



2022

Supporting Participation In Daily Tasks, Quality Of Life, And Well-Being For Individuals With Parkinson'S Disease Dementia

Miranda Kay Evanson

[How does access to this work benefit you? Let us know!](#)

Follow this and additional works at: <https://commons.und.edu/ot-grad>



Part of the [Occupational Therapy Commons](#)

Recommended Citation

Evanson, Miranda Kay, "Supporting Participation In Daily Tasks, Quality Of Life, And Well-Being For Individuals With Parkinson'S Disease Dementia" (2022). *Occupational Therapy Capstones*. 510.
<https://commons.und.edu/ot-grad/510>

This Scholarly Project is brought to you for free and open access by the Department of Occupational Therapy at UND Scholarly Commons. It has been accepted for inclusion in Occupational Therapy Capstones by an authorized administrator of UND Scholarly Commons. For more information, please contact und.common@library.und.edu.

SUPPORTING PARTICIPATION IN DAILY TASKS, QUALITY OF LIFE, AND
WELL-BEING FOR INDIVIDUALS WITH PARKINSON'S DISEASE DEMENTIA

by

Miranda Kay Evanson, OTDS

Advisor: Dr. Mandy Meyer, PhD

Occupational Therapy Doctorate, University of North Dakota, 2022

A Scholarly Project

Submitted to the Occupational Therapy Department

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Occupational Therapy Doctorate

Grand Forks, North Dakota

May

2022



Evanson, 2022

This work is licensed under the Creative Commons Attribution International license (CC BY).
To view a copy of this license, visit <https://creativecommons.org/licenses/by/4.0/>

APPROVAL

This scholarly project, submitted by Miranda Evanson, OTDS in partial fulfillment of the requirement for the Degree of Occupational Therapy Doctorate from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

A handwritten signature in black ink, appearing to read "Mg M. J.", positioned above a horizontal line.

Dr. Mandy Meyer, PhD

April 13, 2022

Date

PERMISSION

Title: Supporting Participation in Daily Tasks, Quality of Life, and Well-Being for
 Individuals with Parkinson's Disease Dementia

Department: Occupational Therapy

Degree: Occupational Therapy Doctorate

In presenting this scholarly project in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, I agree that the library of this University shall make it freely available for inspection. I further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised my project or, in their absence, by the Chairperson of the department or the Dean of the School of Graduate Studies. It is understood that any copying or publication or other use of this scholarly project or part thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and the University of North Dakota in any scholarly use which may be made of any material in my scholarly project.

Miranda Evanson

April 13, 2022

TABLE OF CONTENTS

| | |
|--|-----|
| ACKNOWLEDGEMENTS..... | vi |
| ABSTRACT..... | vii |
| CHAPTERS | |
| I. INTRODUCTION..... | 1 |
| II. LITERATURE REVIEW..... | 5 |
| III. METHODOLOGY..... | 23 |
| IV. PRODUCT..... | 26 |
| V. SUMMARY..... | 30 |
| REFERENCES..... | 33 |
| APPENDIX..... | 39 |
| Appendix A: Video Series 1: Outline and Script | |
| Appendix B: Video Series 2: Outline and Script | |

ACKNOWLEDGMENTS

I would like to thank my advisor, Dr. Mandy Meyer, for her continuous support, guidance, encouragement, and the sharing of her knowledge throughout the development of this project.

ABSTRACT

Introduction

Parkinson's disease dementia (PDD) is a progressive neurological disorder characterized by a decline in cognitive functioning severe enough to impact participation in daily life which can occur for individuals living with Parkinson's disease (PD) at least one year or more following their PD diagnosis (Alzheimer's Association, 2022b). There are currently almost one million people living with PD in the United States with about two thousand of those individuals living in North Dakota (Alzheimer's Association, 2022b; Parkinson's Foundation, 2022b). Studies show that 50-80% of those individuals will develop PDD throughout the course of the illness (Alzheimer's Association, 2022b). The treatment of PDD requires a holistic approach, due to its combination of physical, cognitive, and sensory symptoms. Occupational therapists are well suited to provide programming for individuals with PDD, however an extensive literature search and review has revealed a gap in the literature specific to occupational therapy (OT) interventions for individuals with PDD. Furthermore, the culture and valued occupations of individuals living with PDD in North Dakota (ND) may differ from those in other parts of the United States.

Purpose

The purpose of this scholarly project was to create a program specific to individuals with PDD and their care partners to support participation in daily tasks, quality of life, and well-being. The product, *Educational Mini-Series on Parkinson's Disease Dementia*, is a video series consisting of nine short videos addressing education on PDD and other related diagnoses, the

multidisciplinary treatment team, and OT strategies to ease participation in activities of daily living (ADLs).

Methodology

The product was created through the following methodology: an extensive search and review of the literature, needs assessment, informal observations and interviews, continuing education courses, development and approval of video outlines and scripts, and finally recording and editing the educational videos. Theoretical models including Ecology of Human Performance (EHP) and principles of andragogy and geragogy were used to guide this methodology and the formation of the product (Bastable, Myers, & Arnaud, 2020; Dunn, 2017).

Results and Conclusions

The product is intended to be viewed by individuals with PDD and their care partners and is housed on YouTube. The projected outcome of the product is increased participation in daily tasks, quality of life, and well-being for individuals with PDD and their care partners.

CHAPTER I

Introduction

Problem Statement

Neurological conditions can happen suddenly or progressively and have life changing, chronic, and long-term effects requiring lifelong care (World Health Organization, 2006).

Parkinson's disease (PD) is both a chronic and progressive disease that results in symptoms including tremor, rigidity, bradykinesia, and gait and balance deficits (Johns Hopkins Medicine, 2022, Parkinson's Foundation, 2022c). About one million people in the United States are living with PD with about two thousand of those individuals living in North Dakota (Parkinson's Foundation, 2022b). As PD progresses, problems with cognitive functioning can occur in addition to the motor symptoms previously described, which may include difficulties with memory, attention, judgement, thinking, reasoning, and planning (Alzheimer's Association, 2022b; Johns Hopkins Medicine, 2022). When the cognitive functioning deficits interfere with independence in daily life, this results in what is known as Parkinson's disease dementia or PDD (Alzheimer's Association, 2022b). Studies show that 50-80% of those individuals living with PD will also develop dementia within the course of the illness (Alzheimer's Association, 2022b).

To support living with PDD, the individual is required to make changes to their daily habits, routines, and the way that tasks are performed due to physical, cognitive, and sensory changes in functioning. This requires a unique and individualized plan of care to manage both the symptoms of PD and the cognitive impairment due to dementia. Additionally, informal care partners play a large role in the day to day lives of individuals with PDD. Typically, due to the rapid or progressive nature of many neurological conditions, both the client and their care partners are ill prepared to make the changes necessary to support living with neurological

impairments (DiZazzo-Miller, Samuel, Barnas, & Welker, 2014). Occupational therapists are well suited to provide programming for individuals with neurological impairments including PDD and their care partners to support participation in daily tasks and improve quality of life and well-being; however, more research is needed to identify best-practice interventions for this specific population (Rao, 2012; Watermeyer et al., 2016). Furthermore, the culture and valued occupations of individuals with PDD in the Bismarck, North Dakota (ND) region may differ from those in other parts of the United States. Therefore, development of a program specifically for individuals with PDD and their care partners in the Bismarck, ND region is needed to enhance occupational therapy practice.

Purpose Statement

The *Educational Mini-Series on Parkinson's Disease Dementia* was created in collaboration with Innovative Therapy Solutions and Consulting, the Alzheimer's Association Minnesota-North Dakota Chapter, and the Bismarck Parkinson's Support Group. The purpose of this video mini-series is to educate individuals with PDD and their care partners on occupational therapy (OT) interventions to help ease various aspects of the daily routine. The product is housed on YouTube and Innovative Therapy Solutions and Consulting website for consumers to access as needed.

Project Objectives

The overarching goal of the *Educational Mini-Series on Parkinson's Disease Dementia* is to support participation in daily tasks, quality of life, and well-being for individuals with PDD and their care partners. Upon completion of the *Educational Mini-Series on Parkinson's Disease Dementia*, individuals with PDD and their care partners will (Bastable & Rabbia, 2020):

Cognitive Domain:

- **Describe** common occupational performance problems that individuals with PDD face in daily life.
- **Implement** strategies, suggestions, and education learned into the individual with PDD's daily routine.

Affective Domain:

- **Generalize** strategies, suggestions, and education learned into the individual with PDD's daily routine.
- **Commit** to habits that support the management of PDD during the daily routine.

Psychomotor Domain:

- **Perform** strategies, suggestions, and education learned during the individual with PDD's daily routine.
- **Demonstrate** safe and effective participation in meaningful daily occupations.

Theoretical Framework

The occupation-based model that guided the needs assessment, literature review, and subsequent product is the Ecology of Human Performance (Dunn, 2017). The main constructs of the Ecology of Human Performance (EHP) model are the person, context, and task with the combination and outcome of these three constructs being performance range (Dunn, 2017). For the purposes of this project, the person is individuals with PDD including their interests, values, and past experiences as well as their movement related symptoms and cognitive functioning deficits (Dunn, 2017). In general terms, the physical context includes the natural and built environments within the person's home and their community, while the social context includes their care partners, family members, care providers, neighbors, and peers (Dunn, 2017). The temporal context includes the person's age, the season of life which they are in, and their health

status (Dunn, 2017). Finally, the cultural context is Bismarck, ND and surrounding regions and also includes any religious and organizational groups that the person identifies with (Dunn, 2017). For the purposes of this project, the task includes engagement in meaningful daily occupations, specifically activities of daily living (ADLs) (Dunn, 2017). Finally, the performance range is the desirable outcome that is achieved when the person can interact within their context to perform daily tasks as they want or need (Dunn, 2017). Occupational therapists strive to increase performance range by providing OT service delivery or programming targeting some combination of the person, context, or task through intervention strategies including establish/restore, alter, adapt/modify, prevent, and create (Dunn, 2017).

Significance of Project to Chosen Area of Practice

Megan Dooley, owner of Innovative Therapy Solutions and Consulting, has identified the need for programming for individuals with PDD due to her extensive experience providing OT service delivery for individuals with PDD and their care partners in the Bismarck, ND area and surrounding regions. She has noticed a lack of evidence-based studies and educational resources to guide OT practitioners through service delivery for this specific population. This need is not only identified by this expert in the field, but also backed in the literature. Watermeyer and others (2016) reported that there is little to no intervention studies focused on individuals with PDD despite the likely occurrence that individuals with PD will eventually acquire dementia throughout the course of the disease. Overall, both the gap identified in the Bismarck, ND region and in the literature supports the need for programming for individuals with PDD and their care partners.

CHAPTER II

Literature Review

Neurological Disorders

Occupational therapists are well suited to provide intervention for individuals with a wide range of neurological disorders. Rao (2012) sought to review the literature to update the occupational therapy (OT) community on evidence-based service delivery for individuals with neurological disorders. Rao (2012) identified several main concerns which arose in his review of the literature, including a lack of scholarly articles available focusing on neurological rehabilitation given its prominent area in OT practice, lack of representation of the wide variety of existing neurological impairments, lack of diversity of practice areas studied, and the quality of the available research. Thus, there is a need for quality research on the effectiveness of OT intervention and OT programming for a wide variety of individuals with different neurological disorders (Rao, 2012).

Parkinson's Disease

Parkinson's disease (PD) is a neurodegenerative disease which affects nearly one million people living in the United States, with about two thousand of those individuals living in North Dakota (Parkinson's Foundation, 2022b, 2022c). The symptoms of Parkinson's disease slowly progress throughout the years and there is no known cause or cure for the disease (Parkinson's Foundation, 2022c). However, it is known that the disease affects dopamine-producing neurons in the area of the brain known as the substantia nigra (Parkinson's Foundation, 2022c). The symptoms of PD can be divided into two main groups: motor symptoms and non-motor symptoms. The primary movement related or motor symptoms include tremor, bradykinesia, rigidity, and gait and balance deficits (Parkinson's Foundation, 2022c). The non-motor

symptoms include apathy, depression, constipation, sleep disturbances, and cognitive impairment, to name a few. According to the Parkinson's Foundation (2022c), "people with PD are often more impacted by their non-motor symptoms than motor symptoms."

Simply put, occupational therapists' role when working with individuals with PD is to identify strategies that will enable the person to continue to do the tasks that are meaningful to them by using the persons strengths and adapting the context or task at hand (Dunn, 2017; Parkinson's Foundation, 2022a). The search of the literature yielded four systematic reviews focused on OT intervention for individuals with PD and one systematic review focused on OT intervention for care partners of individuals with PD (Boone, Henderson, & Hunter, 2021; Doucet, Franc, & Hunter, 2021; Foster, Bedekar, Tickle-Degnen, 2014; Foster, Carson, Archer, & Hunter, 2021; Welsby, Berrigan, & Laver, 2019). These studies focused on OT-related interventions to improve functioning and participation for individuals with PD in the following areas of occupation: activities of daily living (ADLs), instrumental activities of daily living (IADLs), work, leisure, and rest and sleep.

Physical activity or exercise was an intervention type discussed in three of the four systematic reviews included in this literature review (Doucet et al., 2021; Foster et al., 2014, & Foster et al., 2021). The results were similar, supporting the use of physical activity or exercise as interventions for individuals with PD. Foster and others (2014) showed moderate to strong evidence to support the use of physical activity training to improve motor performance, postural stability, and balance for individuals with PD. In 2021, Foster and others also found strong strength of evidence to support the use of physical activity interventions for increased physical activity levels in people with PD. However, low strength of evidence was found to support the use of physical activity interventions to improve IADL function (Foster et al., 2021). Lastly,

Doucet et al. (2021) identified moderate strength of evidence to support the use of group multimodal exercise programs and targeted exercise programs to improve ADL performance. Additionally, moderate strength of evidence supported the use of resistance exercise and multimodal exercise to improve sleep for individuals with PD (Doucet et al., 2021). In summary, exercise and physical activity as OT intervention was found to improve ADL performance, sleep, and neuromuscular and movement related functions such as motor performance, postural stability, and balance for individuals with PD, however, was not found to improve IADL performance (Doucet et al., 2021; Foster et al., 2014., Foster et al., 2021).

Another common intervention type discussed by several authors was cognitive behavioral therapy (CBT). Foster et al. (2014) found moderate evidence to support the use of client-centered self-management strategies and cognitive-behavioral strategies for individuals with PD. Additionally, moderate strength of evidence supported the use of CBT to improve sleep for individuals with PD (Doucet et al., 2021). Overall, the use of CBT as intervention for individuals with PD is supported in the literature. On the other hand, cognitive rehabilitation interventions for individuals with PD and individuals with PD-related dementias had low strength of evidence to support their use (Doucet et al., 2021).

Occupational therapists commonly utilize interventions targeting the context in the form of environmental modification and cues. Moderate evidence was established regarding the use of environmental or other external supports in the natural environment during functional mobility and other motor performance activities (Foster et al., 2014). Additionally, occupational therapists commonly target the task during OT intervention as well. Foster et al. (2021) investigated the evidence on IADL focused interventions, finding strong strength of evidence to support the use of handwriting training to improve handwriting functioning in individuals with PD. Another

IADL specific intervention, medication adherence therapy, was examined with moderate strength of evidence resulting (Foster et al., 2021). Finally, the authors found moderate support for the use of individualized OT interventions to improve IADL participation, but low strength of evidence that it improves actual IADL performance (Foster et al., 2021).

Some occupational therapists may choose to use alternative therapies when working with individuals with PD. It is important to review the evidence supporting these alternative therapies when considering their use as OT intervention. Mindfulness meditation and gaming have moderate strength of evidence supporting their use to improve ADL performance, while tai chi, ai chi, aquatic therapy, dance, and singing interventions were all found to have low strength of evidence to improve ADL performance (Doucet et al., 2021). However, there is moderate strength of evidence to support the use of alternative therapies including group meditation-based exercise, full body massage, and bright light therapy to improve sleep for individuals with PD.

As for actual parameters of OT service delivery for individuals with PD, Welsby and others (2019) found short-term benefits from occupational therapy intervention delivered at a high intensity for short durations of time. These benefits were related to interventions focused on meaningful occupation as a means for improving arm functioning and functional mobility as well as programs which took place in the home environment (Welsby et al., 2019). However, these findings with improved arm functioning and functional mobility were not compared to ADL performance in individuals with PD. On the other hand, low strength of evidence was identified to support the use of outpatient occupational therapy services to improve ADL performance for individuals with PD (Doucet et al., 2021). Thus, home based OT service delivery is best practice as compared to outpatient OT service delivery for individuals with PD.

