

# Occupational Therapy TOOLKIT

## Adhesive Capsulitis

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Pain with active and passive ROM  
Limited ROM for reaching back and overhead

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training using adaptive equipment and /or task modifications to prevent pain and compensate for limited ROM (fastening a bra in the back, putting on a belt, reaching for a wallet in the back pocket, reaching for a seatbelt, combing the hair, lifting weighted objects).

#### Early Stages

Provide physical agent modalities (TENS, ultrasound, heat before stretching and cold pack after stretching) to decrease pain and inflammation and to improve participation in ADL tasks.  
Provide gentle shoulder stretching activities and exercises to increase ROM.

#### Late Stages

Provide progressive gentle shoulder strengthening activities and exercises to increase ROM and strength.

Instruct in pain management techniques to improve participation in ADL tasks.

Teach stress management and relaxation techniques.  
Coordinate medication peak with exercise and activity.  
Educate in use of superficial heat and cold.

Educate to prevent recurrence.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Home Exercise Program Face Sheet
2. Rotator Cuff Strengthening Exercises with Weights
3. Scapular Strengthening
4. Shoulder Stretching Exercises
5. Shoulder ROM Dowel Exercises
6. Stress Management and Relaxation Techniques
7. Superficial Heat
8. Superficial Cold

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Biceps Tendinitis
3. Rotator Cuff Tendonitis, Tears and Repair

# Occupational Therapy TOOLKIT

## Alzheimer's Disease - Mild Stage

### **Functional Limitations**

Functional problems (decreased initiation, planning and organization of daily activities; difficulty with complex tasks such as financial matters).

Cognitive problems (forgetful; impaired attention span; impaired judgment; confused about time but not about places or persons; misplaced items; forgotten appointments; gets lost in familiar area; mild word-finding difficulty; able to learn with repetition).

Behavioral problems (depression and apathy).

Environmental barriers.

### **Expected Scores**

Dr. D's Quick and Easy Dementia Screening (DrDQ&E) = 5-8

Mini Mental States Examination (MMSE) = 21-30

Clinical Dementia Rating Scale (CDR) = 1

Global Deterioration Scale (GDS) = 3

### **Occupational Therapy Intervention**

ADL, IADL and leisure training including but not limited to...

- Treat underlying physical limitations to safety and independence.

- Label cabinets, drawers and closets so it's easier to find items.

- Provide written directions for using common household items and appliances.

- Recommend safety equipment in the bathroom.

- Provide driving assessment.

Assist in creating a memory scrapbook.

Provide graded UB activities and exercises to improve strength and endurance.

Train in the use of compensatory strategies for memory and organization.

Assess home and functional safety. Provide environmental modifications and adaptations.

Educate patient and caregivers about Alzheimer's disease, the availability of community resources and encourage participation in support groups.

# Occupational Therapy TOOLKIT

## Alzheimer's Disease - Mild Stage

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Hand Strengthening Exercises
2. Memory Compensation Strategies
3. Passive ROM and Stretching Exercises
4. Upper Body Strengthening Activities
5. Upper Body Strengthening and Stretching Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

### **Additional Resources:**

1. Safe Return Face Sheet, [www.alz.org](http://www.alz.org)
2. Behaviors - What causes dementia-related behavior like aggression, and how to respond. Booklet from Alzheimer's Association, [www.alz.org](http://www.alz.org)
3. Personal Care - Assisting the person with dementia with changing daily needs. Booklet from Alzheimer's Association, [www.alz.org](http://www.alz.org)
4. Activities at Home - Planning the day for the person with dementia. Booklet from Alzheimer's Association, [www.alz.org](http://www.alz.org)
5. Safety at Home - Adapting the home to support the person with dementia. Booklet from Alzheimer's Association, [www.alz.org](http://www.alz.org)
6. The Alzheimer – Friendly Home, Cornell University, [www.environmentalgeriatrics.com/home\\_mod/alz\\_friendly\\_home.html](http://www.environmentalgeriatrics.com/home_mod/alz_friendly_home.html)

# *Occupational Therapy* TOOLKIT

## **Alzheimer's Disease - Moderate Stage**

### **Functional Limitations**

Functional problems (requires assistance with self-care; unable to perform IADL's due to poor safety judgment; has problems with apraxia and agnosia).

Cognitive problems (disoriented, confused, forgets names of close family members, aphasia, anomia, able to recall the past, able to respond to instructions).

Behavioral problems (lack of insight, wandering especially in the late afternoon or at night, anxiety, physical aggression, psychosis, verbal aggression and disruption, socially inappropriate behavior, resistant to care, hallucinations, suspiciousness or paranoia, irritable, socially withdrawn).

Caregiver burden.

Fall risk.

### **Expected Scores**

Dr. D's Quick and Easy Dementia Screening (DrDQ&E) = 9-14

Mini Mental States Examination (MMSE) = 10-20

Clinical Dementia Rating Scale (CDR) = 2

Global Deterioration Scale (GDS) = 4-5

### **Occupational Therapy Interventions:**

ADL, IADL, work and leisure training including but not limited to...

Maximizing function through simplifying the activities, structuring the environment and providing adaptive equipment.

Provide graded assistance - verbal cues ("brush teeth"), visual cues (demonstrating brushing teeth or use pictures and lists) and physical cues (put toothbrush in the hand and move the arm).

Assist patient and caregiver in developing a structured schedule of self-care, activities and rest.

Provide UB therapeutic exercises and activities to maintain ROM, strength and endurance.

Assess home and functional safety. Provide environmental modifications and adaptations.

Educate regarding fall risk and prevention strategies.

Educate caregivers in strategies to reduce behavioral disturbances.

Educate patient and caregivers about Alzheimer's disease, the availability of community resources and encourage participation in support groups.

