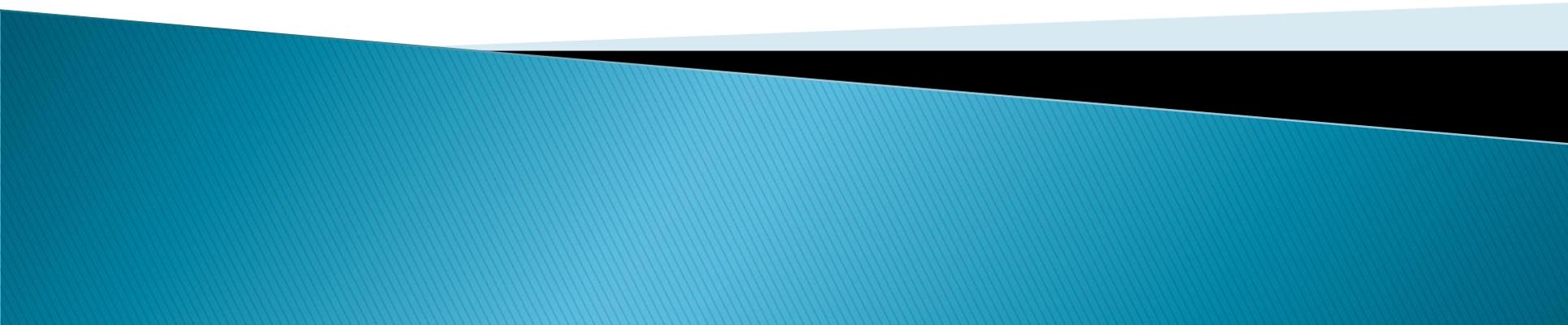


The Diverse Role of Occupational Therapy In Developmental Services

Presented by Simcoe Habilitation Services

Specializing in
Developmental Services
Since 1979

An MCSS Agency Since 1979



Objectives

Develop an In-depth understanding of:

1. The Diverse and Central Role that OT Plays in DS
2. When to Call for OT Consultation
3. Why a DS Centric Focus is Important for OTs in MCSS
4. Exciting NEW Developments in OT Service Delivery

Our Presenters

▶ Suzanne Oakley, R.P.T.

- Has Served as both an OT and PT in Developmental Services (DS) for over 30 years

▶ Trina Rowe, M.Sc. O.T. Reg. (Ont.)

- Has worked in DS for over 10 years

▶ Jennifer Davis, M.Sc. O.T. Reg. (Ont.)

- Has worked with persons with Developmental Disabilities for over 9 years, and has worked in DS for over 5 years

