



OCCUPATIONAL THERAPY

GETTING A GRIP ON DAILY ACTIVITIES

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GOAL OF THE PRESENTATION

- **What is Occupational Therapy**
- **What OT can do for you**
- **What the rehabilitation team can do for you**
- **Alert signs**
- **Practical tips**



GOAL

The primary goal of occupational therapy is to enable people to participate in the occupations which give meaning and purpose to their lives.



SPECIFIC AREAS

- Eating
- Cooking
- Dressing
- Bathing
- Writing
- Mobility/falls
- Energy conservation technique
- Home management
- Driving
- Work
- Leisure
- **Sexuality**
- Disease management



CLINICAL PRESENTATION

- A person with very few symptoms in their sixties
- A very young children severely affected by the disease
- An adult who falls more than once a week

**All the same disease but not
the same management**



ENVIRONMENT

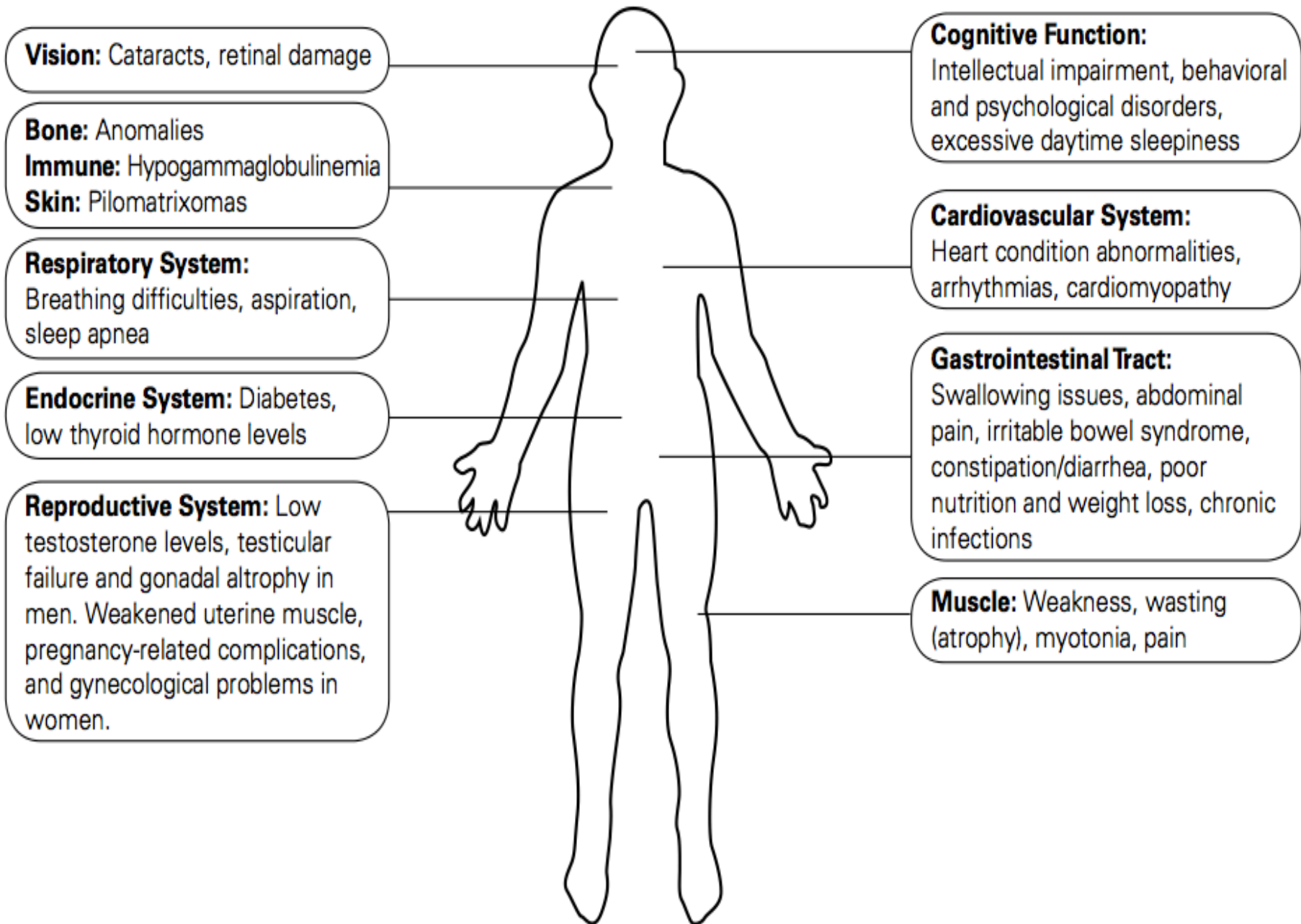
Your participation in daily activities and social roles is strongly affected by

