

SPECTRUM HEALTH



Occupational Therapy and Everyday Life with PD

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What is Occupational Therapy?

The process of achieving **health**, **well-being**, and **participation** in in life through engagement in **occupation**.

Core beliefs:

- There is a positive relationship between occupation and health.
- People are occupational beings.
- Occupation is central to identity and sense of competence.
- Participation in occupation gives meaning to life and changes over time.

What Do Occupational Therapists Do?

Occupational therapists promote health, safety and well-being by considering:

the **person**,

the **tasks** that are needed, wanted or expected to be done,

the **environment** where those tasks are done.

Occupational therapists collaborate with clients and families to consider, “Who is doing what, where?”

Person—Who?

- Client—person with Parkinson’s Disease (or other movement disorder)
 - Stage of PD—Early, Mid-stage, or Late
 - Current and future needs
- Family or support system in and outside the home
 - Availability and willingness to assist
 - Understanding of the condition
- Caregivers

Person: Early Stage

- Early:
 - Educate—Overcoming assumptions and stereotypes; Newly-diagnosed Kit from parkinsons.org.
 - Empower for the future—time to push, use high intensity/high energy. Inactivity is PRO-DEGENERATIVE!
 - Expose—subtle signs or changes in function (especially with affected arm/hand). Increase awareness of how client may be compensating or restricting use.
 - Establish relationships—part of team for the long haul. Will go in and out of treatment. May not need now but know of availability and resources.

Person: Mid-stage

- Middle:
 - Possible return to therapy due to changes in function (falls, imbalance, slowing down) and therapy program may need to be modified or have periodic check-ins.
 - Consider effects of non-motor symptoms and Mild Cognitive Impairment.
 - Avoid learned non-use—drive function of affected UE.
 - Discuss need for driving evaluation.

Person: Late-stage

- Late:
 - Emphasis on safety and fall prevention, managing ADL's during OFF times, restricted life space and how to stay connected and engaged in meaningful activities.
 - Home assessment
 - Seated exercises
 - Maintaining quality of life
 - Caregiver needs: Vital part of care team. Caregiver training in DME, body mechanics, and self-care.
 - Discussions about in-home help and/or placement.

Task: Activities of Daily Living—What?

- Individually defined as purposeful, meaningful, or contributing to quality of life.
- Continuum of basic to complex, multifaceted tasks.
- Importance of roles, habits, routines, and rituals.
- Consider ability to complete meaningful tasks and accept changes in those abilities.

Task: ADL's and Quality of Life

- Exercise
- Driving
- Sleep
- Sexuality/Intimacy/Relationships
- Personal Care
- Fall Prevention
- Technology
- Spirituality

Task: Exercise

- Complementary roles between OT and PT to reinforce importance of exercise as best defense against PD progression.
- Cognitive benefits along with physical benefits.
- OT role in motivation and looking at routines/habits. How to build exercise into daily routine? Look at supports and barriers.
- Carryover of intensity from exercise to daily activities—pushing for changes to impact everyday function.

Task: Driving

- Enables independence and community mobility
- Supports a sense of identity and competence
- Perceived stigma of losing license
- Worry for burden to loved ones
- Important for maintaining quality of life

(Holmes, Alvarez, Johnson, Robinson, Gilhuly, Horst, Kowalchuk, Reklitis & Wheildon, 2019)

- “Guidelines developed by the National Highway Traffic Safety Administration and Federal Motor Carrier Safety Administration suggest **a case by case, multidisciplinary evaluation of the patient** due to the highly individualized nature of the disease and variable progression.”
- OT's assess skills and abilities needed for driving (cognition, vision, perception, strength and dexterity).

Task: Sleep

- Impact of sleep quality on daily functioning—affects attention, alertness, energy level, etc.
- Routines for preparing to sleep (sleep hygiene).
- Concerns: bed mobility (being able to change positions and get in/out of bed), frequent urination, difficulty with falling asleep or staying asleep, timing of PD medication.