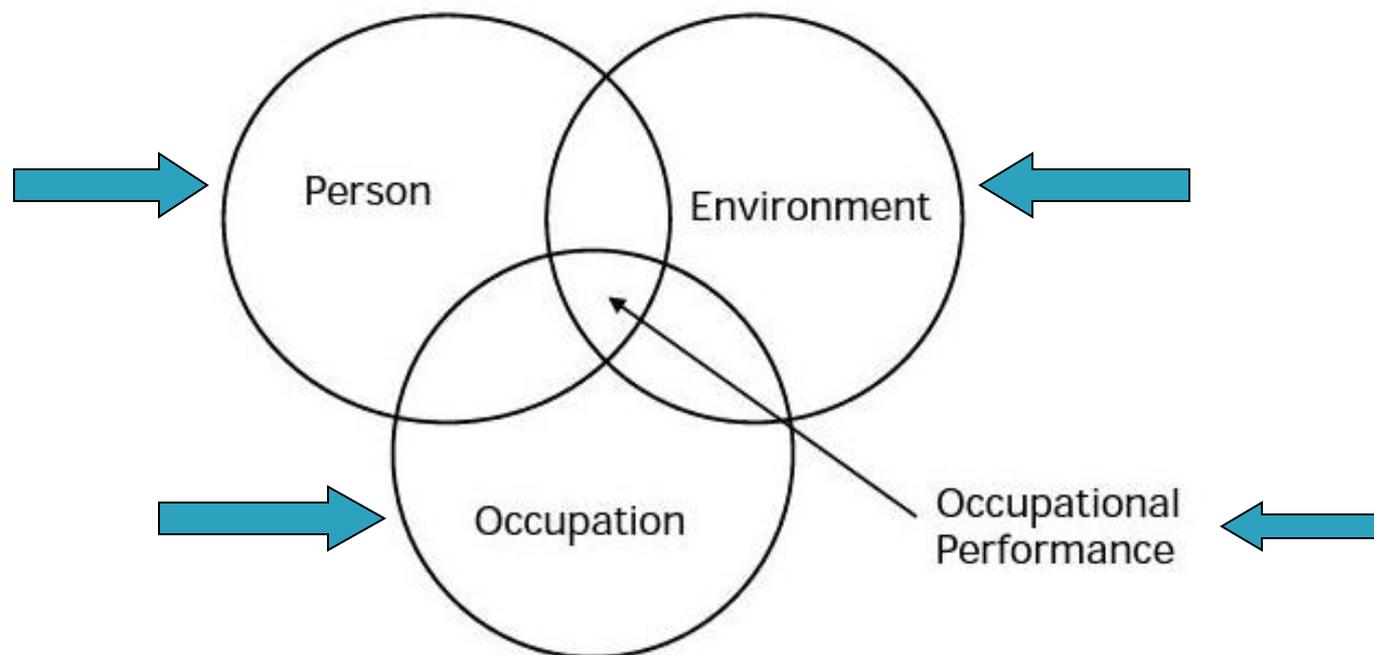
Theoretical Basis / Framework of Occupational Therapy

What is Occupational Therapy (OT)?

- ▶ Healthcare profession
- ▶ OCCUPATION → core domain and therapeutic medium
 - activities that occupy our time and give meaning to life
 - an important determinant of health and well-being
- ▶ Anyone, of any age, can benefit from OT if they are unable to, or find it difficult to participate in a desired occupation. **OTs help people assume or reassume the skills they need for the job of living.**

The Person-Environment-Occupation (PEO) Model (Law, 1996)

- ▶ Each of the spheres in the PEO Model encompasses a number of factors that may potentially influence functioning (occupational performance).

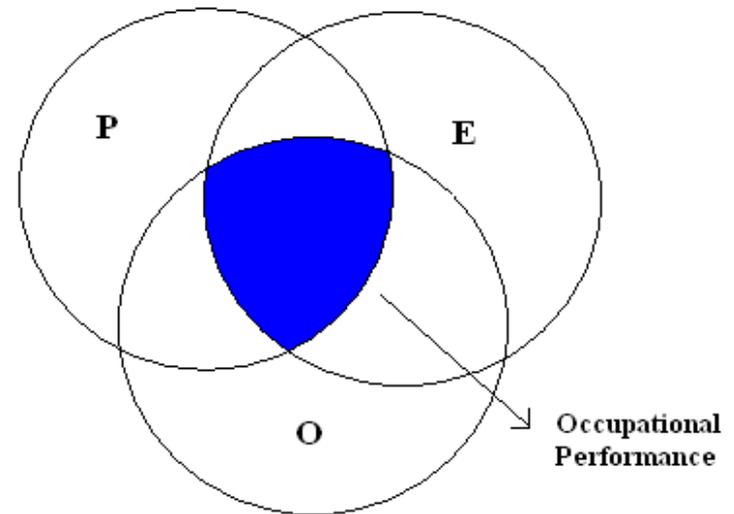
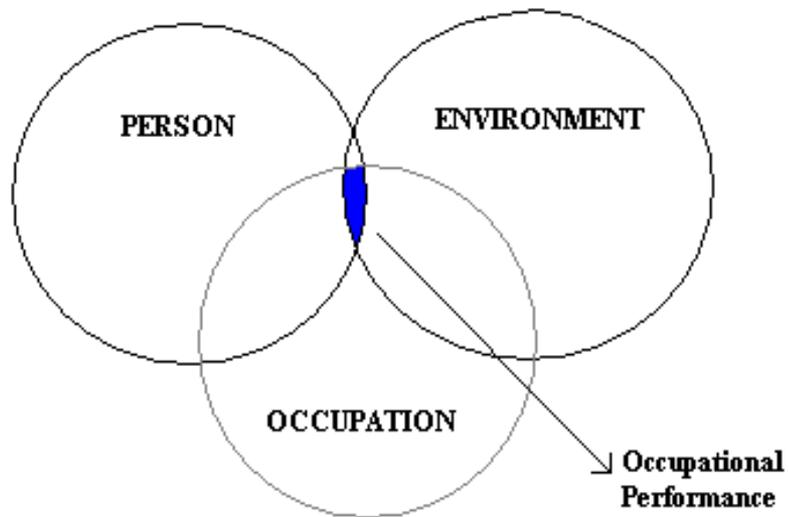


