplies:

- Music and dancing steps for:
 - Lindy hop
 - Jitterbug
 - Jive
 - Boogie-woogie

Client Factors/Performance Skills:

- Static and dynamic standing balance
- Trunk control
- Upper and lower extremity ROM and strength
- Gross motor control
- Bilateral coordination
- Endurance
- Sequencing

Introduction:

- Today's activity will focus on your ability to move your arms and legs in a coordinated manner, while maintaining your balance. These skills are needed during activities of daily living including bathing, dressing, and getting around the community.

Individual Session:

- The client will be provided with the music and dance steps to a variety of ballroom dances.
- The therapist can serve as a dance instructor to assist clients in learning new steps.

Group Session:

- In a group, clients can dance side by side and with one another.
- Clients should be encouraged to help each other learn and master the dance moves.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Dancing

Activity 4: Line

Supplies:

- Music and dance steps for:
 - Tush push
 - Boot scootin' boogie
 - West coast shuffle

Client Factors/Performance Skills:

- Static and dynamic standing balance
- Trunk control
- Upper and lower extremity ROM and strength
- Gross motor control
- Bilateral coordination
- Endurance
- Sequencing

Introduction:

- Today's activity will focus on your ability to move your arms and legs in a coordinated manner, while maintaining your balance. These skills are needed during activities of daily living including bathing, dressing, and getting around the community.

Individual Session:

- The client will be provided with the music and dance steps to a variety of ballroom dances.
- The therapist can serve as a dance instructor to assist clients in learning new steps.

Group Session:

- In a group session, clients can dance together.
- Clients should be encouraged to help each other learn and master the dance moves.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Dancing

Activity 5: Chair Dancing

Supplies:

- Chair dancing DVDs and/or written instructions
- Paper plates

Client Factors/Performance Skills:

- Static and dynamic sitting balance
- Trunk control
- Upper and lower extremity ROM and strength
- Gross motor control
- Bilateral coordination
- Endurance
- Sequencing

Introduction:

- Today's activity will focus on your ability to move your arms and legs in a coordinated manner, while maintaining your sitting balance. These skills are needed during activities of daily living including bathing, dressing, and getting around the community.

Individual Session:

- The client will be provided with the music and dance steps to a variety of chair dances.
- The therapist can serve as a dance instructor to assist clients in learning new steps.

Group Session:

- In a group session, clients can dance together.
- Clients should be encouraged to help each other learn and master the dance moves.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Occupation-Based Kit

Fishing



Fishing

Occupation-Based Kit

Supplies:

- Fishing pole
- Fishing line
- Fishing lures
- Line weights
- Bobbers
- Hooks
- Weighted lures
- Magnets
- Beanbags with attached magnets
- Hand/wrist weights
- Laundry basket or bucket
- Trivia cards
- Paper and pencil

Recommended Adaptive Equipment:

- Dycem
- Add to fishing pole handle to secure grip
- Foam or Styrofoam
- Use to build up fishing pole handle
- Velcro or Ace wrap
- To secure hand to fishing pole handle
- Wrist weights
- Use to increase challenge or reduce tremors

Recommended Environment:

- Occupational therapy department
- Common area in the facility
- Hallway in the facility
- Facility outdoor space

Activities:

- Activity 1: Casting
- Activity 2: Reel It In
- Activity 3: Catching Fish
- Activity 4: Baiting
- Activity 5: Memory Game

Fishing

Activity 1: Casting

Supplies:

- Fishing Pole
- Weighted lure
- Laundry basket or bucket
- Long hallway or open space

Client Factors/Performance Skills:

- Increase static/dynamic standing balance
- Trunk control
- Upper extremity ROM and strength
- Grip and pinch
- Bilateral coordination
- Endurance

Introduction:

- Today's activity is going to focus on increasing your standing balance to participate in activities such as reaching in cupboards, getting dressed, or leisure activities such as fishing.

Individual Session:

- Cast the fishing line to hit the target at the end of the hallway (the laundry basket)
- If the person is able to hit the target easily, increase the distance between the target and client or instruct the client to use different casting techniques i.e. one-handed cast, side cast, etc., to provide more of a challenge
- Have the client complete in sitting or standing

Group Session:

- When completing in a group setting, point values can be assigned for hitting the target at different distances
- If resources are available, the winner could receive a prize such as a candy bar
- Group members can compete against one another, or be split into teams.
- Therapist should address each individuals need

Fishing

Activity 2: Reeling It In

Supplies:

- Fishing pole
- Laundry basket or bucket
- Weights

Client Factors/Performance Skills:

- Static and dynamic standing balance
- Upper extremity strength
- Endurance
- Bilateral coordination
- Grasp and pinch

Introduction:

- Today's activity is going to focus on your standing balance, strength, and endurance that will help you participate in activities of daily living such as carrying laundry, caring for children or pets, and home maintenance.

Individual Session:

- Prior to beginning this activity, the therapist will tie the end of the fishing line to the basket and place weights in the basket
- Have the client reel in the weighted basket (which simulates a fish)
- To provide a greater challenge, the basket can be placed further away from the client and/or more weight can be added to the basket

Group Session:

- Clients can also be split into teams
- You can time the teams
 - Each team's members' times will be added and whichever team has the lowest time wins.
- To reduce competition, clients can also take turns reeling in the fish.
- While waiting their turn, clients will be encouraged to assist and encourage the client engaged in the activity.
- Therapist should address each individual's need

Fishing

Activity 3: Catching Fish

Supplies:

- Fishing pole
- Magnets
- Beanbags with attached magnets

Client Factors/Performance Skills:

- Static and dynamic standing balance
- Upper extremity ROM and strength
- Trunk control
- Endurance
- Bilateral coordination
- Grasp and pinch
- Visual scanning

Introduction:

- Today's activity is going to focus on your standing balance, reaching, and grabbing that you will need to do for activities of daily living such as gathering items from drawers or cupboards, washing dishes, and doing laundry.

Individual Session:

- Prior to beginning this activity, the therapist will tie the end of the fishing line to a magnet
- Spread out the beanbags on the floor around the client.
- Depending on the client's abilities, the beanbags can be placed directly in front of the client, or scattered all around them
- Have the client attached the magnet at the end of the pole to a magnet on one of the beanbags, reel in the beanbag, and then remove the beanbag from the line
- Use heavier beanbags and/or scatter the beanbags in a larger area of space for increased challenge
- Visual scanning can be incorporated by numbering the beanbags, and asking the client to collect the beanbags in numerical order

Group Session:

- Clients can either compete against one another or work together as a team to pick up all the beanbags
- If using the visual scanning component, each client can be assigned which numbers to pick up.
- Therapist should address each individual's need

Fishing

Activity 4: Baiting

Supplies:

- Fishing line
- Fishing hooks
- Fishing lures
- Line weights
- Bobbers

Client Factors/Performance Skills:

- Fine motor control
- Bilateral coordination
- Grasp and pinch

Introduction:

- Today's activity will focus on using your hands to work on small activities. These skills are needed to perform activities of daily living such as writing, putting on jewelry, and using a phone or computer.

Individual Session:

- Use adaptations to increase the clients success at completing task such as wrist waist for tremors
- Have the client place hooks, lures, line weights, bobbers on fishing line
- Use fake bait or candy

Group Session:

- Follow the individual session activity
- Clients are should be encouraged to assist each other
- Therapist should address each individuals need

Fishing

Activity 5: Memory Game

Supplies:

- Trivia Cards
- Paper and pencil

Client Factors/Performance Skills:

- Attention
- Memory
- Thought

Introduction:

- Today's activity will focus on memory, which you need to perform activities of daily living such as preparing a meal, recalling a conversation, and calling a friend.

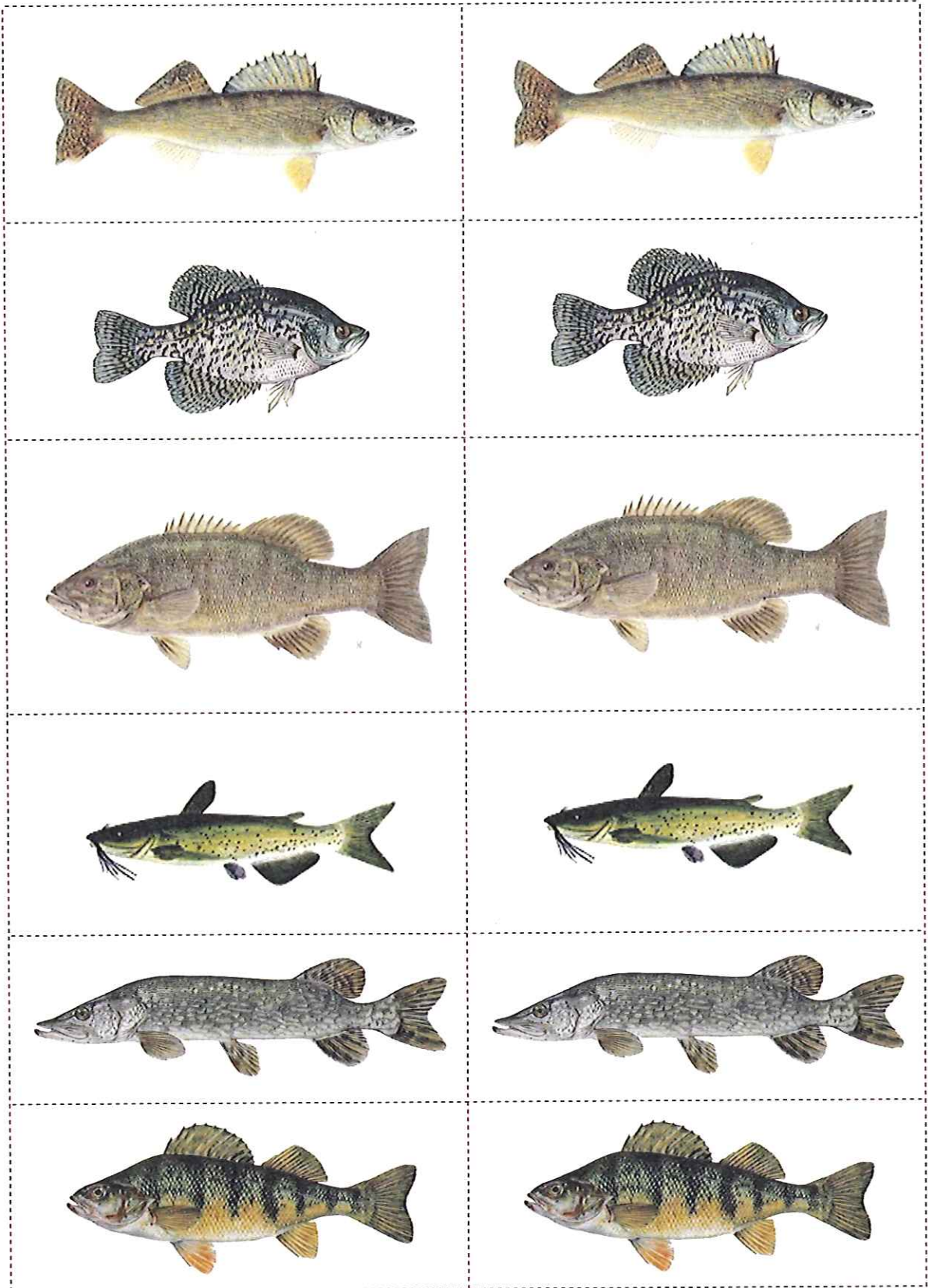
Individual Session:

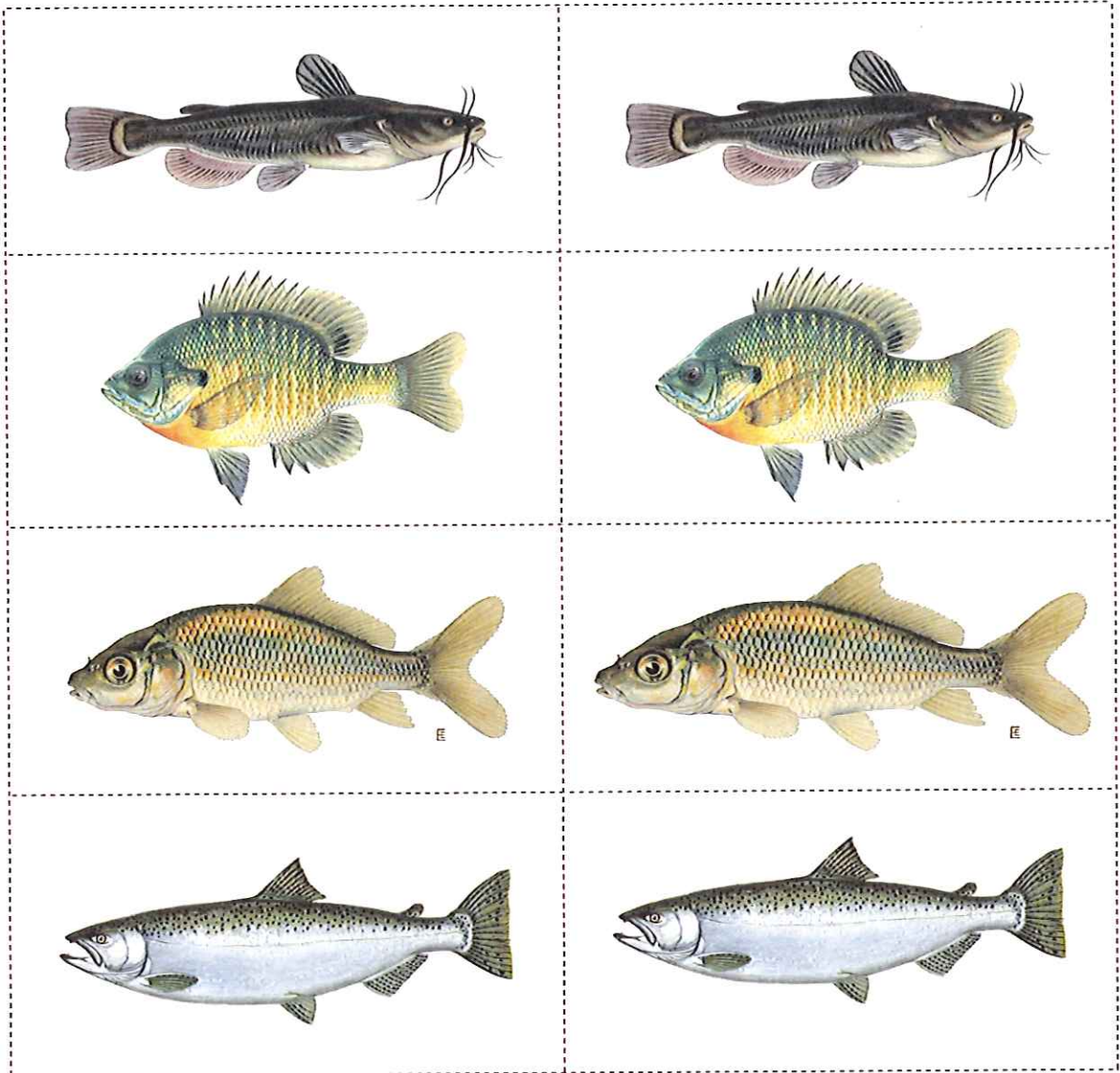
- Take turns asking questions and providing answers to the trivia questions
- Provide verbal cues to assist them in answering if needed
- Cognitive strategies that can be used include writing things down, counting out loud, verbally repeating statements, and paraphrasing

Group Session:

- Follow the individual session activity
- Clients can either compete against one another, be divided into teams, or work together as one big team
- Clients are should be encouraged to assist each other
- Therapist should address each individuals need

Fishing Memory





Types of Fish Pictured:

Walleye

Crappie

Smallmouth Bass

Catfish

Northern Pike

Perch

Bullhead

Sunfish

Salmon

Carp

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Occupation-Based Kit

Gardening



Gardening

Occupation-Based Kit

Supplies:

- Sequencing cards
- Pencil and paper
- Pruners
- Gardening Gloves
- Basket or bag (for scraps)
- Garden
- Vases
- Puff paint
- Tissue paper
- Mod Podge
- Scissors
- Ribbon
- Various size and color buttons
- Hot glue gun
- Scissors
- Various sized planting pots
- Plants
- Flowers
- Soil
- Hand gardening tools

Recommended Adaptive Equipment:

- Foam or Styrofoam: build up handles on gardening tools
- Velcro or ace wrap: to secure pinch/grip on tools
- Dycem: to hold potting plants in place or secure grip on objects
- Long handled tools: use for decreased ROM
- Wrist weights: use to decrease tremors or increase challenge
- Tool caddy on wheels: use for decreased balance or to increase strength for pushing
- Loop pruners (has spring to retract): use to strengthen finger flexion and for decreased finger extension or strength

Recommended Environment:

- Occupational therapy department
- Client rooms
- Facility outdoor area
- Facility common areas

Activities:

- Activity 1: Planting Pots
- Activity 2: Flower Arrangements
- Activity 3: Vase Design
- Activity 4: Pruning
- Activity 5: Plant Stages

Gardening

Activity 1: Planting Pots

Supplies:

- Various size planting pots
- Plants/flowers
- Hand gardening tools (shovel, hoe, cultivator)
- Soil
- Gardening gloves

Client Factors/Performance Skills:

- Fine motor coordination
- Gross motor coordination
- Grip
- Bilateral Coordination
- Static standing balance

Introduction:

- Today's activity is going to focus on fine motor coordination skills as we are going to use our hands to complete potting flowers. This activity is going to help strengthen your fingers, wrists, and arms.

Individual Session:

- Complete at a table top or outside in flower beds if appropriate for the client
- Client will select the pot and flowers that they would like to use
- Direct the client in techniques that they can use to lift and carry large potting soil bags to pour soil into planting pot
- The client will then plant the flowers and use the necessary planting tools
- Client can complete this activity in sitting or standing to grade the activity

Group Session:

- Follow the individual session activity
- Clients work together on an arrangement of plants or working together on larger plants
- Group members can be encouraged to help other group members and share ideas
- Therapist should address each individual's need

Gardening

Activity 2: Flower Arrangement

Supplies:

- Vases
- Flowers
- Scissors

Client Factors/Performance Skills:

- Fine motor coordination
- Gross motor coordination
- Grip
- Bilateral coordination
- Static standing balance
- Organizational skills

Introduction:

- Today's activity is going to focus on fine motor coordination skills as we are going to use our hands to complete flower arrangements. This activity is going to help strengthen your fingers, wrists, and arms. This activity will also simulate completing activities of daily living such as reaching into the cupboards or maintaining grasp. These flower arrangements can be placed in common areas such as the living room or dining room.

Individual Session:

- The client can create flower arrangements by cutting and position flowers within the vases that are provided
- Lay supplies in various positions so the client will have to reach into various planes
- Include cognitive organizational skills by providing the client with a bundle of flowers and have then organize them into categories before creating a flower arrangement

Group Session:

- Follow the individual session activity
- Clients can work together to build one large flower arrangement or have the clients design a set of arrangements that can be completed Group members can be encouraged to help other group members and share ideas
- Therapist should address each individuals need

Gardening

Activity 3: Vase Design

Supplies:

- Vases
- Puff paint
- Tissue paper
- Mod Podge
- Scissors
- Ribbon
- Hot glue gun
- Various size and color buttons

Client Factors/Performance Skills:

- Fine motor coordination
- Bilateral coordination
- Static standing balance
- Attention to detail
- Visual perceptual skills

Introduction:

- Today's activity is going to focus on fine motor coordination skills as we are going to use our hands to complete vase decorating. This activity is going to work on fine motor coordination that is required for other activities of daily living such as handwriting or completing buttons for dressing.

Individual Session:

- Help clients with ideas for designs on their vase
- Provide the client with a sample pattern from a vase and have the client copy the pattern to incorporate attention to detail and other cognitive and visual perceptual skills
- Grade it for difficulty by using smaller or larger buttons or other decorating items

Group Session:

- Follow the individual session activity
- Clients can work together to make a theme for the vases i.e. Fall or Fourth of July.
- Clients can work together to create a theme or this project can be completed individually in the group setting
- Therapist should address each individuals need

Gardening

Activity 4: Pruning

Supplies:

- Pruners
- Garden
- Gardening Gloves
- Basket or bag (for scraps)

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Static and dynamic standing balance
- Grip and pinch
- Fine motor coordination
- Gross motor coordination

Introduction:

- Today's activity is going to focus on standing balance and upper extremity strength by pruning bushes and plants. This activity will help increase standing balance and upper extremity strength to participate in activities of daily living such as reaching in cupboards, getting dressed, or leisure activities such as gardening.

Individual Session:

- This activity can be completed in the clinic on plants or outside depending on the client and clinic access
- Therapist can challenge the client by completing pruning at various heights such as waist height, bending down, or reaching over the head

Group Session:

- Follow the individual session activity
- Clients can work together to upkeep the facilities plants or landscaping
- Clients can work together to complete pruning of the facility plants and discuss which plants need to be worked on
- Therapist should address each individuals need

Gardening

Activity 5: Plant Stages

Supplies:

- Sequencing cards
- Pencil and paper

Client Factors/Performance Skills:

- Sequencing
- Visual perceptual skills
- Attention to detail

Introduction:

- Today's activity is going to focus on sequencing and visual perceptual skills to organize and place the pictures in order. This activity is going to help learn different techniques activities that require skills such as visual scanning and following directions to complete a task.

Individual Session:

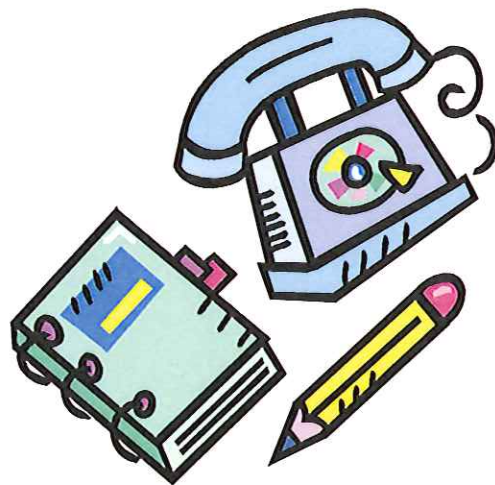
- Lay cards out in a random order
- Instruct client in sequencing cards in order of flower growth
- Spread the cards out on the table to encourage visual scanning
- Grade the activity by providing all of the sequence cards or decrease the challenge by only providing a few select cards

Group Session:

- Follow the individual session activity
- Divide the cards out to each group member and they can work together to place them in order
- The group members can also be split into teams or complete the sequencing individually to provide competition by completing it in the fastest time
- Therapist should address each individuals need

Occupation-Based Kit

Health Management



Health Management

Occupation-Based Kit

Supplies:

- Medication bottles (2-5)
- Medication trays
- Colored beads (or other objects to represent pills)
- Binder/folder(optional)
- Prescription (fake)
- Medication list (fake)
- Phonebook
- Paper
- Pencil
- Folder
- Grid paper
- Home Exercise Programs
- Camera or printer (optional)

Recommended Adaptive Equipment:

- Dycem: use to prevent beads from rolling and to hold objects in place for clients with decreased pinch or grip
- Foam or Styrofoam: use to build up handles for writing
- Magnifying glass: use to increase print

Recommended Environment:

- Occupational therapy department
- Client rooms

Activities:

- Activity 1: Medication
- Activity 2: Filling Prescriptions
- Activity 3: Contact List
- Activity 4: Schedule
- Activity 5: Home Exercise Program

Health Management

Activity 1: Medication

Supplies:

- Medication bottles (2-5)
- Medication trays
- Colored beads (or other objects to represent pills)

Client Factors/Performance Skills:

- Fine motor coordination
- Memory
- Sequencing
- Attention
- Judgment
- Perception
- Recognition
- Categorization
- Generalization

Introduction:

- Today's activity is going to focus on fine motor coordination and cognitive skills. This activity is going to address medication management to increase independence in activities of daily living such as organizational skills and attention to detail.

Individual Session:

- The therapist will provide the client with pill bottles (with one set of colored beads inside) and ask the client read the directions or follow verbal directions of placing the appropriate pills in the medication tray
 - Take 2 pills each day (one morning and one evening) from medication bottle #1
 - Take 1 pill on every other day from medication bottle #2
 - Take 1 pill each day from medication bottle #3
 - Take 2 pills every other day from medication bottle #4
 - Take 1 pill as needed for pain from medication bottle #5
- Depending on the client's cognitive abilities, the medication tray can be for one week or a month
- The therapist can also challenge the client by adding or taking away some pills to change the difficulty of the activity
- This activity is similar to the CPT if the facility has this assessment

Group Session:

- Follow the individual session activity
- Clients can work together and discuss what medication need to be placed in each tray
- Clients can work individually in a group setting
- Therapist should address each individuals need

Health Management

Activity 2: Filling Prescriptions

Supplies:

- Prescription
- Medication list
- Phonebook

Client Factors/Performance Skills:

- Memory
- Sequencing
- Attention
- Judgment
- Perception
- Recognition
- Categorization
- Generalization

Introduction:

- Today's activity is going to focus on fine motor coordination and cognitive skills. This activity is going to address medication management to increase independence in activities of daily living such as organizational skills and attention to detail.

Individual Session:

- The therapist will provide the client with pill bottles (with one set of colored beads inside) and ask the client read the directions or follow verbal directions of placing the appropriate pills in the medication tray
 - Take 2 pills each day (one morning and one evening) from medication bottle #1
 - Take 1 pill on every other day from medication bottle #2
 - Take 1 pill each day from medication bottle #3
 - Take 2 pills every other day from medication bottle #4
 - Take 1 pill as needed for pain from medication bottle #5
- Depending on the client's cognitive abilities, the medication tray can be for one week or a month
- The therapist can also challenge the client by adding or taking away some pills to change the difficulty of the activity
- This activity is similar to the CPT if the facility has this assessment

Group Session:

- Follow the individual session activity
- Having each client call for appointment/refills or by having them work as a group to identify how to complete the activity
- The therapist can also have each client assigned to a different portion of the task depending on the client's specific needs
- Therapist should address each individuals need

Health Management

Activity 3: Contact List

Supplies:

- Paper
- Pencil
- Folder
- Phonebook

Client Factors/Performance Skills:

- Handwriting
- Memory
- Sequencing
- Attention
- Judgment
- Perception
- Recognition
- Categorization
- Generalization

Introduction:

- Today's activity is going to focus on cognitive skills. This task is going to help you make a contact list for emergency and community contacts that can be placed by your phone in case you need to refer to it.

