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

(CAOT, 2012)
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
• $

Kierkegaard et al, 2009; Gagnon et al, 2008
What is the cause of my problems managing my daily life?
**Vision:** Cataracts, retinal damage

**Bone:** Anomalies
**Immune:** Hypogammaglobulinemia
**Skin:** Pilomatrixomas

**Respiratory System:**
Breathing difficulties, aspiration, sleep apnea

**Endocrine System:** Diabetes, low thyroid hormone levels

**Reproductive System:** Low testosterone levels, testicular failure and gonadal atrophy in men. Weakened uterine muscle, pregnancy-related complications, and gynecological problems in women.

**Cognitive Function:**
Intellectual impairment, behavioral and psychological disorders, excessive daytime sleepiness

**Cardiovascular System:**
Heart condition abnormalities, arrhythmias, cardiomyopathy

**Gastrointestinal Tract:**
Swallowing issues, abdominal pain, irritable bowel syndrome, constipation/diarrhea, poor nutrition and weight loss, chronic infections

**Muscle:** Weakness, wasting (atrophy), myotonia, pain
MUSCULAR SYSTEM

Mathieu et al., 2001; Mathieu et al., 1992
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 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

Laberge et al., 2013
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

Gallais et al, 2015
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
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

www.doctors.com
Adapted texture
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
Table 1

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

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>For healthy older adults, we recommend a diet that includes at least 1.0 to 1.2 g protein/kg body weight/day.</td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>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.</td>
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</tbody>
</table>
PROTEIN Exemple

- Greek yogourt
- Cottage cheese
- Milk products
- Eggs
- Meat
- Tuna
- Almond
- Commercially available shakes
Dressing: the situation in DM1

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

Kierkegaard, 2009
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.

GRIMN
Bathing: the situation in DM1

- 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

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

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

Toilet Riser (Toilevator)
Lifts out of the way; no legs to trip on.

Swing-up Grab Bar (no adjacent wall) (Ocelco)
Much safer than top risers that can come loose.
Brushing Teeth

Trop de sucre ajouté dans les aliments!...

Et alors?
MOBILITY AND PREVENTING FALLS

Based on Christine Damon presentation
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

(Pynoos & Nguyen, 2007)
Fall Risks

- Running to get the telephone
- Electronics: cords, cords, cords
Assessing the Exterior

What modifications would help prevent falls?

(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

Threshold Ramps

(SAIL, 2010)
Assessing the Living Room

What modifications would help prevent falls?

(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)
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)

Slide-out Shelves
(Sliding Shelf)

Lessening the reach
Assessing the Stairway

What modifications would help prevent fall injury?

(Pynoos & Nguyen, 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
  • Increase lighting
  • Head to floor pole

(Pynoos & Nguyen, 2006)
DRIVING

IS THERE AN ISSUE?
"We're not sure yet, but we think he may have been asleep at the wheel."
Driving and cataracts
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:
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
Sexuality: the situation in DM1

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
Role of your family and friends
Health literacy
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](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)

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