Task: Sexuality, Intimacy, and Relationships

- Masked affect and slower responses make PwPD less approachable and less spontaneous.
- Non-motor symptoms of apathy and decreased initiation.
- Cognitive symptoms of decreased attention and multi-tasking affect relationships.
- Role changes from spouse to care partner to caregiver.
- Physical and emotional aspects of sexuality—expressing affection, erotic or non-erotic touch.
- Impulse Control or Sexual Preoccupation Disorder can result from some PD meds
- Importance of opening communication

Task: Personal Care

- Dressing
- Grooming
- Showering
- Toileting
- Eating and drinking

Opportunities to practice and reinforce high amplitude movements to improve performance. Need to put more "oomph" into everyday activities.

Task: Fall Prevention

- Increased falls lead to more time sedentary and less time standing, moving or doing things.
- Confidence being able to get up off floor impacts time spent in sedentary behaviors.
- Research study showed more emphasis on improving the capacity to safely complete activities of daily living and increase confidence in getting up from the floor may reduce sedentary behavior in people with PD.

Task: Fall Prevention—OT Role

- Inquire about what activities are being avoided & why.
- Discuss activity avoidance even when no falls are reported and how to prevent deconditioning.
- Cognitive-behavioral therapy (supervised graded exposure) if fearful of falling or avoiding certain activities.
- Treatment for anxiety and depression.
- Increase patient's sense of control by developing specific, realistic goals and regularly checking in.
- Communicate how specific treatments and activities have been shown to decrease falls.

Task: Fall Prevention--Strategy

Never fight the freeze!

Stop, breathe, start again (use an attentional cue)

4S's

1. **Stop** – as soon as small steps occur
2. **Stand tall**
3. **Shift weight**
4. **Step out**

Maria Walde-Douglas, PT, Struther's Parkinson Center, MN

The Key is to unweight 1 foot & make the next step big!

Task: Spirituality

- Definition: "The way individuals seek and express **meaning** and **purpose** and the way they express their connectedness to self, to others, to nature, and to the significant or sacred." Occupational Therapy Practice Framework 3rd Edition.
- Spirituality can play a significant role in healing, disease prevention and wellness.
- Mind-Body-Spirit interconnections for a holistic view.
- Personal and communal practices that may or may not include religious rituals.

Task: Technology

- Ties in with health literacy and overall quality of life.
- Can be source of support or frustration.
- Social media—FB groups, virtual support groups, webinars and blogs.
- Decrease isolation—Zoom or FaceTime to maintain connections.
- Habit tracking apps, exercise apps, timers and reminders.
- Communication aides or apps.
- OT's can help you figure out how technology can support your desired occupations.

Environment: Where?

- Where (in what environment) are you doing the things that matter to you?
- How can the place or surroundings support the task being performed?
- How is the space a barrier to occupational performance?
- Consider public and private spaces.
- Home or residence—what changes will need to be made over time. Concept of aging-in-place and preparing before needed.

Environment

Entry/Exit

- Safest way in/out of house
- More than one way out in an emergency
- Placement of railings

Living Room

- Remove clutter and throw rugs
- Maintain clear walkways
- Stabilize and/or consider alternate arrangements of furniture for safety and accessibility

Environment

Kitchen

- For food prep/cleanup, organize space to keep frequently used items accessible.
- Consider adaptive equipment—Dycem® nonslip pads, cut-resistant gloves, cutting board with suction feet, etc.
- Use covered mugs for beverages.
- Use unbreakable dishes—consider plate guards or scoop dishes if having difficulty.
- Built-up handles on utensils for easier gripping. Weighted utensils not always helpful.

Environment

Bathroom

- Bathtub: tub bench, grab bars, nonskid surface
- Toilet: raised toilet seat, Toilevator, versa-frame commode, grab bars
- Personal care aids: bath mitt with soap inside, toilet aid, long-handled sponge, electric toothbrush, cylindrical foam to build up handles.

Environment

Bedroom

- Bed
 - Need for rails, padding, pillows, wedges or supports
 - Use “slippery” sheets for greater ease in changing positions
- Dressing
 - Simplify routines by limiting choices for clothing
 - Choose slip-on, loose-fitting clothing
 - Button hook, magnetic buttons, elastic shoelaces, reacher, sock aid.

Conclusion

- OT is process of achieving **health, well-being, and participation** in in life through engagement in **occupation**.
- The "who, what and where" of your life matter!
- Get an OT on your team as one of your partners in living well with PD!

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