Individual Session:

- Provide a general list of emergency contacts/community contacts that the client might want to provide in their contact list
- The therapist can also ask the client to add others to the contact list or have the client think of the client list on their own
- Have the client find the phone number in the phonebook for each contact and write them (or type them if appropriate) and place them into the folder
- The folder can then be placed by their phone or in a common place for the client to refer to

Group Session:

- Follow the individual session activity
- The clients can brainstorm together what contacts they should add to their list and then have each individual write out their own list (as each person is going to have different family or community places)
- Therapist should address each individuals need

Example Contact List

Emergency Contacts:

Emergency: 911

Fire: 911

Police Station (non-emergency): _____

Parents (John & Jane Smith): _____

Sister (Sue Smith): _____

Caregiver (John Doe): _____

Hospital (Name of facility): _____

Doctor (Dr. Smith): _____

Dentist (Dr. Doe): _____

Community Contacts:

Electric Company (Company Name): _____

Cable Company (Company Name): _____

Landlord (John Smith): _____

Bank (Bank Name): _____

Health Management

Activity 4: Schedule

Supplies:

- Paper (with grid)
- Pencil

Client Factors/Performance Skills:

- Handwriting
- Memory
- Sequencing
- Attention
- Judgment
- Perception
- Recognition
- Categorization
- Generalization

Introduction:

- Today's activity is going to focus on cognitive skills. Today we are going to make a sleep routine. Having a sleep routine is going to help your body for health management and having a routine makes it easier for your body to fall asleep at wake up.

Individual Session:

- First the therapist can help the client establish a normal time that they go to bed and get up in the morning
- With this time they can place it on the daily grid (with the time)
- Once they establish a time, the therapist can instruct the client to come up with a list of tasks that they complete before going to bed and after they wake up such as brushing their teeth, brush their hair, take a shower, read a book, and cook breakfast/have a snack
- Once the client identifies the tasks, have the client place those tasks on the daily grid in order to determine a time that they need to start preparing for bed or get up for time management
- The therapist can explain to the client the importance of having a schedule and the importance of receiving enough sleep

Group Session:

- Follow the individual session activity
- The clients can brainstorm together the tasks that they normally complete each night/day and then complete their own grid
- Therapist should address each individuals need

Example:
PM Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00 PM	Shower	Shower	Shower	Shower	Shower	Shower	Shower
7:30 PM	Snack	Snack	Snack	Snack	Snack	Snack	Snack
8:00 PM	Brush Teeth	Brush Teeth	Brush Teeth	Brush Teeth	Brush Teeth	Brush Teeth	Brush Teeth
8:30 PM	Read	Read	Read	Read	Read	Read	Read
9:00 PM	Bed	Bed	Bed	Bed	Bed	Bed	Bed

AM Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00 AM	Sleep In	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Sleep In
7:30 AM	Wake Up	Watch News	Watch News	Watch News	Watch News	Watch News	Wake Up
8:00 AM	Watch News	Breakfast	Break- fast	Breakfast	Breakfast	Break- fast	Watch News
8:30 AM	Break- fast	Brush Teeth/ Hair	Brush Teeth/ Hair	Brush Teeth/Hair	Brush Teeth/ Hair	Brush Teeth/ Hair	Break- fast
9:00 AM	Brush Teeth/ Hair	Leave	Leave	Leave	Leave	Leave	Brush Teeth /Hair

Blank Example:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Health Management

Activity 5: Home Exercise Program

Supplies:

- Home Exercise Programs
- Pencil
- Camera/printer (optional)
- Binder/folder (optional)

Client Factors/Performance Skills:

- Coordination (Fine/Gross)
- Upper Extremity Strengthening
- Cognitive Skills
- Balance
- Positioning
- Tone Reduction
- (Other client factors/performance skills for individual clients depending on needs)

Introduction:

- Today's activity is going to focus on home exercise programs. These programs are activities that you can be doing on your own time individually or with assistance from a caregiver/family member/friend. These tasks will continue to increase your independence in activities of daily living.

Individual Session:

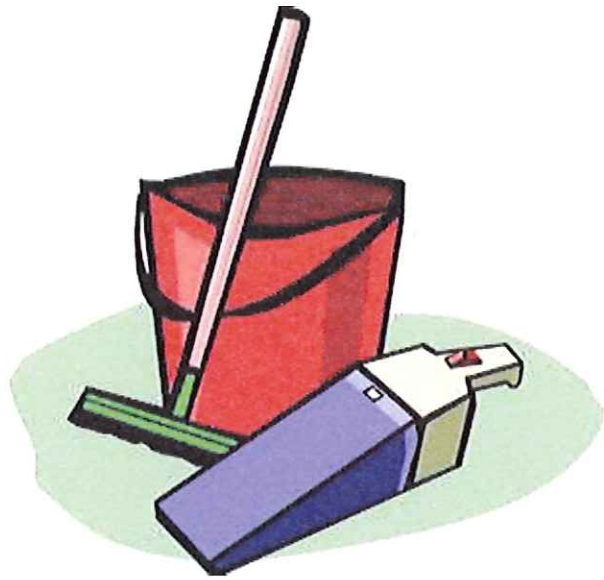
- The therapist will discuss and demonstrate individual exercises and activities that the client can complete once leaving the facility or within their room
- The therapist should consider the needs of the client and if the client will have the ability for assistance from another person when providing the activity
- The client would benefit from a handout with the tasks and how many times they should complete each exercise
- The client would also benefit from taking pictures of the client completing the task with instructions and place them in a folder/binder that they can reference

Group Session:

- Follow the individual session activity
- If the clients have similar needs or activities for a home exercise program, they can be completed in a group setting
- The therapist will discuss and demonstrate individual exercises and activities that the clients can complete once leaving the facility or within their room
- Therapist should address each individuals need

Occupation-Based Kit

Home Management



Home Management

Occupation-Based Kit

Supplies:

- Eating utensils
- Plates
- Bowls
- Glasses
- Dishrags
- Dish towels
- Duster
- Paper towels
- Multi-surface cleaner
- Furniture cleaner
- Dish soap
- Broom
- Dust pan
- Vacuum
- Plastic tub
- Shirts, pants, other clothing
- Washcloths
- Towels
- Laundry basket
- Laundry detergent
- Clothing line
- Clothes pins
- Fake money
- Bills
- Calculator
- Paper and pencil

Recommended Adaptive Equipment:

- Dycem: add to tool handles to secure grip
- Foam or Styrofoam: use to build up tool handles
- Long handled tools: use to compensate for limited ROM
- Mobile arm support: use to compensate for limited ROM
- Velcro or Ace wrap: use to secure hand to tool handles
- Wrist weights: use to increase challenge or reduce tremors
- ADL wrist splint: use to stabilize wrist

Recommended Environment:

- Occupational therapy department
- Facility lounge or common area
- Dining rooms
- Resident's room/bathroom
- Facility laundry room
- Facility coffee shop, if available
- Facility convenience store, if available
- Vending machines

Activities:

- Activity 1: Setting the Table
- Activity 2: Laundry
- Activity 3: Doing Dishes
- Activity 4: Cleaning House
- Activity 5: Bill Pay

Home Management

Activity 1: Setting the Table

Supplies:

- Plastic tub
- Eating utensils
- Plates
- Bowls
- Glasses
- Dishrags
- Multi-surface cleaner

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Gross motor control
- Fine motor control
- Bilateral coordination
- Static and dynamic standing balance
- Endurance
- Visual-perceptual skills
- Sequencing
- Organizing

Introduction:

- Today's activity will focus on how your hands work together, your standing balance, and how you sequence a task. These skills are needed to set a table, wash dishes, and do laundry.

Individual Session:

- The client will be asked to set the table in preparation for a meal.
- Take the client out of the therapy room to do this. Use a lounge area or dining room.
- After the table is set, the client will be asked to clear and wash the table. Provide the client with a plastic tub to place the dishes into.

Group Session:

- In a group, clients will be asked to set the table in preparation for a meal.
- Place settings or tables can be split up among clients. Each client will set and clear their designated number of place settings
- After the table is set, the clients will be asked to clear and wash the table. Provide the clients with a plastic tub to place the dishes into
- Each client's individual abilities and performance skill deficits will need to be addressed.

Home Management

Activity 2: Laundry

Supplies:

- Shirts
- Pants
- Washcloths
- Towels
- Laundry basket
- Laundry detergent
- Washing machine
- Dryer
- Clothing line
- Clothes pins

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Gross motor control
- Fine motor control
- Bilateral coordination
- Endurance
- Visual-perceptual skills
- Sequencing
- Organizing

Introduction:

- Today's activity will focus on your ability to organize and sequence the steps of doing laundry. This task requires your hands to work together and good standing balance. These skills are required to perform other activities of daily living including bathing, dressing, and meal preparation.

Individual Session:

- Depending on timelines, this activity can be completed in one session, or broken down into multiple sessions.
- Prior to the session, the therapist will place a load of clean, dry laundry into the dryer.
- The client will begin by separating the "dirty" clothing into piles according to fabric texture and color.
- Next, the client will set the controls on the washing machine, measure and add the detergent, and then place the clothing into the machine.
- Next, the client will remove the clothes from the dryer and place them into a laundry basket, carry the basket to a table, and begin folding the laundry. This can be done in either sitting or standing.
- When the load in the washing machine is finished, the client will remove them and place them into the dryer and set the controls.
- When that load is finished, the client will remove the clothing and fold it.
- This can be repeated for several loads.
- Rather than being placed into the dryer, some of the clothing can be hung to dry. The client will need to reach overhead to hang the heavier, wet clothing, providing a greater challenge.

Group Session:

- In a group setting, clients can work together to sort and load the laundry.
- If multiple machines are available, the clients can work side by side.
- The clean clothing can be divided among the clients to be folded or hung to dry.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Home Management

Activity 3: Doing Dishes

Supplies:

- Dishes
- Dish soap
- Dishcloths
- Dish towels
- Sink
- Dishwasher

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Gross motor control
- Fine motor control
- Bilateral coordination
- Visual-perceptual skills
- Static and dynamic standing balance
- Trunk control
- Endurance
- Sequencing
- Organizing

Introduction:

- Today's activity will focus on how your hands work together to complete a task, as well as how you plan and sequence. These skills are needed to wash dishes, as well as prepare a meal, brush your teeth, and put laundry away.

Individual Session:

- The client will fill the sink with hot soapy water, and load dirty dishes into it.
- The client will hand wash and dry the dishes, and then place them into drawers and cabinets.
- For this activity, the client can also load and unload a dishwasher.

Group Session:

- In a group, each client can take a role in the dishwashing process. One client can wash, one can dry, one can put the dishes away, etc.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Home Management

Activity 4: Cleaning House

Supplies:

- Multi-surface cleaner
- Furniture cleaner
- Duster
- Paper towels
- Cleaning cloths
- Broom
- Dust pan
- Vacuum
- Garbage can

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Bilateral coordination
- Visual-perceptual skills
- Static and dynamic standing balance
- Gross motor control
- Fine motor control
- Endurance
- Sequencing

Introduction:

- Today's activity will focus on your ability to complete a large task, including your strength and endurance. These skills are needed to completing longer, more physically demanding activities of daily living including bathing, dressing, and housekeeping.

Individual Session:

- This activity can be completed in one session, or split into multiple sessions.
- The client will clean a room, such as a lounge area or their bedroom.
- The client will dust the furniture, clean tabletops, wash windows and mirrors, sweep, and vacuum.
- Throughout the session, the therapist will incorporate adaptive strategies, adaptive equipment, and energy conservation techniques if applicable.

Group Session:

- In a group, a larger room can be selected to clean.
- Each client will be given a task to complete, and the group will work together to clean the entire room.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Home Management

Activity 5: Bill Pay

Supplies:

- Fake money
- Bills
- Calculator
- Paper and pencil

Client Factors/Performance Skills:

- Higher level cognitive skills
- Attention
- Memory

Introduction:

- Today's activity will focus on your cognitive skills that are needed to perform activity of daily living including paying bills, shopping, and making an appointment.

Individual Session:

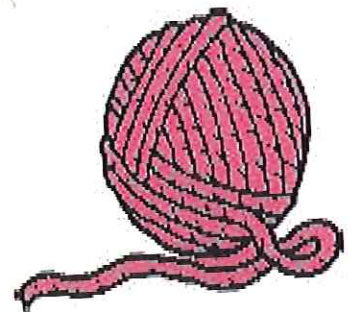
- The client will be presented with a variety of bills including mortgage, cable, electricity, and water.
- The client will need to read through the bill, figure out what they owe, and select the correct amount of cash.
- This task requires higher level cognitive skills.
- Throughout the session, the therapist can provide the client with adaptive strategies to assist with cognition.