# Occupational Therapy TOOLKIT

## Alzheimer's Disease - Moderate Stage

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Hand Strengthening Exercises
2. Memory Compensation Strategies
3. Passive ROM and Stretching Exercises
4. Upper Body Strengthening Activities
5. Upper Body Strengthening and Stretching Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

### **Additional Resources:**

1. Safe Return Face Sheet, [www.alz.org](http://www.alz.org)
2. Behaviors - What causes dementia-related behavior like aggression, and how to respond. Booklet from Alzheimer's Association, [www.alz.org](http://www.alz.org)
3. Personal Care - Assisting the person with dementia with changing daily needs. Booklet from Alzheimer's Association, [www.alz.org](http://www.alz.org)
4. Activities at Home - Planning the day for the person with dementia. Booklet from Alzheimer's Association, [www.alz.org](http://www.alz.org)
5. Safety at Home - Adapting the home to support the person with dementia. Booklet from Alzheimer's Association, [www.alz.org](http://www.alz.org)
6. The Alzheimer – Friendly Home, Cornell University, [www.environmentalgeriatrics.com/home\\_mod/alz\\_friendly\\_home.html](http://www.environmentalgeriatrics.com/home_mod/alz_friendly_home.html)

# Occupational Therapy TOOLKIT

## Alzheimer's Disease - Severe Stage

### **Functional Limitations**

Functional problems (dependent with ADL's, incontinent, bed bound or chair fast, dysphasia).

Cognitive problems (severe impairment of all cognitive functions; no recognition of family members; no verbal ability; may use non-verbal communication such as eye contact, crying, groaning; may respond to sounds, tastes, smells, and touch; may interpret and uses basic body language).

Behavioral problems (agitation and aggression).

### **Expected Scores**

Dr. D's Quick and Easy Dementia Screening (DrDQ&E) = >14

Mini Mental States Examination (MMSE) = <10

Clinical Dementia Rating Scale (CDR) = 3

Global Deterioration Scale (GDS) = 6-7

### **Occupational Therapy Interventions:**

Self-feeding training with adaptive equipment and hand-over-hand guiding.

Bedside commode transfer training.

Instruct caregiver in PROM exercises.

Instruct caregiver in proper positioning in bed and chair when eating.

Instruct caregivers in proper lifting and turning techniques.

Educate patient and caregivers in Alzheimer's disease, the availability of community resources and encourage participation in support groups.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Passive ROM and Stretching Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

# Occupational Therapy TOOLKIT

## Amputation of the Lower Extremity

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Impaired strength, upper and lower body  
Limited activity tolerance and endurance  
Phantom limb pain  
Impaired balance  
Fall risk  
Fear of falling  
Environmental barriers  
Altered body image  
Other symptoms and conditions - diabetes, peripheral vascular disease, depression

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Recommend and/or provide adaptive equipment.

Train in lower body ADL's, including donning and doffing prosthesis and socks.

Instruct in the care of the prosthesis and sock hygiene.

Instruct in the care of the residual limb and the remaining leg.

Instruct in energy conservation principles with application to ADL's.

Provide driving assessment and adaptations.

### Functional mobility training

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL tasks; train with and without the prosthesis.

Instruct in safe walker use and transporting items.

Instruct in wheelchair mobility.

Monitor cardiac status during ambulation. A below-knee amputee uses 40% to 60% more energy walking on level ground than does a non-amputee, and an above-knee amputee uses 90% to 120% more energy.

Provide UE activities and exercises to increase strength specifically for scapular depressors, elbow extensors and wrist extensors. Examples include, overhead pulley, chair push-ups and depression blocks.

# Occupational Therapy TOOLKIT

## Amputation of the Lower Extremity

### **Occupational Therapy Intervention:**

Provide functional balance activities to increase balance confidence with ADL tasks.  
Provide graded activities in sitting and standing, supported and unsupported, with and without prosthesis.

Assess home and functional safety. Provide environmental modifications and adaptations.

Educate regarding fall risk and prevention strategies.

Educate regarding phantom limb pain.

### **Patient and Caregiver Educational Handouts:**

1. Care of Your Remaining Leg
2. Caring for Your Residual Limb
3. Donning Your Prosthesis and Socks
4. Energy Conservation Principles
5. Energy Conservation with Meal and Home Management
6. Energy Conservation with Self Care Activities
7. Equipment Care - Prosthesis and Socks
8. Management of Phantom Pain

### **Patient and Caregiver Exercise Handouts:**

1. Hand Strengthening Exercises
2. Resistance Band Exercises
3. Upper Body Strengthening Activities
4. Upper Body Strengthening and Stretching Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Diabetes
3. Fall Risks Assessment and Prevention Strategies



# Occupational Therapy TOOLKIT

## Amyotrophic Lateral Sclerosis

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Progressive muscle weakness and atrophy  
Muscle cramps and spasms  
Poor coordination  
Impaired balance  
Fatigue  
Shortness of breath due to weakness of diaphragm  
Fall risk  
Environmental barriers  
Knowledge deficit  
Other symptoms and conditions - adhesive capsulitis, sialorrhea (excessive saliva)  
pseudo-bulbar affect (emotional lability), depression, anxiety, urinary urgency,  
dysphasia, dysarthria

### **Not affected:**

Eye muscles  
Bowel and bladder sphincters  
Internal organs  
Sexual functions  
Sight, hearing, smell, taste, and touch/pressure  
Cognition usually not affected but 10-15% may develop frontotemporal dementia

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training using adaptive equipment and task modifications to compensate for weakness including but not limited to...

Button hook; zipper pull; built up for pens, utensils and toothbrushes; padded bathroom safety equipment; dressing equipment; telephone aides; environmental control unit; mobile arm supports and suspension slings.

Provide driving assessment and adaptations.

Instruct in energy conservation principles.

#### **Functional mobility training**

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Train in the use of adaptive mobility equipment - hospital beds, lift chairs, standard wheelchair/electric wheelchairs, transfer boards, hoist lifts.

# *Occupational Therapy* TOOLKIT

## **Amyotrophic Lateral Sclerosis**

### **Occupational Therapy Intervention:**

Provide UE, neck and trunk therapeutic activities and exercises.

For mild weakness, provide resistive exercises for muscles graded 3+/5 and above, followed by stretching exercises.

If an exercise program consistently produces muscle soreness or fatigue lasting longer than 30 minutes, it is too strenuous.

As weakness progresses, provide assisted ROM and stretching exercises and instruct caregiver to perform passive ROM and stretching exercises.

Provide splints to support weak joints - wrist cock-up, arm sling, cervical collar, resting hand splint.

Instruct in proper support and positioning in sitting, during meals and in bed.