- **Services**
- **Support from family and friends**
- **Technology**
- **Home adaptation**
- **\$**



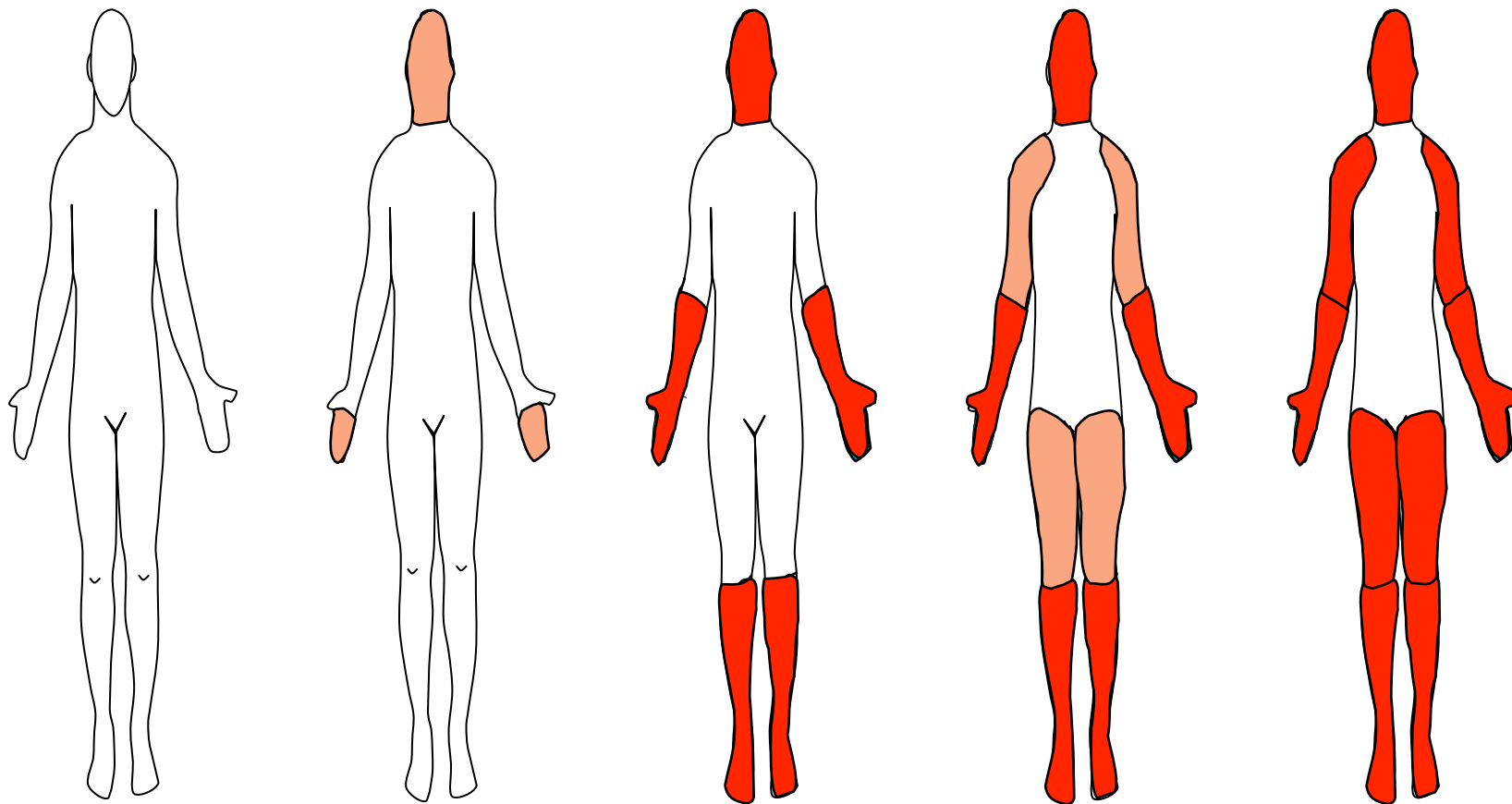
WHAT IS THE CAUSE OF MY PROBLEMS MANAGING MY DAILY LIFE ?