As an individuals' PD progresses, motor and non-motor symptoms increase and impact individuals' independence in daily life. Therefore, many individuals with PD rely on care partners to help them complete daily tasks. The search of the literature yielded one systematic review targeting OT intervention for care partners of individuals with PD (Boone et al., 2021). All in all, low strength of evidence was reported regarding the effectiveness of OT interventions for care partners of people with PD due to the low quality of the studies included in the systematic review (Boone et al., 2021). Additionally, Boone and others (2021) reported that the risk for bias with the articles that met inclusion criteria was high. Also, it is important to note that none of the articles included in this systematic review were from OT journals, however, did contain interventions that are within the scope of OT practice (Boone et al., 2021). One study found that CBT for individuals with PD improved care partners general health, but not measures of care partner burden or distress (Boone et al., 2021). Another found that yoga may improve the health, stress, and quality of life of care partners of those with PD (Boone et al., 2021). Overall, more research is needed on the topic of OT intervention for care partners of individuals with PD.

In summary, occupational therapists work with individuals with PD to improve participation in daily tasks, quality of life, and well-being, however, the OT literature is lacking exhaustive evidence to guide practitioners through OT service delivery. This search and review of the literature has revealed some evidenced-based intervention approaches for occupational therapists working with individuals with PD, which include physical activity or exercise, CBT, environmental modifications, IADL-focused interventions, and a few alternative therapies including mindfulness meditation and gaming (Doucet et al., 2021; Foster et al., 2014; Foster et al., 2021). Additionally, according to Welsby et al. (2019), home-based OT service delivery is

best practice. Finally, more research is needed regarding OT interventions targeting care partners of individuals with PD (Boone et al., 2021).

Parkinson's Disease Dementia

Parkinson's disease dementia (PDD) is a condition which develops in many individuals who are living with PD at least one year or more following their PD diagnosis (Alzheimer's Association, 2022b). As PD progresses, it may affect additional areas in the brain which impact mental functions, resulting in a decline in cognition including memory, attention, judgement, thinking, reasoning, and planning (Alzheimer's Association, 2022b). Studies show that 50-80% of those living with PD will also develop dementia within the course of the illness, making PDD a fairly common condition (Alzheimer's Association, 2022b). Occupational therapists are well suited to provide intervention for individuals with PDD, however more research is needed to determine best practice interventions.

As previously stated, the OT literature is lacking information on evidenced-based interventions for individuals with PDD, however two articles provided some insights into this topic area. One article by Ciro, Hershey, and Garrison (2013) examined the effects of enhanced task-oriented training using the Skill-building through Task-Oriented Motor Practice (STOMP) intervention with a single person with Lewy body dementia (LBD). The results from the study showed that the single participant achieved 2/3 goals set at pretest using the STOMP protocol of OT evaluation and intervention (Ciro et al., 2013). Additionally, the authors demonstrated the use of the Canadian Occupational Performance Measure (COPM) and Goal Attainment Scaling (GAS) to measure progress towards goals. The authors also utilized principles of motor learning theory and errorless learning, which they have described is supported by the literature for working with individuals with dementia (Ciro et al., 2013). These insights are beneficial for

providing programming for individuals with PDD. An additional study investigated the ability of individuals with PDD and LBD to engage in goal setting regarding cognitive rehabilitation (Watermeyer et al., 2016). In general terms, the results of this study demonstrated that individuals with PDD and LBD can set achievable goals that provide insight into their cognitive difficulties and highlight areas for OT intervention (Watermeyer et al., 2016). Some of the content areas for the goals included technology use, leisure, medication management, self-management and orientation, remembering where important items are located, social interaction and communication, and anxiety management (Watermeyer et al., 2016). Although the OT literature is lacking peer reviewed studies on OT interventions for individuals with PDD, these results conjointly demonstrate that individuals with PDD or LBD have insight into their deficits and can collaborate with occupational therapists to create meaningful goals for OT intervention (Ciro et al., 2013; Watermeyer et al., 2016).

Alzheimer's Disease and Other Dementias

Dementia is a broad term used to describe a variety of conditions affecting memory, language, problem-solving skills, and other cognitive functions which are severe enough to impact daily life (Alzheimer's Association, 2022c). The most common cause of dementia is Alzheimer's disease (AD), which accounts for 60-80% of dementia cases and is the sixth leading cause of death in the United States (Alzheimer's Association, 2022c, 2022d). Similarly to PD, many types of dementia are progressive and there is no known cure (Alzheimer's Association, 2022d). Unlike PD, the cause of dementia is known which includes damage to neurons in the brain impacting communication between different parts of the brain (Alzheimer's Association, 2022d). Additionally, scientists believe that the presence of two abnormal structures called plaques and tangles damage and kill nerve cells in the brain resulting in AD (Alzheimer's

Association, 2022c). Common symptoms of AD include difficulty remembering new information, disorientation, confusion, and behavioral changes, to name a few (Alzheimer's Association, 2022c). Occupational therapists work with individuals with AD or other dementias by targeting person factors, the context including interventions for their care partners, or the task through skilled intervention to increase engagement in daily tasks, quality of life, and well-being.

The major themes for areas of OT intervention for individuals with AD or other dementias identified across several studies included physical exercise, environment-based interventions, client-centered interventions, cognitive interventions, and care partner training. A systematic review by Rao, Chou, Bursley, Smulofsky, and Jezequel (2014) examined the effects of many types of exercise as it related to ADL performance, cognitive functioning, and overall mood for individuals with AD. Despite the different types of exercise used as intervention which included aerobic, balance, strength training, or some combination of these, and differing durations and frequencies of intervention from twelve weeks to twelve months, all combinations demonstrated improvements in ADL performance (Rao et al., 2014). Additionally, positive outcomes of improved cognition and mood and decreased depression with exercise were demonstrated as well (Rao et al., 2014). Another study by Smallfield and Heckenlaible (2017) showed strong evidence to support the use of routine exercise to improve ADL performance, sleep, engagement in daily tasks, and physical functioning for individuals with AD or other neurocognitive disorders (NCDs). Finally, additional evidence showed that exercise and motor-based interventions were the most commonly used intervention for addressing falls prevention in individuals with AD, with both individualized exercise programs and group exercise programs resulting in increased balance (Jensen & Padilla, 2011). Overall, physical exercise was shown to increase ADL performance, sleep, engagement in daily tasks, physical functioning, cognition,

and mood for individuals with AD as well as prevent falls, supporting its use as OT intervention (Jensen & Padilla, 2011; Rao et al., 2014; Smallfield & Heckenlaible, 2017).

Another major theme within areas of OT intervention was environment-based interventions. A systematic review by Padilla (2011a) examined the effectiveness of environment-based OT interventions for individuals with AD and other types of dementia. Findings were categorized by the following intervention types: environmental interventions, multisensory interventions (MSIs), and other strategies including ambient music, natural sounds, aromatherapy, and bright light therapy (Padilla, 2011a). The results for the use of environment-based interventions on affect, behavior, and overall performance for individuals with AD or other dementias were mixed (Padilla, 2011a). MSIs combining manipulative and tactile tasks were the most effective intervention type (Padilla, 2011a). Additionally, therapeutic Montessori was found to be an occupation-based, client-centered intervention shown to decrease agitation, aggressive behaviors, and non-aggressive behaviors (Padilla, 2011a). The use of aromatherapy alone had little support for reducing agitation, however incorporating calming music and aromas into ADL routines may increase the individual's likeliness for participation in daily tasks (Padilla, 2011a). Lastly, bright light therapy alone did not produce significant changes in participation (Padilla, 2011a).

In another study looking at interventions that address behaviors in individuals with AD, Jensen and Padilla (2017) discussed the evidence for unimodal sensory interventions and MSIs. As for unimodal sensory interventions, the authors found strong evidence to support the use of music for improving behaviors for individuals with AD or other NCDs and moderate evidence to support noise reduction strategies to decrease behaviors in institutional settings (Jensen & Padilla, 2017). Similarly, for MSIs, there was strong evidence to support the use of multisensory

environments for decreasing agitation and anxiety in individuals with AD or other NCDs (Jensen & Padilla, 2017). Jensen and Padilla (2017) also found moderate evidence to support special care units or home like environments to decrease aggressive behaviors for individuals with AD or other NCDs. However, these same specialized environments had little effect on other behaviors including agitation, pacing, and exit-seeking in individuals with AD (Jensen & Padilla, 2017). Lastly, Struckmeyer and Pickens (2016) described several effective physical home modifications to target wandering, falls, inattention, poor judgement, and some IADLs such as medication management and cooking. These home modifications included removing throw rugs; removing access to kitchen knobs and sharps; adding locks and lighting; adding safety equipment such as grab bars, handheld shower heads, nonslip bathmats, raised commode seats, and shower seats; and lowering the hot water temperature of the home (Struckmeyer & Pickens, 2016). Overall, environment-based interventions were shown to be an evidence-based approach for working with individuals with AD or other dementias, especially unimodal sensory interventions, multisensory interventions, and home modifications (Jensen & Padilla, 2017; Padilla, 2011a; Struckmeyer & Pickens, 2016).

Client-centered interventions was another common intervention theme. Jensen and Padilla (2017) found strong evidence to support the use of person-centered environment-based interventions for improvements in behavior for individuals with AD or other NCDs. Similarly, Struckmeyer and Pickens (2016) discussed the importance of a client-centered collaborative approach to assessment and intervention, specifically that identifying the individualized needs of each client, building rapport with the client and their care partner, and providing client-centered training resulted in successful implementation and adherence to home modifications suggested. Finally, in another systematic review, Padilla (2011b) focused on determining effective

interventions which modify activity demands for self-care and leisure occupations for individuals with AD or other types of dementia. Padilla (2011b) described that OT programs should be individualized and match the client's level of cognitive functioning, provide novelty, and be socially stimulating. Thus, one primary takeaway from the results summarized above is the need for client-centered intervention approaches when working with individuals with AD or other dementias and their care partners (Jensen & Padilla, 2017; Padilla, 2011b; Struckmeyer & Pickens, 2016).

Compensatory strategies and cognitive interventions were another area of OT intervention commonly found. When modifying activity demands and assisting individuals with AD with daily tasks, Padilla (2011b) stated that cues should be short, concise, and provide clear direction to the patient. These cues also may need to be combined with physical prompting or gestures, depending on the patient's level of cognitive functioning (Padilla, 2011b). Additionally, compensatory strategies in the form of environmental modifications and simple adaptive equipment may be warranted depending on the unique needs of the person with AD (Padilla, 2011b). Visual cues including signs and labels on drawers or cupboards were the most effective compensatory strategy (Padilla, 2011b). Removing clutter and setting up the person with the materials they need for an activity were also effective strategies for modifying activity demands (Padilla, 2011b). Smallfield and Heckenlaible (2017) found strong evidence to support the use of cognitive interventions, specifically errorless learning, for maintaining ADL and IADL performance. Finally, Struckmeyer and Pickens (2016) discussed cognitive and social modifications which included simplifying tasks or training the care partner on how to simplify tasks, implementing cognitive strategies to ease ADLs or IADLs, and engaging the individual with AD in appropriate activities and incorporating those into the daily routine. Thus, both

cognitive interventions and compensatory strategies as intervention are supported in the OT literature (Padilla, 2011b; Smallfield & Heckenlaible, 2017; Struckmeyer & Pickens, 2016).

The last major intervention theme was care partner training. Padilla (2011b) stated that care partner involvement is essential in implementing individualized programs to maintain skills when modifying activity demands for increased participation in self-care and leisure occupations. Additionally, Struckmeyer and Pickens (2016) discussed the importance of care partner training in that many times the care partner of the individual with AD or dementia is the one responsible for implementing the home modifications suggested by the OT, making care partners a crucial part of the therapy process. Care partner training included education on hazards, education on resources for implementing suggested home modifications, and role-playing (Struckmeyer & Pickens, 2016).

Other interventions discussed included occupation-based interventions, multicomponent interventions, functional task object availability, and interventions to address falls. Jensen and Padilla (2011) found that occupation-based interventions had some effect on reducing falls for individuals with PD. Additionally, results from Smallfield and Heckenlaible's (2017) systematic review provide strong evidence for the use of occupation-based interventions with individuals with AD or other NCDs to maintain ADL performance. They also suggest multicomponent and multidisciplinary interventions for ADL performance as best practice interventions as well (Smallfield & Heckenlaible, 2017). Jensen and Padilla (2017) reported mixed evidence for the use of functional task objects in the environment to improve behaviors for individuals with AD or other NCDs. However, they found strong evidence to support the use of night monitoring systems to reduce falls as well as exiting the home, however, the monitoring systems did not result in less falls in institutional settings (Jensen & Padilla, 2017). Additionally, interventions

targeting staff and multidisciplinary interventions were both shown to decrease falls in individuals with AD as well (Jensen & Padilla, 2011).

Collectively, there are many OT interventions which are supported in the literature for occupational therapists working with individuals with AD or other dementias. The results from this literature review support the use of physical exercise, unimodal sensory interventions, MSIs, client-centered interventions, compensatory strategies, errorless learning, care partner training, and occupation-based interventions (Jensen & Padilla, 2011; Jensen & Padilla, 2017; Padilla, 2011a, 2011b; Rao et al., 2014; Smallfield & Heckenlaible, 2017; Struckmeyer & Pickens, 2016). When deciphering which intervention to use, it is important to consider which tasks are most meaningful to the client, person factors, the natural environment, and the presence of care partners to assist with home programming.

Care Partners of Individuals with Alzheimer’s Disease and Other Dementias

As AD affects a person’s ability to think through daily routines, problem-solve when difficulties occur, and remember important daily information, many individuals with AD rely heavily on help from care partners to complete tasks in daily life. Many of these care partners can be considered informal care partners, meaning they are unpaid family or friends who are providing care in the individuals’ natural environment (Raj, Mackintosh, Fryer, & Stanley, 2021). Caregiving can create long-term health effects including depression, anxiety, social withdrawal, exhaustion, irritability, and other health problems (Alzheimer’s Association, 2022d). Thus, the next major intervention theme was OT interventions targeted at care partners of individuals with AD or dementia.

A systematic review published in 2017 examined the effectiveness of interventions for care partners of individuals with AD or other NCDs (Piersol et al., 2017). Five themes emerged

to describe the types of interventions and approaches for care partners to maintain their caregiving role: case management interventions, group interventions, cognitive-behavioral interventions, single-component interventions, and multicomponent psychoeducational interventions (Piersol et al., 2017). Strong evidence was found that case management interventions reduce care partner burden and depression as well as improve care partner well-being (Piersol et al., 2017). There is also strong evidence to support group interventions or care partner support groups to improve care partner well-being; reduce care partner depression, burden, and stress; and increase care partner's confidence in providing care (Piersol et al., 2017). However, there is insufficient evidence to support the use of technology mediated support groups at this time (Piersol et al., 2017). Cognitive behavioral interventions also showed strong evidence to support their use. Specifically, there is strong evidence to support the use of cognitive reframing and care partner skills training to reduce care partner depression, anxiety, and stress (Piersol et al., 2017). As for single-component interventions, communication skills training, communication skills training with memory aids, mindfulness training, and stress management via internet or telephone were all shown to have strong strength of evidence to support their use (Piersol et al., 2017). On the contrary, exercise programs and nighttime monitoring systems had moderate strength of evidence while assistive device training, adapted leisure programs, and coaching via email or telephone had limited to insufficient evidence to support their use (Piersol et al., 2017). Finally, Piersol and others (2017) reported strong strength of evidence to support the use of multicomponent psychoeducational interventions including a combination of dementia education, skills training, and coping strategies to improve care partner quality of life, well-being, and self-efficacy when managing problems while also reducing care partner burden and depression. Additionally, Skills2Care, which is a home-based care partner training program for

those caring for individuals with dementia was found to have moderate success. Altogether, Piersol and others (2017) describe a multitude of well-supported, evidence-based interventions targeting care partners of individuals with AD and other NCDs.

The effects of educational and supportive strategies for care partners of individuals with dementia to was also evaluated by Thinnes and Padilla in 2011. The authors investigated the strength of the evidence for several main categories of interventions. The first main category aimed at care partners was OT interventions focusing on care partner education, problem-solving, home modification, and technical skills such as task simplification and communication approaches (Thinnes & Padilla, 2011). These intervention approaches were found to improve patient's skills, decrease their need for further assistance, and decrease patient behaviors (Thinnes & Padilla, 2011). The next major category was direct interventions with care partners with studies showing that providing care partners with education on AD and strategies to manage their care partner role is beneficial (Thinnes & Padilla, 2011). The next major theme, joint interventions with care partners and patients, showed to be effective in producing better outcomes for well-being and depression among care partners (Thinnes & Padilla, 2011). Family interventions was another theme with care partner counseling and support groups involving the entire family unit having a positive effect on care partner depression, improved sense of health, and improved reactions to patient's behaviors associated with AD (Thinnes & Padilla, 2011). The next theme was combination strategies with which the use of supportive and educational strategies proved to be the best approach; however, the evidence is limited (Thinnes & Padilla, 2011). Interventions carried out in the home had a positive effect on care partners' self-efficacy and reduced mortality of patients with AD, but further research is needed (Thinnes & Padilla, 2011). Similarly to the results from Piersol and others (2017) systematic review, Thinnes and

Padilla (2011) found that technology-mediated interventions including telehealth and over the phone type services and support groups had mixed evidence (Thinnes & Padilla, 2011). Finally, respite care was shown to have some short-term benefits affecting care partners' anxiety and depression levels, however, was not shown to have long term benefits for people with dementia or their care partners (Thinnes & Padilla, 2011). Overall, these results demonstrate the need for inclusion of care partners in OT interventions for individuals with AD, with many intervention strategies proving to be effective in reducing aversive effects of the caregiving role. These interventions should include care partner education about AD, education on the caregiving role, as well as practical education on home modifications, technical skills, and problem-solving strategies (Thinnes & Padilla, 2011).