The PEO Model (Cont'd)

“poor fit”

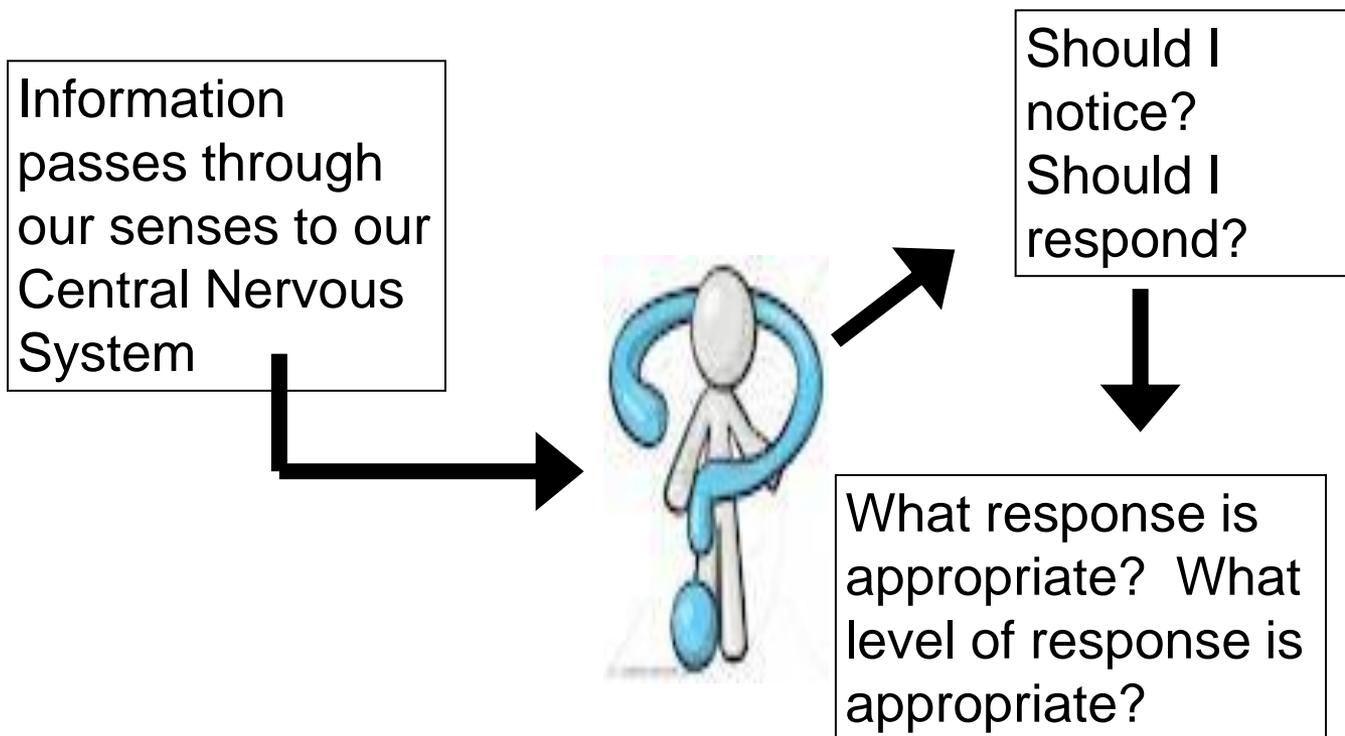
vs.