Group Session:

- In a group, the clients will each get a bill, figure out how much they owe and when, and then collaborate with their group members to determine how to split the sum of cash.
- For example, if the total cost of bills is more than the total cash available, the clients will need to work together to determine which bills need to be paid first according to bill due dates.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Occupation-Based Kit

Needlework



Needlework

Occupation-Based Kit

Supplies:

- Sewing machine
- Sewing needles
- Embroidery needles
- Knitting needles
- Crochet hooks
- Embroidery hoop
- Thread
- Embroidery floss
- Yarn
- Fabric
- Batting
- White dish towels
- Written directions
- Patterns

Recommended Adaptive Equipment:

- Dycem: add to tool handles to secure grip
- Foam, Styrofoam, or hair curlers: use to build up tool handles
- Velcro or Ace wrap: use to secure hand to tool handles
- Wrist weights: use to increase challenge or reduce tremors
- Stand up embroidery hoop: use if client has trouble holding the embroidery hoop
- Adjustable table clamp: use to hold needles and hooks in a fixed position

Recommended Environment:

- Occupational therapy department
- Facility lounge or common area
- Depending on weather, outdoors

Activities:

- Activity 1: Quilting
- Activity 2: Embroidery
- Activity 3: Knitting
- Activity 4: Crocheting
- Activity 5: Clothing Repair

Needlework

Activity 1: Quilting

Supplies:

- Sewing machine
- Sewing needles
- Thread
- Fabric
- Batting
- Written directions
- Patterns

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Endurance
- Fine motor control
- Pinch and grasp
- Bilateral coordination
- Visual-perceptual skills
- Attention
- Memory
- Sequencing

Introduction:

- Today's activity will focus on how your hands move and work together to complete a small task, as well as how you follow directions. These skills are needed to button a shirt, fasten jewelry, and floss your teeth.

Individual Session:

- This activity can be broken down into multiple sessions.
- The client will be provided with the tools and materials necessary to quilt.
- The client can follow a pattern, or determine their own. They can either use the fabric provided, or bring their own in.

Group Session:

- In a group, clients can work together to make a quilt.
- Each client will sew together a number of patches, which will then be compiled into one quilt.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Needlework

Activity 2: Embroidery

Supplies:

- Embroidery needles
- Embroidery floss
- Embroidery hoop
- Fabric
- Written direction
- Patterns

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Endurance
- Fine motor control
- Grip and pinch
- Bilateral coordination
- Visual-perceptual skills
- Attention
- Memory
- Sequencing

Introduction:

- Today's activity will focus on how your hands move and work together on a small task. These skills are needed for handwriting, applying cosmetics, and chopping vegetables.

Individual Session:

- The client will be provided with the tools and materials necessary for embroidery.
- The client can use the fabric provided, or bring their own.
- The client will embroider a pattern onto a piece of fabric. For example, pillow cases or dish towels.

Group Session:

- In a group session, clients can embroider side by side.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Needlework

Activity 3: Knitting

Supplies:

- Knitting needles
- Yarn
- Written directions
- Patterns

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Endurance
- Fine motor control
- Grip and pinch
- Bilateral coordination
- Visual-perceptual skills
- Attention
- Memory
- Sequencing

Introduction:

- Today's activity will focus on how your hands move and work together to complete a small task. These skills are needed for activities of daily living including feeding yourself, tying shoelaces, and styling your hair.

Individual Session:

- The client will be provided with the tools and materials necessary for knitting.
- Depending on the client's abilities, they can either follow a pattern, or knit a basic, solid colored square.

Group Session:

- In a group, clients can knit side by side.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Needlework

Activity 4: Crocheting

Supplies:

- Crochet hooks
- Yarn
- Crochet patterns

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Endurance
- Fine motor control
- Grip and pinch
- Bilateral coordination
- Visual-perceptual skills
- Attention
- Memory
- Sequencing

Introduction:

- Today's activity will focus on how your hands move and work together to complete a task. These skills are needed to fasten jewelry hooks, cut up food, and brush your teeth.

Individual Session:

- The client will be provided with the tools and materials necessary to crochet.
- Depending on the client's abilities, they can either follow a pattern, or crochet a basic, solid colored square.

Group Session:

- In a group, the clients can crochet side by side.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Needlework

Activity 5: Clothing Repair

Supplies:

- Sewing machine
- Sewing needles
- Thread
- Buttons
- Fabric

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Endurance
- Bilateral coordination
- Eye-hand coordination
- Visual-perceptual skills
- Grasp and pinch
- Fine motor control
- Attention
- Memory
- Sequencing

Introduction:

- Today's activity will focus on how your hands move and work together while completing a task. These skills are needed for handwriting, feeding yourself, and getting dressed.

Individual Session:

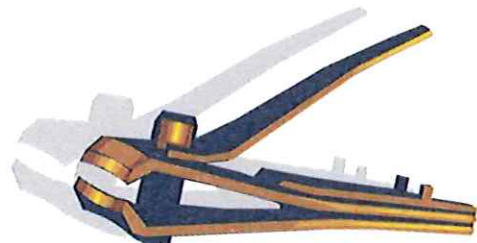
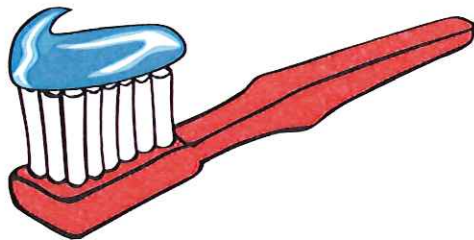
- The client will repair prop clothing provided in the kit, or can repair their own clothing.
- Examples of repairs including sewing on buttons, patching a hole, and hemming a pair of pants.
- The client will be provided with the tools and materials necessary to complete the repair.

Group Session:

- In a group, clients will work side by side on different clothing repairs.
- Prop clothing or personal clothing can be used during this activity.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Occupation-Based Kit

Personal Hygiene and Grooming



Personal Hygiene and Grooming Occupation-Based Kit

Supplies:

- Cosmetics
- Makeup brushes
- Fingernail clipper
- Nail file
- Nail buffer
- Nail polish
- Nail art stickers
- Nail polish remover
- Cotton swabs
- Cotton balls
- Toothpicks
- Pedicure toe dividers
- Hairbrush
- Comb
- Hair pick
- Hair gel
- Hairspray
- Curlers
- Curling iron
- Hair ties and clips
- Toothbrushes
- Toothpaste
- Dental floss
- Mouthwash
- Emesis basins
- Glasses
- Denture cups
- Denture cleaner
- Tweezers
- Razors
- Electric razors
- Shaving cream
- After shave
- Lotion
- Washcloths
- Towels
- Personal mirrors

Recommended Adaptive Equipment:

- Dycem: add to grooming tool handles to secure grip
- Foam or Styrofoam: use to build up grooming tool handles
- Long handled grooming tools: use to compensate for limited ROM
- Mobile arm support: use to compensate for limited ROM
- Velcro or Ace wrap: use to secure hand to grooming tools handles
- Nail clipper on base
- Wrist weights: use to increase challenge or reduce tremors
- Universal cuff: use to hold toothbrush, make-up, razor, etc.
- ADL wrist splint: use to stabilize wrist
- Adjustable table clamp: use to hold tools in a fixed position
- Electric toothbrush
- Floss aid or floss picks
- Toothette disposable swabs
- Hands free hair dryer holder
- Tube squeezer

Recommended Environment:

- Occupational therapy department
- Resident's room/bathroom
- Use resident's personal items

Activities:

- Activity 1: Nail Care
- Activity 2: Hair Styling
- Activity 3: Oral Cares
- Activity 4: Cosmetic Application
- Activity 5: Shaving

Personal Hygiene and Grooming

Activity 1: Nail Care

Supplies:

- Fingernail clippers
- Nail file
- Nail buffer
- Nail polish
- Nail art stickers
- Nail polish remover
- Cotton swabs
- Cotton balls
- Pedicure toe dividers

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Fine motor control
- Bilateral coordination
- Hand-eye coordination
- Visual-perceptual skills
- Endurance

Introduction:

- Today's activity will focus on how your hands work together to complete a small task. These skills are needed to fasten buttons, style your hair, and make a sandwich.

Individual Session:

- The client will be provided with a variety of shades of nail polish. The client will paint their fingernails or toenails, or for a fun twist, paint the therapist's fingernails.
- To add a greater challenge, the client can add stickers or paint designs on their nails.
- Clients can also groom their fingernails with a clippers, file, and buffer.

Group Session:

- In a group, clients can either work side by side, or they can paint each others' fingernails.
- During the activity, the therapist can initiate a group discussion to encourage social interaction.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Personal Hygiene and Grooming

Activity 2: Hair Styling

Supplies:

- Hair gel
- Hairspray
- Hair pick
- Comb
- Hairbrush
- Curlers
- Curling iron
- Hair ties and clips
- Countertop space
- Mirror

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Endurance
- Gross motor control
- Fine motor control
- Bilateral coordination
- Visual-perceptual skills
- Sequencing

Introduction:

- Today's activity will focus on how you are able to use your hands together to complete a task. These skills are needed for bathing, dressing, and cooking.

Individual Session:

- The client will style their hair using the available tools and products. Depending on what styles the client prefers, they can:
 - Style using hair gel
 - Place and remove curlers
 - Use a curling iron
 - Braid their hair
 - Style using hair clips
- If the client is having difficulty reaching the back of their head, they can style the front, and the therapist can assist with the back.
- Clients can complete the activity in either sitting or standing, depending on individual abilities.

Group Session:

- In a group, clients can either work side by side, or help style each other's hair.
- During the activity, the therapist can initiate a group discussion to encourage social interaction.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Personal Hygiene and Grooming

Activity 3: Oral Care

Supplies:

- Toothbrush
- Toothpaste
- Dental floss
- Mouthwash
- Emesis basin
- Glass
- Denture cup
- Denture cleaner
- Towels
- Countertop space
- Mirror

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Fine motor control
- Grip and pinch
- Bilateral coordination
- Visual perceptual skills
- Sequencing

Introduction:

- Today's activity will focus on how your hands move and work together. These skills are needed to brush your teeth, get dressed, and open jars.

Individual Session:

- The client will be provided with the tools and products to perform oral hygiene.
- If the client still has their own teeth, they will floss and brush. If the client has dentures, they will remove, clean, and reinsert them.
- This activity can be done either sitting or standing at the sink, or seated in a chair or their bed by using an emesis basin.
- The goal is not only to perform good quality oral hygiene, but also to work on fine motor control and endurance.

Group Session:

- In a group, clients can work side by side. Personal mirrors and emesis basins would be required.
- During the group session, the therapist can educate clients on the importance of oral hygiene, and encourage a group discussion.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Personal Hygiene and Grooming

Activity 4: Cosmetic Application

Supplies:

- Cosmetics
- Cotton swabs
- Makeup brushes
- Countertop space
- Mirror

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Fine motor control
- Grip and pinch
- Bilateral coordination
- Endurance
- Visual-perceptual skills
- Attention
- Memory
- Sequencing

Introduction:

- Today's activity will focus on your ability to use your hands together to complete a small, detailed task. These skills are needed to apply makeup, fasten buttons, and style your hair.

Individual Session:

- The client will be provided with the tools and products needed for cosmetic application. Based on the client's personal preferences, only certain products may be used.
- The client will be asked to apply their makeup as they usually would.
- This can be done while sitting or standing at the mirror, or seated in a chair or their bed with a personal mirror.
- To add a greater challenge, the therapist can present the client with a variety of pictures of faces and ask the client to replicate the makeup application of one of them on their own face.

Group Session:

- In a group session, clients can either work side by side, or apply makeup on each other.
- During the activity, the therapist can initiate a group discussion to encourage social interaction.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Personal Hygiene and Grooming

Activity 5: Shaving

Supplies:

- Tweezers
- Razors
- Electric razors
- Shaving cream
- After shave
- Lotion
- Washcloths
- Towels
- Countertop space
- Mirror

Client Factors/Performance Skills:

- Upper extremity ROM and strength
- Fine motor control
- Grip and pinch
- Bilateral coordination
- Endurance
- Visual-perceptual skills

Introduction:

- Today's activity will focus on your ability to use your hands together to work on a small, detailed task. These skills are needed to groom facial hair, zip zippers, and tie shoelaces.

Individual Session:

- The client will be provided with the tools and products needed for shaving.
- The client will be able to groom their facial hair, trim nose and ear hair, pluck their eyebrows, shave their legs, etc.
- The client can use either a standard razor or electric razor, depending on their preferences and abilities. The client can also use tweezers to pluck hairs.
- This activity can be completed in sitting or standing at a mirror.