Another systematic review completed in 2021 investigated the effects of home-based OT services for individuals with dementia and their care partners (Raj et al., 2021). Overall, this systematic review demonstrated moderate strength of evidence to support the use of home-based OT interventions for adults with dementia and reduce burden on their informal care partners (Raj et al., 2021). A key finding was that intervention targeting adults with dementia and their informal care partners can increase performance in daily tasks (Raj et al., 2021). Specifically, interventions including a combination of compensatory strategy use and education and training to informal care partners were found to be beneficial (Raj et al., 2021).

Finally, two articles discussed the effects of programming aimed at individuals with dementia and their care partners (DiZazzo-Miller, Samuel, Barnas, & Welker, 2014; Marx, Scott, Piersol, & Gitlin, 2019). DiZazzo-Miller and others (2014) determined favorable effects for a Family Caregiving Training Program aimed at assisting care partners of individuals with dementia in ADLs, specifically resulting in increased care partner knowledge on nutrition,

transfers, toileting, bathing, and dressing following completion of each module. Additionally, a case report by Marx and others (2019) described the effects of the Tailored Activities for Persons with Dementia and Their Caregivers (TAP) protocol for one subject and their informal care partner. The results from implementation of the eight session TAP program with this specific sample included increased care partner confidence and increased engagement in daily tasks for the individual with dementia (Marx et al., 2019). Lastly, at the conclusion of the TAP program, the care partner reported that her family member with dementia demonstrated a decrease in behavioral disturbances, especially yelling and repetitive questioning (Marx et al., 2019). Overall, the results from these two studies demonstrate that OT programming for individuals with dementia and their care partner has positive effects.

Summary

In conclusion, there are several overarching, evidence-based themes for OT intervention supported in the literature for both individuals with PD and AD or other dementias, which include physical activity or exercise, cognitive interventions, and environment-based interventions (Doucet et al., 2021; Foster et al., 2014; Foster et al., 2021; Jensen & Padilla, 2011; Jensen & Padilla, 2017; Padilla, 2011a, 2011b; Rao et al., 2014; Smallfield & Heckenlaible, 2017; Struckmeyer & Pickens, 2016; Welsby et al., 2019). Additional OT interventions supported in the literature for individuals with PD alone included home-based OT service delivery, IADL-focused interventions, and some alternative therapies including mindfulness meditation and gaming (Doucet et al., 2021; Foster et al., 2014; Foster et al., 2021; Welsby et al., 2019). Overall, more research is needed regarding OT interventions targeting care partners of individuals with PD (Boone et al., 2021). As for OT interventions for individuals with AD alone, the results from this literature review support the use of unimodal sensory interventions, MSIs,

client-centered interventions, compensatory strategies, errorless learning, and occupation-based interventions in addition to the evidence-based interventions shared with individuals with PD listed above (Jensen & Padilla, 2011; Jensen & Padilla, 2017; Padilla, 2011a, 2011b; Rao et al., 2014; Smallfield & Heckenlaible, 2017; Struckmeyer & Pickens, 2016). Furthermore, many different types of care partner training were supported in the literature as OT intervention for individuals with AD or other dementias alone (DiZazzo-Miller et al., 2014; Marx et al., 2019; Piersol et al., 2017; Raj et al., 2021; Thinnes & Padilla, 2011). Although the evidence is limited regarding evidence-based OT interventions for individuals with PDD specifically, the evidence regarding OT intervention for individuals with PD and AD or other dementias can be used to inform treatment for individuals with PDD. All in all, OT practitioners are well suited to provide OT intervention to individuals with PDD, however, more peer-reviewed OT research is needed to inform service delivery, given the prominent prevalence of individuals living with PDD.

CHAPTER III

Methodology

The first procedure for completing this project following the preliminary literature search was the formal literature search and literature review. The literature search was conducted between March 2021 and January 2022. The electronic databases which were searched included the American Journal of Occupational Therapy (AJOT), CINAHL Complete, and PubMed. The key words and search phrases used to locate relevant scholarly articles included “neurological impairments,” “Parkinson’s,” “Parkinson’s AND occupational therapy,” “neurological disorders AND caregivers,” “neurological impairments AND caregivers,” “neurological impairments AND occupational therapy,” “Parkinson type dementia,” and “Lewy body dementia.” Initially, the target population of the literature search was individuals with Parkinson’s disease dementia (PDD) and their care partners. However, there are a lack of studies in the occupational therapy (OT) literature on OT services for individuals with PDD and their care partners, thus the target population was expanded to include individuals with Parkinson’s disease (PD) only and individuals with Alzheimer’s disease (AD) or other types of dementia only (Rao, 2012). Additionally, the literature search had to be expanded once again to include articles published within the past ten years due to limited studies available on OT interventions for the target population. The inclusion criteria for the literature search were peer-reviewed, full text research articles published between 2011 and 2021 in English language or translated to English language which focused on individuals with PDD, PD, AD, dementia, Lewy body dementia (LBD), and their care partners. The exclusion criteria included non-full text articles; articles published in different languages without English language translation; articles published in 2010 or earlier; non-peer reviewed articles, poster sessions, theses, or dissertations; and articles focusing other

populations not including individuals with PDD, PD, AD, dementia, LBD, or care partners. In total, 20 articles met inclusion criteria and were reviewed. The evidence found can be sorted into four main categories as it relates to the expanded target population: PD, AD or other types of dementia, care partners of individuals with AD or other types of dementia, and PDD or LBD.

Following the literature review, the next step in the methodology of this project was to identify the needs and complete the needs assessment. This was accomplished through observations of OT service delivery via partnership with Innovative Therapy Solutions and Consulting as well as informal observations of community programming for individuals with PD, AD or other dementias, and PDD. This included gathering information via informal observations and interviews while attending support groups with the Parkinson's Foundation, meetings with the Alzheimer's Association, "Express Yourself: Coping with Parkinson's Disease" support group for individuals with PD and their care partners, and lastly attending wellness programs such as PWR! Moves through the YMCA for individuals with PD. In addition, completion of continuing education courses offered through the Parkinson's Foundation as well as the Alzheimer's Association was carried out to gather more information about both PD and dementia to guide the needs assessment and subsequent project.

Finally, the last step in the project design following completion of informal observations and interviews, continuing education courses, literature review, and the needs assessment was to create the project. The proposed project identified by the agency was an educational video mini-series for individuals with PDD and their care partners. The purpose of the video mini-series is to educate individuals with PDD and their care partners on strategies to ease various occupations during their daily routine, ultimately improving quality of life, well-being, and overall participation in daily tasks. Within each of the videos, strategies are given to manage both the

motor symptoms and cognitive symptoms that occur with PDD. Additionally, the Ecology of Human Performance (EHP) occupation-based model was used to guide the literature review, development of the educational videos, and overall product (Dunn, 2017).

The proposed timeline for completion of the project, not including the preliminary work of the literature search, was 14 weeks. The procedures for developing the educational video mini-series include the following: development of a project outline with topic ideas and supporting evidence from the literature; development of scripts for each video using evidence and knowledge gained from informal interviews, observations, and the literature review; record the videos using the Zoom recording feature; review and edit the videos using Canva; approval of videos with site mentor and faculty mentor; additional edits and revisions to the videos; upload the videos to YouTube and Innovative Therapy Solutions and Consulting website; and lastly, development and distribution of a satisfaction survey to measure the outcomes of the product. Regarding the educational videos, ethical considerations were taken such as including reference pages citing information used at the end of the video and including a disclaimer statement about intent and purpose of information being given.

CHAPTER IV

Product

Chapter four consists of a description of the product created. The product, *Educational Mini-Series on Parkinson's Disease Dementia*, is an online video mini-series consisting of nine educational videos. The target population intended for this product is individuals with Parkinson's disease dementia (PDD) and their care partners. However, the content in the videos may also be appropriate for individuals with Parkinson's disease (PD) or Lewy body dementia (LBD) and their care partners. The purpose of the *Educational Mini-Series on Parkinson's Disease Dementia* is to provide education for individuals with PDD and their care partners on strategies to ease the daily routine and ultimately improve quality of life, well-being, and participation in daily tasks.

Video Series 1: Introduction to Parkinson's Disease Dementia and Occupational Therapy

Video Series 1 consists of the first three videos of the *Educational Mini-Series on Parkinson's Disease Dementia*. The purpose of these three videos was to introduce the educational video mini-series; give background knowledge on dementia, PD, PDD, and LBD; and inform the learner about the role of occupational therapy and the other members of the multidisciplinary team who works with individuals with PD, PDD, or LBD. These videos are intended to be viewed first, before viewing Video Series 2. The scripts for Video Series 1 can be found in Appendix A.

Video Series 2: Strategies to Ease Self-Care Activities

Video Series 2 consists of six short videos, each explaining strategies to ease participation in one specific area of activities of daily living (ADLs). The topics include bathing/showering, dressing, feeding, toileting, personal hygiene, and functional mobility

(AOTA, 2020; Prizer & Zimmerman, 2018). These videos are intended to be viewed after watching Video Series 1. Additionally, these videos can be viewed in any order or could be viewed by relevancy of the topic area to specific occupational performance problems within the target population. The scripts for Video Series 2 can be found in Appendix B.

Teaching and Learning Theory

Several teaching and learning principles were taken into consideration when developing the product. Cognitivism was the primary learning theory utilized to promote learning throughout the educational video mini-series, in that both the learner and the educator are active participants in the learning process (Braungart, Braungart, & Gramet, 2020). Through cognitivism, the learner acquires new knowledge by taking in new information through the educational video mini-series, processing it with what they already know from previous life experiences, and forming new understandings by reorganizing the new information with their existing information (Braungart et al., 2020). As an educator embodying cognitivism, the videos are intentionally organized and structured in a repetitive and consistent way to promote this type of learning (Braungart et al., 2020). The teaching method utilized throughout the educational video mini-series was self-instruction (Fitzgerald & Jacobs, 2020). Self-instruction promotes learning in the cognitive and psychomotor domains and coincides with cognitivism in that the learner is an active member throughout the learning process (Braungart et al., 2020; Fitzgerald & Jacobs, 2020). This teaching method is appropriate for the target population as it allows for self-pacing when acquiring new knowledge and allows the opportunity to reflect upon and review the new information by re-watching the videos (Fitzgerald & Jacobs, 2020).

Additionally, the developmental stage of the learner or target population for the videos was taken into consideration with principles of andragogy and geragogy applied throughout the

educational video mini-series (Bastable, Myers, & Arnaud, 2020). In this stage of development, learning is motivated by the ability to gain solutions to solve problems in real life (Bastable et al., 2020). Thus, a focus on maintaining independence and providing solutions to common occupational performance problems was the goal of the videos, especially in Video Series 2 (Bastable et al., 2020). Special consideration was taken throughout the videos to include teaching strategies consistent with geragogy including the following: slow rate of speech, white background, large font on video slides, presenting one concept at a time, providing specific examples, using visual aids to supplement verbal instruction, and short length of videos (Bastable et al., 2020). Additional considerations were taken for creating effective audiovisual instructional materials, including writing and practicing scripts before recording, using Zoom technology to record videos, and keeping video length between five to ten minutes long (Hainsworth & Jacobs, 2020). Finally, learning objectives for the cognitive, affective, and psychomotor domains are included at the beginning of the scripts for the videos, located in Appendices A and B (Bastable & Rabbia, 2020). Keeping in mind the developmental stage of the learner and overall health literacy, the learning objectives were intentionally low on Bloom's Taxonomy (Bastable & Rabbia, 2020). Lastly, principles of universal design were also included, specifically closed captioning capabilities with each video.

Theoretical Model

The Ecology of Human Performance (EHP) occupation-based model was chosen to guide the formation of the product due to the focus on the natural environment (Dunn, 2017). The strategies given in Video Series 2 address the person, context, or task at hand which is consistent with the model (Dunn, 2017). Additionally, through the lens of EHP, the goal is to increase performance range of the target population through education gained from watching the videos;

this coincides with the purpose of the video mini-series which is to increase participation in daily tasks (Dunn, 2017). Finally, a variety of EHP intervention strategies were used throughout the video mini-series, including establish/restore, adapt/modify, and prevent (Dunn, 2017).

CHAPTER V

Summary

This chapter consists of a discussion of the product including its implications for occupational therapy (OT) practice, strengths, limitations, and sustainability. The problem identified through the literature review was a gap specific to OT research, interventions, and programming for individuals with Parkinson's disease dementia (PDD) (Watermeyer, 2016). Furthermore, the agency this product is intended for had identified the need for OT programming specific to individuals with PDD and their care partners in Bismarck, North Dakota, and surrounding regions. Fulfilling this need became the purpose of the product. The goal of the product was to support participation in daily tasks, quality of life, and well-being for both individuals with PDD and their care partners.

Implications for Occupational Therapy Practice

The target population for the product is individuals with PDD and their care partners. The strategies and suggestions included in the educational videos are intended to be implemented by a licensed occupational therapist, however, a few more simple strategies could also be implemented by care partners and individuals with PDD alone. The intent of this product is to be used by community entities in Bismarck, North Dakota and surrounding regions including Innovative Therapy Solutions and Consulting, the Alzheimer's Association Minnesota-North Dakota Chapter, and the Parkinson's Support Group. Additionally, this capstone project is housed on the University of North Dakota's Scholarly Commons, adding to the deficient body of OT research surrounding this target population. Therefore, this product can help to address the disparity identified in the local community by the agency as well as the gap identified in the literature as a whole regarding OT research, intervention, and programming for individuals with

PDD. Additionally, using this product, individuals with PDD will experience greater support for participation in daily tasks, which ultimately improves performance range, quality of life and well-being (Dunn, 2017).

Strengths

An overview of the strengths of the product includes content, the use of several theories, and collaboration with multiple community resources. The content of the product is a strength due to its thoroughness yet its conciseness. The product consists of nine educational videos all within five to ten minutes in length, with which there is ample information and detail without overwhelming the viewer (Hainsworth & Jacobs, 2020). The author intentionally included three to seven strategies to address both the movement and cognitive symptoms of PDD to provide the viewer with only the paramount information. Another strength is the organization and repetition of the content across each of the nine educational videos, which promotes learning for the viewer. Additionally, the use of several theoretical frameworks throughout the creation of the product including the occupation-based model of Ecology of Human Performance (EHP) as well as principles of andragogy and geragogy are considered strengths. Finally, the product was made in collaboration with several community entities, which has strengthened its thoroughness and broadened its scope for dissemination. Throughout the creation of the product, consideration was taken with each community entity previously described to better understand what is lacking in the local community regarding educational resources for individuals with PDD and their care partners as well as the desired delivery for the educational materials to be used by these community entities.

Limitations

One limitation of the product is that it only addresses one area of occupation, ADLs. There are eight additional areas of occupation which are not addressed in this product, however several of these areas are appropriate to address for individuals with PDD and their care partners (AOTA, 2020). Additionally, the product addresses six of the eight ADLs outlined in the Occupational Therapy Practice Framework (AOTA, 2020). The product lacks addressing eating and swallowing and sexual activity with the rationale being that initially the product was going to address six areas of occupation in total and only address the most important occupations within these groups. When the area of focus for the product shifted, the author failed to include the other two remaining ADLs outlined in the OT Practice Framework in the creation of Video Series 2 due to time limitations (AOTA, 2020). Finally, the last limitation of this product is that it is only offered online via YouTube videos which limits the audience to only include individuals with access to a computer, smart phone, or another electronic device with internet access.

Sustainability

Although the Educational Mini-Series on Parkinson's Disease Dementia only introduces PDD and other related diagnoses, the multidisciplinary team, and covers strategies to ease ADLs at this time, the program can be expanded to cover other aspects of the daily routine in the future. To promote sustainability of the program, the outlines and scripts located in Appendices A and B can easily be edited by occupational therapy practitioners or doctoral experiential placement students to expand the scope and value of this program to cover other appropriate areas of occupations including instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, leisure, and social participation (AOTA, 2020).