“good fit”



Areas of Intervention in Occupational Therapy

OT's can help with . . . Sensory Processing



Sensory Processing Impacts:

- ▶ Communication;
 - ▶ Participation;
 - ▶ Body organization (Motor Planning);
 - ▶ Behaviour;
 - ▶ EVERYTHING!
- 

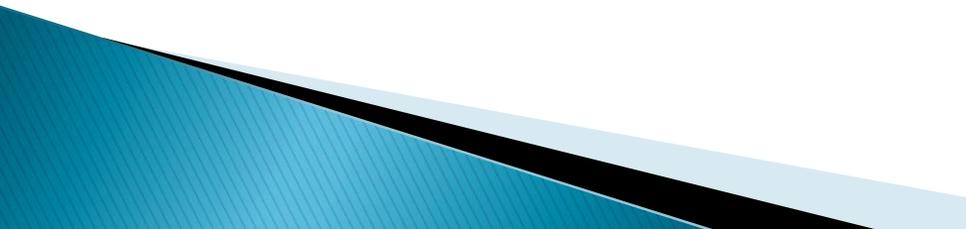
“Sensory Diets”

A set of specifically selected sensory activities which are completed in a scheduled and predictable way throughout the day to assist someone in better organizing and regulating their sensory responses.



When to Refer to OT

When a person you are supporting:

- Has variable responses to different environments and situations;
 - Is very sensitive to one or more sensory system (i.e. sensitive to sound, touch, etc.) and it is interfering with daily activity;
 - Is constantly looking for sensory input;
 - Demonstrates behavioural challenges.
- 

OTs Can Help with . . . Wheelchairs & Seating

Wheelchairs & Seating are Important:

- To maintain skin integrity;
- To enable functional participation;
- To prevent pain and discomfort;
- To prevent development of contractures;
- Reduce effect of gravity;
- Prevent falls and associated injuries.



When to Refer to OT

When there is:

- A history of falls;
 - A change in body size;
 - A decrease in independent mobility;
 - Areas of redness or other signs of skin breakdown;
 - Increased leaning or sliding out of their seating.
- 

OTs Can Help With. . .

Activities of Daily Living (ADLs)

- ▶ Activities of Daily Living (ADLs) are occupations people carry out on a daily basis
- ▶ ADLs primarily belong to area of self-care, and include: sleeping, bathing, dressing, eating, and grooming.

OTs Can Help With. . . ADLs (Cont'd)



OTs Can Help With. . .

ADLs (Cont'd)

▶ **Compensatory (Accommodative) Techniques:**

- Recommendations put in place to compensate for lack of ability.
- Goal is increased independence during daily occupations
- Examples: built-up utensils, sleep systems, dressing aids, transfer equipment, improving home accessibility

OTs Can Help With. . .