MUSCULAR SYSTEM





CENTRAL NERVOUS SYSTEM

- **Awareness of possible cognitive impairments**
 - Understanding doctor's recommendations
 - Developing strategies to put recommendations into place
- **Hypersomnolence**
- **Fatigue**
- **Apathy**
- Depression and anxiety can be present and should be assessed





FATIGUE

Fatigue has been described as a major factor explaining difficulties in performing activities related to independent living, walking, working and leisure

(Gagnon et al. 2008)





FATIGUE

- **Discuss with your doctor the difference between hypersomnolence and fatigue**
- **Potential medication**
- **Energy conservation technique with your occupational therapist**





APATHY

- It is characterized by a lack of motivation, difficulty taking the initiative, lack of interest in daily activities (for example, housework, preparing meals, finding leisure activities).
- **OPTIMISTIC** trial coming soon
- **A different symptoms**



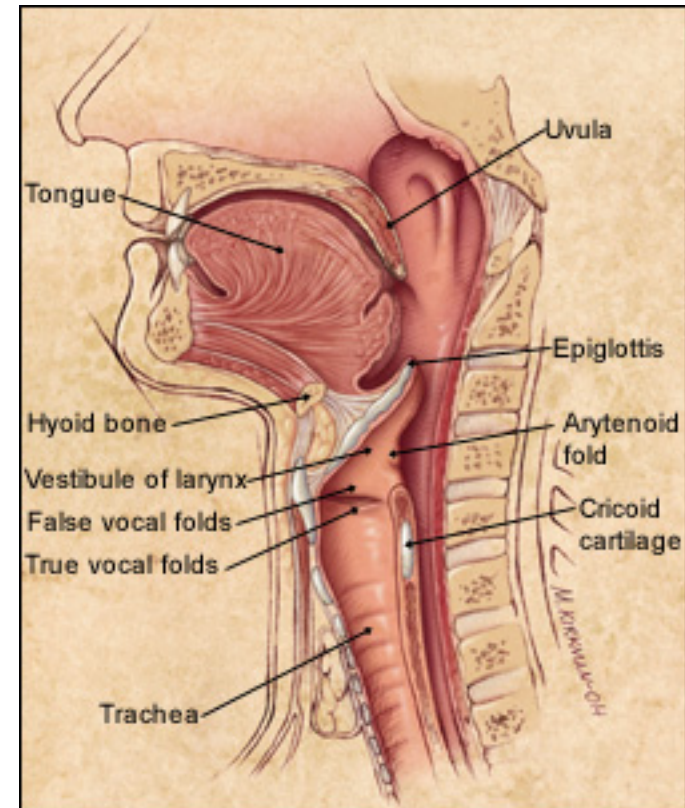
DAILY LIVING STRATEGIES





EATING : THE SITUATION IN DM 1

- Presence of dysphagia (20-80%)
 - Difficulty eating specific textures or food
 - Muscle strength
 - GI Tract
- Difficulty handling cutlery
- Difficulty taking food in your plate
- Poor choices of food