REFERENCES

- Alzheimer's Association. (2022a). *Caregiver stress*. Retrieved from <https://www.alz.org/help-support/caregiving/caregiver-health/caregiver-stress>
- Alzheimer's Association. (2022b). *Parkinson's disease dementia*. Retrieved from <https://www.alz.org/alzheimers-dementia/what-is-dementia/types-of-dementia/parkinsons-disease-dementia>
- Alzheimer's Association. (2022c). *What is Alzheimer's disease?* Retrieved from <https://www.alz.org/alzheimers-dementia/what-is-alzheimers>
- Alzheimer's Association. (2022d). *What is dementia?* Retrieved from <https://www.alz.org/alzheimers-dementia/what-is-dementia>
- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), 1-87. <https://doi.org/10.5014/ajot.2020.74S2001>
- Bastable, S. B., Myers, G. M., & Arnaud, L. M. (2020). Developmental stages of the learner. In S. B. Bastable, P. R. Gramet, D. L. Sopczyk, K. Jacobs, & M. M. Braungart (Eds.), *Health professional as educator: Principles of teaching and learning* (2nd ed., pp. 185-237). Burlington, MA: Jones & Bartlett Learning.
- Bastable, S. B., & Rabbia, J. (2020). Behavioral objectives and teaching plans. In S. B. Bastable, P. R. Gramet, D. L. Sopczyk, K. Jacobs, & M. M. Braungart (Eds.), *Health professional as educator: Principles of teaching and learning* (2nd ed., pp. 467-505). Burlington, MA: Jones & Bartlett Learning.
- Boone, A. E., Henderson, W., & Hunter, E. G. (2021). Role of occupational therapy in facilitating participation among caregivers of people with Parkinson's disease: A

- systematic review. *American Journal of Occupational Therapy*, 75, 7503190010.
<https://doi.org/10.5014/ajot.2021.046284>
- Braungart, M. M., Braungart, R. G., & Gramet, P. R. (2020). Applying learning theories to healthcare practice. In S. B. Bastable, P. R. Gramet, D. L. Sopczyk, K. Jacobs, & M. M. Braungart (Eds.), *Health professional as educator: Principles of teaching and learning* (2nd ed., pp. 75-126). Burlington, MA: Jones & Bartlett Learning.
- Ciro, C. A., Hershey, L. A., & Garrison, D. (2013). Enhanced task-oriented training in a person with dementia with Lewy bodies. *American Journal of Occupational Therapy*, 67, 556–563. <http://dx.doi.org/10.5014/ajot.2013.008227>
- DiZazzo-Miller, R., Samuel, P. S., Barnas, J. M., & Welker, K. M. (2014). Addressing everyday challenges: Feasibility of a family caregiver training program for people with dementia. *American Journal of Occupational Therapy*, 68, 212– 220.
<http://dx.doi.org/10.5014/ajot.2014.009829>
- Doucet, B. M., Franc, I., & Hunter, E. G. (2021). Interventions within the scope of occupational therapy to improve activities of daily living, rest, and sleep in people with Parkinson’s disease: A systematic review. *American Journal of Occupational Therapy*, 75, 7503190020. <https://doi.org/10.5014/ajot.2021.048314>
- Dunn, W. (2017). The ecological model of occupation. In J. Hinojosa, P. Kramer, & C. B. Royeen (Eds.), *Perspective on human occupation: Theories underlying practice* (2nd ed., pp. 207-235). Philadelphia, PA: F.A. Davis Company.
- Fitzgerald, K., & Jacobs, K. (2020). Teaching methods and settings. In S. B. Bastable, P. R. Gramet, D. L. Sopczyk, K. Jacobs, & M. M. Braungart (Eds.), *Health professional as educator: Principles of teaching and learning* (2nd ed., pp. 507-559). Burlington, MA:

Jones & Bartlett Learning.

Foster, E. R., Bedekar, M., & Tickle-Degnen, L. (2014). Systematic review of the effectiveness of occupational therapy-related interventions for people with Parkinson's disease.

American Journal of Occupational Therapy, 68, 39-49.

<https://doi.org/10.5014/ajot.2014.008706>

Foster, E. R., Carson, L. G., Archer, J., & Hunter, E. G. (2021). Occupational therapy interventions for instrumental activities of daily living for adults with Parkinson's disease: A systematic review. *American Journal of Occupational Therapy*, 75,

7503190030. <https://doi.org/10.5014/ajot.2021.046581>

Hainsworth, D., & Jacobs, K. (2020). Instructional materials. In S. B. Bastable, P. R. Gramet, D.

L. Sopczyk, K. Jacobs, & M. M. Braungart (Eds.), *Health professional as educator:*

Principles of teaching and learning (2nd ed., pp. 561-608). Burlington, MA: Jones &

Bartlett Learning.

Jensen, L. E., & Padilla, R. (2011). Effectiveness of interventions to prevent falls in people with Alzheimer's disease and related dementias. *American Journal of Occupational Therapy*,

65, 532–540. doi:10.5014/ajot.2011.002626

Jensen, L., & Padilla, R. (2017). Effectiveness of environment-based interventions that address behavior, perception, and falls in people with Alzheimer's disease and related major neurocognitive disorders: A systematic review. *American Journal of Occupational*

Therapy, 71, 7105180030. <https://doi.org/10.5014/ajot.2017.027409>

Johns Hopkins Medicine. (2022). *Parkinson's disease and dementia*. Retrieved from

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/parkinsons-disease/parkinsons-disease-and-dementia>

- Marx, K. A., Scott, J. B., Piersol, C. V., & Gitlin, L. N. (2019). Tailored activities to reduce neuropsychiatric behaviors in persons with dementia: Case report. *American Journal of Occupational Therapy*, 73(2), 7302205160. <https://doi.org/10.5014/ajot.2019.029546>
- Padilla, R. (2011a). Effectiveness of environment-based interventions for people with Alzheimer's disease and related dementias. *American Journal of Occupational Therapy*, 65, 514–522. doi:10.5014/ajot.2011.002600
- Padilla, R. (2011b). Effectiveness of interventions designed to modify the activity demands of the occupations of self-care and leisure for people with Alzheimer's disease and related dementias. *American Journal of Occupational Therapy*, 65, 523–531. doi:10.5014/ajot.2011.002618
- Parkinson's Foundation. (2022a). *Occupational therapy*. Retrieved from <https://www.parkinson.org/Understanding-Parkinsons/Treatment/Occupational-Therapy>
- Parkinson's Foundation. (2022b). *Statistics*. Retrieved from <https://www.parkinson.org/Understanding-Parkinsons/Statistics>
- Parkinson's Foundation. (2022c). *What is Parkinson's?* <https://www.parkinson.org/understanding-parkinsons/what-is-parkinsons>
- Piersol, C. V., Canton, K., Connor, S. E., Giller, I., Lipman, S., & Sager, S. (2017). Effectiveness of interventions for caregivers of people with Alzheimer's disease and related major neurocognitive disorders: A systematic review. *American Journal of Occupational Therapy*, 71, 7105180020. <https://doi.org/10.5014/ajot.2017.027581>
- Prizer, L. P., & Zimmerman, S. (2018). Progressive support for activities of daily living for persons living with dementia. *The Gerontologist*, 58, S74-S87. doi:10.1093/geront/gnx103

- Raj, S. E., Mackintosh, S., Fryer, C., & Stanley, M. (2021). Home-based occupational therapy for adults with dementia and their informal caregivers: A systematic review. *American Journal of Occupational Therapy, 75*, 7501205060.
<https://doi.org/10.5014/ajot.2021.040782>
- Rao, A. K. (2012). Centennial vision – occupational therapy in neurological disorders: Looking ahead to the American Occupational Therapy Association’s Centennial Vision. *American Journal of Occupational Therapy, 66*, e119–e130.
<http://dx.doi.org/10.5014/ajot.2012.005280>
- Rao, A. K., Chou, A., Bursley, B., Smulofsky, J., & Jezequel, J. (2014). Systematic review of the effects of exercise on activities of daily living in people with Alzheimer’s disease. *American Journal of Occupational Therapy, 68*, 50–56.
<http://dx.doi.org/10.5014/ajot.2014.009035>
- Smallfield, S., & Heckenlaible, C. (2017). Effectiveness of occupational therapy interventions to enhance occupational performance for adults with Alzheimer’s disease and related major neurocognitive disorders: A systematic review. *American Journal of Occupational Therapy, 71*, 7105180010. <https://doi.org/10.5014/ajot.2017.024752>
- Struckmeyer, L. R., & Pickens, N. D. (2016). Home modifications for people with Alzheimer’s disease: A scoping review. *American Journal of Occupational Therapy, 70*, 7001270020.
<http://dx.doi.org/10.5014/ajot.2015.016089>
- Thinnes, A. & Padilla, R. (2011). Effect of educational and supportive strategies on the ability of caregivers of people with dementia to maintain participation in that role. *American Journal of Occupational Therapy, 65*, 541–549. doi:10.5014/ajot.2011.002634

Watermeyer, T. J., Hindle, J. V., Roberts, J., Lawrence, C. L., Martyr, A., Lloyd-Williams, H., Brand, A., Gutting, P., Hoare, Z., Edwards, R. T., & Clare, L. (2016). Goal setting for cognitive rehabilitation in mild to moderate Parkinson's disease dementia and dementia with Lewy bodies. *Parkinson's Disease*, 2016, 1-8.

<http://dx.doi.org/10.1155/2016/8285041>

Welsby, E., Berrigan, S., & Laver, K. (2019). Effectiveness of occupational therapy intervention for people with Parkinson's disease: Systematic review. *Australian Occupational Therapy Journal*, 66, 731-738. <https://doi-org.ezproxylr.med.und.edu/10.1111/1440-1630.12615>

World Health Organization. (2006). *Neurological disorders: Public health challenges*. Retrieved from

https://www.who.int/mental_health/neurology/neurological_disorders_report_web.pdf

APPENDIX

APPENDIX A

Video Series 1: Outline and Script

Overarching Topic: Introduction to Parkinson's Disease Dementia and Occupational Therapy

- Subtopic 1: Introduction to Parkinson's disease
- Subtopic 2: Introduction to dementia, Parkinson's disease dementia, and Lewy body dementia
- Subtopic 3: Introduction to occupational therapy and other members of the multidisciplinary team

Title of Video Mini-Series: *Educational Mini-series on Parkinson's Disease Dementia*

Video length: 3 videos, each 5-10 minutes in length (Hainsworth & Jacobs, 2020)

Video format: Zoom recording of speaker (Miranda Evanson) speaking into the camera

Rationale: In order to provide education on occupational therapy interventions to ease daily routines for individuals with Parkinson's disease dementia, it is important to lay a foundation of information including defining Parkinson's disease dementia and other related diagnoses, explaining the common symptoms of Parkinson's disease dementia, and explaining occupational performance problems associated with Parkinson's disease dementia. It is also important to define occupational therapists role in working with individuals with Parkinson's disease dementia as a part of the multidisciplinary team.

Target Audience: Individuals with Parkinson's disease dementia, Parkinson's disease, or Lewy body dementia and their care partners

Theoretical Model: Ecology of Human Performance (Dunn, 2017)

Overarching Goal: Individuals with Parkinson's disease dementia, Parkinson's disease, or Lewy body dementia and their care partners will explain symptoms and common occupational performance problems associated with Parkinson's disease dementia and other related diagnoses as well as occupational therapy's role in providing care for individuals with Parkinson's disease dementia or Lewy body dementia.

Overarching Objectives for Video Series 1: Upon viewing Video Series 1 of the *Educational Mini-series on Parkinson's Disease Dementia*, individuals with Parkinson's disease, Parkinson's disease dementia, and Lewy body dementia and their care partners will (Bastable & Rabbia, 2020):

Cognitive Domain:

- **Describe** common occupational performance problems that individuals with Parkinson's disease dementia face in daily life.
- **Discuss** the role of occupational therapy in easing daily life tasks.

Affective Domain:

- **Listen** to information about Parkinson's disease dementia and occupational therapy's role in working with individuals with Parkinson's disease dementia.
- **Agree** to learn more about strategies for easing the daily routine of individuals with Parkinson's disease dementia

Psychomotor Domain:

- **Identify** an occupational performance problem to learn more about in video series two of the *Educational Mini-Series on Parkinson's Disease Dementia*.

Video 1, Topic 1 Outline: Introduction to Parkinson's disease

- Introduction of self
- Brief overview of educational video mini-series
- What is Parkinson's disease?
- Common occupational performance problems associated with Parkinson's disease
- Summary of education learned in video
- Brief introduction to other videos

Video 1, Topic 2 Outline: Introduction to dementia, Parkinson's disease dementia, and Lewy body dementia

- Introduction of self
- Brief overview of educational video mini-series
- Discussion on Parkinson's disease dementia vs. Lewy body dementia
 - What is dementia?
 - What is Parkinson's disease dementia?
 - What is Lewy body dementia?
- Common occupational performance problems associated with Parkinson's disease dementia and Lewy body dementia
- Summary of education learned in video
- Brief introduction to other videos

Video 1, Topic 3 Outline: Introduction to occupational therapy and the other members of the multidisciplinary team

- Introduction of self
- Brief overview of educational video mini-series
- Introduction to the role of occupational therapy in working with individuals with Parkinson's disease dementia
- Introduction to other professionals on the multidisciplinary team and their roles
 - Physical therapy
 - Speech
 - Primary care physician
 - Neurologist
 - Social workers
 - Nutritionists or Dieticians
 - Care partners
 - Respite care providers
- Summary of education learned in video
- Brief introduction to other videos

Video 1, Topic 1 Script: Introduction to Parkinson's disease

- Introduction of self.

Hello, my name is Miranda Evanson and I am an occupational therapy student at the University of North Dakota in Grand Forks. I am the developer of and speaker throughout this video series titled *Educational Mini-Series on Parkinson's Disease Dementia*. This video series is created for my occupational therapy doctoral capstone project.

- Brief overview of educational video mini-series.

The purpose of this video mini-series is to provide education for individuals with Parkinson's disease dementia and their care partners on strategies to ease the daily routine. Throughout this mini-series, we will be learning about Parkinson's disease dementia, other related diagnoses, and the multidisciplinary team in the first videos of this series. There also will be multiple short videos in which you will learn about strategies for easing self-care activities such as showering, toileting, dressing, eating, and grooming to name a few in the second portion of this video series. In this video that you are currently viewing, we are going to learn about Parkinson's disease and how it impacts performance of tasks in daily life.

- What is Parkinson's disease?

As I mentioned, in this first video of the *Educational Mini-series on Parkinson's Disease Dementia*, we are going to be spending some time defining Parkinson's disease. You might be wondering why we would be taking the time to talk about this. You may be thinking, "I already know all about it, I'm living with Parkinson's disease, or my spouse, parent, or neighbor is living with Parkinson's disease." However, studies show that increasing individuals and care partners' knowledge about the disease and providing strategies for how to manage the caregiving role has positive benefits (Thinnes & Padilla, 2011).

Parkinson's disease is a brain disorder which affects nearly one million people living in the United States, with about two thousand of those individuals living in North Dakota (Parkinson's Foundation, 2022e, 2022f). The symptoms of Parkinson's disease slowly progress or become worse throughout the years and there is no known cure or cause for the disease (Parkinson's Foundation, 2022f).

Parkinson's disease is usually thought of as a movement disorder, however the symptoms of Parkinson's disease can be divided into two main groups: movement symptoms and non-movement symptoms. The main movement symptoms include shaking of the fingers, hands, or arms that is out of the person's control called tremor; slow movements and small movements called bradykinesia; stiffness of the body called rigidity; and walking and balance problems (Parkinson's Foundation, 2022f).

The non-movement symptoms of Parkinson's disease are sometimes overlooked because they may not be as visible as the movement symptoms to family and friends. However, according to the Parkinson's Foundation (2022f), people with Parkinson's disease are often more impacted by their non-movement symptoms as compared to their movement symptoms.

There are many non-movement symptoms associated with Parkinson's disease, so bear with me as I review these quickly. The non-movement symptoms of Parkinson's disease might

include changes in thinking or what is known as cognition, specifically problems with memory, attention, planning tasks, and language (Parkinson's Foundation, 2022c). Other symptoms may include constipation, feeling full after only eating small amounts of food, excessive sweating, increased fatigue, increased pain, increased dandruff, loss of sense of smell or taste, problems with urination, lightheadedness, vision problems, and weight loss (Parkinson's Foundation, 2022c). Finally, the presence of sleep disorders; visual hallucinations which are most commonly described as seeing people, children, animals, insects, or other objects that are not present in real life; delusions which is when a person with Parkinson's disease believes something that is true that is not actually true in real life; and mood disorders which can include depression, anxiety, irritability, and apathy or a lack of motivation and interest in daily life can occur as well (Parkinson's Foundation, 2022c). It's important to note that all people with Parkinson's disease will likely not experience each of the movement and non-movement symptoms I previously described, however it is helpful to be aware of all of the symptoms to better understand Parkinson's disease.