Group Session:

- In a group session, clients can groom their facial hair side by side using personal mirrors.
- The therapist can also initiate a group discussion to encourage social participation.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Occupation-Based Kit

Reading



Reading

Occupation-Based Kit

Supplies:

- Word find puzzles
- Crossword puzzles
- Sudoku Puzzles
- Newspapers
- Magazines
- Books
- Maps
- Compass
- Paper and pencil
- Highlighters

Recommended Adaptive Equipment:

- Large print word puzzles and books
- Magnifying glass
- Reading light or lamp
- Audio books
- Adapted writing utensils

Recommended Environment:

- Occupational therapy department
- Facility lounge or common area
- Facility coffee shop, if available
- Outdoors, depending on weather

Activities:

- Activity 1: Word Puzzles
- Activity 2: Reading Maps/Directions
- Activity 3: Current Events
- Activity 4: Book Club
- Activity 5: Newsletter

Reading

Activity 1: Word Puzzles

Supplies:

- Word find puzzles
- Crossword puzzles
- Sudoku puzzles
- Writing utensils

Client Factors/Performance Skills:

- Fine motor control
- Grasp and pinch
- Eye-hand coordination
- Visual-perceptual skills
- Attention
- Memory
- Thought
- Higher level cognitive

Introduction:

- Today's activity will focus on your ability to read and solve problems. These skills are necessary for activities of daily living including paying bills, reading the newspaper, and grocery shopping.

Individual Session:

- The client will be provided with a variety of word and number puzzles.
- The therapist and client will collaborate to choose a puzzle, depending on the client's abilities, needs, and interests.
- The puzzles can be used to focus on a variety of skills including visual scanning, addressing visual field cuts, and cognition.

Group Session:

- In a group, clients can work on the same or different puzzles side by side.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Reading

Activity 2: Reading Directions/Maps

Supplies:

- Written directions
- Maps
- Compass

Client Factors/Performance Skills:

- Visual-perceptual skills
- Attention
- Memory
- Thought
- Perception
- Higher level cognitive

Introduction:

- Today's activity will focus on your ability to follow directions and read maps. These skills are needed to navigate around your community, follow a recipe, and read the newspaper.

Individual Session:

- The client will be provided with written directions and/or a map and will be asked to navigate themselves to the desired location.
- This activity will focus on the client's ability to plan, sequence, and follow through.
- This activity can also incorporate mobility skills.

Group Session:

- In a group, clients will be provided with the same directions and/or map, and will work together to find the desired location.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Reading

Activity 3: Current Events

Supplies:

- Newspapers
- Magazines
- Paper and pencil
- Highlighters

Client Factors/Performance Skills:

- Fine motor control
- Grasp and pinch
- Eye-hand coordination
- Visual-perceptual skills
- Attention
- Memory
- Thought
- Higher level cognitive

Introduction:

- Today's activity will focus on your ability to see, read, and summarize ideas. These skills are needed for activities of daily living including reading prescription bottles, following a recipe, and taking a phone message.

Individual Session:

- The client will be provided with newspapers and magazines.
- The client will read through articles that they find interesting and then summarize the findings on a piece of paper.
- The client will share their findings with the therapist.
- The activity can be adapted to focus on a variety of skills including visual scanning, tracking, and saccadic eye movement as well as cognitive skills.

Group Session:

- In a group session, each client will search for, read, and summarize their own articles. Each client will then share their findings with the group.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Reading

Activity 4: Book Club

Supplies:

- Books
- Paper and pencil

Client Factors/Performance Skills:

- Fine motor control
- Grasp and pinch
- Eye-hand coordination
- Visual-perceptual skills
- Attention
- Memory
- Thought
- Higher level cognitive

Introduction:

- Today's activity will focus on your ability to see, read, and summarize information. These skills are needed to read the mail, write a letter, and order a meal at a restaurant.

Individual Session:

- The client will be provided with a variety of books from which they can choose, or they can bring in their own book.
- The client will spend time reading during the session.
- The therapist will focus on visual-perceptual skills including visual scanning, tracking, saccadic eye movement, and use of visual fields.
- At this time, the therapist can also incorporate adaptive strategies and equipment that may help the client.
- To address cognitive functions, the therapist will encourage the client to summarize parts of the books, including pages, chapters, or sections.

Group Session:

- In a group setting, clients could all be reading the same book. This way, they could all summarize and discuss the book together.
- Otherwise, each client can discuss the main points of their own books to the group members.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Reading

Activity 5: Newsletter

Supplies:

- Paper and pencil
- Computer
- Copy machine

Client Factors/Performance Skills:

- Fine motor control
- Grasp and pinch
- Eye-hand coordination
- Visual-perceptual skills
- Attention
- Memory
- Thought
- Higher level cognitive
- Communication and social skills

Introduction:

- Today's activity will focus on your ability to communicate, read, and think. These skills are needed for activities of daily living including ordering a meal at a restaurant, looking up phone numbers, and calling and making appointments.

Individual Session:

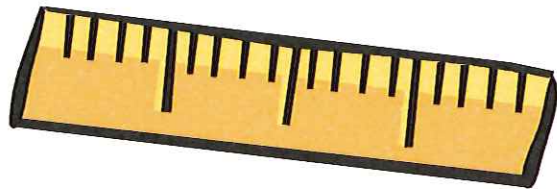
- This activity can be broken into multiple sessions, or split among multiple clients.
- The client will be responsible for developing articles and stories for the SNF newsletter.
- Depending on the client's abilities, they can interview, research, and write different sections of the newsletter.
- Examples include client and/or staff interviews concerning their stay or recent events, current events in the community, state, nation, and/or world, comics and jokes, personal stories, menu options, upcoming events at the SNF, etc.
- The client will be provided with resources such as newspapers, magazines, internet, and staff contacts.

Group Session:

- In a group, each client would take responsibility for a certain section of the newsletter.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Occupation-Based Kit

Scrapbooking



Scrapbooking

Occupation-Based Kit

Supplies:

- Paper
- Scissors
- Ribbon
- Markers
- Pencils
- Pens
- Stamps
- Ink
- Glue
- Tape
- Pictures
- Photo album
- Magazines
- Poster board
- Wrapping paper
- Box
- Gift

Recommended Adaptive Equipment:

- Dycem: use to hold pages in place (or tape it into place)
- Foam or Styrofoam: build up handles for weak pinch and grip
- Wrist weights: use to decrease tremors or increase challenge
- Loop scissors/push scissors/attached table scissors: use for decreased pinch/grip

Recommended Environment:

- Occupational therapy department
- Client rooms
- Facility common areas

Activities:

- Activity 1: Card Making
- Activity 2: Scrapbooking Page
- Activity 3: Photo Album
- Activity 4: Collage
- Activity 5: Wrapping Presents

Scrapbooking

Activity 1: Card Making

Supplies:

- Paper
- Scissors
- Ribbon
- Markers
- Pencils
- Pens
- Stamps
- Ink
- Glue
- Tape

Client Factors/Performance Skills:

- Fine Motor Coordination
- Gross Motor Coordination
- Bilateral Coordination
- Sequencing

Introduction:

- Today's activity is going to focus on fine motor coordination by working with our hands to make cards. These cards are going to help with skills that we use in writing or manipulation of small activities of daily living objects such as buttons.

Individual Session:

- The therapist will direct the client in the steps to making a card, such as cutting, folding, making a design, and writing in the card
- The therapist can place objects into different areas on the table so the client will have to reach for objects working on gross motor coordination
- The therapist can direct client in techniques for increased gross and fine motor coordination when completing the task

Group Session:

- Follow the individual session activity
- Clients can work together to produce a variety of cards that the OT department can use to give to clients or residents on their birthdays
- Clients can also work individually in the group setting
- Therapist should address each individual's need

Scrapbooking

Activity 2: Scrapbook Page

Supplies:

- Paper
- Scissors
- Ribbon
- Markers
- Pencils
- Pens
- Pictures
- Glue
- Tape

Client Factors/Performance Skills:

- Fine Motor Coordination
- Gross Motor Coordination
- Bilateral Coordination
- Sequencing
- Attention to detail
- Visual perceptual skills

Introduction:

- Today's activity is going to focus on fine motor coordination by working with our hands to make a scrapbook page. This scrapbook page is going to help with skills that we use in writing or manipulation of small activities of daily living objects such as buttons. It is also going to help with following directions to work on sequencing skills, such as when you make a new recipe.

Individual Session:

- Provide an example page that the client can follow, or the client can make up their own design
- Include client factors/performance skills such as fine motor coordination by asking the client to include the ribbon and buttons on their page
- If the therapist asks the client to copy their example, the therapist can use this activity as sequencing by providing the client with directions

Group Session:

- Follow the individual session activity
- The group members could also work on a scrapbook from the facility such as movie nights or game nights
- Therapist should address each individual's need

Scrapbooking

Activity 3: Photo Album

Supplies:

- Paper
- Scissors
- Markers
- Pencils
- Pens
- Pictures
- Photo album

Client Factors/Performance Skills:

- Fine Motor Coordination
- Gross Motor Coordination
- Bilateral Coordination
- Visual perceptual skills
- Memory

Introduction:

- Today's activity is going to focus on fine motor coordination by working with our hands to photo album. These photo albums are going to help with skills that we use in writing or manipulation of small activities of daily living objects such as buttons.

Individual Session:

- With this photo album the client will be provided small pieces of paper to write a caption of what is going on in the photo or who is in the photo
- If the photo album has space provided to write on, that space can be used instead of paper
- The client may have difficulty with finding the edge or lifting the clear photo protection on the album, so therapist can adapt the clear protection by marking it with colored tap tabs which are also easier to grasp
- The client will also be asked to share some of the photos

Group Session:

- Follow the individual session activity
- The clients will also be asked to share some of the photos with the group
- This group session could also be completed as a group in which the clients all work on one photo book of the long term care facility
- The photo album could include pictures of group activities such as game night or movie night
- Each client could take turns completing each page and then share their page with the group
- Therapist should address each individuals need

Scrapbooking

Activity 4: Collage

Supplies:

- Paper
- Poster board
- Scissors
- Markers
- Pencils
- Pens
- Glue
- Tape
- Magazines

Client Factors/Performance Skills:

- Fine Motor Coordination
- Gross Motor Coordination
- Bilateral Coordination
- Visual perceptual skills
- Sequencing
- Organizing

Introduction:

- Today's activity is going to focus on sequencing steps of an activity which is something that we do each day in activities of daily living, such as following directions on a recipe or when getting dressed. This activity is also going to help with fine motor coordination such as writing.

Individual Session:

- This collage can be themed for different purposes to have the client tell about themselves by cutting out magazine pictures
- The collage can also be themed in order for the therapist to understand how the client organizes or puts items into a pattern
- The therapist can use this activity to understand if the client has a visual field cut or other visual perceptual difficulties
- The client will also be asked to share their collage with the therapist

Group Session:

- Follow the individual session activity
- The clients will also be asked to share their collage with the therapist and other group members
- The group members will be encouraged to ask questions in order to get to know their peers better
- work on one photo book of the long term care facility
- The photo album could include pictures of group activities such as game night or movie night
- Each client could take turns completing each page and then share their page with the group
- Therapist should address each individuals need

Scrapbooking

Activity 5: Wrapping Presents

Supplies:

- Wrapping paper
- Scissors
- Markers
- Pencils
- Pens
- Glue
- Tape
- Box
- Gift

Client Factors/Performance Skills:

- Fine Motor Coordination
- Gross Motor Coordination
- Bilateral Coordination
- Visual perceptual skills
- Sequencing

Introduction:

- Today's activity is going to focus on sequencing steps of an activity which is something that we do each day in activities of daily living, such as following directions on a recipe or when getting dressed. This activity is also going to help with coordination in our upper body to complete tasks such as dressing.

Individual Session:

- The therapist can provide the client with a demonstration, written, and/or verbal instructions if the client reports that they are unsure of how to wrap the gift
- The therapist can assess how the client does with sequencing the task or how they manipulate during the task for fine motor, gross motor, or bilateral coordination
- The client can be working on gift wrapping for a present or it can be used as decoration around the OT department or long term care facility

Group Session:

- Follow the individual session activity
- The client can be working on gift wrapping for a present or it can be used as decoration around the OT department or long term care facility
- Therapist should address each individual's need

Occupation-Based Kit Technology



Technology

Occupation-Based Kit

Supplies:

- Computer
- Keyboard
- Mouse
- Cellular phone
- Wii -or- Xbox Kinect

Recommended Adaptive Equipment:

- Typing sticks or head pointer: use for clients with limited ROM or fine motor control
- One-handed keyboard: use for clients with hemiplegia
- Trackball mouse: use for clients with limited ROM or fine motor control
- ZoomText: use for clients with low vision
- Large key/large print keyboard: use for clients with low vision
- Wrist weights: use to increase challenge or reduce tremors

Recommended Environment:

- Occupational therapy department
- Facility lounge or common area
- Resident's room
- Use resident's personal technology devices if available

Activities:

- Activity 1: Emailing
- Activity 2: Internet Search
- Activity 3: Cellular Phone Use
- Activity 4: Video Games
- Activity 5: Brain Games

Technology

Activity 1: Emailing

Supplies:

- Computer

Client Factors/Performance Skills:

- Fine motor control
- Visual-perceptual skills
- Attention
- Memory
- Sequencing
- Higher-level cognitive

Introduction:

- Today's activity will focus on how your hands move to complete a small, detailed task. It also focuses on your ability to remember and follow steps. These skills are needed to navigate a computer, use a telephone, and prepare a snack.