Teach stress management and relaxation techniques.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, and making informed decisions about medical and alternative treatments).

Assess home and functional safety. Provide environmental modifications and adaptations.

Educate patient and caregivers in ALS, the availability of community resources and encourage participation in support groups.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Energy Conservation Principles
2. Passive ROM and Stretching Exercises
3. Splint Instructions
4. Stress Management and Relaxation Techniques
5. Upper Body Strengthening Activities
6. Upper Body Strengthening and Stretching Exercises

### **Additional Treatment Guides:**

1. Adhesive Capsulitis
2. Basic and Instrumental Activities of Daily Living Training
3. Depression
4. Fall Risks Assessment and Prevention Strategies

# Occupational Therapy TOOLKIT

## Breast Cancer

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Limited activity tolerance and endurance  
Limited ROM of shoulder  
Depression  
Pain  
Knowledge deficit  
Other symptoms and conditions - pathologic fractures, lymphedema

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Recommend and/or provide adaptive equipment.

Encourage use of affected extremity during tasks.

Education in energy conservation principles.

Instruct in activity balancing (keep an activity record noting activity, length of time and how they felt after).

Provide graded UE therapeutic activities and exercises to improve ROM and strength.

Instruct in deep breathing techniques and proper posture during exercise and activities.

Educate in the prevention and control of lymphedema.

Obtain three baseline measurements of the arm: 2" above the elbow crease, 2" below the elbow crease and around the styloid processes of wrist; instruct patient to measure her arm periodically.

Provide management of lymphedema (only performed by a qualified therapist).

Manual Lymph Drainage (MLD).

Compression bandaging and garments.

Lymphedema exercises while wearing compression garments.

Teach stress management and relaxation techniques.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, and making informed decisions about medical and alternative treatments).

# *Occupational Therapy* TOOLKIT

## **Breast Cancer**

### **Occupational Therapy Intervention:**

Educate patient and caregivers in the disease process, the availability of community resources and encourage participation in support groups.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Active ROM Exercises Following Mastectomy
2. Advanced Active ROM Exercises Following Mastectomy
3. Deep Breathing Exercises
4. Energy Conservation Principles
5. Measuring Your Arm Following Mastectomy
6. Prevention and Control of Lymphedema
7. Stress Management and Relaxation Techniques

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training

# Occupational Therapy TOOLKIT

## Cancer

### **Functional Limitations:**

Problems and impairments will vary with location and stage of cancer, as well as the type of treatment being received.

ADL, IADL, work and leisure impairment

Functional mobility impairment

Limited activity tolerance and endurance

Dyspnea with functional activities

Impaired strength (generalized or proximal hip and shoulder due to steroid myopathy),

Cognitive impairment related to radiation therapy or chemotherapy or brain metastasis

Depression

Impaired coordination due to chemotherapy related peripheral neuropathy.

Pain

Environmental barriers

Knowledge deficit

Fall risk

Patients with osseously avid cancers (e.g., lung, prostate, breast, thyroid, multiple myeloma, and renal) are at risk for pathologic fractures

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...

Recommend and/or provide adaptive equipment and task modifications to compensate for hip and shoulder weakness.

Education on energy conservation.

Instruct in activity balancing (balancing self-care, work, play and rest; keep an activity record noting activity, length of time and how they felt after).

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Provide graded UE activities and low resistive UE exercises to improve ROM, strength and endurance.

Instruct in compensation techniques for sensory deficits.

Teach stress management and relaxation techniques.

Assess home and functional safety. Provide environmental modifications and adaptations.

# Occupational Therapy TOOLKIT

## Cancer

### **Occupational Therapy Intervention:**

Educate regarding fall risk and prevention strategies.

Teach compensatory techniques for memory impairment.

Educate patient and caregivers in the disease process, the availability of community resources and encourage participation in support groups.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, and making informed decisions about medical and alternative treatments).

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Energy Conservation Principles
2. Hand Strengthening Exercises
3. Memory Compensation Techniques
4. Stress Management and Relaxation Techniques
5. Upper Body Strengthening Activities
6. Upper Body Strengthening and Stretching Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

# Occupational Therapy TOOLKIT

## Cardiac Surgery

Coronary artery bypass graft  
Aortic or mitral valve replacement or repair  
Cardiac transplant

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Limited ROM  
Impaired upper extremity strength  
Limited activity tolerance and endurance  
Pain  
Edema - lower extremity  
Depression  
Environmental barriers  
Knowledge deficit  
Fall risk

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...

Recommend and/or provide adaptive equipment and task modifications to reduce the need to bend forward, twist or overreach (don/doff bra, toilet hygiene, shoes and socks, support stockings).

Instruct in energy conservation techniques.

Instruct in sternal precautions during ADL tasks.

Reinforce dietary instructions during kitchen management tasks.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills while adhering to sternal precautions.

Instruct in UE active ROM exercises to prevent stiffness and as a warm-up to walking exercise. Limit shoulder flexion and abduction  $<90^{\circ}$  for the first 2 weeks.

Instruct in balancing rest and activity; signs and symptoms of overworking the heart; self-pulse monitoring; Rated Perceived Exertion (RPE) Scale and progression of activities.

Assess and monitor blood pressure, heart rate, respiratory rate and oxygen saturations during functional tasks.

# Occupational Therapy TOOLKIT

## Cardiac Surgery

### **Occupational Therapy Intervention:**

Teach stress management and relaxation techniques.

Educate regarding fall risk and prevention strategies.

Assess home and functional safety. Provide environmental modifications and adaptations.

Promote wellness by reinforcing lifestyle changes (stop smoking, lower high blood cholesterol, control high blood pressure, maintain diabetes control, follow a regular exercise plan, achieve and maintain ideal body weight, control stress and anger).

### **Patient and Caregiver Educational Handouts:**

1. Activity Guidelines Following Cardiac Surgery
2. Daily Activities and Sternal Precautions
3. Energy Conservation Principles
4. Self-Monitoring of Heart Rate
5. Sternal Precautions
6. Stress Management and Relaxation Techniques

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

### **Therapist Resources:**

1. Cardiac Contraindications/Precautions for Therapy



# Occupational Therapy TOOLKIT

## Carpal Tunnel Syndrome (Median Neuropathy)

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Impaired hand strength with wasting of the thenar eminence  
Pain and sensory deficits

### **Assessments:**

Phalen's Maneuver - Forced flexion at the wrist, to 90°, for 1 minute.