- Common occupational performance problems associated with Parkinson's disease.

So, what do these symptoms mean as it relates to participation in tasks during daily life? In the early stages of Parkinson's disease, the symptoms may only be impacting one side of the body or just starting to impact both sides of the body. During these early stages, people may have difficulty writing their name on a check when paying bills and daily tasks such as cooking meals or cleaning the house may become more difficult or take longer to complete than they once used to (Parkinson's Foundation, 2022d). In the middle stages of the disease, generally balance becomes worse and movements become slower, resulting in more falls (Parkinson's Foundation, 2022d). Additionally, self-care tasks such as dressing, bathing, and eating are usually more difficult and may require help from a care partner (Parkinson's Foundation, 2022d). In the early and middle stages of the disease, people with Parkinson's disease are still able to live alone and complete most daily tasks with more time required and varying levels of help from others (Parkinson's Foundation, 2022d). In the later or advanced stages of the disease, walking becomes more difficult and you or the person with Parkinson's disease may require a cane, walker, or wheelchair to get safely from one place to another (Parkinson's Foundation, 2022d). Also, much more time and help are required to complete self-care tasks such as eating, bathing, and moving from one place to another.

- Summary of education learned in video.

In summary, while watching this video you have learned a little bit about Parkinson's disease, symptoms associated with Parkinson's disease, and how those symptoms impact functioning in daily life.

- Brief introduction to other videos.

In the other videos of this *Educational Mini-series on Parkinson's Disease Dementia*, I will be discussing the differences and similarities between Parkinson's disease dementia and Lewy body dementia. I will also be discussing different members of the multidisciplinary team that provide care to individuals with Parkinson's disease dementia. Finally, in the second series of

videos, I will be explaining strategies to make self-care tasks easier such as showering, toileting, dressing, eating, and grooming to name a few. Thank you for watching this video and have a great day!

Video 1, Topic 2 Script: Introduction to dementia, Parkinson's disease dementia, and Lewy body dementia

- Introduction of self.

Hello, my name is Miranda Evanson and I am an occupational therapy student at the University of North Dakota in Grand Forks. I am the developer of and speaker throughout this video series titled *Educational Mini-Series on Parkinson's Disease Dementia*. This video series is created for my occupational therapy doctoral capstone project.

- Brief overview of educational video mini-series.

The purpose of this video mini-series is to provide education for individuals with Parkinson's disease dementia and their care partners on strategies to ease the daily routine. Throughout this mini-series, we will be learning about Parkinson's disease dementia, other related diagnoses, and the multidisciplinary team in the first videos of this series. There will also be multiple short videos in which you will learn about strategies for easing self-care activities such as showering, toileting, dressing, eating, and grooming in the second portion of this series. In this video that you are currently viewing, we are going to learn about dementia, Parkinson's disease dementia, and Lewy body dementia and how these diagnoses impact performance of tasks in daily life.

- Discussion on Parkinson's disease dementia vs. Lewy body dementia.
 - What is dementia?

To begin, let's talk about dementia. In general, dementia is a term used to describe a variety of changes in the brain affecting memory, language, problem-solving and other thinking skills that are severe enough to impact daily life (Alzheimer's Association, 2022b). There are many different types of dementia including Alzheimer's disease, Lewy body dementia, and Parkinson's disease dementia to name a few. For the sake of this video, we will focus on Parkinson's disease dementia and Lewy body dementia.

- What is Parkinson's disease dementia?

Parkinson's disease dementia is a condition defined by a decline in thinking skills which develops in many individuals who are living with Parkinson's disease at least one year following their Parkinson's diagnosis (Alzheimer's Association, 2022a). In the early stages, Parkinson's disease mainly affects movement and can cause difficulty with walking, balance, slow movements, stiffness, and unwanted shaking of the fingers, hands, or arms called tremor. To learn more about Parkinson's disease, please view the first video in this educational mini-series. As the disease progresses it can begin to affect more thinking skills (University of California San Francisco Weill Institute of Neurosciences, n.d.). Not all people with Parkinson's disease will develop dementia, however studies show that 50% to 80% of those living with Parkinson's disease will develop dementia within the course of the illness, making Parkinson's disease dementia a common condition (Alzheimer's Association, 2022a).

The common symptoms for Parkinson's disease dementia include difficulty concentrating, fluctuating attention from day to day, difficulty starting a task or planning a task, difficulty

understanding surroundings and processing visual information, and difficulty recalling old memories and learning new information (Alzheimer's Association, 2022a; Parkinson's Foundation, 2018; University of California San Francisco Weill Institute of Neurosciences, n.d.). There are also oftentimes behavioral symptoms associated with Parkinson's disease dementia which may include a lack of motivation or interest in daily life known as apathy; personality and mood changes including depression or anxiety; hallucinations which are most commonly described as seeing people, children, animals, insects, or other objects that are not present in real life; delusions which is when a person with Parkinson's disease dementia believes something is true that is not actually true in real life; and different sleep disorders (Alzheimer's Association, 2022a; University of California San Francisco Weill Institute of Neurosciences, n.d.).

- What is Lewy body dementia?

Next, we are going to discuss Lewy body dementia. You may be wondering why we are talking about Lewy body dementia if this educational video mini-series is all about Parkinson's disease dementia. Well, Lewy body dementia is extremely similar to Parkinson's disease dementia. In fact, some scientists believe that they are the same disease (Friedman, 2018). Others believe that the two diseases are related on a spectrum (Lewy Body Dementia Association [LBDA], 2022). As previously described, Parkinson's disease dementia occurs when an individual is diagnosed with Parkinson's disease first and then one year or more following that Parkinson's disease diagnosis the person develops dementia. Lewy body dementia on the other hand is diagnosed in people who develop dementia first and then later develop Parkinson type movement symptoms one year or more following their dementia diagnosis (Hanagasi et al., 2017). In summary, these two diseases have symptoms which develop first in the opposite order. However, once both the Parkinson's symptoms and dementia symptoms have developed, they appear very similar.

The symptoms of Lewy body dementia are very similar to the previously described symptoms of Parkinson's disease dementia. These include dementia which is defined as difficulty with thinking that is severe enough to impact daily life; difficulty with memory; difficulty starting a task or planning a task; difficulty understanding the surroundings; fluctuating levels of attention and alertness; the presence of visual hallucinations which are most commonly described as seeing people, children, animals, insects, or other objects that are not present in real life; REM sleep behavior disorder; and finally one or more Parkinson type movement symptoms (LBDA, n.d.; Parkinson's Foundation, 2018). Although this video mini-series is aimed for people with Parkinson's disease dementia and their care partners, due to the similarities in symptoms between people with Parkinson's disease dementia and Lewy body dementia, the strategies and suggestions provided may be beneficial for both groups of people.

- Common occupational performance problems associated with Parkinson's disease dementia and Lewy body dementia.

So, what do the symptoms of Parkinson's disease dementia and Lewy body dementia mean as it relates to participation in tasks during daily life? Due to the combination of movement symptoms and cognitive or thinking symptoms, daily tasks can be difficult for individuals with Parkinson's disease dementia and Lewy body dementia from a movement standpoint and a thinking standpoint. For example, remembering to take medications at the correct time and with

the correct dosage can become difficult for individuals with Parkinson's disease dementia from a thinking and planning perspective while getting out of the chair, walking to where the medications are stored, opening each pill bottle, and getting water to wash the medications down can be taxing from a movement perspective. In the same way that the movement and thinking symptoms of Parkinson's disease dementia make taking medications difficult, these same symptoms can also make other daily activities such as dressing, showering, eating meals and snacks, and many others more difficult. All in all, daily activities that are meaningful to people with Parkinson's disease dementia may need to be altered to be made easier in order to be more successful which is where occupational therapy comes into play.

- Summary of education learned in video.

In summary, while watching this video you have learned a little bit about dementia, Parkinson's disease dementia, and Lewy body dementia, the symptoms associated with these disorders, and how those symptoms impact functioning in daily life.

- Brief introduction to other videos.

In the other videos of this *Educational Mini-series on Parkinson's Disease Dementia*, I will be discussing different members of the multidisciplinary team that provide care to individuals with Parkinson's disease dementia. Additionally, in the second series of videos, I will be explaining strategies to make self-care tasks easier such as showering, toileting, dressing, eating, and grooming. Thank you for watching and have a great day!

Video 1, Topic 3 Script: Introduction to occupational therapy and the other members of the multidisciplinary team

- Introduction of self.

Hello, my name is Miranda Evanson and I am an occupational therapy student at the University of North Dakota in Grand Forks. I am the developer of and speaker throughout this video series titled *Educational Mini-Series on Parkinson's Disease Dementia*. This video series is created for my occupational therapy doctoral capstone project.

- Brief overview of educational video mini-series.

The purpose of this video mini-series is to provide education for individuals with Parkinson's disease dementia and their care partners on strategies to ease the daily routine. Throughout this mini-series, we will be learning about Parkinson's disease dementia and other related diagnoses. We will also learn about strategies for easing self-care activities such as showering, toileting, dressing, eating, and grooming in the second portion of this video series. In this video that you are currently viewing, we are going to learn about health care professionals that commonly work with individuals with Parkinson's disease dementia and their different roles.

- Introduction to the role of occupational therapy in working with individuals with Parkinson's disease dementia.

First, we are going to learn about occupational therapy or what is commonly abbreviated as OT. Occupational therapists work with people of all ages and abilities to help them perform what we call meaningful occupations, which is anything you do from the moment you wake up until the moment you go to bed (AOTA, 2020). This includes self-care tasks such as getting dressed, bathing, brushing your teeth, going to the bathroom, and eating (AOTA, 2020). This also includes cooking meals, cleaning your house, managing your medications, and driving (AOTA, 2020). Occupational therapists can also help with sleep and leisure activities and can increase social participation with others as well (AOTA, 2020). Occupational therapists work with people to make all of these daily tasks and many others easier for them by providing strategies for the person, changing the environment, or simplifying the task at hand (Dunn, 2017; Parkinson's Foundation, 2022b). When working with individuals with Parkinson's disease dementia, occupational therapists can come up with ways to help them perform a meaningful activity a little easier such as woodworking, cooking, or quilting. Occupational therapists may also give recommendations for home safety modifications to keep you living at home for as long as possible, we may get you started on a home exercise program to help with tremor, and can help you find new meaningful leisure activities to add to your daily routine. These are just a few examples of the many things that occupational therapists can do to help increase participation in meaningful daily tasks and ultimately improve quality of life and well-being.

- Introduction to other professionals on the multidisciplinary team and their roles.
 - Physical therapy
 - Speech
 - Primary care physician

- Neurologist
- Social workers
- Nutritionists or Dieticians
- Care partners
- Respite care providers

Next, I am going to briefly introduce other professionals who collaborate with occupational therapists that may be a part of your multidisciplinary team currently, may have been a part of your team in the past, or may be in your future. We will talk about a few other experts on the team and give a few examples of what they can do, but this list of professionals and things they can do is not exhaustive. Physical therapists are the movement experts on the team. They may help you continue to walk safely, give you exercise to maintain or build muscle strength, and help you to work on your balance to prevent falls among many other things (National Institutes of Health, 2018; Parkinson’s Foundation, 2022a). Speech language pathologists may help you to maintain your voice volume so that others can hear you speak and can help with swallowing food and drink safely in the later stages of the disease (National Institutes of Health, 2018; Parkinson’s Foundation, 2022a). The primary care physician and neurologist conduct physical and neurological testing, prescribe medications, monitor the disease progression, and make referrals to other disciplines on the care team (Parkinson’s Foundation, 2022b). Social workers help establish community resources to care for the person with Parkinson’s disease dementia and can help with insurance, housing, or disability issues that may arise within the course of the disease (Parkinson’s Foundation, 2022a). Making healthy diet choices is an important part of managing Parkinson’s disease dementia that nutritionists or dieticians can help with (Parkinson’s Foundation, 2022a). Finally, care partners are many times nonpaid family members who help the person with Parkinson’s disease dementia in their home on a daily basis while respite care providers may provide care for the person with Parkinson’s disease dementia when the care partner is unavailable or needs to take a break to care for themselves. Respite care providers are often times paid.

- Summary of education learned in video.

In summary, while watching this video you have learned a little bit about occupational therapy and what occupational therapists can help with when working with people with Parkinson’s disease dementia. You have also learned about other professionals on the multidisciplinary team and their roles when working with people with Parkinson’s disease dementia.

- Brief introduction to other videos.

This next series of videos will be focused on different strategies to ease self-care tasks during you or the person with Parkinson’s disease dementia’s daily routine. There will be multiple short educational videos with strategies for the following self-care tasks: bathing, toileting, dressing, feeding, functional mobility which is getting from one place to another, and grooming (AOTA, 2020). The videos can be watched one by one and can also be used as a reference to go back to if you or someone with Parkinson’s disease dementia is struggling with one specific self-care task such as dressing for example. It is, however, important to note that the suggestions which will be

given in the remaining videos of this educational mini-series are intended to be implemented by a licensed occupational therapist. Please ask your occupational therapist for more information on how you can incorporate these strategies in the following videos into your daily routine. I hope you will find these videos to come helpful and thank you for listening today!

References

- Alzheimer's Association. (2022a). *Parkinson's disease dementia*. Retrieved from <https://www.alz.org/alzheimers-dementia/what-is-dementia/types-of-dementia/parkinsons-disease-dementia>
- Alzheimer's Association. (2022b). *What is dementia?* Retrieved from <https://www.alz.org/alzheimers-dementia/what-is-dementia>
- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), 1-87. <https://doi.org/10.5014/ajot.2020.74S2001>
- Bastable, S. B., & Rabbia, J. (2020). Behavioral objectives and teaching plans. In S. B. Bastable, P. R. Gramet, D. L. Sopczyk, K. Jacobs, & M. M. Braungart (Eds.), *Health professional as educator: Principles of teaching and learning* (2nd ed., pp. 467-505). Burlington, MA: Jones & Bartlett Learning.
- Dunn, W. (2017). The ecological model of occupation. In J. Hinojosa, P. Kramer, & C. B. Royeen (Eds.), *Perspective on human occupation: Theories underlying practice* (2nd ed., pp. 207-235). Philadelphia, PA: F.A. Davis Company
- Friedman, J. H. (2018). Dementia with Lewy bodies and Parkinson disease dementia: It is the same disease!. *Parkinsonism and Related Disorders*, 46, S6-S9. <http://dx.doi.org/10.1016/j.parkreldis.2017.07.013>
- Hainsworth, D., & Jacobs, K. (2020). Instructional materials. In S. B. Bastable, P. R. Gramet, D. L. Sopczyk, K. Jacobs, & M. M. Braungart (Eds.), *Health professional as educator: Principles of teaching and learning* (2nd ed., pp. 561-608). Burlington, MA: Jones & Bartlett Learning.

- Hanagasi, H. A., Tufekcioglu, A., & Emre, M. (2017). Dementia in Parkinson's disease. *Journal of the Neurological Sciences*, 374, 26-31. <http://dx.doi.org/10.1016/j.jns.2017.01.012>
- Lewy Body Dementia Association. (2022). *Clinical management*. Retrieved from <https://www.lbda.org/clinical-management/>
- Lewy Body Dementia Association. (n.d.). *Lewy body dementia diagnostic symptoms*. Retrieved from https://www.lbda.org/wp-content/uploads/2017/09/2017_diagnostic_checklist_-_updated_criteria_v2_1.pdf
- National Institutes of Health. (2018). *Lewy body dementia: Information for patients, families, and professionals*. Retrieved from <https://order.nia.nih.gov/sites/default/files/2020-03/lewy-body-dementia-508.pdf>
- Parkinson's Foundation. (2018). *Cognition: A mind guide to Parkinson's disease*. Retrieved from <https://www.parkinson.org/pd-library/books/Cognition-A-Mind-Guide-to-Parkinsons-Disease>
- Parkinson's Foundation. (2022a). *Finding allied health professionals*. Retrieved from <https://www.parkinson.org/expert-care/Patient-Centered-Care/Finding-Allied-Health-Professionals>
- Parkinson's Foundation. (2022b). *Finding the right doctor*. Retrieved from <https://www.parkinson.org/expert-care/Patient-Centered-Care/Finding-the-Right-Doctor>
- Parkinson's Foundation. (2022c). *Non-movement symptoms*. Retrieved from <https://www.parkinson.org/Understanding-Parkinsons/Non-Movement-Symptoms>
- Parkinson's Foundation. (2022d). *Stages of Parkinson's*. Retrieved from <https://www.parkinson.org/Understanding-Parkinsons/What-is-Parkinsons/Stages-of-Parkinsons>

Parkinson's Foundation. (2022e). *Statistics*. Retrieved from

<https://www.parkinson.org/Understanding-Parkinsons/Statistics>

Parkinson's Foundation. (2022f). *What is Parkinson's?* Retrieved from

<https://www.parkinson.org/understanding-parkinsons/what-is-parkinsons>

Thinnes, A. & Padilla, R. (2011). Effect of educational and supportive strategies on the ability of

caregivers of people with dementia to maintain participation in that role. *American*

Journal of Occupational Therapy, 65, 541–549. doi:10.5014/ajot.2011.002634

University of California San Francisco Weill Institute of Neurosciences. (n.d.). *A healthcare*

provider's guide to Parkinson's disease dementia (PDD): Diagnosis, pharmacologic

management, non-pharmacologic management, and other considerations. 1-6.