DYSPHAGIA: ALERT SIGNS THAT I NEED TO SEE AN OT

- Coughing often during meals
- Stopping eating certain foods
 - Chips
 - Crackers
 - Hot liquids
 - Burger patty
 - Apple
- **Having a pneumonia : aspiration**
- **Underreporting** (Turner et al. 2010)





PNEUMONIA

- **Most frequent cause of death**
 - **Influenza vaccine**
 - **Pneumococcal vaccine**
 - **Dysphagia assessment**
 - **Smoking cessation**



SMOKING

**30% are smokers although pulmonary problems
are the leading cause of death**

**Solutions to stop smoking should be discussed
with your doctor**





EATING: WHAT OT CAN DO FOR ME

- **Dysphagia**
 - Working with the nutritionist, speech therapist
 - Texture adaptation
 - Teaching your family the Heimlich manoeuvre
 - Position while eating



Heimlich with Adult



Heimlich with Child



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ADAPTED TEXTURE



epikura*

Taste and Texture of Life



PREVENTING DYSPHAGIA: GENERAL RECOMMENDATIONS

POSTURE

- Sit upright for all meals, snacks or drinks.
- Swallow with the head tilted down so that the chin points to the chest
- Stay seated upright for 20-30 minutes after a meal or snack.



PREVENTING DYSPHAGIA: GENERAL RECOMMENDATIONS

- **MEAL DURATION**
- **SIZE OF BITE/SIP**
- **FOODS AND LIQUIDS**



INCREASE SIZE OF THE HANDLE





TWO-HANDED CUP





DYCEM





Table 1

Practical guidance for optimal dietary protein intake and exercise for older adults above 65 years

Recommendations
For healthy older adults, we recommend a diet that includes at least 1.0 to 1.2 g protein/kg body weight/day.
For certain older adults who have acute or chronic illnesses, 1.2 to 1.5 g protein/kg body weight/day may be indicated, with even higher intake for individuals with severe illness or injury.
We recommend daily physical activity for all older adults, as long as activity is possible. We also suggest resistance training, when possible, as part of an overall fitness regimen.



PROTEIN EXAMPLE

- **Greek yogourt**
- **Cottage cheese**
- **Milk products**
- **Eggs**
- **Meat**
- **Tuna**
- **Almond**
- **Commercially available shakes**



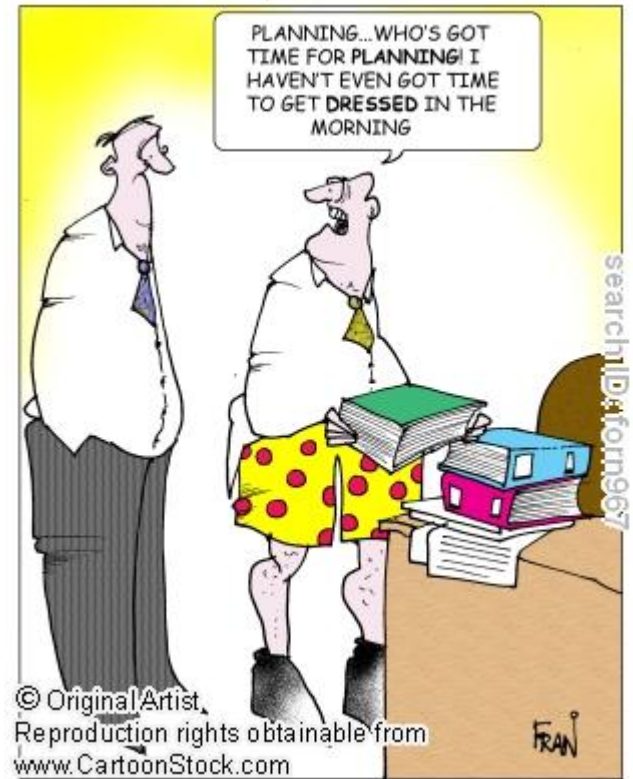
DRESSING: THE SITUATION IN DM 1

- 15-45% experienced problems or need human help
- Lack of strength in the hands is a major issue
- Poor balance