Tinel's Sign - Use your middle finger or a reflex hammer to tap over the carpal tunnel.

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training.

Recommend and/or provide adaptive equipment and task modifications to compensate for weak grasp and pinch (tie one's shoes, button shirts, using a key in a lock, holding cane or walker, writing).

Provide UE therapeutic activities and exercises.

Hand and wrist stretching, tendon and nerve gliding exercises.

Progress to hand and wrist strengthening exercises once symptoms are relieved.

Instruct in joint protection techniques (avoid repetitive hand motion, perform activities with wrist in neutral, modify activities that cause symptoms). Provide a wrist splint with 15-20° of extension to be worn at night.

Instruct in pain management techniques to improve participation in ADL tasks.

Teach stress management and relaxation techniques. Coordinate medication peak with exercise and activity. Educate in use of superficial heat and cold.

Instruct in edema control techniques.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Edema Control Techniques
2. Forearm and Wrist Active ROM Exercises
3. Forearm and Wrist Strengthening Exercises
4. Forearm and Wrist Stretching Exercises
5. Hand Strengthening Exercises
6. Home Exercise Program Face Sheet
7. Splint Instructions
8. Superficial Heat and Cold
9. Tendon Gliding and Nerve Gliding Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training

# Occupational Therapy TOOLKIT

## Congestive Heart Failure (CHF)

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Limited activity tolerance and endurance  
Lower extremity edema  
Dyspnea with functional activities  
Urgency incontinence  
Fall risk  
Environmental barriers  
Knowledge deficit  
Depression

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Recommend and/or provide adaptive equipment.

Instruct patient in donning and doffing support stockings.

Reinforce weighing self. Assess if patient can access a scale safely, has a system to record weight and can recall weight guidelines.

Reinforce dietary instructions during kitchen management tasks.

Assess safe and easy access of toilet and BSC when taking diuretics.

Teach patient safe use of oxygen during ADL's and mobility including managing O2 lines, care and use of oxygen equipment.

Reinforce medication management. Assist patient in developing a system to remember medications (pill box, telephone reminders, lists, pictures).

Instruct in energy conservation techniques with application to ADL's.

### **Functional mobility training**

Teach patient to position self in bed on pillows or a wedge, to ease breathing.

Instruct patient to elevate legs to reduce edema. Modify recliner chair handle using a length of PVC pipe to provide leverage. Attach a strap to a footstool to ease pulling it into position.

# *Occupational Therapy* TOOLKIT

## **Congestive Heart Failure (CHF)**

### **Occupational Therapy Intervention:**

Assess and monitor blood pressure, heart rate, respiratory rate and oxygen saturations during functional tasks.

Provide graded UB activities and low resistive exercises to improve strength and endurance. Avoid isometrics.

Instruct in pursed lip breathing techniques applied during ADL tasks.

Teach stress management and relaxation techniques.

Educate regarding fall risk and prevention strategies.

Assess home and functional safety. Provide environmental modifications and adaptations.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, and making informed decisions about medical and alternative treatments).

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Energy Conservation Principles
2. Energy Conservation with Meal and Home Management
3. Energy Conservation with Self Care Activities
4. Hand Strengthening Exercises
5. Pursed Lip Breathing Technique
6. Stress Management and Relaxation Techniques
7. Upper Body Breathing and Stretching Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

# Occupational Therapy TOOLKIT

## Cubital Tunnel Syndrome (Ulnar Neuropathy)

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Numbness and tingling in the little and ring fingers  
Impaired coordination  
Hand weakness  
Medial elbow pain with radiation down the forearm

### **Assessments:**

Elbow Flexion Test of Wadsworth - hold both elbows in full flexion with full extension of the wrists. A positive test will produce numbness and tingling in the ring and little fingers. The symptoms should resolve after release of full flexion.

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Recommend and/or provide adaptive equipment and task modifications to compensate for weak grasp.

Instruct in elbow joint protection techniques (avoid of prolonged elbow flexion or repetitive flexion; avoid resting the elbows on hard surfaces; provide patient with gel pads to protect elbow).

Provide positioning at night in 70° of elbow flexion using towel wrapped around the elbow or a custom splint.

Provide elbow and forearm stretching activities and exercise to increase ROM.

Provide progressive elbow and forearm strengthening activities and exercises.

Instruct in pain management techniques to improve participation in ADL tasks.  
Teach stress management and relaxation techniques. Coordinate medication peak with exercise and activity. Educate in use of superficial heat and cold.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Home Exercise Program Face Sheet
2. Elbow, Forearm and Wrist Active ROM Exercises
3. Elbow, Forearm and Wrist Strengthening Exercises
4. Elbow, Forearm and Wrist Stretching
5. Stress Management and Relaxation Techniques
6. Superficial Heat and Cold

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training

# Occupational Therapy TOOLKIT

## Depression

### **Risk Factors:**

Stressful life events  
Lack of a supportive social network  
Having a chronic illness or condition  
Certain medicines or combination of medicines - anticonvulsants, anti-inflammatory drugs, antibiotics, antiparkinson drugs, antipsychotic medications, cardiovascular medications, hormones, sedatives, anxiolytics, stimulants, and chemotherapy drugs.  
Living alone or being socially isolated  
Recent bereavement  
Presence of chronic or severe pain  
Damage to body image (from amputation, cancer surgery, or heart attack)  
Fear of death  
Previous history of depression  
Family history of major depressive disorder  
Past suicide attempt(s)  
Substance use or abuse  
Poor eating habits (may be a result of depression or due to B12 deficiency)  
Lack of mobility

### **Clinical Manifestations:**

Depressed mood most of the time  
Unplanned and significant increase or decrease in weight  
Sleeping too much or too little  
Psychomotor agitation or retardation  
Decreased interest and enjoyment of activities once previously enjoyed  
Fatigue or loss of energy  
Impaired motivation  
Lack of future orientation  
Decline in personal hygiene  
Feelings of guilt and worthless  
Inability to concentrate or focus  
Recurrent thoughts of death or suicide

### **Treatment:**

Antidepressant medication, psychotherapy, Electro Convulsive Therapy (ECT)

# Occupational Therapy TOOLKIT

## Depression

### **Assessments:**

Center for Epidemiologic Studies Depression Scale (CES-D), [www.chcr.brown.edu](http://www.chcr.brown.edu)

Geriatric Depression Scale [www.stanford.edu](http://www.stanford.edu)

### Screening for Depression

1. During the past month, have you often been bothered by feeling down, depressed or hopeless?
2. During the past month, have you often had little interest or pleasure in doing things?