[https://memory.ucsf.edu/sites/memory.ucsf.edu/files/wysiwyg/UCSF_PDD_Providers_7-](https://memory.ucsf.edu/sites/memory.ucsf.edu/files/wysiwyg/UCSF_PDD_Providers_7-13-17.pdf)

[13-17.pdf](https://memory.ucsf.edu/sites/memory.ucsf.edu/files/wysiwyg/UCSF_PDD_Providers_7-13-17.pdf)

University of California San Francisco Weill Institute of Neurosciences. (n.d.). *A patient's guide*

to Parkinson's disease dementia (PDD). 1-3.

[https://memory.ucsf.edu/sites/memory.ucsf.edu/files/wysiwyg/UCSF%20Dementia%20P-](https://memory.ucsf.edu/sites/memory.ucsf.edu/files/wysiwyg/UCSF%20Dementia%20Patient%20Guide_Parkinson%27s_11-3-17.pdf)

[atient%20Guide_Parkinson%27s_11-3-17.pdf](https://memory.ucsf.edu/sites/memory.ucsf.edu/files/wysiwyg/UCSF%20Dementia%20Patient%20Guide_Parkinson%27s_11-3-17.pdf)

APPENDIX B

Video Series 2: Outline and Script

Overarching Topic: Strategies to Ease Self-Care Activities

- Subtopic 1: Strategies to ease bathing/showering
- Subtopic 2: Strategies to ease dressing
- Subtopic 3: Strategies to ease feeding
- Subtopic 4: Strategies to ease toileting
- Subtopic 5: Strategies to ease personal hygiene
- Subtopic 6: Strategies to ease functional mobility

Title of Video Mini-Series: *Educational Mini-Series on Parkinson's Disease Dementia*

Video length: 6 videos; each 5-10 minutes in length (Hainsworth & Jacobs, 2020)

Video format: Zoom recording of speaker (Miranda Evanson) speaking into the camera

Rationale: According to Prizer and Zimmerman (2018), dementia is related to a progressive need for support with activities of daily living (ADLs). Additionally, “from first to last, the need for supportive care generally follows the order of bathing, dressing, grooming, toileting, walking, and eating,” all of which will be addressed in this educational video mini-series (Prizer & Zimmerman, 2018). The Parkinson's Foundation (2022a) also recognizes that Parkinson's disease impacts independence with ADLs. Additionally, the Parkinson's Foundation (2022a) recognizes occupational therapist's role in modifying or adapting the daily routine of individuals with PD to increase safety and independence with ADLs.

Target Audience: Individuals with Parkinson's disease dementia, Parkinson's disease, or Lewy body dementia and their care partners

Theoretical Model: Ecology of Human Performance (Dunn, 2017)

Overarching Goal: Individuals with Parkinson's disease dementia, Parkinson's disease, or Lewy body dementia and their care partners will learn strategies to help ease participation in ADLs during the daily routine.

Overarching Objectives for Video Series 2: Upon viewing Video Series 2 of the *Educational Mini-Series on Parkinson's Disease Dementia*, individuals with Parkinson's disease, Parkinson's disease dementia, and Lewy body dementia and their care partners will (Bastable & Rabbia, 2020):

Cognitive Domain:

- **Recall** one strategy for easing each of the six ADL's covered in the video series two.

Affective Domain:

- **Initiate** implementation of one strategy discussed in the video mini-series into the daily routine.

Psychomotor Domain:

- **Display** readiness to incorporate a new strategy into the daily routine.

Video 2, Topic 1: Strategies to Ease Bathing/Showering Outline

- Introduction of self
- Brief overview of educational video mini-series and self-care activities
- Disclaimer statement (written text on slide, no voice over)
- Strategies for easing bathing/showering for individuals with Parkinson's disease dementia
 - Strategies for management of movement symptoms
 - Strategies for management of cognitive symptoms
- Summary and brief introduction to next video

Video 2, Topic 2: Strategies to Ease Dressing Outline

- Introduction of self
- Brief overview of educational video mini-series and self-care activities
- Disclaimer statement (written text on slide, no voice over)
- Strategies for easing dressing for individuals with Parkinson's disease dementia
 - Strategies for management of movement symptoms
 - Strategies for management of cognitive symptoms
- Summary and brief introduction to next video

Video 2, Topic 3: Strategies to Ease Feeding Outline

- Introduction of self
- Brief overview of educational video mini-series and self-care activities
- Disclaimer statement (written text on slide, no voice over)
- Strategies for easing feeding for individuals with Parkinson's disease dementia
 - Strategies for management of movement symptoms
 - Strategies for management of cognitive symptoms
- Summary and brief introduction to next video

Video 2, Topic 4: Strategies to Ease Toileting Outline

- Introduction of self
- Brief overview of educational video mini-series and self-care activities
- Disclaimer statement (written text on slide, no voice over)
- Strategies for easing toileting for individuals with Parkinson's disease dementia
 - Strategies for management of movement symptoms
 - Strategies for management of cognitive symptoms
- Summary and brief introduction to next video

Video 2, Topic 5: Strategies to Ease Personal Hygiene Outline

- Introduction of self
- Brief overview of educational video mini-series and self-care activities
- Disclaimer statement (written text on slide, no voice over)
- Strategies for easing personal hygiene for individuals with Parkinson's disease dementia
 - Strategies for management of movement symptoms
 - Strategies for management of cognitive symptoms
- Summary and brief introduction to next video

Video 2, Topic 6: Strategies to Ease Functional Mobility Outline

- Introduction of self
- Brief overview of educational video mini-series and self-care activities
- Disclaimer statement (written text on slide, no voice over)
- Strategies for easing functional mobility for individuals with Parkinson's disease dementia
 - Strategies for management of movement symptoms
 - Strategies for management of cognitive symptoms
- Summary and brief introduction to next video

Video 2, Topic 1: Strategies to Ease Bathing/Showering Script

- Introduction of self.

Hello, my name is Miranda Evanson and I am an occupational therapy student at the University of North Dakota in Grand Forks. I am the developer of and speaker throughout this video series titled *Educational Mini-Series on Parkinson's Disease Dementia*. This video series is created for my occupational therapy doctoral capstone project.

- Brief overview of educational video mini-series and self-care activities.

The purpose of this video series is to provide education for individuals with Parkinson's disease dementia and their care partners on strategies for easing the daily routine and ultimately improve quality of life, well-being, and participation in daily tasks. Throughout this video series, we will be learning about Parkinson's disease dementia, other related diagnoses, and the multidisciplinary team in the first videos of the series. This next series of videos is focused on strategies to ease self-care activities. Self-care activities, sometimes referred to as activities of daily living, are the things you do to care for yourself, usually as part of your morning or evening routine (AOTA, 2020). These include showering, toileting, dressing, eating, and grooming, to name a few (AOTA, 2020).

- Strategies to ease bathing/showering for individuals with Parkinson's disease dementia.

In this video that you are currently viewing, we are going to discuss strategies to help ease the bathing or showering routine for individuals with Parkinson's disease dementia and their care partners. First, we will cover strategies for management of movement symptoms of Parkinson's disease dementia, followed by strategies for management of cognitive or thinking symptoms of Parkinson's disease dementia. Unfortunately, a large number of falls in the home take place in the bathroom, using these strategies may help to improve safety in the bathroom while showering (Parkinson's Foundation, 2022c).

- Disclaimer statement. (written text on slide, no voice over)

The suggestions given in this video are intended to be implemented by a licensed occupational therapist. Please ask your occupational therapist for more information on how to incorporate these suggestions into your daily routine or the person with Parkinson's disease dementia's daily routine. If you do not currently have an occupational therapist working with you or the person with Parkinson's disease dementia, please reach out to your primary care physician or neurologist for an occupational therapy referral.

- Strategies for management of movement symptoms.
 - My first strategy for management of movement symptoms of Parkinson's disease dementia is a walk-in shower.
 - If possible, a walk-in shower is preferred for individuals with Parkinson's disease dementia because it eliminates the need to step over the side of the

- tub or across any other thresholds, increasing safety and decreasing the risk for falls (Parkinson’s Foundation, 2022c).
 - The next strategy is adaptive equipment for falls prevention and increased safety in the bathroom.
 - Grab bars can be installed to help with getting into and out of the shower safely. Due to problems with vision, it is helpful to wrap the grab bars with bright contrast tape so that they are clearly visible for the person with Parkinson’s disease dementia (Parkinson’s Foundation, 2022b, 2022c).
 - A clamp bar can also be attached to the threshold of the bathtub making it easier to get in and out safely (Parkinson’s Foundation, 2022c).
 - Avoid using items like a towel rod, shower rod, the faucet, and others in the bathroom for support during transfers in and out of the shower (Parkinson’s Foundation, 2022b, 2022c). These items are not made to support a person’s full body weight and could break and cause a fall.
 - Non-slip bathmats or non-slip adhesive strips could be placed inside the tub or shower floor to prevent slipping and falling in the shower (Parkinson’s Foundation, 2022b).
 - A shower chair or bench with a backrest may be recommended from your occupational therapist to increase safety, conserve energy when showering, and prevent falls (Parkinson’s Foundation, 2022c).
 - These are just a few options for the wide variety of adaptive equipment available to help with bathing or showering. Please reach out to your occupational therapist for more information on adaptive equipment.
 - The next strategy is to remove throw rugs in the bathroom and only have one nonslip bathmat for outside the shower (Parkinson’s Foundation, 2022b).
 - Due to problems with visual-perceptual skills, which is the person’s ability to perceive and make sense of what they are seeing, sometimes people with Parkinson’s disease dementia can perceive things like rugs or bathmats as holes in the floor. You can help them to feel safe when walking in the bathroom by simply removing these rugs.
 - Additionally, throw rugs can be a tripping hazard and can cause falls for people with Parkinson’s disease dementia who have difficulty with walking, shuffling gait, and balance.
 - The next strategy is to wash with pump soap or use automatic soap dispensers (Parkinson’s Foundation, 2022b).
 - Using pump or automatic soap dispensers can make getting soap easier and increase independence while showering for those individuals with tremor (Parkinson’s Foundation, 2022b).
 - And the last suggestion for strategies for movement related symptoms is a handheld shower hose (Parkinson’s Foundation, 2022b; 2022c; Wegner, 2022)
 - A handheld shower hose is helpful for people with Parkinson’s disease dementia to shower themselves while sitting on a shower chair or shower bench and can also be helpful for care partners to assist with showering the person with Parkinson’s disease dementia.
- Strategies for management of cognitive symptoms.

- Next, I'm going to share some strategies to help with management of the thinking symptoms of Parkinson's disease dementia.
 - The first thing care partners can do is lower the hot water heater temperature to 120 degrees Fahrenheit or less in the home so that the person with Parkinson's disease dementia doesn't burn themselves on accident while showering (Parkinson's Foundation, 2022b; Welke, 2022). Additionally, you can use a piece of bright colored contrast tape to mark how far the shower dial needs to be turned so that the person with Parkinson's disease dementia can simply turn on the water and turn the dial to that exact spot to get the desired warm water temperature.
 - The next suggestion is to stick to the persons previous routine.
 - If the person previously took baths, have them continue to take baths. If they have never taken a bath before and always took showers in the past, continue with showers. Don't change up their routine now if you don't have to.
 - Along with that routine, try to keep the shower at the same time and on the same days if possible. If the person prefers to shower in the morning, stick with that. Don't attempt to have them shower in the afternoon or evening as this will just confuse them.
 - The next strategy is to declutter the shower (Welke, 2022).
 - Only keep the materials that the person with Parkinson's disease dementia needs in the shower and nothing extra. For example, keep one bottle of shampoo, one bottle of conditioner, one wash cloth or loofa, and one bottle of body soap in the shower.
 - Next, it is helpful to order the materials in the order they should be used (Welke, 2022).
 - Shampoo can be placed first or closest to the person, then conditioner, then body soap for example. Place these items at eye level so that they are easily seen by the person with Parkinson's disease dementia (Welke, 2022).
 - The last strategy for management of the thinking symptoms of Parkinson's disease dementia is to incorporate visual charts into the shower or bathing routine.
 - Using visual charts with very simple pictures and words showing the steps of showering may increase independence (Welke, 2022). To break the task down, the visual chart may use pictures or words saying, "turn on the water, wet body, wet hair, apply shampoo to hair, rinse hair, apply conditioner to hair" and so on. You can collaborate with your occupational therapist to make a very clean and simple visual chart, laminate it, and hang it in the shower at the person's eye level.
- Summary and brief introduction to next video.

I hope that once these strategies are implemented, the daily routine becomes easier for both the person with Parkinson's disease dementia and their care partners. In the other videos of this *Educational Mini-Series on Parkinson's Disease Dementia*, I will be sharing strategies to make

other aspects of the daily routine easier for individuals with Parkinson's disease dementia and their care partners. Thank you for watching and have a great day!

- References slide. (written text on slide, no voice over)
- Thank you and links to view other videos slide. (written text on slide, no voice over)

Video 2, Topic 2: Strategies to Ease Dressing Script

- Introduction of self.

Hello, my name is Miranda Evanson and I am an occupational therapy student at the University of North Dakota in Grand Forks. I am the developer of and speaker throughout this video series titled *Educational Mini-Series on Parkinson's Disease Dementia*. This video series is created for my occupational therapy doctoral capstone project.

- Brief overview of educational video mini-series and self-care activities.

The purpose of this mini-series is to provide education for individuals with Parkinson's disease dementia and their care partners on strategies for easing various aspects of the daily routine. Throughout this mini-series, we will be learning about Parkinson's disease dementia, other related diagnoses, and the multidisciplinary team in the first videos of the series. The second series of videos is focused on strategies to ease self-care activities. Self-care activities, sometimes referred to as activities of daily living, are the things you do to care for yourself, usually as part of your morning or evening routine (AOTA, 2020). These include showering, toileting, dressing, eating, and grooming, to name a few.

- Strategies to ease dressing for individuals with Parkinson's disease dementia.

In this video that you are currently viewing, we are going to discuss strategies to help ease the dressing routine for individuals with Parkinson's disease dementia and their care partners. First, we will cover strategies for management of movement symptoms of Parkinson's disease dementia, followed by strategies for management of the thinking symptoms of Parkinson's disease dementia.

- Disclaimer statement. (written text on slide, no voice over)

The suggestions given in this video are intended to be implemented by a licensed occupational therapist. Please ask your occupational therapist for more information on how to incorporate these suggestions into your daily routine or the person with Parkinson's disease dementia's daily routine. If you do not currently have an occupational therapist working with you or the person with Parkinson's disease dementia, please reach out to your primary care physician or neurologist for an occupational therapy referral.

- Strategies for management of movement symptoms.
 - The first strategy for management of movement symptoms of Parkinson's disease dementia is to perform dressing after Parkinson's disease medications have kicked in (Parkinson's Foundation, 2022e).
 - Consider allowing the person to wake up, take their Parkinson's medications, and stay in their pajamas for a while. Once the Parkinson's disease medications have kicked in, they will likely be more successful with moving while dressing (Domingos & Dean, 2022; Parkinson's Foundation, 2022e, 2022f). It is also important to remember to go slow

- and take your time when dressing as hurrying can increase stress and worsen the Parkinson's symptoms (Parkinson's Foundation, 2022f).
 - The next suggestion is to gather all clothing items before dressing and set them where the dressing will take place (Parkinson's Foundation, 2022e).
 - This strategy eliminates the need for extra transfers and unnecessary walking to the closet or the dressers and just helps to make dressing go more smoothly for both the person with Parkinson's disease dementia and their care partner (Parkinson's Foundation, 2022e).
 - Another strategy is to dress while seated at the edge of the bed, recliner, or wheelchair (Parkinson's Foundation, 2022e).
 - Dressing while seated or even laying down in bed helps to provide stability and prevent falls (Domingos & Dean, 2022; Parkinson's Foundation, 2022e).
 - The next suggestion is to dress the affected side first (Parkinson's Foundation, 2022e).
 - Dressing is most effective when you put the side with the most tremor or stiffness into the shirt sleeve or pant leg first and then dress your stronger side next (Parkinson's Foundation, 2022e).
 - And the last suggestion is to pick easy clothing (Parkinson's Foundation, 2022e).
 - Choosing clothing that is comfortable and easy to put on and take off is crucial to successful dressing, especially for individuals with tremor and stiffness (Parkinson's Foundation, 2022e). This includes soft, loose-fitting clothing that is easy to pull on such as a pull over shirt and slip-on elastic waist sweatpants (Parkinson's Foundation, 2022e, 2022f).
 - Avoid clothing with fasteners such as button up shirts, jeans with a zipper and button, and clothing with snaps which can become difficult to operate as hand or limb tremor worsens (Parkinson's Foundation, 2022e). As for shoes, you may want to consider Velcro or slip-on shoes with elastic laces instead of tie shoes (Parkinson's Foundation, 2022e, 2022f).
- Strategies for management of cognitive symptoms.
 - Now I'm going to go into strategies for management of thinking symptoms of Parkinson's disease dementia.
 - The first strategy is to remove clutter from the closet and dressers (Welke, 2022).
 - Only keep clothing items that fit, that are comfortable, and that are preferred or favorites by the person in the closet or dressers. By reducing options, the persons independence with picking out an outfit can be increased (Wegner, 2022; Welke, 2022).
 - Another tip is to only keep weather appropriate clothing for the current season in the closet (Welke, 2022). You can temporarily eliminate clothing from the other seasons and store it somewhere else in the home. This prevents people with Parkinson's disease dementia from putting on a piece of clothing that isn't appropriate and then having to change clothes and put something else on.