ADLs (Cont'd)

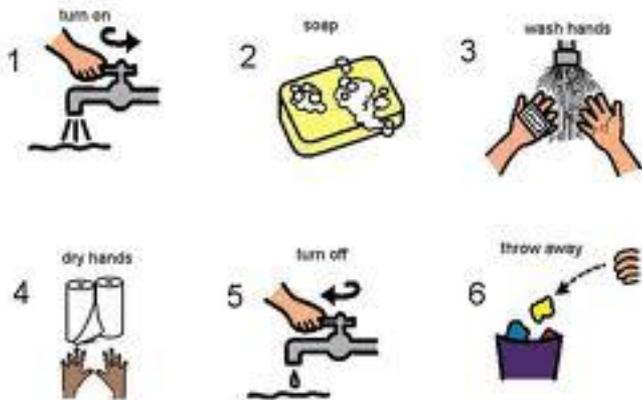
- ▶ **Skill-Building Techniques:**
 - Recommendations focused on improving abilities
 - Goal is increased independence during daily occupations
 - Examples: muscle strengthening, social stories, graded visual cues/prompts, forward/backward chaining, improving sensory modulation

OTs Can Help With. . . ADLs (Cont'd)



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Wash Hands



When to Refer to OT

- ▶ When an individual is experiencing difficulties with....
 - Fine motor tasks during their daily routines
 - Transferring in and out of the tub/shower or bed
 - Sleeping, due to pain/improper positioning
 - Dressing themselves, brushing their hair, or washing their body for various reasons (e.g. due to limited range of motion or sensory processing issues)
 - Accessing various spaces in the home

OT's Can Help with . . . Meaningful Activity

- ▶ Identifying activities that are meaningful;
- ▶ Identifying barriers to meaningful activity;
- ▶ Adjusting meaning through the lifespan.

Activities of Daily Living	Leisure	Productivity
<ul style="list-style-type: none"> ➤ Grooming; ➤ Bathing; ➤ Dressing; ➤ Eating; ➤ Etc. 	<ul style="list-style-type: none"> ➤ Hobbies; ➤ Participation in community activities; ➤ Social relationships. 	<ul style="list-style-type: none"> ➤ Paid work; ➤ Volunteer Opportunities; ➤ Household care tasks.

When to Refer to O.T.

When a person you are supporting:

- Appears to have very limited interests and activities;
 - Is unable to participate in a meaningful activity due to physical, cognitive, sensory or other challenges.
- 

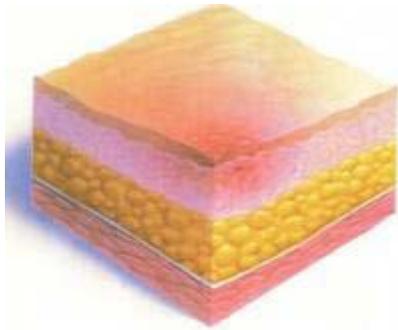
OTs Can Help with. . . Skin Protection, Including Bed Positioning

- ▶ Goals of wheelchair seating:
 - To maintain skin integrity
 - Pressure-relieving cushions
 - Tilt-in-space wheelchairs
 - Active/passive weight shifts

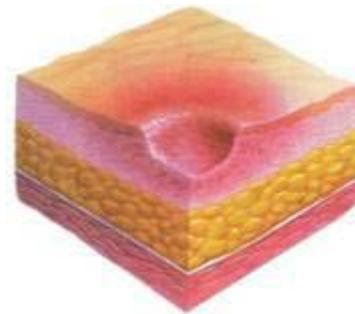


Skin Protection and Bed Positioning (Cont'd)