If the patient answers “yes” to one or both of the questions, screen for suicide risk

### Screening for Suicide Risk

3. Have these symptoms or feelings that we’ve been talking about led you to think that you might be better off dead?
4. This past week, have you had any thoughts that life is not worth living or that you’d be better off dead?
5. Have you had any thoughts about hurting yourself or even killing yourself?

If yes to any of these questions, then follow your agency/facilities “suicide protocol”.

### **Occupational Therapy Intervention:**

#### Therapeutic Use of Self

- Develop a trusting relationship
- Be fully present and engaged with the patient
- Listen to and do not dismiss their experience of suffering
- Provide extrinsic motivation and verbal reinforcement
- Address and challenge cognitive distortions (see work of David Burns, M.D.)
- Provide opportunities to succeed

#### ADL, IADL, work and leisure training including but not limited to...

Treat underlying physical limitations to safety and independence.

Assess ability to access kitchen and prepare meals.

Encourage patient to get dressed everyday.

Reinforce medication management. Assist patient in developing a system to remember antidepressant medications (pillbox, telephone reminders, lists, pictures).

# Occupational Therapy TOOLKIT

## Depression

### **Occupational Therapy Intervention:**

Functional mobility training.

Treat underlying physical limitations to safety and independence.

Assist in setting and following a realistic daily schedule. Balancing self-care, work and leisure.

Encourage involvement in social groups and meaningful activities.

Provide UE therapeutic exercises and activities.

Encourage use of full spectrum bulbs, spending time near a sunny window or outdoors.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, and making informed decisions about medical and alternative treatments).

Educate patient and caregivers about depression, the availability of community resources and encourage participation in support groups.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Resistance Band Exercises
2. Stress Management and Relaxation Techniques
3. Upper Body Strengthening and Stretching Exercises

# Occupational Therapy TOOLKIT

## Diabetes

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Impaired UE strength  
Limited activity tolerance and endurance  
Impaired fine motor control  
Sensory deficits  
Environmental barriers  
Fall risk  
Knowledge deficit  
Other symptoms and conditions - depression, retinopathy, heart disease, neuropathy, kidney disease

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Recommend and/or provide adaptive equipment.

Skin and foot care; provide an inspection mirror.

Reinforce knowledge of diet restrictions while planning and preparing meals (calorie counting, food exchanges, weighing and measuring foods).

Instruct in energy conservation techniques with application to ADL's.

Teach compensatory techniques and safety measures for sensory deficits (testing bath temperature, avoiding burns in kitchen, avoiding the use of heating pads, not going barefooted).

Low vision compensation techniques and adaptive devices. Provide adaptation for diabetics to fill insulin syringes, take oral medications, test their blood sugar; read labels on food containers to control their intake of carbohydrates; perform foot care.

Provide UE therapeutic exercises and activities to improve strength and endurance. Take blood sugar levels before and after exercising, have a carbohydrate snack available in case of hypoglycemia.

Educate regarding fall risk and prevention strategies.

Assess home and functional safety. Provide environmental modifications and adaptations.



# Occupational Therapy TOOLKIT

## Diabetes

### **Occupational Therapy Intervention:**

Reinforce education regarding hypoglycemia and hyperglycemia.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, and making informed decisions about medical and alternative treatments).

Educate patient and caregivers about diabetes, the availability of community resources and encourage participation in support groups.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Diabetic Foot Care
2. Energy Conservation Principles
3. Hand Strengthening Exercises
4. Resistance Band Exercises
5. Stress Management and Relaxation Techniques
6. Upper Body Strengthening Activities
7. Upper Body Strengthening and Stretching Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies
3. Renal Disease - End Stage (ESRD)

# Occupational Therapy TOOLKIT

## Elbow Fracture (Olecranon and Radial Head)

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Impaired strength  
Limited ROM  
Pain and edema  
Weight bearing restrictions  
Fall risk  
Environmental barriers

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...

Train in one-handed techniques and adherence to weight-bearing restrictions during ADL tasks.

Recommend and/or provide adaptive equipment.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills while adhering to weight-bearing restrictions.

Provide UE activities and exercises for shoulder, wrist and hand to prevent loss of ROM and strength.

Provide progressive elbow and forearm activities and exercises.

Approximate guide for progression.

#### Without surgery

Day 1 - immobilized in a splint or sling

Day 7-10 - gentle active and active-assisted exercises to elbow and forearm

Day 21 - eliminate sling and progress to resistive exercises

#### With ORIF

Day 1 - immobilized in a splint or sling

Day 3-7 - gentle active and active-assisted exercises to elbow and forearm

Day 21 - eliminate sling and progress to resistive exercises

Teach edema control techniques.

Instruct in pain management techniques to improve participation in ADL tasks.

Teach stress management and relaxation techniques.

Coordinate medication peak with exercise and activity.

Educate in use of superficial heat and cold.

# *Occupational Therapy* TOOLKIT

## **Elbow Fracture (Olecranon and Radial Head)**

### **Occupational Therapy Intervention:**

Assess home and functional safety. Provide environmental modifications and adaptations.

Educate regarding fall risk and prevention strategies.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Edema Control Techniques
2. Home Exercise Program Face Sheet
3. Elbow, Forearm and Wrist Active ROM Exercises
4. Elbow, Forearm and Wrist Strengthening Exercises
5. Elbow, Forearm and Wrist Stretching
6. Stress Management and Relaxation Techniques
7. Superficial Cold
8. Superficial Heat

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

# Occupational Therapy TOOLKIT

## Essential Tremors

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Action and postural tremors of the hands, head and voice  
Minimal or no tremor present at rest

### **Assessments:**

Assess ability to write, draw a spiral and pour liquid

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training with modifications to reduce tremor.