Individual Session:

- The client will be seated at the computer.
- The client will be guided through the steps of sending an e-mail.
- If the client does not know how, the therapist will provide them with step-by-step instructions, including how to set up an e-mail account.
- The client will be encouraged to compose and send an e-mail.

Group Session:

- If multiple computers are available, clients can work side by side.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Technology

Activity 2: Internet Search

Supplies:

- Computer
- Written directions

Client Factors/Performance Skills:

- Fine motor control
- Visual-perceptual skills
- Attention
- Memory
- Sequencing

Introduction:

- Today's activity will focus on how your hands move to complete a small, detailed task. It also focuses on your ability to remember and follow steps. These skills are needed to navigate a computer, use a telephone, and prepare a snack.

Individual Session:

- The client will be seated at a computer and will be asked to perform an internet search.
- The therapist will provide the client with certain topics to research.
- This activity will not only focus on fine motor control, but also higher-level cognitive skills.
- The therapist should use topics that the client is interested in to provide a more client-centered approach.

Group Session:

- If multiple computers are available, the clients can work side by side, researching individualized topics.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Technology

Activity 3: Cellular Phone Use

Supplies:

- Cellular phone

Client Factors/Performance Skills:

- Fine motor control
- Bilateral coordination
- Visual-perceptual skills
- Attention
- Memory
- Sequencing

Introduction:

- Today's activity will focus on how your hands move and work together on a small task as well as how you follow directions.

Individual Session:

- The client will be provided with a cellular phone, or can use their own if available.
- The client will follow commands provided by the therapist.
- These can include dialing a phone number, texting, inputting a contact, changing settings, playing a game, etc.
- To address cognitive skills, the therapist can incorporate sequencing activities. For example, the therapist would ask the client to first add a contact, text a contact, and then change the ringtone.

Group Session:

- If multiple phones are available, the clients can engage in the activity side by side.
- The clients can also send and receive calls and texts amongst each other.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Technology

Activity 4: Video Games

Supplies:

- Wii or Xbox Kinect game console
- Large open space

Client Factors/Performance Skills:

- Static and dynamic standing balance
- Trunk control
- Upper extremity ROM and strength
- Gross motor control
- Proprioception
- Visual-perceptual skills
- Attention
- Memory

Introduction:

- Today's activity will focus on your movement, balance, and strength. These skills are needed during activities of daily living including bathing, dressing, and exercising.

Individual Session:

- The client will play video games either alone or with the therapist.
- The Wii and Xbox Kinect games encourage movement.
- The majority of the games focus on upper extremity and trunk movement as well as balance.
- Games can be chosen in collaboration with the client's interests.

Group Session:

- In a group, multi-player games can be played.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Technology

Activity 5: Brain Games

Supplies:

- Computer

Client Factors/Performance Skills:

- Fine motor control
- Visual-perceptual skills
- Attention
- Memory
- Sequencing
- Higher-level cognitive

Introduction:

- Today's activity will focus on how your hands move to complete a small, detailed task. It also focuses on your ability to remember and follow steps. These skills are needed to navigate a computer, use a telephone, and prepare a snack.

Individual Session:

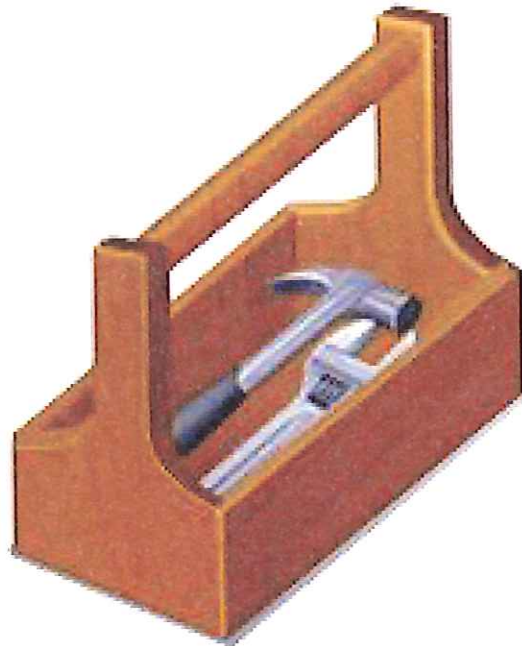
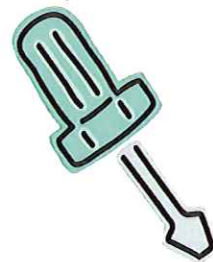
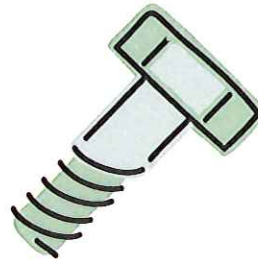
- The client will be seated at the computer.
- Using resources available online, the therapist will direct the client to a website that provides "brain games."
- These games can include memory, strategy, and word games.
- The therapist should choose a game that focuses on the client's abilities and needs.

Group Session:

- If multiple computers are available, clients can play side by side.
- With just one computer, clients can work together to solve problems and puzzles, and take turns navigating the controls on the computer.
- Each client's individual abilities and performance skill deficits will need to be addressed.

Occupation-Based Kit

Toolbox



Toolbox

Occupation-Based Kit

Supplies:

- 15"x 4"x 1" piece of wood
- Sand paper (fine grit)
- Hand drill
- Drill bits
- Pencil
- Paint (optional)
- Paint brushes (optional)
- 2"x 4" pieces of wood (3 for each project)
- Nails
- Hammer
- Wood glue (optional)
- Picture Frame
- Small bike
- Wrench
- Screw drivers (various sizes and styles)
- Light switch availability in facility
- Jacket hooks (optional)

Recommended Adaptive Equipment:

- Foam or Styrofoam: use to build up tool handles
- Dycem: use to secure objects in place or increase grip
- Velcro or ace wrap: use to secure grip on tools
- Table clamp: use to secure project to table
- Long handled tools: use for limited ROM
- Wrist weights: use to decrease tremors or increase challenge

Recommended Environment:

- Occupational therapy department
- Facility common areas
- Client rooms

Activities:

- Activity 1: Hanging Pictures
- Activity 2: Napkin Holder
- Activity 3: Bike
- Activity 4: Switches
- Activity 5: Cribbage

Toolbox

Activity 1: Hanging Pictures

Supplies:

- Picture Frame
- Nails
- Hammer

Client Factors/Performance Skills:

- Upper extremity range of motion
- Upper extremity strength
- Bilateral coordination
- Fine motor coordination
- Gross motor coordination
- Endurance
- Static and dynamic standing balance
- Visual perceptual skills

Introduction:

- Today's activity is going to focus on upper extremity range of motion and strength for activities of daily living. Building the strength in your upper extremities will help with activities of daily living such as dressing, carrying laundry, or reaching onto various height shelves.

Individual Session:

- Depending on the facilities ability to hang pictures, the pictures can be placed in a client's room or within the occupational therapy department
- To grade, the therapist can provide heavier or lighter frames
- The client can also place the pictures at different heights to challenge the client's range of motion
- Therapist can also add weights to the clients wrists to increase resistance for strengthening

Group Session:

- Follow the individual session activity
- To incorporate the group work, each person can take turns i.e. one person mark the wall where level, one person hammer, and one person hang the picture
- Therapist should address each individuals need

Toolbox

Activity 2: Napkin Holder

Supplies:

- 2" x 4" pieces of wood: 3 for each project
- Nails
- Hammer
- Wood glue (optional)
- Paint (optional)
- Paint brushes (optional)

Client Factors/Performance Skills:

- Upper extremity range of motion
- Upper extremity strength
- Bilateral coordination
- Fine motor coordination
- Gross motor coordination
- Endurance
- Visual perceptual skills

Introduction:

- Today's activity is going to focus on fine motor coordination and strength for activities of daily living. Building the strength in your upper extremities will help with activities of daily living such as dressing, carrying laundry, or finger strength for writing.

Individual Session:

- Instruct the client in placing one piece flat on the table and then hammering two pieces parallel to each other
- If hammering would not be safe for a client, wood glue can be used instead
- If time permits, the client can also make a design and paint the napkin holder
- This activity will help the client strengthen fine motor coordination within their hand and isolated wrist movements for strengthening when using the hammer

Group Session:

- Follow the individual session activity
- If desired, the clients can make new napkin holders for the facilities dining rooms
- Clients can complete this individually while in the group setting
- Client's can also complete different steps of the activity such as one assembling the napkin holder and another painting
- Therapist should address each individuals need

Toolbox

Activity 3: Small Bike

Supplies:

- Small bike
- Wrench

Client Factors/Performance Skills:

- Upper extremity range of motion
- Upper extremity strength
- Bilateral coordination
- Fine motor coordination
- Gross motor coordination
- Endurance
- Static and dynamic standing balance
- Visual perceptual skills
- Memory
- Sequencing

Introduction:

- Today's activity is going to focus on fine motor coordination, memory, and sequencing for today's activity. This activity is going to help strengthen your hands to use the wrench when removing and adding the bolts to the bike. This activity is also going to work on memory and sequencing as you remove the bike wheel and then place it back on the bike. This activity will help in activities of daily living such as following directions or using buttons for dressing.

Individual Session:

- Instruct the client in removing the wheel of the small bike using a wrench to remove the bolts
- This activity can be used as a way to see how a client does with memory by having them remove and then put the bike wheel back on the bike
- The therapist can also provide the client with directions to see how the client does with sequencing the task
- Timing the client in completing the task or measure range of motion and re-test the client in a future session

Group Session:

- Follow the individual session activity
- One client working on the back wheel and another client working on the front wheel
- Timing the clients to see who gets done first is a way to incorporate competition into the task
- Therapist should address each individual's need

Toolbox

Activity 4: Switches

Supplies:

- Screw drivers (various sizes and styles)
- Light switch availability in facility
- Jacket hooks (optional)

Client Factors/Performance Skills:

- Upper extremity range of motion
- Bilateral coordination
- Fine motor coordination
- Endurance
- Static and dynamic standing balance
- Visual perceptual skills
- Higher level cognition/thought

Introduction:

- Today's activity is going to focus on fine motor coordination and higher level cognitive skills. During this activity you are going to select the appropriate size screwdriver and style, and then remove (or partially remove depending on the persons impulsiveness) the faceplate of a light switch.

Individual Session:

- The therapist will instruct the client that they need to choose the appropriate screwdriver size and style to remove the screws of the faceplate on the light switch
- If the client is impulsive, the therapist should instruct the client in appropriate safety by only removing some screws so the faceplate is not completely removed
- The therapist should also consult with their supervisor for facility rules and regulations for safety
- If a light switch faceplate is not available or appropriate to remove, clients can also remove or place objects like jacket hooks on the wall

Group Session:

- Follow the individual session activity
- Ask the maintenance department to inform the therapist on an projects that require using screwdrivers and would be appropriate for clients to complete, such as placing up new jacket hooks
- Therapist should address each individuals need

Toolbox

Activity 5: Cribbage Board

Supplies:

- 15" x 4" x 1" piece of wood
- Sand paper (fine grit)
- Hand drill
- Drill bits
- Pencil
- Paint (optional)
- Paint brushes (optional)

Client Factors/Performance Skills:

- Upper extremity range of motion
- Bilateral coordination
- Fine motor coordination
- Gross motor coordination
- Endurance
- Static and dynamic standing balance
- Visual perceptual skills
- Higher level cognition/thought
- Sequencing

Introduction:

- Today's activity is going to focus on grip and pinch for fine motor coordination task and gross motor coordination with upper extremity range of motion. Each of these tasks will help you work on activities of daily living including using buttons, grasping small objects such as pegs, and dressing with range of motion.

Individual Session:

- The therapist can either instruct the client or provide direction to complete the steps of making a cribbage board
- First the client will have to decide on a design that they would like
 - Such examples would be a 2 track board with 120 holes per track with one hole for pegging out and 2 start holes per track
 - Another option could be a 2 track board with 60 holes per track with one hole for pegging out and 2 start holes per track (when playing the game each player would have to go two times around the board)
- Once the holes are drilled the therapist can instruct the client in sanding the board to smooth out any edges
- Painting the board with a design or painting numbers by the peg holes are other options if time permits or the client would like to

Group Session:

- Follow the individual session activity
- The clients can work together to design and make the cribbage board or clients and work on individual boards together
- Therapist should address each individuals need

Case Studies

Rose:
Left Total Hip Replacement,
Dementia

Social History: Rose is an 81-year-old female who was living in a two-story home with her husband. The house has 5 stairs to enter and 10 stairs to the second floor where her bedroom and bathroom are located. Rose has four children, six grandchildren, and three great grandchildren. Rose's children and grandchildren are supportive and provide whatever assistance is needed to her and her husband. Rose is a retired preschool teacher who now spends her time tending to her home and yard and spending time with her family. She enjoys dancing, baking, and knitting. Prior to hospitalization, Rose was independent in ADLs and required some assistance with IADLs due to recent cognitive decline. She requires verbal and visual cues take medications as prescribed and demonstrate safety in the kitchen. Her driver's license was revoked two years ago.