- Finally, if the person with Parkinson’s disease dementia struggles with thinking and initiating tasks, only keep five different shirts, pants, sweatshirts, and so on in the closet to choose from. With this strategy, there is less visual information to process, and they may have more success with choosing an outfit.
- The next suggestion is to label drawers with words or pictures (Wegner, 2022; Welke, 2022).
 - Care partners can type up, print, laminate, and apply labels with words or pictures to the outside of dresser drawers describing what’s inside the dresser. For example, you might print off a picture of socks, laminate it, and apply it to the outside of the sock drawer. This strategy eliminates the need for individuals with Parkinson’s disease dementia to have to remember where their clothing items are located as the picture or word on the outside of the drawer tells them.
- Another strategy for care partners is to give simple verbal cues that break down the dressing task (Fazio et al., 2018; Prizer & Zimmerman, 2018; Wegner, 2022).
 - For example, let’s say a care partner is saying “get dressed” to the person with Parkinson’s disease dementia who is sitting in the living room. This sounds like a very simple task, but it actually requires many steps including getting up from the chair, leaving the living room, walking into the bedroom, picking out the clothing, and so on. Because people with Parkinson’s disease dementia generally have trouble planning tasks, the verbal cue of “get dressed” might be too vague. Instead care partners can try to give short and simple one step directions. In the same example of the person with Parkinson’s disease dementia sitting in the living room, the care partner could say, “stand up,” “walk to the bedroom,” “take off your shirt,” “put on this clean shirt,” and so on. The person with Parkinson’s disease dementia might be more successful when given short and simple cues like this that tell them exactly what to do for each step of dressing.
- The next strategy is to provide two options for the person with Parkinson’s disease dementia to choose from while dressing (Fazio et al., 2018; Parkinson’s Foundation, 2022e; Wegner, 2022).
 - Allow the person with Parkinson’s disease dementia to be involved in what they wear by holding up two options and saying, “Do you want to wear the blue shirt or green shirt today?” (Parkinson’s Foundation, 2022e). They can either verbalize their choice out loud or point to their choice.
- And the last strategy for management of thinking symptoms is to set clothing out instead of making the person pick out the clothing.
 - If the person is having a really hard day in terms of thinking or movement, care partners can pick out their outfit and lay it out on the bed instead of making the person find an outfit in the closet or dresser (Welke, 2022). When laying out the clothing, organize the items from top to bottom in the order of which they are put on the body (Prizer & Zimmerman, 2018). For example, put the shirt on the bed first with the bra on top so that the

person with Parkinson's disease dementia will put the bra on first and then the shirt.

- Summary and brief introduction to next video.

That concludes the suggestions for dressing. I hope that once these strategies are implemented, the daily routine becomes easier for both the person with Parkinson's disease dementia and their care partner. Please view the other videos in the *Educational Mini-Series on Parkinson's Disease Dementia* to learn more strategies and make other aspects of the daily routine easier. Thank you for watching and have a great day!

- References slide. (written text on slide, no voice over)
- Thank you and links to view other videos slide. (written text on slide, no voice over)

Video 2, Topic 3: Strategies to Ease Feeding Script

- Introduction of self.

Hello, my name is Miranda Evanson and I am an occupational therapy student at the University of North Dakota in Grand Forks. I am the developer of and speaker throughout this video series titled *Educational Mini-Series on Parkinson's Disease Dementia*. This video series is created for my occupational therapy doctoral capstone project.

- Brief overview of educational video mini-series and self-care activities.

The purpose of this video mini-series is to provide education for individuals with Parkinson's disease dementia and their care partners on strategies for easing various aspects of the daily routine. Throughout this mini-series, we will be learning about Parkinson's disease dementia, other related diagnoses, and the multidisciplinary team in the first videos of the series. The second series of videos is focused on strategies to ease self-care activities. Self-care activities, sometimes referred to as activities of daily living, are the things you do to care for yourself, usually as part of your morning or evening routine (AOTA, 2020). These include showering, toileting, dressing, eating, and grooming, to name a few.

- Strategies to ease feeding for individuals with Parkinson's disease dementia.

In this video that you are currently viewing, we are going to discuss strategies to help ease the feeding routine for individuals with Parkinson's disease dementia and their care partners. First, we will cover strategies for management of movement symptoms of Parkinson's disease dementia, followed by strategies for management of the thinking symptoms of Parkinson's disease dementia.

- Disclaimer statement. (written text on slide, no voice over)

The suggestions given in this video are intended to be implemented by a licensed occupational therapist. Please ask your occupational therapist for more information on how to incorporate these suggestions into your daily routine or the person with Parkinson's disease dementia's daily routine. If you do not currently have an occupational therapist working with you or the person with Parkinson's disease dementia, please reach out to your primary care physician or neurologist for an occupational therapy referral.

- Strategies for management of movement symptoms.
 - The first strategy for movement symptoms of Parkinson's disease dementia is to eat meals once the Parkinson's medications have kicked in (Parkinson's Foundation, 2022h).
 - Consider allowing the person to eat after their Parkinson's medications have kicked in and are working well to help manage the movement symptoms such as tremor (Domingos & Dean, 2022; Parkinson's Foundation, 2022h).
 - The next strategy is do not rush during mealtime.

- For some people with Parkinson’s disease dementia, tremor worsens in stressful situations or when they are tired and can make feeding even more difficult (Sabari et al., 2019). Therefore, do not rush while eating and take breaks as to not tire out mid meal. You may also consider eating smaller, more frequent meals for greater success (Parkinson’s Foundation, 2022h).
 - Another strategy for management of movement symptoms is adaptive equipment.
 - Adaptive utensils can help with management of tremor while feeding (Parkinson’s Foundation, 2022g; Sabari et al., 2019). There are different types of adaptive utensils such as weighted utensils, swivel utensils that move to steady the food on the utensil as the persons hand moves from tremor, and utensils with enlarged handles or “built up” handles. There is also a fairly new utensil called Liftware with technology that works to counteract hand tremor (Parkinson’s Foundation, 2022g; Sabari et al., 2019). People with Parkinson’s disease dementia should ask their occupational therapist for an opportunity to trial these different adaptive utensil options to see which one works best for them (Sabari et al., 2019).
 - Another type of adaptive equipment is scoop plates and plate guards. Scoop plates and plate guards have edges that are designed to help people scoop food onto a utensil easier (Parkinson’s Foundation, 2022g).
 - And finally, you can put plates and bowls on a rubber mat or on a piece of non-slip material like Dycem to keep them from moving on the table while trying to poke or scoop food (Parkinson’s Foundation, 2022g).
 - These are just a few options for the wide variety of adaptive equipment available to help with feeding. Please ask your occupational therapist for more information on adaptive equipment.
- Strategies for management of cognitive symptoms.
 - Now we are going to talk about strategies for management of thinking symptoms of Parkinson’s disease dementia.
 - The first strategy is to maintain the person’s regular and familiar dining routine (Prizer & Zimmerman, 2018; Wegner, 2022).
 - Continue mealtimes as normal, at the usual location such as the dining room table and at preferred times.
 - The next strategy is to eat with the person with Parkinson’s disease dementia (Fazio et al., 2018; Prizer & Zimmerman, 2018; Wegner, 2022).
 - Eating is usually a very social event; therefore, it’s more natural and motivating for the person to eat with others (Prizer & Zimmerman, 2018).
 - Another strategy is to eliminate distractions.
 - While it might be enjoyable for some people to eat while watching tv, it is important to decrease distractions so the person with Parkinson’s disease dementia can focus on eating alone. Consider having mealtimes be quiet and relaxing (Fazio et al., 2018; Prizer & Zimmerman, 2018).
 - The next strategy is to ensure adequate lighting and color contrast (Parkinson’s Foundation, 2022h; Wegner, 2022).

- Although it is enjoyable for some people to eat in dimmed rooms, people with Parkinson’s disease dementia can struggle with processing visual information. For this reason, ensure eating takes place in a well-lit room (Prizer & Zimmerman, 2018). Additionally, the use of color contrast can make it easier to see the food on the plate (Parkinson’s Foundation, 2022h; Prizer & Zimmerman, 2018). Instead of putting a white chicken breast with mashed potatoes and light gravy on a white plate, consider using a dark colored plate to make those light-colored food options stand out against the plate (Parkinson’s Foundation, 2022h).
 - Another strategy is to give the person choice (Fazio et al., 2018; Prizer & Zimmerman, 2018; Wegner, 2022).
 - For example, instead of asking “are you hungry?” one should provide options and offer choice by saying, “do you want yogurt or pudding for snack?” Care partners can also hold up food options and let the person with Parkinson’s disease dementia point to which option they want.
 - The last suggestion for management of thinking symptoms is to have snacks and drinks available and visible (Prizer & Zimmerman, 2018; Wegner, 2022).
 - Consider always putting a snack option or two and water in the person’s visual field. If they like to sit in the recliner throughout the day, consider placing these items next to the recliner on a table. You might also keep them available on the dining room table for example. When people with Parkinson’s disease dementia can easily see food and drink, they are more likely to consume it when hungry or thirsty.
- Summary and brief introduction to next video.

That concludes the strategies for feeding, I hope that once these strategies are implemented, the daily routine becomes easier for both the person with Parkinson’s disease dementia and their care partner. Please view the other videos in this *Educational Mini-Series on Parkinson’s Disease Dementia* to learn more strategies and make other aspects of the daily routine easier. Thank you for watching and have a great day!

- References slide. (written text on slide, no voice over)
- Thank you and links to view other videos slide. (written text on slide, no voice over)

Video 2, Topic 4: Strategies to Ease Toileting Script

- Introduction of self.

Hello, my name is Miranda Evanson and I am an occupational therapy student at the University of North Dakota in Grand Forks. I am the developer of and speaker throughout this video series titled *Educational Mini-Series on Parkinson's Disease Dementia*. This video series is created for my occupational therapy doctoral capstone project.

- Brief overview of educational video mini-series and self-care activities.

The purpose of this video mini-series is to provide education for individuals with Parkinson's disease dementia and their care partners on strategies for easing various aspects of the daily routine. Throughout this mini-series, we will be learning about Parkinson's disease dementia, other related diagnoses, and the multidisciplinary team in the first videos of the series. The second series of videos is focused on strategies to ease self-care activities. Self-care activities, sometimes referred to as activities of daily living, are the things you do to care for yourself, usually as part of your morning or evening routine (AOTA, 2020). These include showering, toileting, dressing, eating, and grooming, to name a few (AOTA, 2020).

- Strategies to ease toileting for individuals with Parkinson's disease dementia.

In this video that you are currently viewing, we are going to discuss strategies to help ease the toileting routine for individuals with Parkinson's disease dementia and their care partners. First, we will be covering strategies for management of movement symptoms, followed by strategies for management of thinking symptoms of Parkinson's disease dementia.

- Disclaimer statement. (written text on slide, no voice over)

The suggestions given in this video are intended to be implemented by a licensed occupational therapist. Please ask your occupational therapist for more information on how to incorporate these suggestions into your daily routine or the person with Parkinson's disease dementia's daily routine. If you do not currently have an occupational therapist working with you or the person with Parkinson's disease dementia, please reach out to your primary care physician or neurologist for an occupational therapy referral.

- Strategies for management of movement symptoms.
 - The first strategy for management of movement symptoms is to allow enough time to use the bathroom (Parkinson's Foundation, 2022c; Prizer & Zimmerman, 2018).
 - First and foremost, give the person with Parkinson's disease dementia plenty of time to go to the bathroom. Rushing can create stress and result in unsafe movement choices which could lead to falls.
 - The next suggestion includes adaptive equipment. A variety of adaptive equipment can be used in the bathroom to help make toileting easier and safer for the person with Parkinson's disease dementia.

- A raised toilet seat can make getting on and off the toilet easier for people with Parkinson’s disease dementia (Parkinson’s Foundation, 2022b, 2022c).
 - Grab bars with colored contrast tape can also help with ease of transfers and can be used to hold onto while wiping or performing clothing management following going to the bathroom (Parkinson’s Foundation, 2022c).
 - A toilet safety frame is another piece of adaptive equipment that provides handles on both sides of the toilet to help with getting on and off the toilet.
 - These are just a few examples of the wide variety of adaptive equipment available to help with toileting. Please reach out to your occupational therapist for more suggestions on adaptive equipment.
 - The next suggestion is a visual cue for foot placement during toilet transfers.
 - A line or an X marked on the floor with colored contrast tape can help with body alignment and provide a visual cue for where the person with Parkinson’s disease dementia should place their feet in relation to the toilet (Parkinson’s Foundation, 2022c).
 - Next, I am going to share tips for toileting at night:
 - The first tip is to remove clutter from the pathway from the bedroom or recliner where they sleep to the bathroom to prevent falling in the night.
 - The next tip is to use plug in nightlights in the hallways and in the bathroom to increase safety with walking to the bathroom at nighttime (Parkinson’s Foundation, 2022b; Welke, 2022).
 - If the person is known to experience falls when trying to use the bathroom at night, sensor lights or monitoring systems can be installed at the bottom of the bed or recliner that sense movement and turn on the bedroom lights (Welke, 2022). This will not only alert the care partner that the person is getting out of bed so that they can assist them but will also light up the room to help the person with Parkinson’s disease dementia see when they are walking to.
 - If the person with Parkinson’s disease dementia experiences accidents at night, consider wearing incontinence briefs and placing an absorbent pad under the sheets of the bed for easy clean-up of accidents (Parkinson’s Foundation, 2022c; Prizer & Zimmerman, 2018).
 - Finally, a bedside commode can be placed in the bedroom to eliminate the need to walk throughout the house to use the bathroom at night.
- Strategies for management of cognitive symptoms.
 - Now I’m going to transition to talk about strategies for management of thinking symptoms of Parkinson’s disease dementia.
 - The first strategy is to always keep the door to the bathroom open so that the toilet is easily visible to the person with Parkinson’s disease dementia (Fazio et al., 2018; Prizer & Zimmerman, 2018; Welke, 2022).
 - If the person is wandering or confused, this strategy can help them to be able to easily find the bathroom during the day or night.

- Additionally, it's helpful to label the bathroom door with a sign reading "bathroom" or a picture of the toilet (Prizer & Zimmerman, 2018).
 - The next strategy is to incorporate color contrast (Parkinson's Foundation, 2022c; Welke, 2022).
 - Vision changes with Parkinson's disease dementia can make it more difficult to differentiate between same-colored objects such as a white toilet, white bathtub, and white walls in the bathroom for example. Consider painting the wall behind the toilet a different color than white or installing grab bars in a dark color against a light-colored wall. Colored contrast tape could also be added to existing surfaces to differentiate them from their surroundings (Parkinson's Foundation, 2022c).
 - The next suggestion is to establish a toileting routine (Fazio, Pace, Maslow, Zimmerman, & Kallmyer, 2018; Prizer & Zimmerman, 2018; Parkinson's Foundation, 2022b).
 - Care partners can collaborate with the person with Parkinson's disease dementia to develop a toileting schedule (Parkinson's Foundation, 2022b). This will vary from person to person depending on how much food and drink they consume and how active they are among other factors. An example would be to have the person with Parkinson's disease dementia use the bathroom every two hours once they wake up (Parkinson's Foundation, 2022b).
 - Another strategy for care partners is to give simple verbal cues that break down the toileting task (Fazio et al., 2018; Prizer & Zimmerman, 2018; Wegner, 2022).
 - For example, let's say a care partner is saying "go to the bathroom" to the person with Parkinson's disease dementia who is sitting in the living room. This sounds like very simple directions, but it actually requires multiple steps including getting up from the chair, leaving the living room, walking into the bathroom, pulling down the pants, and so on. Because people with Parkinson's disease dementia might have trouble planning tasks, the verbal cue of "go to the bathroom" is too vague. Instead care partners can try to give short and simple one step directions. In the same example of the person with Parkinson's disease dementia sitting in the living room, the care partner might say, "stand up," "walk to the bathroom," "pull down your pants," and so on. The person with Parkinson's disease dementia will be more successful when given short and simple cues like these that tell them exactly what to do for each step of toileting.
 - Finally, the last suggestion is tactile or touching cues. Tactile or touching cues can be used in combination with verbal cues. For example, when saying "pull down your pants," the care partner can also be tapping the person's leg.
- Summary and brief introduction to next video.