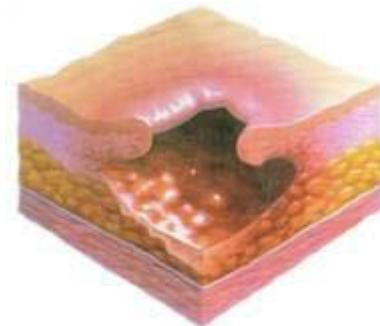
Stage 1



Stage 2



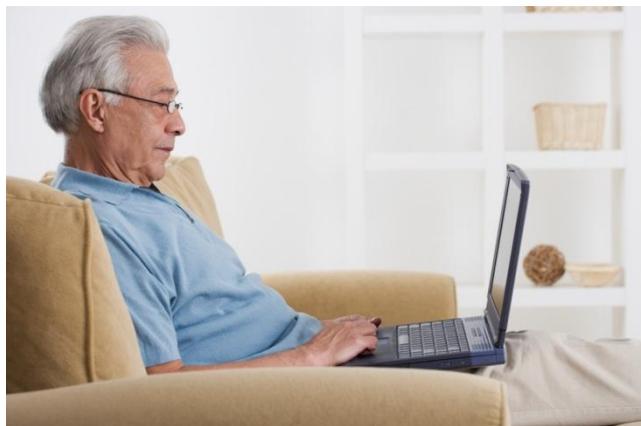
Stage 3



Identifying the presence of a pressure issue can mean halting the progression of a wound.

Skin Protection and Bed Positioning (Cont'd)

- ▶ For many individuals half or more of their day can be spent out of their wheelchair
- ▶ So-called 'soft' surfaces may not relieve pressure on skin
- ▶ Poor support can lead to sliding (shear) stress on skin



Skin Protection and Bed Positioning (Cont'd)

- ▶ Maintaining skin integrity needs to be addressed in all these situations.
- ▶ Guidelines may be developed for
 - Reducing pressure – e.g. Position changes, removing slings, pressure reducing surfaces in wheelchair, bed
 - Increasing tissue tolerance – e.g. Clean/dry skin, reduced sweating, diet, reducing friction/shear
 - Monitoring

Skin Protection and Bed Positioning (Cont'd)

- ▶ Goals of wheelchair seating
 - To maintain skin integrity
 - To maintain/support postural alignment



Skin Protection and Bed Positioning (Cont'd)

- ▶ Time spent out of specialized seating components can compromise postural alignment and joint integrity
- ▶ Alternate or additional supportive equipment can include
 - Bathing supports
 - Tilt commodes
 - Bed positioning



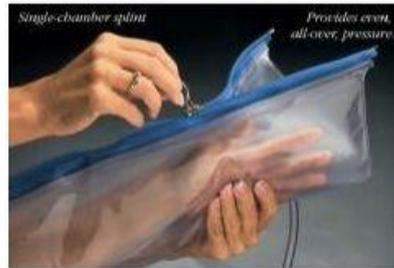
When to Refer to OT

When a person you are supporting:

- has skin redness in spite of having a pressure relieving wheelchair cushion
 - spends a significant time out of their customized wheelchair
 - has limited ability to adjust their own position in bed, on the couch etc.
 - assumes an asymmetrical sleeping position for most of the night
- 

OT Can Help with. . . Splinting

- ▶ Wrist
- ▶ Hand
- ▶ Ankle
- ▶ Foot
- ▶ Elbow
- ▶ Pre-fabricated or custom
- ▶ Working with Orthotists as appropriate.



When to Refer to OT

When there is:

- Ability to use the hand/arm but arm seems to “collapse” when trying to complete a purposeful activity;
 - Muscle imbalance resulting in joints being held at unusual angles;
 - Skin breakdown, redness or moisture build up around the joint.
- 

OT Can Help with . . . Transitions: Child to Teen

- ▶ Hormonal Changes;
- ▶ Growth Spurt;
- ▶ Changes in ADLs;
- ▶ Move to Secondary School;
- ▶ Desire for independence;
- ▶ Increased importance of social relationships;
- ▶ Change in Productivity & Leisure;



Transitions: Teen to Adult

- ▶ Move out of family home;
 - ▶ Transition out of school;
 - ▶ Change in income & benefits;
 - ▶ Increased desire for independence;
 - ▶ Change in Productivity & Leisure;
- 

Transitions: Adult to Senior

- ▶ Aging process effects health and well being
- ▶ Related to lifestyle choices, genetic effects and environment
- ▶ Aging in place vs. alternative care
- ▶ End of life planning
- ▶ Aging of care givers

Role of OT During Transitions

- ▶ Task Analysis;
- ▶ Sensory Activities / Recommendations;
- ▶ Strategies to help with Body Awareness and Motor Planning;
- ▶ Assistive Devices & Strategies to increase independence;
- ▶ Identifying and adapting meaningful activities.
- ▶ Identifying goals and needs;
- ▶ Adapting new home and productivity environments to meet physical, cognitive & sensory needs.