Medical History: While cleaning her home, Rose tripped and fell resulting in a left hip fracture. She had an uncomplicated total hip replacement surgery. The acetabulum and femoral head and neck were replaced using a posterolateral approach. Rose spent six days in the hospital following surgery, resulting in increased weakness and fatigue. Rose also has osteoarthritis, hypertension, a history of urinary tract infections, and dementia.

Reason for Referral: To increase level of function in ADLs and IADLs.

Precautions: THA precautions (posterolateral approach); Falls.

Occupational Therapy Evaluation:

1. The Model of Human Occupation Screening Tool (MOHOST): *These results were used to provide a brief explanation in the performance capacity, habits/routines, values/volition, and home environment sections on the client profile.*
 - a. Motivation for occupation
 - i. Appraisal of ability: Inhibits occupational performance
 - ii. Expectation of success: Allows
 - iii. Interest: Allows
 - iv. Choices: Inhibits
 - b. Pattern of occupation

- i. Routine: Allows
 - ii. Adaptability: Inhibits
 - iii. Roles: Allows
 - iv. Responsibility: Inhibits
 - c. Communication and interaction skills
 - i. Non-verbal skills: Allows
 - ii. Conversation: Allows
 - iii. Vocal expression: Allows
 - iv. Relationships: Allows
 - d. Process skills
 - i. Knowledge: Inhibits
 - ii. Timing: Inhibits
 - iii. Organization: Inhibits
 - iv. Problem-solving: Inhibits
 - e. Motor skills
 - i. Posture and mobility: Restricts
 - ii. Coordination: Inhibits
 - iii. Strength and effort: Inhibits
 - iv. Energy: Inhibits
 - f. Environment: Skills assessed in client's home
 - i. Physical space: Inhibits
 - ii. Physical resources: Allows
 - iii. Social groups: Facilitates
 - iv. Occupational demands: Allows
- 2. The Assessment of Communication and Interaction Skills (ACIS): *These results were used to provide a brief explanation in the performance capacity section on the client profile.*
 - a. Physicality: Average score 3/4. Client demonstrates questionable ability in contacting, maneuvering, orientating, and posturing, however, there is no disruption in ongoing social action.
 - b. Information exchange: Average score 3.6/4. Client readily and consistently articulates, expresses, modulates, shares, and speaks, which supports ongoing social action. Client demonstrated questionable ability asserting, asking, engaging, and sustaining, however, there is no disruption in ongoing social action.
 - c. Relations: Average score 3/4. Client demonstrated questionable ability collaborating, conforming, focusing, relating, and respecting, however, there is no disruption in ongoing social action.

3. The Functional Independence Measure (FIM): *These results were used to provide a brief explanation in the performance capacity section on the client profile.*
 - a. Areas assessed:
 - i. Upper body dressing: 5- client needed setup
 - ii. Lower body dressing: 2- client needed assistance to thread both pant legs and don socks and shoes
 - iii. Toileting: 3- client needed assistance with toilet hygiene
 - iv. Bathing: 3- client needed assistance to wash lower extremities
 - v. Bed to chair transfer (stand pivot): 2- client needed assistance to sit at edge of bed, stand up, and pivot.
 - vi. Toilet transfer (stand pivot): 3- client needed assistance to stand up and pivot.
 - vii. Shower transfer (stand pivot): 3- client needed assistance to stand up, pivot, and lift legs over bathtub ledge.
4. Activity Card Sort (ACS): *These results were used to provide a brief explanation in the occupations/interests section on the client profile.*
 - a. Client identified that prior to admission, she had been involved in the following activities: housekeeping, gardening, cooking, baking, knitting, dancing, playing bingo, attending church, spending time with family, reading the newspaper, watching TV, and walking.
 - b. Activities that have been affected by her recent THA include: housekeeping, gardening, cooking, baking, dancing, attending church, and walking.
 - c. Activities that have recently been affected by her progressing dementia include: housekeeping, gardening, cooking, baking, and attending church.
5. Manual Muscle Test (MMT): *These results were used to provide a brief explanation in the performance capacity section on the client profile.*
 - a. Bilateral upper extremities:
 - i. Shoulder flexion 3+/5
 - ii. Shoulder abduction 3/5
 - iii. Elbow flexion 4/5
 - iv. Elbow extension 4/5
6. Range of Motion (ROM): *These results were used to provide a brief explanation in the performance capacity section on the client profile.*
 - a. Bilateral upper extremities within functional limits (WFL)
7. Borg Rating of Perceived Exertion: *These results were used to provide a brief explanation in the performance capacity section on the client profile.*
 - a. During bathing, the client's perceived exertion is 15. She required several breaks to stop and rest.

- b. During dressing, the client's perceived exertion is 13. She required 2-3 breaks to stop and rest. She had the most difficulty with lower body dressing.
- c. During transfers, the client's perceived exertion is 11. She completed task without any breaks. She verbalized shortness of breath and muscle fatigue.
- 8. Allen Cognitive Level Screen (ACLS): *These results were used to provide a brief explanation in the performance capacity section on the client profile.*
 - a. Client scored a 4.6- she was able to complete the running stitch and whipstitch. During the single cordovan stitch, client demonstrated incorrect right/left orientation of lacing and needle when going through the loop.
- 9. Cognitive Performance Test (CPT): *These results were used to provide a brief explanation in the performance capacity section on the client profile.*
 - a. MEDBOX: 4.5/6
 - b. SHOP: 4.5/6
 - c. WASH: 4.5/6
 - d. PHONE: 4.5/6
 - i. ACL Score: 4.5/5.6
- 10. Visual Symptoms Checklist: *These results were used to provide a brief explanation in the performance capacity section on the client profile.*
 - a. Client did not identify any significant problems with vision.

Treatment Plan:

The OT will utilize occupation-based kits to increase Rose's strength and endurance, and to increase her independence in ADLs and IADLs. The OT will also teach Rose adaptive techniques for transfers, dressing, and bathing that allow her to follow hip precautions. Rose's ACL level will be taken into account when planning interventions.

- 1. Rose will perform ADLs with modified independence while following hip precautions.
 - a. Personal hygiene and grooming kit
 - i. Activity 2: Hair styling- Perform in standing to increase strength, endurance, and standing balance.
 - b. Gardening kit
 - i. Activity 1: Planting pots- Perform in standing to increase strength, endurance, and standing balance
- 2. Rose will perform transfers with modified independence while following hip precautions.
 - a. Home management kit

- i. Activity 3: Doing dishes- Perform in standing to increase strength, endurance, and standing balance. Also assess ability to organize and sequence.
 - ii. Activity 4: Cleaning house- To increase strength, endurance, standing balance, mobility, and dynamic movements.
 - b. Dancing kit
 - i. Activity 1: Video games- To increase strength, endurance, standing balance, mobility, and dynamic movements.
 - ii. Activity 5: Chair dancing- To increase strength, endurance, mobility, and dynamic movements.
- 3. Rose will perform simple meal preparation with stand by assistance for safety.
 - a. Cooking and baking kit
 - i. Activity 1: Baking cookies- To increase strength, endurance, standing balance, mobility, and dynamic movements.
 - ii. Activity 5: Safety awareness- To evaluate performance in kitchen safety; determine need for visual/verbal cues.
 - b. Needlework kit
 - i. Activity 3: Knitting- Perform in standing to increase strength, endurance, and standing balance. Also assess ability to organize and sequence.

Client Outcomes:

- 1. Performance capacity
 - a. Upon discharge, Rose demonstrated increased UE strength and endurance. She was able to complete ADLs with modified independence, using adaptive equipment to follow hip precautions.
- 2. Habits/routines
 - a. With encouragement, Rose will be able to return to her daily ADL schedule. Secondary to her dementia, Rose will require increased support in her roles over time.
- 3. Values/volition
 - a. Rose is motivated to resume her roles at home and in the community. She will require encouragement and support in doing so.
- 4. Environment
 - a. A home evaluation was completed prior to discharge indicating that the physical space allows occupational performance. With the support of her family, Rose is safe to return home.

Client Profile

Name: Rose Age/Sex: 81-year-old female

Treating Diagnosis: Left hip fracture; THA

Reason for Referral: To increase level of function in ADLs/IADLs

Precautions: THA precautions; Falls

Medical History:

Left THA, osteoarthritis, hypertension, hx of UTI, dementia

Social History:

Rose had a fall at home resulting in left hip fracture. She lives with her husband in their two-story home. House has 5 stairs to enter, 10 to second floor. She is a retired preschool teacher with a very supportive family. At home, she spends her time tending to her home.

Administered Assessments:

MOHOST, FIM, ACS, Borg Rating of Perceived Exertion Scale, ACLS, CPT, Visual

Symptoms Checklist

Occupations/Interests:

Caring for children, spending time with family, playing bingo, attending church, dancing, cooking, baking, knitting, gardening, housekeeping, walking, reading the newspaper, watching TV

Performance Capacity (biomechanical, cognitive, and visual-perceptual):

Biomechanical- Weakness noted in UES; AROM WFL; becomes fatigued/SOB easily;

Requires MAA with LBD and bathing; verbal cues to follow hip precautions. Visual-

Perceptual- No significant problems noted. Cognitive- ACLS score 4.6; CPT score 4.5;

Indicates mild-moderate cognitive disability; Client is goal-directed. Process skills

(knowledge, timing, organization, problem-solving) inhibit occupational performance.

Communication- Demonstrates questionable ability in aspects of physicality,

information exchange, and relations during communication/interaction.

Habits/Routines:

Rose is generally able to follow her daily schedule, but has difficulty adapting to change. At times, she does require verbal cues from husband. Rose has a sense of belonging in her roles, but has difficulty meeting some of her role obligations without support.

Values/Volition:

Rose values family, hard work, and religion. Has difficulty understanding her current strengths and limitations; she may need encouragement. She has adequate interests, but demonstrates difficulty identifying what's important or setting/working towards goals.

Home Environment:

Rose lives in a 2-story home with husband. There are 5 stairs to enter and 10 stairs to second floor where her bedroom and bathroom are located. The physical space of Rose's home environment inhibits occupational performance at this time.

Client Goals:

Rose's goals: Be independent with ADLs; be able to garden, cook, and clean; be able take care of her great-grandkids; be able to return home.

Intervention Plan:

OT will utilize occupation-based kits to increase Rose's strength and endurance, and to increase her independence in ADLs and IADLs. OT will also teach Rose adaptive techniques for transfers, dressing, and bathing that allow her to follow hip precautions. Rose's ACL level will be taken into account when planning interventions.

Client/Family Perspective:

Rose's family is very supportive. She lives with her husband who has been providing assistance in regard to her cognitive decline. Rose's family would like her to return home when she's physically able. They have agreed to a home evaluation.

Relevant Occupation-Based Kits:

Arts and Crafts

Car Care

- Card and Dice Games
- Cooking and Baking
- Dancing
- Fishing
- Gardening
- Health Management
- Home Management
- Needlework

- Personal Hygiene and Grooming
- Reading
- Scrapbooking
- Technology
- Toolbox
- Other_____

Joe:
Cerebrovascular Accident
Sensory Loss

Social History: Joe is a 67 year old male who recently suffered a CVA. Prior to the CVA, Joe had no other major health conditions and was considered to be healthy. Prior to his CVA, Joe was able to complete his activities of daily living, instrumental activities of daily living, and driving independently. He is married to his wife for 42 years and they have 3 children and 5 grandchildren. Joe lives in a two story split level home. Joe had worked as a pool repairer and installer for a small company and is now retired. During retirement Joe likes to work on his boat, go fishing, work in his garage making knick-knacks and fixed things around the house, go to auctions, sports shows, and home shows. Joe is active in his community as he is a member of various clubs.

Medical History: Joe recently had a CVA in which he reports that there is a loss in movement in his right upper extremity and that he does not have the strength and endurance that he use to have. Joe reports that he has a decrease in sensation in his right upper extremity. He reports that there are no vision changes and does not seem to notice any cognitive changes. Joe currently is using a manual wheelchair for long distances, and is able to use a single point cane for short distances.

Reason for Referral: CVA with decreased strength and range of motion in right upper extremity and sensory loss. Increase level of function in ADLs and IADLs.

Precautions: Sensory loss and uses a single point cane for short distances and manual wheelchair for long distances.

Occupational Therapy Evaluation:

1. Borg Rating of Perceived Exertion Scale: *Contributes to Performance Capacity and Client/Family Perspective on the client profile-*
 - a. During bathing, the client's perceived exertion is 15. She required several breaks to stop and rest.
 - b. During dressing, the client's perceived exertion is 15. He required several breaks to stop and rest. He has most trouble with completing buttons.