That concludes my strategies for toileting. I hope that once these strategies are implemented, the daily routine becomes easier for both the person with Parkinson's disease dementia and their

care partner. Please view the other videos in this *Educational Mini-Series on Parkinson's Disease Dementia* to learn more strategies and make other aspects of the daily routine easier. Thank you for watching and have a great day!

- References slide. (written text on slide, no voice over)
- Thank you and links to view other videos slide. (written text on slide, no voice over)

Video 2, Topic 5: Strategies to Ease Personal Hygiene Script

- Introduction of self.

Hello, my name is Miranda Evanson and I am an occupational therapy student at the University of North Dakota in Grand Forks. I am the developer of and speaker throughout this video series titled *Educational Mini-Series on Parkinson's Disease Dementia*. This video series was created for my occupational therapy doctoral capstone project.

- Brief overview of educational video mini-series and self-care activities.

The purpose of this video mini-series is to provide education for individuals with Parkinson's disease dementia and their care partners on strategies for easing various aspects of the daily routine. Throughout this mini-series, we will be learning about Parkinson's disease dementia, other related diagnoses, and the multidisciplinary team in the first videos of this series. The second series of videos is focused on strategies to ease self-care activities. Self-care activities, sometimes referred to as activities of daily living, are the things you do to care for yourself, usually as part of your morning or evening routine (AOTA, 2020). These include showering, toileting, dressing, eating, and grooming, to name a few (AOTA, 2020).

- Strategies to ease personal hygiene for individuals with Parkinson's disease dementia.

In this video that you are currently viewing, we are going to discuss strategies to help ease the grooming routine for individuals with Parkinson's disease dementia and their care partners. First, we will cover strategies for management of movement symptoms, followed by strategies for management of thinking symptoms of Parkinson's disease dementia.

- Disclaimer statement. (written text on slide, no voice over)

The suggestions given in this video are intended to be implemented by a licensed occupational therapist. Please ask your occupational therapist for more information on how to incorporate these suggestions into your daily routine or the person with Parkinson's disease dementia's daily routine. If you do not currently have an occupational therapist working with you or the person with Parkinson's disease dementia, please reach out to your primary care physician or neurologist for an occupational therapy referral.

- Strategies for management of movement symptoms.
 - The first strategy for management of movement symptoms is to complete grooming tasks once Parkinson's medications have kicked in.
 - Consider allowing the person to complete grooming tasks after their Parkinson's disease medications have kicked in and are working well to help manage movement symptoms such as tremor (Domingos & Dean, 2022).
 - The next suggestion is to sit down when brushing teeth, shaving, or combing hair to prevent falls (Parkinson's Foundation, 2022b; 2022c).

- The last suggestion for management of movement symptoms is to use electric grooming tools (Parkinson’s Foundation 2022b; 2022c).
 - For some people, using electric toothbrushes or electric razors might increase independence and ease with grooming tasks (Parkinson’s Foundation, 2022b; 2022c).
- Strategies for management of cognitive symptoms.
 - Now I am going to transition to talk about strategies for management of thinking symptoms of Parkinson’s disease dementia.
 - The first suggestion is to declutter the grooming area.
 - People with Parkinson’s disease dementia can have difficulty processing visual information. For that reason, it’s important to keep the bathroom vanity free of clutter and organized so the person with Parkinson’s disease dementia can easily see and find what they need for grooming.
 - The next strategy is to incorporate color contrast into the grooming routine.
 - Using a bright or dark colored toothbrush, hairbrush, or razor can help with difficulties with processing visual information (Parkinson’s Foundation, 2022b). When trying to incorporate color contrast, consider choosing a color for the grooming tool that the person with Parkinson’s disease dementia will be able to recognize against the bathroom vanity and other surroundings in the bathroom.
 - The next suggestion is to try to get the person with Parkinson’s disease dementia to look at themselves in the mirror while grooming.
 - When the person looks at themselves in the mirror, they can better understand what they are doing, why they are doing it, and have motivation to complete the task.
 - Another strategy for care partners is to break down the task into simple verbal cues (Fazio et al., 2018; Prizer & Zimmerman, 2018; Wegner, 2022).
 - Care partners should try giving short and simple one step directions that break down the task. For example, if trying to get a person with Parkinson’s disease dementia to shave their face, you might say “go to the bathroom,” “open the drawer,” “grab your razor,” “turn on the razor,” “shave your cheek,” “shave your chin,” and so on. The person with Parkinson’s disease dementia will be more successful when given simple and short cues like these that tell them exactly what to do for each step of grooming.
 - Tactile or touching cues could also be used in combination with simple verbal cues.
 - With the shaving example I just described, care partners might find that tapping the person with Parkinson’s disease dementia’s cheek with their fingers while saying “shave your cheek” might increase success. Care partners can repeat this strategy with each step of shaving by tapping the chin, the neck, the other cheek, and so on.
 - Another way care partners can increase the assistance level is to set up the task for the person with Parkinson’s disease dementia.

- Independence with grooming tasks can be increased if the task is already set up for the person. For example, care partners may lay out the persons toothbrush, toothpaste, mouth wash, and so on on the bathroom vanity in plain sight. Then upon entering the bathroom the person with Parkinson's disease dementia may recognize what needs to be done and complete the grooming task.
 - The last strategy which increases the assistance level even more is to provide hand over hand assistance.
 - Care partners can provide hand over hand assistance for the person with Parkinson's disease dementia during grooming tasks. What this means is putting your hand over top of the person with Parkinson's disease dementia's hand and helping them complete the task. For brushing teeth, this might look like having the person with Parkinson's disease dementia hold onto the toothbrush and the care partner hold onto the person's hand over top of the toothbrush. Both the person with Parkinson's disease dementia and the care partner will move the toothbrush back and forth in the person's mouth to brush their teeth. With this strategy, the person with Parkinson's disease dementia is still participating in the task instead of having it be completed for them.
- Summary and brief introduction to next video.

That is all I have today on grooming. I hope that once these strategies are implemented, the daily routine becomes easier for both the person with Parkinson's disease dementia and their care partner. Please view the other videos in the *Educational Mini-Series on Parkinson's Disease Dementia* to learn more strategies for other aspects of the daily routine. Thank you for watching and have a great day!

- References slide. (written text on slide, no voice over)
- Thank you and links to view other videos slide. (written text on slide, no voice over)

Video 2, Topic 6: Strategies to Ease Functional Mobility Script

- Introduction of self.

Hello, my name is Miranda Evanson and I am an occupational therapy student at the University of North Dakota in Grand Forks. I am the developer of and speaker throughout this mini-series titled *Educational Mini-Series on Parkinson's Disease Dementia*. This series is created for my occupational therapy doctoral capstone project.

- Brief overview of educational video mini-series and self-care activities.

The purpose of this mini-series is to provide education for individuals with Parkinson's disease dementia and their care partners on strategies for easing the daily routine. Throughout this mini-series, we will be learning about Parkinson's disease dementia, other related diagnoses, and the multidisciplinary team in the first videos of the series. The second series of videos is focused on strategies to ease self-care activities. Self-care activities, sometimes referred to as activities of daily living, are the things you do to care for yourself, usually as part of your morning or evening routine (AOTA, 2020). These include showering, toileting, dressing, eating, and grooming, to name a few (AOTA, 2020).

- Strategies to ease functional mobility for individuals with Parkinson's disease dementia.

In this video that you are currently viewing, we are going to discuss strategies to help ease the functional mobility routine for individuals with Parkinson's disease dementia and their care partners. Functional mobility is moving from one place to another during daily activities by walking or using a wheelchair or another assistive device (AOTA, 2020). It also includes completing transfers to get up from a sitting or lying position (AOTA, 2020). First, we will cover strategies for management of movement symptoms of Parkinson's disease dementia, followed by strategies for management of thinking symptoms of Parkinson's disease dementia.

- Disclaimer statement. (written text on slide, no voice over)

The suggestions given in this video are intended to be implemented by a licensed occupational therapist. Please ask your occupational therapist for more information on how to incorporate these suggestions into your daily routine or the person with Parkinson's disease dementia's daily routine. If you do not currently have an occupational therapist working with you or the person with Parkinson's disease dementia, please reach out to your primary care physician or neurologist for an occupational therapy referral.

- Strategies for management of movement symptoms.
 - The first suggestion for management of movement symptoms is to declutter the walkways throughout the home.
 - This suggestion is crucial as it sets up the environment for successful mobility. Individuals will be more successful when walking throughout the home when the walkways are open and free of clutter to prevent tripping hazards, especially if using a walker or a wheelchair.

- The next suggestion is to put an X, line, or cross on the ground with colored contrast tape for proper foot placement (Parkinson’s Foundation, 2022i; Domingos & Dean, 2022).
 - This visual cue can help the person achieve the appropriate location for their feet before going to sit down in a chair. It can also help them stand up with success by having their feet in the appropriate location as well.
 - The next suggestion is to increase the height of the chair (Domingos & Dean, 2022; Parkinson’s Foundation, 2022i).
 - Sometimes chairs and couches are too low, making it even harder to stand up from them. Care partners can increase the height of the seat by adding a pillow or folded blanket to the top of the chair cushion (Parkinson’s Foundation, 2022i).
 - Another suggestion is to avoid sitting in chairs with rocking mechanisms.
 - Rocking mechanisms on chairs can also make it more difficult to stand up from the chair, as it rocks while you are trying to get up (Parkinson’s Foundation, 2022i). If the person with Parkinson’s disease dementia is unable to avoid sitting in rocking chairs, care partners can block the rocking mechanism of the chair with pieces of wood or old books. Ask your occupational therapist for suggestions on how to block the rocking mechanism of your favorite rocking chair.
 - The next suggestion is to consider investing in a mechanical lift chair or mechanical lift recliner.
 - If getting up from the recliner is very challenging for the person with Parkinson’s disease dementia, investing in a mechanical lift chair might be a nice idea. Mechanical lift chairs help to ease transfers by lifting the entire chair upright by the push of a button. This helps the person achieve an upright standing position with the work of the chair instead of with the work of their body.
 - And finally, the last suggestion is adaptive equipment.
 - Bed rails, couch canes, and transfer poles can be installed in your home to help with getting up from the couch, recliner, and the bed. These are just a few examples for the wide variety of adaptive equipment available to help with mobility and transfers. Collaborate with your occupational therapist to determine which type of equipment and what location is best for your specific situation.
- Strategies for management of cognitive symptoms.
 - Now we are going to spend some time talking about strategies for management of thinking symptoms of Parkinson’s disease dementia.
 - The first suggestion is to eliminate distractions.
 - Turn off or down the TV or radio volume when completing functional mobility (Domingos & Dean, 2022). If the person is walking in a crowded area where you can’t control the noise level, try having the person wear noise cancelling headphones (Wegner, 2022).
 - The next suggestion is to break down the task into short and simple verbal cues.

- It's really important for care partners to give short and simple verbal cues when helping someone through a transfer or when moving from one room to another. For example, when helping someone with Parkinson's disease dementia get out of a chair, care partners can give short verbal cues like this: "scoot your butt forward," "put both feet flat on the ground," "lean forward," "push up with your hands," "stand up," and so on. If the person with Parkinson's disease dementia is struggling with movements, simply say "stop" in a polite yet firm voice before giving them the next cue. This will help them to reset and then they will be able to carry out the next movement with greater success.
 - The last suggestion for management of thinking symptoms is to use tactile cues in addition to short and simple verbal cues.
 - Tactile cues are when you tap or touch the person to give their body and mind a cue of what it should be doing. An example of how care partners might use this would be to tap the person with Parkinson's disease dementia's right foot while saying "move your right foot forward." The combination of verbal and tactile cues can increase success with coordinating movement.
- Summary and brief introduction to next video.

This concludes my suggestions for functional mobility. I hope that once these strategies are implemented, the daily routine becomes easier for both the person with Parkinson's disease dementia and their care partner. Please view the other videos in the *Educational Mini-Series on Parkinson's Disease Dementia* to learn more strategies and make other aspects of the daily routine easier. Thank you for watching and enjoy your day!

- References slide. (written text on slide, no voice over)
- Thank you and links to view other videos slide. (written text on slide, no voice over)

References

- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), 1-87. <https://doi.org/10.5014/ajot.2020.74S2001>
- Bastable, S. B., & Rabbia, J. (2020). Behavioral objectives and teaching plans. In S. B. Bastable, P. R. Gramet, D. L. Sopczyk, K. Jacobs, & M. M. Braungart (Eds.), *Health professional as educator: Principles of teaching and learning* (2nd ed., pp. 467-505). Burlington, MA: Jones & Bartlett Learning.
- Domingos, J. & Dean, J. (2022, February 24). Care partner tips [Slides]. Retrieved from <https://ipmdc.org/>
- Dunn, W. (2017). The ecological model of occupation. In J. Hinojosa, P. Kramer, & C. B. Royeen (Eds.), *Perspective on human occupation: Theories underlying practice* (2nd ed., pp. 207-235). Philadelphia, PA: F.A. Davis Company
- Fazio, S., Pace, D., Maslow, K., Zimmerman, S., & Kallmyer, B. (2018). Alzheimer's Association: Dementia care practice recommendations. *The Gerontologist*, 58, S1-S9. doi:10.1093/geront/gnx182
- Hainsworth, D., & Jacobs, K. (2020). Instructional materials. In S. B. Bastable, P. R. Gramet, D. L. Sopczyk, K. Jacobs, & M. M. Braungart (Eds.), *Health professional as educator: Principles of teaching and learning* (2nd ed., pp. 561-608). Burlington, MA: Jones & Bartlett Learning.
- Parkinson's Foundation. (2022a). *Activities of daily living*. Retrieved from <https://www.parkinson.org/Living-with-Parkinsons/Managing-Parkinsons/Activities-of-Daily-Living>

- Parkinson's Foundation. (2022b). *Bathing and grooming*. Retrieved from <https://www.parkinson.org/Living-with-Parkinsons/Managing-Parkinsons/Activities-of-Daily-Living/Bathing-and-Grooming>
- Parkinson's Foundation. (2022c). *Bathroom*. Retrieved from <https://www.parkinson.org/Living-with-Parkinsons/For-Caregivers/Home-Care/Bathroom>
- Parkinson's Foundation. (2022d). *Finding allied health professionals*. Retrieved from <https://www.parkinson.org/expert-care/Patient-Centered-Care/Finding-Allied-Health-Professionals>
- Parkinson's Foundation. (2022e). *For caregivers: Dressing*. Retrieved from <https://www.parkinson.org/Living-with-Parkinsons/For-Caregivers/Home-Care/Dressing>
- Parkinson's Foundation. (2022f). *Getting dressed*. Retrieved from <https://www.parkinson.org/Living-with-Parkinsons/Managing-Parkinsons/Activities-of-Daily-Living/Getting-Dressed>
- Parkinson's Foundation. (2022g). *Mealtime*. Retrieved from <https://www.parkinson.org/Living-with-Parkinsons/Managing-Parkinsons/Activities-of-Daily-Living/Mealtime>
- Parkinson's Foundation. (2022h). *Mealtime & swallowing*. Retrieved from <https://www.parkinson.org/Living-with-Parkinsons/For-Caregivers/Home-Care/Mealtime-and-Swallowing>
- Parkinson's Foundation. (2022i). *Movement & falls*. Retrieved from <https://www.parkinson.org/Living-with-Parkinsons/For-Caregivers/Home-Care/Movement-and-Falls>

Prizer, L. P. & Zimmerman, S. (2018). Progressive support for activities of daily living for persons living with dementia. *The Gerontologist*, 58, S74-S87.

doi:10.1093/geront/gnx103

Sabari, J., Stefanov, D. G., Chan, J., Goed, L., & Starr, J. (2019). Adapted feeding utensils for people with Parkinson's-related or essential tremor. *American Journal of Occupational Therapy*, 73, 7302205120. <https://doi.org/10.5014/ajot.2019.030759>

Wegner, N. (2022, February 22). Best practices in dementia [Lecture]. Alzheimer's Association.

Welke, K. (2022, January 25). An occupational therapist's perspective on behaviors and home modification tips [Slides]. Home Therapy Solutions.