When to Refer to OT

- Prior to the transition to develop a plan to manage this transition;
 - During the transition to adapt activities, tasks and environments to accommodate changes;
 - Anytime where an individual is not able to participate to their full potential.
- 

So, How Does OT Fit In?

How Does OT Fit IN?

- Direct treatment
 - Consultation
 - Mediator model
 - Educator
 - Collaborator
- 

Navigating the Acute Care / Rehabilitation System



- Challenges include comprehension, communication, physical barriers eg. vision, hearing
- Assumptions often made that medical issues are part of the developmental issues
- Help needed to interpret and adapt findings and recommendations to the individual and their supports
- Gaps in service

New Developments in Service Delivery

- ▶ Video Tele–Presence
Based OT Consultation

Video TelePresence Based Consultation, ‘Tele-Rehab’

- ▶ Go-Anywhere ‘Shirt Pocket’ Telepresence using Smartphone 3G/4G and Broadband Technology
 - Very low cost (no capitol costs)
 - High resolution video

- ▶ Unique video-based tele-presence using portable video technology
 - An additional form of service delivery currently being pioneered with SHS

Tele-Rehab (Cont'd)

- ▶ **Goals of Tele-Rehab at SHS**
 - 1) Elimination of travel time
 - 2) More clients served
 - 3) Reduction in wait-times
 - 4) Reduction in service delivery costs
 - 5) Provision of needed healthcare services to remote/rural Ontario communities

Tele-Rehab (Cont'd)

- ▶ Where are we at in our progress toward full implementation of our Tele-Rehab services?
 - Established Policies and Procedures reflecting relevant standards/guidelines/legislation
 - A number of Beta Trials completed at 2 MCSS sites
 - Useful feedback gathered for propelling these services forward

Tele-Rehab (Cont'd)

Tele-OT Services Offered: just about anything that is not hands-on...

- ▶ Goal Development (i.e. Canadian Occupational Performance Measure [COPM])
- ▶ Feeding assessments & recommendations
- ▶ Transfer assessments (i.e. bed, toilet, bathtub, chairs, vehicles)
- ▶ Kitchen management assessments
- ▶ Pressure sore risk assessments (i.e. Braden Scale)
- ▶ General Range of Motion assessment
- ▶ General gross and fine motor assessment of abilities
- ▶ Pain scales, worry scales
- ▶ Sensory assessments and recommendations/education for support personnel/teachers
- ▶ Functional assessments (i.e. the Functional Independence Measure [FIM] or Barthel Index)
- ▶ Home accessibility assessments & recommendations
- ▶ Risk Assessments (i.e. determining if an individual would be able to safely manage being home alone, or bathing unsupervised)
- ▶ Education (re: safe transfers, pain management, energy conservation, falls prevention)
- ▶ Teaching support personnel how to provide passive range of motion exercises to clients

