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.
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
Information passes through our senses to our Central Nervous System.

Should I notice? Should I respond?

What response is appropriate? What level of response is appropriate?

Adapted from Geneva Centre for Autism 2010
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.
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 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.
Activities of Daily Living (ADLs) are occupations people carry out on a daily basis.

ADLs primarily belong to the area of self-care, and include: sleeping, bathing, dressing, eating, and grooming.
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)

**Wash Hands**

1. turn on
2. soap
3. wash hands
4. dry hands
5. turn off
6. throw away

© Healthwise, Incorporated
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.
<table>
<thead>
<tr>
<th>Activities of Daily Living</th>
<th>Leisure</th>
<th>Productivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Grooming;</td>
<td>➢ Hobbies;</td>
<td>➢ Paid work;</td>
</tr>
<tr>
<td>➢ Bathing;</td>
<td>➢ Participation in community activities;</td>
<td>➢ Volunteer Opportunities;</td>
</tr>
<tr>
<td>➢ Dressing;</td>
<td>➢ Social relationships.</td>
<td>➢ Household care tasks.</td>
</tr>
<tr>
<td>➢ Eating;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ Etc.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)

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
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 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 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;
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
Go–Anywhere ‘Shirt Pocket’ Telepresence using Smartphone 3G/4G and Broadband Technology

- Very low cost (no capital 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
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 accessibly 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: Toronto Region
Simcoe Habilitation Services Areas of Service: Via Tele–OT
Simcoe Habilitation Services

PLEASE CONTACT US AT

services@simcoehab.ca

www.simcoehab.ca

THANK YOU