Retrain hand dominance.

Provide UE therapeutic exercises for strengthening.

Teach stress management and relaxation techniques.

Educate patient and caregivers about essential tremors, the availability of community resources and encourage participation in support groups.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Hand Strengthening Exercises
2. Resistance Band Exercises
3. Strategies to Reduce Action Tremor
4. Stress Management and Relaxation Techniques
5. Upper Body Strengthening and Stretching Exercises

# Occupational Therapy TOOLKIT

## Fall Risk Assessment and Prevention Strategies

### **Risk Factors:**

History of falls  
Fear of falling  
Home safety hazards  
Chronic conditions  
Depression  
Cognitive impairment  
Dizziness  
Physically inactive  
Balance and gait deficit  
Use of mobility device  
Impaired ADL and IADL's  
Takes 4 or more medications  
Takes high-risk medications (psychotropic, cardiovascular meds, diuretics, antidepressants, anti-anxiety, hypnotics)  
Visual deficit  
Foot problems  
Risk taking behaviors

### **Assessments:**

1. Timed Get Up and Go, [www.chcr.brown.edu](http://www.chcr.brown.edu)
2. Functional Reach, [www.chcr.brown.edu](http://www.chcr.brown.edu)
3. Geriatric Depression Scale [www.stanford.edu](http://www.stanford.edu)
4. Mini Mental States Examination [www.minimental.com](http://www.minimental.com)
5. Potentially Inappropriate Medications for the Elderly According to the Revised Beers Criteria, [www.dcri.duke.edu](http://www.dcri.duke.edu)

### **Occupational Therapy Intervention:**

Determine what factors put patient at risk for falling and analyze prior falls.

Educate regarding fall risk and prevention strategies.

Educate regarding the common triggers for falls (changing direction, turning, distractions, carrying objects, doing two tasks at the same time, hurrying, reaching up such as into a cabinet, reaching down to the floor).

Train ADL, IADL, work and leisure and functional mobility tasks with emphasis on safety, balance confidence and fall prevention.

Recommend use of hip protectors as appropriate.

# *Occupational Therapy* TOOLKIT

## **Fall Risk Assessment and Prevention Strategies**

### **Occupational Therapy Intervention:**

Provide UE therapeutic exercises to improve fitness level.

Provide functional balance activities to increase balance confidence with ADL tasks.

Assess home and functional safety. Provide environmental modifications and adaptations.

Assist patient in modifying risk-taking behaviors.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Balance Exercises
2. Don't Let a Fall Get You Down Booklet
3. Home Safety and Functional Safety Assessment
4. Medical-Alert Systems
5. Resistance Band Exercises
6. Upper Body Strengthening and Stretching Exercises
7. Using Your Walker Safely

### **Therapist Resources:**

1. Fall History Questionnaire

# Occupational Therapy TOOLKIT

## Frail Elderly / Oldest Old 85+

### **Functional Limitations:**

ADL, IADL, work and leisure impairment

Functional mobility impairment

Muscle weakness

Limited activity tolerance and endurance

Impaired balance

At risk for - falls, dementia, delirium, depression, urinary incontinence, malnutrition, pressure sores and hypothermia

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...

Treat underlying physical limitations to safety and independence.

Recommend and/or provide adaptive equipment.

Assess ability to access kitchen and prepare meals.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Provide functional balance activities to increase balance confidence with ADL tasks.

Provide UE therapeutic activities and exercises to improve strength and endurance.

Educate regarding fall risk and prevention strategies.

Assess home and functional safety. Provide environmental modifications and adaptations.

Educate regarding hypothermia prevention.

Eat well and dress warmly. Dry off if you get wet. Wear a hat and scarves and gloves when it is cold. Avoid alcohol before going out in the cold.

### **Patient and Caregiver Exercise Handouts:**

1. Balance Exercises
2. Hand Strengthening Exercises
3. Resistance Band Exercises
4. Upper Body Strengthening and Stretching Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

# Occupational Therapy TOOLKIT

## Hip Fracture and Hip Replacement

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Limited hip ROM  
Hip movement restrictions and/or weight bearing restrictions  
Environmental barriers  
Fall risk  
Other symptoms and conditions - osteoarthritis, osteoporosis

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Application of hip ROM precautions and/or weight bearing restrictions.

Adaptive equipment training for toileting, bathing and LE dressing (including anti-embolism stockings) to compensate for restricted hip ROM.  
Shower chair, grab bars, non-slip mat, hand-held shower, long bath sponge, raised toilet seat, bedside commode, leg lifter, reacher, sock aid, shoe horn, elastic shoelaces, dressing stick, walker bag or tray.

Functional mobility training

Application of hip ROM precautions and/or weight bearing restrictions with shower/tub and toilet transfers, bed mobility, general transfers.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Instruct in safe walker use and transporting items.

Provide UE therapeutic exercises to strengthen upper body for walker usage.

Assess home and functional safety. Provide environmental modifications and adaptations.

Educate regarding fall risk and prevention strategies.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Total Hip Precautions
2. Upper Body Strengthening and Stretching Exercises (eliminate hip exercises)

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies



# Occupational Therapy TOOLKIT

## Knee Replacement

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Limited knee ROM  
Impaired balance  
Weight bearing precautions  
Environmental barriers  
Fall risk  
Other symptoms and conditions - osteoarthritis

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Application of weight bearing restrictions during ADL's.

Train in the use of adaptive equipment to compensate for knee ROM limitations for LE dressing (including anti-embolism stockings), toileting and bathing.  
Walker bag or tray, shower chair, grab bars, non-slip mat, hand-held shower, long bath sponge, raised toilet seat, bedside commode, leg lifter, reacher, sock aid, shoe horn, elastic shoe laces, dressing stick.

Functional mobility training.

Application of weight bearing restrictions with shower/tub and toilet transfers, bed mobility and general transfers.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Instruct in safe walker use and transporting items.

Provide UE therapeutic exercises to strengthen upper body for walker usage.

Assess home and functional safety. Provide environmental modifications and adaptations.

Educate regarding fall risk and prevention strategies.