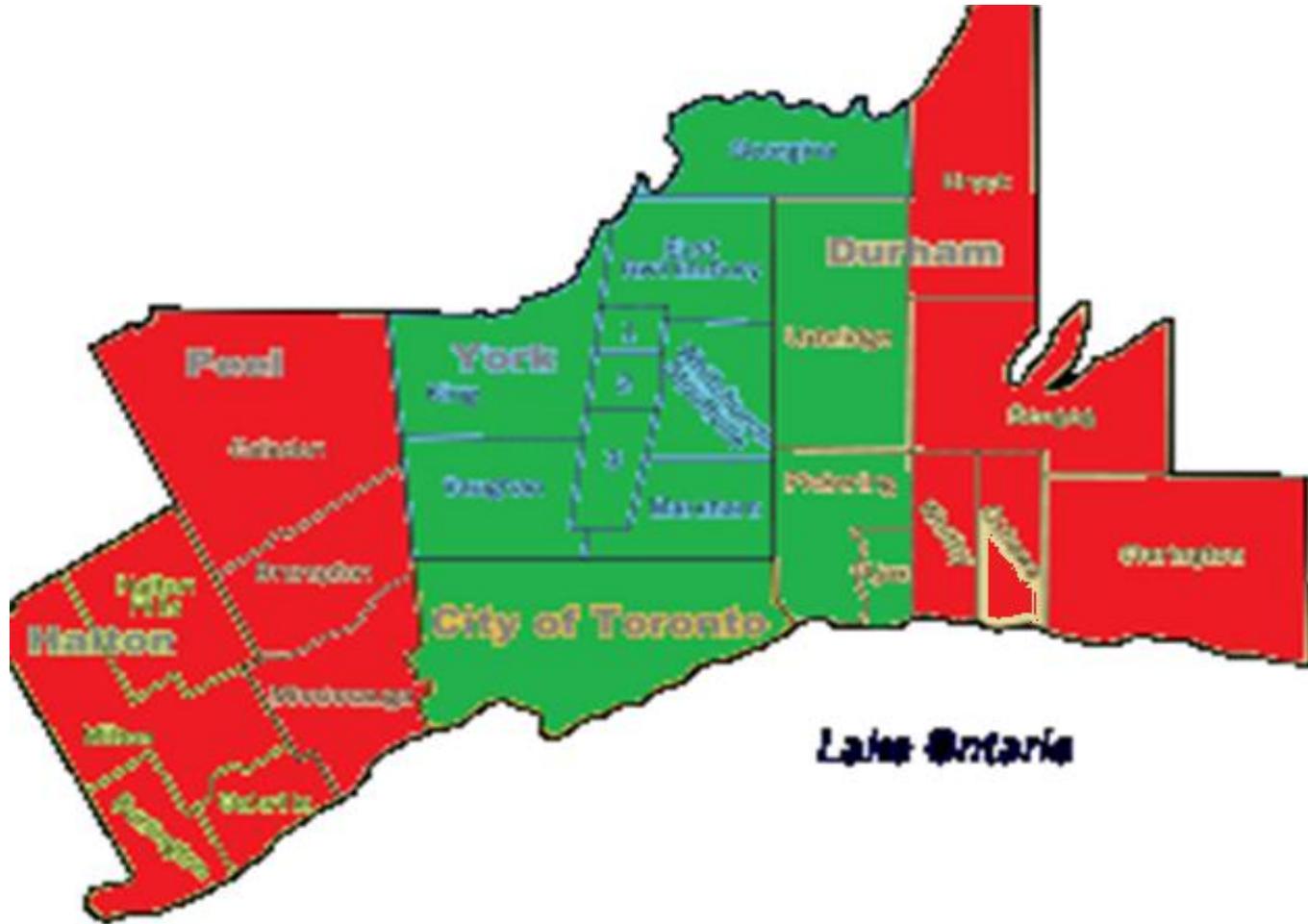
Tele-Rehab (Cont'd)

- ▶ Full Tele-Rehab Services expected to be available next month across the province... Please contact us *In Advance* if interested.

Simcoe Habilitation Services Areas of Service: Simcoe/Muskoka



Simcoe Habilitation Services Areas of Service: Toronto Region



Simcoe Habilitation Services Areas of Service: Via Tele-OT



Simcoe Habilitation Services

PLEASE CONTACT US AT

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THANK YOU