DRESSING: ALERT SIGNS THAT I NEED TO SEE AN OT

It take me a lot more time to dress than it used to

I am not wearing some of my clothes anymore as it is too hard to put on





DRESSING



lace onto
your shoelaces

easily step into
wide open shoe

close with
a snap

pop out
hands-free



*Extends reach for people who
have difficulty bending*





BATHING : THE SITUATION IN DM 1

- **17-42% experienced difficulty, used technical aids or need human help**
- **Decrease muscle strength may lead to difficulty**
 - **Washing and getting in and out of the bath**
 - **Washing hair**
 - **Doing nails**
 - **Brushing teeth**



BATHING: ALERT SIGNS THAT I NEED TO SEE AN OT

- **I am afraid of not being able to come out of the bath**
- **I stumble while trying to get in the bath**





Assessing the Bathroom

Bathroom BEFORE Home Modification

What modifications would help prevent fall injury?



(Pynoos & Nguyen, 2007)



Some Bathroom Solutions

- **Electricity all within easy reach**
- **Remove rug except for non-skid when stepping out of bath**
- **Dry floor**
- **Remove shower doors; install curtain**
- **Install grab bars near toilet and in tub**
- **Add transfer seat & extendable shower head**



Possible Bath Mods: Grab Bars



Can be beautiful ([Moen](#))

- **Placement guidelines are very specific and need to meet the unique needs of the client (NAHB, 2002).**



Possible Bath Mods



Toilet Riser
([Toilevator](#))

Much safer than top risers that can come loose.



Swing-up Grab Bar
(no adjacent wall)
([Ocelco](#))

Lifts out of the way; no legs to trip on.





BRUSHING TEETH



TROP DE SUCRE AJOUTÉ DANS LES ALIMENTS !...





MOBILITY AND PREVENTING FALLS

Based on Christine Damon presentation

[http://www.docstoc.com/docs/84902619/
Home-Modifications-One-Strategy-for-Fall-
Prevention](http://www.docstoc.com/docs/84902619/Home-Modifications-One-Strategy-for-Fall-Prevention)





WHEN DO I NEED TO SEE A REHABILITATION PROFESSIONALS



**When to see a
physiotherapist**

**Orthopedics &
Physical
Therapy**



Falls: Problem Magnitude in DM1

- **Approximately 20-30% of falls result in injuries that reduce mobility and independence in the general population.**
- **Falls are 10X more current in DM1 according to one study**

(Wiles et al, 2006)

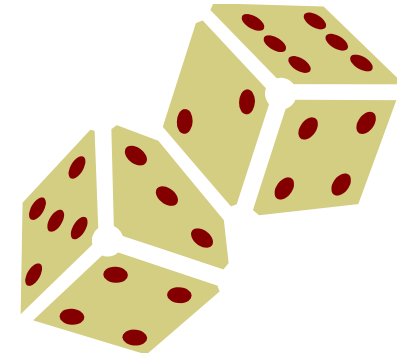
(CDC, 2007; CDC, 2010a; CDC, 2010b)





Falls: Activity Risks

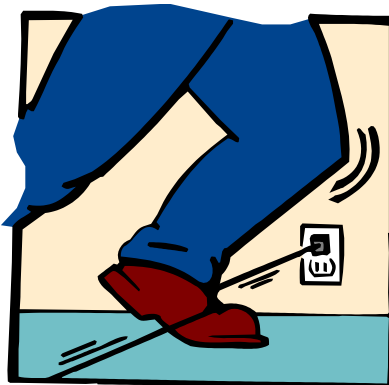
- **FIVE primary activities that increase fall risk**
 - **Mobility/Transfer**
 - **Personal Hygiene**
 - **Household Chores**
 - **Controlling Ambiance**
 - **Communication & Response**