### **Patient and Caregiver Exercise Handouts:**

1. Upper Body Strengthening and Stretching Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

# Occupational Therapy TOOLKIT

## Low Vision - Ocular

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Decreased visual acuity  
Loss of contrast sensitivity  
Loss of central vision  
Loss of field of vision  
Difficulty with glare  
Environmental barriers  
Fall risk  
Fear of falling  
Depression  
Other symptoms and conditions - Charles Bonnet Syndrome

### **Assessments:**

Functional assessment to determine how vision is affecting function.

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Teach compensation techniques for vision loss during daily living skills, communication skills and mobility.

Hierarchy of compensation:

1. Facilitate use of remaining vision
2. Adaptations so less vision is required
3. Adaptations so no vision is required

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Instruct patient in orientation and mobility techniques.

Instruct caregivers to be a sighted guide.

Facilitate use of remaining vision:

Instruct in strategies to facilitate the use of remaining vision (eccentric viewing techniques, scanning and page-orientation techniques).

Assess home safety and accessibility and provide environmental modifications and adaptations for eliminating glare, using appropriate lighting, and providing contrast.

# Occupational Therapy TOOLKIT

## Low Vision - Ocular

### **Occupational Therapy Intervention:**

Provide adaptations so less vision is required:

Train in the use of optical devices that enlarge objects (hand and stand magnifiers, reading glasses, binoculars and telescopes).

Train in the use of non-optical devices so less vision is required (enlarged clocks, timers, phone keys, large print books and playing cards, CCTV, electronic reading machines, computer magnification software).

Train in the use of non-optical devices that provide contrasts (bold-lined paper, bold-lined black pen, writing guides).

Provide adaptations so no vision is required:

Train in the use of non-visual devices to facilitate the use of other senses (talking books, radio information services, tape recorders, talking wristwatches and tactile markings).

Facilitate the development of the other senses and memory to compensate for vision loss.

Educate regarding fall risk and prevention strategies.

Educate patient and caregivers about low vision, the availability of community resources and encourage participation in support groups.

### **Patient and Caregiver Educational Handouts:**

1. Low Vision - Eating Techniques
2. Low Vision - Communication Tasks
3. Low Vision - Controlling Glare
4. Low Vision - Improving Your Other Senses
5. Low Vision - Kitchen Management
6. Low Vision - Labeling and Marking
7. Low Vision - Lighting Guidelines
8. Low Vision - Medication Tips
9. Low Vision - Mobility Tips
10. Low Vision - Money Management
11. Low Vision - Recreational Ideas
12. Low Vision - Safety Tips
13. Low Vision - Using Contrast

# Occupational Therapy TOOLKIT

## Low Vision - Ocular

### **Additional Treatment Guides:**

1. Fall Risks Assessment and Prevention Strategies

### **Therapist Resources:**

1. Low Vision - Functional Reading
2. Low Vision - Functional Vision

### **Websites:**

1. Energy Dimensions Lights - [www.energydimensions.com](http://www.energydimensions.com)
2. Full Spectrum Solutions Lighting - [www.fullspectrumolutions.com](http://www.fullspectrumolutions.com)
3. Ott-Lite Lighting Technologies - [www.ottlite.com](http://www.ottlite.com)
4. Independent Living Aids - [www.independentliving.com](http://www.independentliving.com)
5. Maxiaids - [www.maxiaids.com](http://www.maxiaids.com)
6. Beyond Sight Aids - [www.beyondsight.com](http://www.beyondsight.com)
7. Eschenbach Optik Magnifiers - [www.eschenbach.com](http://www.eschenbach.com)
8. Jewish Guild for the Blind (Sighted Guide Booklet) - [www.jgb.org](http://www.jgb.org)
9. Jewish Guild for the Blind (Vision Simulator Card) - [www.jgb.org](http://www.jgb.org)
10. Melbourne Low Vision ADL Index - [www.iovs.org](http://www.iovs.org)
11. American Foundation for the Blind - [www.afb.org](http://www.afb.org)
12. Eccentric Viewing - [www.mdsupport.org](http://www.mdsupport.org)
13. Self-Training in Eccentric Viewing - [www.mdsupport.org](http://www.mdsupport.org)
14. Library of Congress, National Library Services for the Blind and Physically Handicapped. Book on Tape Program Application.  
<http://www.loc.gov/nls/pdf/interimapplication.pdf>

# Occupational Therapy TOOLKIT

## Multiple Sclerosis

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Impaired upper extremity strength  
Contractures  
Unusual fatigue  
Spasticity  
Impaired balance and or dizziness  
Sensory deficit (dysesthesias, numbness, paresthesias)  
Pain - acute (trigeminal neuralgia, Lhermitte's Sign, optic neuritis)  
Pain - non acute (spasticity, spasms)  
Impaired coordination  
Intention tremor  
Cognitive impairment (attention, memory, planning, problem solving, reasoning)  
Depression  
Environmental barriers  
Knowledge deficit  
Fall risk  
Fear of falling  
Bowel and bladder dysfunction  
Impaired vision due to optic neuritis (diplopia, nystagmus, oscillopsia, scotomata)  
Dysarthria  
Other symptoms and conditions - heat intolerance, dysphagia

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Recommend and/or provide adaptive equipment and task modifications to compensate for impaired coordination, strength and endurance.

Instruct in energy conservation techniques with application to ADL's.

Instruct in techniques for preventing over-heating.

Provide low vision compensation techniques and adaptive devices.

Provide driving assessment and adaptations.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Instruct in wheelchair mobility, car transfers and community mobility skills.

# Occupational Therapy TOOLKIT

## Multiple Sclerosis

### **Occupational Therapy Intervention:**

Provide graded UE, neck and trunk therapeutic activities and exercises to improve ROM and strength and fine motor coordination.

Stretching exercises to decrease spasticity and prevent contractures.

Strengthening exercises, progressed slowly (sub-maximal resistance with frequent repetitions).

Avoid fatigue and increasing core body temperature.

Educate regarding fall risk and prevention strategies.

Assess home and functional safety. Provide environmental modifications and adaptations.

Teach compensatory techniques and safety measures for sensory deficits (testing bath temperature, avoiding burns in kitchen, avoiding the use of heating pads, wearing gloves in the winter).

Provide positioning splints

Resting splint at night for weak finger and wrist extensors.

Wrist cock-up splints during functional tasks for weak wrist extensors.