- c. During transfers, the client's perceived exertion is 11. She completed task without any breaks. She verbalized shortness of breath and muscle fatigue.
- 2. Short Blessed Test (SBT): *Contributes to Performance Capacity on the client profile-*
 - a. No indication of cognition difficulties.
- 3. Visual Symptoms Checklist: *Contributes to Performance Capacity on the client profile-*
 - a. Reports no visual changes or neglect.
- 4. Grasp and Pinch Strength: *Contributes to Performance Capacity on the client profile-*
 - a. Left upper extremity within normal limits.
 - b. Right upper extremity has no pinch as he does not have the fine motor coordination to maintain grasp on the measurement tool.
- 5. Range of Motion (ROM): *Contributes to Performance Capacity on the client profile-*
 - a. Left upper extremity within normal limits.
 - b. Right upper extremity active ROM:
 - i. Shoulder, elbow, forearm, wrist, finger flexion, finger extension
 - a. Not within functional limits
 - c. Right upper extremity passive ROM:
 - i. Shoulder, elbow, forearm, wrist, finger flexion, finger extension
 - a. Not within functional limits
- 6. Manual Muscle Test (MMT): *Contributes to Performance Capacity on the client profile-*
 - a. Left upper extremity within normal limits.
 - b. Right upper extremity:
 - i. Shoulder:
 - 1. Should Flexion 4/5
 - 2. Should Abduction 3+/5
 - 3. Shoulder Adduction 3+/5
 - ii. Elbow:
 - 1. Elbow Flexion 3+/5

- 2. Elbow Extension 3/5
 - iii. Forearm:
 - 1. Forearm Supination 2/5
 - 2. Forearm Pronation 2/5
 - iv. Wrist:
 - 1. Wrist Flexion 3/5
 - 2. Wrist Extension 3/5
 - v. Fingers:
 - 1. Finger Flexion 2/5
 - 2. Finger Extension 2/5
 - 3. Finger Abduction 1/5
 - 4. Finger Abduction 1/5.
7. Stereognosis: *Contributes to Performance Capacity on the client profile-*
- a. Was able to identify 1/5 objects correctly identifying loss of discrimination.
8. Sharp/Dull: *Contributes to Performance Capacity on the client profile-*
- a. Was able to 30% correctly identifying major sensation loss.
9. Jebsen-Taylor Hand Function Test: *Contributes to Performance Capacity on the client profile-*
- a. Right upper extremity:
 - i. Completed simulated feeding with built up handle, in which he was not within functional limits.
 - ii. Completed empty and full cans and was not within functional limits.
 - iii. Was unable to complete writing, small objects, and checkers.
10. Functional Independence Measure (FIM): *Contributes to Performance Capacity on the client profile-*
- a. Areas assessed:
 - i. Upper body dressing: 4- client needed assistance with buttons
 - ii. Lower body dressing: 3- client needed assistance to don socks and shoes
 - iii. Toileting: 3- client needed assistance with toilet hygiene
 - iv. Bathing: 3- client needed assistance to wash lower extremities

- v. Bed to chair transfer (stand pivot): 3- client needed assistance to stand up and pivot.
- vi. Toilet transfer (stand pivot): 3- client needed assistance to stand up and pivot.
- vii. Shower transfer (stand pivot): 3- client needed assistance to stand up and pivot.

11. Modified Interest Checklist: *Contributes to Occupations/Interests, Values/Volition and Habits/Routines on the client profile-*

a. Past:

i. Strong Interests:

- 1. gardening yard work, visiting, barbecues, home repairs, hunting, driving, child care, and fishing

b. Currently:

i. Participates in:

- 1. Listening to the radio, puzzles, holiday activities, movies, visiting with others, barbecues, watching the television, discussing politics, and history

c. Future:

i. Would like to participate in:

- 1. gardening yard work, playing cards, listening to the radio, walking, care repair, gold, puzzles, holiday activities, movies, visiting with others, checkers/chess, barbecues, reading, traveling, parties, model building, watching television, camping, laundry/ironing, discussing politics, table games, clubs/lodge, handicrafts, home repairs, exercise, hunting, woodworking, pool, driving, child care, cooking/baking, basketball and fishing.

Treatment Plan: The OT will utilize occupation-based kits to increase Joe's strength and endurance, and to increase his independence in ADLs and IADLs. The OT will also teach Joe adaptive techniques for transfers, dressing, and bathing that allow to participate in ADL's.

- 4. Joe will increase fine motor coordination to complete ADL's with modified independence.
 - a. Personal hygiene and grooming kit
 - i. Activity 5: Shaving- Fine motor coordination, grip/pinch, bilateral coordination, and upper extremity ROM.
 - b. Card and Dice Games kit

- i. Activity 4: Cribbage- Fine motor coordination, bilateral coordination, and upper extremity ROM.
- 5. Joe will perform transfers with modified independence to participate in ADL's.
 - a. Car Care kit
 - i. Activity 1: Washing/Waxing- Standing balance, endurance, bending/reaching, bilateral coordination, and gross motor coordination.
 - b. Fishing kit
 - i. Activity 1: Casting- Standing balance, trunk control, ROM, endurance and coordination.
- 6. Joe will increase standing balance to participate in home management tasks with modified independence.
 - a. Gardening kit:
 - i. Activity 4: Pruning- Upper extremity ROM, strength, endurance, standing balance, and fine and gross motor coordination.
 - b. Toolbox kit
 - i. Activity 1: Hanging pictures- Upper extremity ROM, strength, endurance, standing balance, fine and gross motor coordination, and bilateral coordination.

Client Outcomes:

- 5. Performance capacity
 - a. Joe has increased his independence in his activities of daily living and leisure.
 - b. His sensation is improving, along with increased range of motion, strength and endurance. Joe is now able to complete personal hygiene tasks independently for toileting and grooming, but requires stand by assistance for bathing while using a tub bench. Joe is able to dress with stand by assistance as he still had difficulty with buttoning his pants and some shirts. Joe is able to prepare simple meals, but his wife plans to leave meals that he can warm up or just take out of the fridge while she is at work. Joe's fine motor coordination has increased.
- 6. Habits/routines
 - a. Joe has been able to develop habits and routines in his daily activities in order to participate in ADL's with modified independence.
- 7. Values/volition

a. Joe was satisfied with the activities that he was able to participate and he reported that the activities are things that he enjoys doing, but also activities that he needs to complete in order to return to home. Joe identified that while participating in meaningful activities that he had increased motivation to participate in occupational therapy.

8. Environment

a. He is currently using a single point cane for most of his getting around, however still uses the manual wheelchair when he is going long distances in the facility. Joe plans to mainly use his cane to get around the house when he is discharged.

Client Profile

Name: Joe Age/Sex: 67-year-old male

Treating Diagnosis: Cerebrovascular Accident

Reason for Referral: To increase level of function in ADLs/IADLs

Precautions: Sensory loss; use of single point cane for short distances and manual wheelchair for long distances.

Medical History:

Cerebrovascular accident with no other prior medical history.

Social History:

Prior to his CVA, Joe was able to complete his ADL, IADL's, and was driving independently. He is married to his wife for 42 years and they have 3 children and 5 grandchildren. Prior to his recent retirement Joe was a installed pools. Joe lives in a two story split level home. Joe likes to attend auctions and morning coffee at the dinner.

Administered Assessments:

Borg Rating of Perceived Exertion Scale, Short Blessed Test (SBT), Visual Symptoms Checklist, Grasp and Pinch Strength, Range of Motion (ROM), Manual Muscle Test (MMT), Stereognosis, Sharp/Dull, Jebsen-Taylor Hand Function Test, Functional Independence Measure (FIM), Modified Interest Checklist.

Occupations/Interests:

Enjoys working on his boat, fishing, working in his garage making knick-knacks and fixing things, modifications/fixes around the house, meeting up with friends at the local coffee shop for morning coffee, going local auctions, outdoor sporting shows, and home improvement shows, being active in the community as a Lions Club and Jaycees member.

Performance Capacity (biomechanical, cognitive, and visual-perceptual):

Biomechanical- Weakness noted in right UEs; AROM not WFL. Becomes fatigued easily. Uses single point cane for short distances and manual wheelchair for long distances.

Decreased sensation and discrimination in right upper extremity. Decreased fine motor coordination in right upper extremity. Visual-perceptual- No significant visual problem noted. Cognitive- No significant problems noted.

Habits/Routines:

Joe does not have a specific routine that he follows. He and his wife would like to develop a routine to help them in completing daily activities to make sure that Joe's needs are being met with ease.

Values/Volition:

Joe values family and hard work. He likes to work in the shop and complete projects working with his hands. He likes to spend time with his grandchildren. It is important to him to maintain his home. Joe is motivated to work in occupational therapy in order to discharge to his home.

Client Goals:

Joe's goals for treatment include completing his activities of daily living independently and participating in leisure activities. Joe would like to work on personal hygiene and transfers along with strengthening his right upper extremity to work on projects.

Intervention Plan:

OT will use occupation-based kits to increase Joe's strength, endurance, and his independence in ADLs/IADLs. OT will also teach Joe adaptive techniques for transfers, dressing, and bathing in order to complete the tasks safely. OT will also address strength, endurance, ROM, balance, and fine/gross motor coordination to complete ADL/IADLs.

Client/Family Perspective:

Joe's family is very supportive. He lives with his wife in which they liked to participate in leisure activities together. Joe's family would like him to return home when he is able to complete his ADL's independently and participate in IADL's during his day.

Relevant Occupation-Based Kits:

- | | |
|---|---|
| <input type="checkbox"/> Arts and Crafts | <input checked="" type="checkbox"/> Personal Hygiene and Grooming |
| <input checked="" type="checkbox"/> Car Care | <input type="checkbox"/> Reading |
| <input checked="" type="checkbox"/> Card and Dice Games | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Cooking and Baking | <input type="checkbox"/> Technology |
| <input checked="" type="checkbox"/> Fishing | <input checked="" type="checkbox"/> Toolbox |
| <input checked="" type="checkbox"/> Gardening | <input type="checkbox"/> Active Games |
| <input type="checkbox"/> Health Management | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Home Management | |
| <input type="checkbox"/> Needlework | |

CHAPTER V

SUMMARY

The purpose of the Occupational Therapy Toolkit is to assist OTs in facilitating occupational engagement in elderly clients during the intervention process. There is a need for resources to support the use of occupations as treatment modalities in LTC settings. This manual serves as a quick and easy-to-use resource tool to use in implementing occupation-based and client-centered care in LTC settings. Occupational Therapist are encouraged to use this manual as a base from which they can add and build to. The Occupational Therapy Toolkit is intended for use in LTC settings, but can be implemented in a variety of other settings serving adults as well.

The literature review included attention to issues concerning occupation-based treatment, resources and contexts that support occupation-based practice, and the Model of Human Occupation (MOHO). Occupation-based assessments were also explored to address the needs of clients in LTC settings. Through the literature review it was evident, that clients who transition into a LTC setting feel a loss of identity and independence. It is important that OTs encourage engagement in occupation-based activities that the client finds purposeful and meaningful, as these are more beneficial than rote exercises. Through the use of occupation-based kits, there is an increase in occupation-based interventions, which improves the quality of life for elderly adults in LTC settings. The

OT can implement occupation-based intervention by using meaningful activities to evaluate, develop, reinforce, and enhance the client's abilities. Through the extensive literature review, it was found that there is a need for more resources that could guide OTs in the implementation of occupation-based and client-centered practice.

The information that was provided in the literature review helped guide the development of the Occupational Therapy Toolkit. Four sections comprise the manual including assessments, a client profile form, fifteen occupation-based kits with seventy-five activities, and two case studies. By reading through the case studies, the OT is able to understand the process of developing and implementing occupation-based intervention based on the client's needs for participating in everyday activities. The Occupational Therapy Toolkit guides the OT in choosing the appropriate assessments for the client and transferring the results onto the client profile form for holistic understanding of the client and future access to the client information. Through the use of the client profile form, the OT is able to decide what occupation-based kits would be most appropriate for the client. When utilizing the occupation-based kits, the therapist is able to choose appropriate activities that are going to address the client factors and performance skills that are most suitable for the client's goals and intervention plan.

There are limitations to the Occupational Therapy Toolkit that OTs should be aware of when utilizing this product. The first limitation is that the manual has not been piloted in the LTC setting. The second limitation is that some kits may not be relevant to all geriatric clients or the facility. The third limitation is that there is a greater focus on physical disabilities than psychosocial and cognitive skills. These are considered limitations because not every LTC facility is going to be able to implement each activity

that is provided in the manual due to facility constraints. To eliminate these limitations it is recommended that this product be piloted and that additional occupation-based kits be developed to accommodate an increased variety of clients and facilities. It is also recommended that therapists pay attention to the ideas and resources provided for overcoming institutional barriers be considered. A pilot study would allow the Occupational Therapy Toolkit to be measured for the effectiveness in promoting occupation-based intervention in the LTC setting. Through the pilot study and further development of more occupation-based kits, additional information would be provided to meet other needs that were not addressed for the elderly clients living in a LTC or for the LTC facility itself.

An organized, easy to use, quick reference tool was developed to enhance OTs' ability to provide meaningful occupation-based intervention to clients in LTC settings. This manual will assist OTs in providing occupation-based and client-centered interventions to clients in LTC settings. Through the implementation of meaningful activities it is hoped that there will be an increase in quality of life among the elderly population in the LTC facility.

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