Fall Risks



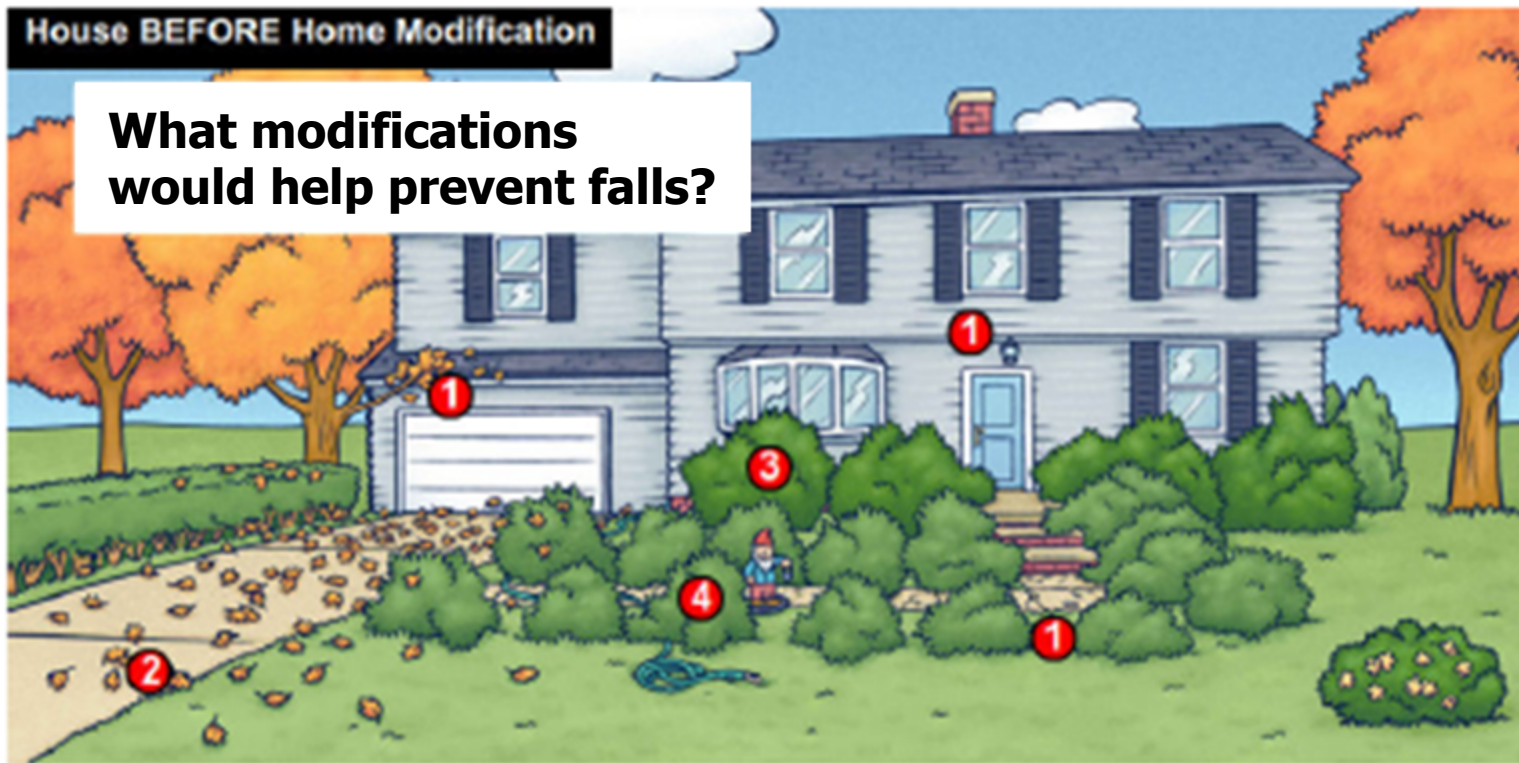
- **Running to get the telephone**



- **Electronics: cords, cords, cords**



Assessing the Exterior



(Pynoos & Nguyen, 2007)



Some Exterior Solutions...

- **Remove leaves**
- **Install more lights: over garage, at front door, at end of walk**
- **Add porch, porch rail, and bench**
- **Grade sidewalk to front door**



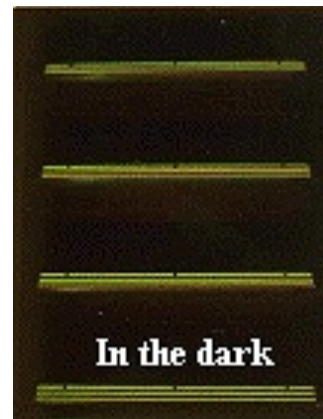
Possible Exterior Modifications



Steel or Aluminum Rails
([Simplified Building Concepts](#))



Step Reflectors
([Glowline](#))





Exterior to Interior Transition

Creating a gradual threshold



(SAIL, 2010)

Threshold Ramps



(SAIL, 2010)



Assessing the Living Room



(Pynoos & Nguyen, 2007)



Some Living Room Solutions...

- **Add curtain/shades to reduce glare**
- **Re-arrange furniture to eliminate cords**
- **Add lighting**
- **Move or remove rug**
- **Place phone next to couch**



Possible Living Room Modifications



Couch Cane
([Comfort Channel](#))



Power Seat (Medicare will pay w/ prescription).
([Up Easy](#))



Possible Living Room Modifications

LIFTING CHAIR





Assessing the Kitchen



(Pynoos & Nguyen, 2007)⁵²



Possible Kitchen Modifications

Over the Door Rack (adjustable flip-up shelves)
([Amazon](#))



Wall Mounted Pot Rack
([Amazon](#))

Lessening the reach



Possible Kitchen Modifications



Pull-down Glass Rack
([Rev-a-Shelf](#))

Lessening the reach

Slide-out Shelves
([Sliding Shelf](#))





Assessing the Stairway



(Pynoos &
Nguyen, 55
2007)



Possible Stairway Solutions...

- **Add additional lighting**
- **Add additional handrail**
- **Mark step treads**
- **Re-arrange furniture**
- **Remove clutter**



Don't Forget...

Possible Bedroom Modifications

- **To reduce fall risk in the bedroom...**

- **Reduce any clutter**

- **Locate clothing within easy reach**

- **Provide a safe place to sit while dressing**

- **Lighting**

- **or pole**



(noos & Nguyen, 2006)





DRIVING

IS THERE AN ISSUE ?



DRIVING AND SLEEPINESS

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search ID: ksmn189

" We're not sure yet, but we think he may have been asleep at the wheel."

DRIVING AND CATARACTS



WITH A TIP OF THE HAT TO THE GREAT UPA

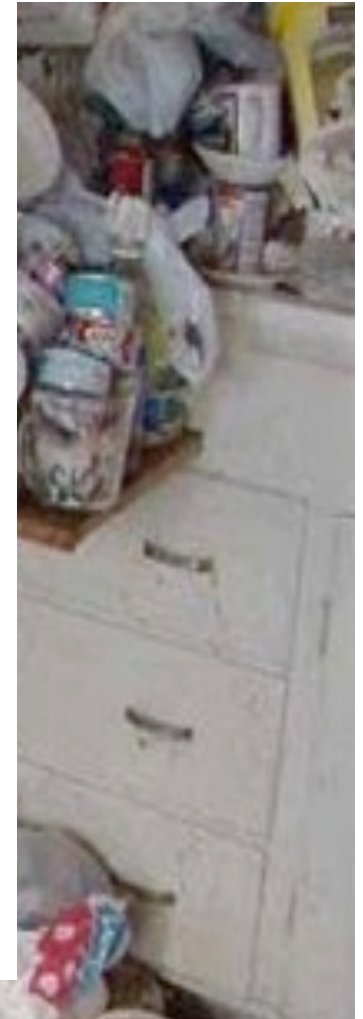


HOME MANAGEMENT: THE SITUATION IN DM 1

- **Doing major household tasks: 68%- 26% experienced problems or don't do it anymore**
- **Maintaining their house: 50% experienced problems**
- **Decrease lower extremity strength, fatigue, decrease support from family and friends, income can partly explained the difficulties**



HOME MANAGEMENT: ALERT SIGNS THAT I



Neuromuscul Disord. 2015
Jun;25(6):522-9. doi:



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TRICKS GIVEN BY PARTICIPANTS





HOME MANAGEMENT: WHAT OT CAN DO FOR ME

- **Assessment of your residual abilities**
- **Help you get community services**
- **Find tricks to help with cleaning**



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SEXUALITY : THE SITUATION IN DM 1

Presentation at this conference



FINANCIAL MANAGEMENT

- **May become problematic**
 - Employment issue: \$
 - Cognitive functions
- **Resources may exist in your community**
 - Talk to your healthcare team
 - Social worker may help to identify the resources
- **Apps also exist**
 - **Make sure you use a trusted resource**



WORK

- **Around 20-30% are currently working**
- **Employment may be possible but accommodations are often necessary**
- **Don't wait too long before discussing with your doctor**
- **Programs may exist in your area to compensate for decrease ability to work**



FOLLOWING UP WITH MY HEALTHCARE PROFESSIONAL ADVICES







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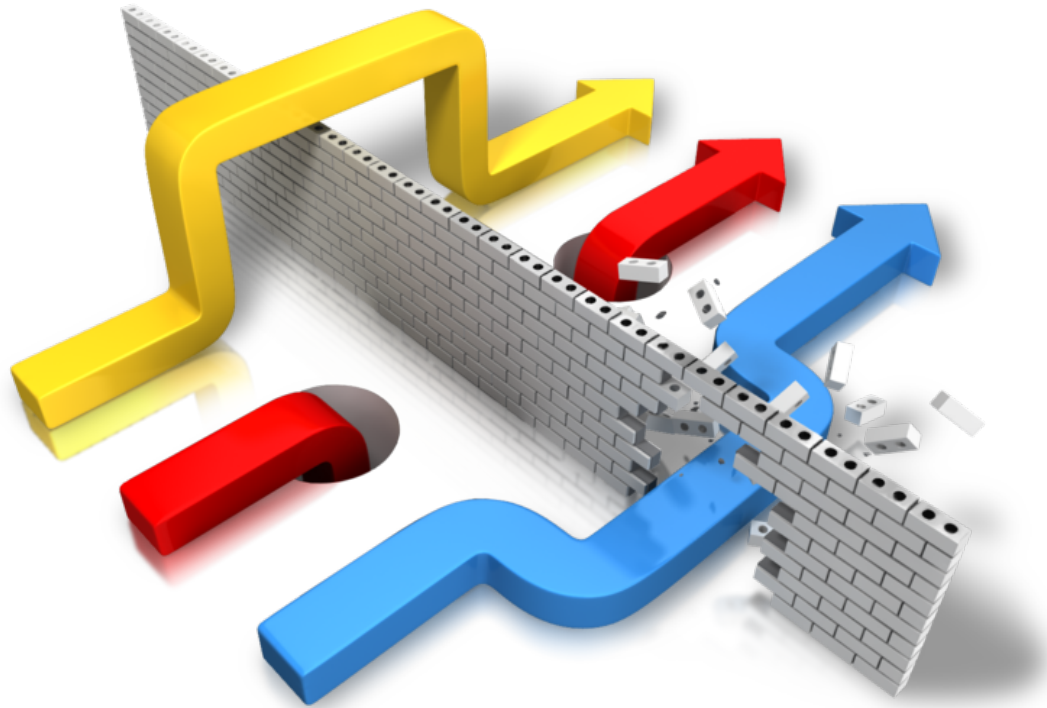
HEALTH LITERACY





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GIVE YOURSELF TIME TO TRY NEW OPTIONS





GETTING FUNDING

- **MDA program**
- **Insurance companies may decrease your fare because you installed grab bars**
- **Need a prescription to get reimbursed**
- **Senior program for fall prevention**



MORE RESOURCES

- OT suggestions :
<http://www.myotonic.org/node/67>
- Checklist for fall risks :
[http://www.cdc.gov/
HomeandRecreationalSafety/Falls/
CheckListForSafety.html](http://www.cdc.gov/HomeandRecreationalSafety/Falls/CheckListForSafety.html)
- American Association of Occupational Therapist
- Email : cynthia.gagnon4@usherbrooke.ca