Provide functional balance activities to increase balance confidence with ADL tasks.

Graded activities in sitting and standing, supported and unsupported.

Teach compensation techniques for incoordination and tremors.

Weighted utensils, wrist weights, change of hand dominance, holding arm close to body or stabilizing on surface.

Teach stress management and relaxation techniques.

Provide cognitive retraining and training in the use of compensatory strategies.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, and making informed decisions about medical and alternative treatments).

Educate patient and caregivers about multiple sclerosis, the availability of community resources and encourage participation in support groups.

# *Occupational Therapy* TOOLKIT

## **Multiple Sclerosis**

### **Patient and Caregiver Educational Handouts:**

1. Energy Conservation Principles
2. Memory Compensation Techniques
3. Splint Instructions
4. Stress Management and Relaxation Techniques

### **Patient and Caregiver Exercise Handouts:**

1. Fine Motor Activities
2. Hand Strengthening Exercises
3. Passive ROM and Stretching Exercises
4. Resistance Band Exercises
5. Upper Body Strengthening Activities
6. Upper Body Strengthening and Stretching Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

# Occupational Therapy TOOLKIT

## Myocardial Infarction

### **Functional Limitations:**

ADL, IADL, work and leisure impairment

Functional mobility impairment

Limited activity tolerance and endurance

Lower extremity edema

Knowledge deficit

Depression

Other symptoms and conditions - angina, coronary artery disease, coronary artery bypass graft surgery.

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...

Recommend and/or provide adaptive equipment.

Instruct patient in donning and doffing support stockings.

Reinforce dietary instructions during kitchen management tasks.

Instruct in energy conservation techniques with application to ADL's.

Functional mobility training

Teach patient to position self in bed on pillows or wedge to ease breathing.

Instruct patient to elevate legs to reduce edema. Modify recliner chair handle using a length of PVC pipe to provide leverage, attach a strap to a footstool to ease pulling it into position.

Instruct in UE active ROM exercises to prevent stiffness and as a warm-up to walking exercise.

Instruct in balancing rest and activity, signs and symptoms of overworking the heart, self-pulse monitoring, Rated Perceived Exertion (RPE) Scale and progression of activities.

Assess and monitor blood pressure, heart rate, respiratory rate and oxygen saturations during functional tasks.

Teach stress management and relaxation techniques.

Promote wellness by reinforcing lifestyle changes (stop smoking, lower high blood cholesterol, control high blood pressure, maintain diabetes control, follow a regular exercise plan, achieve and maintain ideal body weight, control stress and anger).



# *Occupational Therapy* TOOLKIT

## **Myocardial Infarction**

### **Patient and Caregiver Educational Handouts:**

1. Activity Guidelines Following a Heart Attack
2. Energy Conservation Principles
3. Self-Monitoring of Heart Rate
4. Stress Management and Relaxation Techniques

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training

# Occupational Therapy TOOLKIT

## Osteoarthritis

### **Functional Limitations:**

ADL, IADL, work and leisure impairment

Functional mobility impairment

Limited ROM (typically seen in shoulder abduction and external rotation, elbow extension, forearm pronation and supination wrist flexion and extension, radial ulna deviation, and thumb and finger flexion and extension).

Impaired grip and pinch strength

Hand deformities due to osteophyte formation in the DIP called Heberden nodes and at the PIP called Bouchard nodes.

Impaired strength

Limited activity tolerance and endurance

Joint pain, stiffness and inflammation that increase with activity

Impaired fine motor control

Impaired hand function

Fall risk

Knowledge deficit

Environmental barriers

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...

- Train in the use of adaptive equipment

  - Improve grasp (built-ups)

  - Improve ease of performance (electric can opener)

  - Compensate for range of motion loss (dress stick)

  - Compensate for weak/absent muscle (u-cuff, jar opener)

  - Prevent stress on joints (lever door handle)

  - Prevent prolonged grasp (book holder, Dycem)

  - Prevent accidents (bath seat, nonskid rugs)

- Instruct in energy conservation principles and joint protection.

- Instruct in activity balancing.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Instruct in safe walker use and transporting items.

# Occupational Therapy TOOLKIT

## Osteoarthritis

### **Occupational Therapy Intervention:**

Provide UE, neck and trunk therapeutic activities and exercises to improve ROM and strength.

Acute flare-ups - instruct in performing gentle range of motion exercises 3-4 times daily followed by icing for 15 minutes.

For non-acute joints - instruct in the use of superficial heat, gentle self-stretching techniques and strengthening in pain free range.

Provide splints to rest inflamed joints, maintain proper joint alignment, improve functional control and support weak or painful joints.

Resting hand splint, wrist cock-up, finger splints, ulnar deviation splint, tri-point proximal interphalangeal joint splint, and thumb spica splint.

Instruct in pain management techniques to improve participation in ADL tasks.

Teach stress management and relaxation techniques.

Coordinate medication peak with exercise and activity.

Educate in use of superficial heat and cold.

Teach acupressure self-massage techniques.

Provide positioning support devices (back supports, pillows, splints).

Assess home and functional safety. Provide environmental modifications and adaptations.

Educate regarding fall risk and prevention strategies.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Deep Breathing Exercise
2. Energy Conservation Principles
3. Joint Protection Principles
4. Splint Instructions
5. Superficial Heat
6. Superficial Cold
7. Upper Body Active Exercises for Arthritis

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

# Occupational Therapy TOOLKIT

## Osteoporosis

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Impaired posture  
Limited activity tolerance and endurance  
Pain  
Impaired balance due to posture deficits  
Environmental barriers  
Risk for fractures (wrist, vertebral, hip)  
Fall risk

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Recommend and/or provide adaptive equipment and task modifications to minimize spinal flexion and trunk rotation.

Apply energy conservation during ADL tasks.

Apply posture and body mechanics during ADL tasks.

Reinforce dietary instructions to increase calcium and vitamin D intake and protein during kitchen management tasks.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Train in proper body mechanics and posture.

Instruct in safe walker use and transporting items.

Provide resistive UE activities and exercises to improve strength and endurance.

Provide functional balance activities to increase balance confidence with ADL tasks.

Instruct in pain management techniques to improve participation in ADL tasks.

Teach stress management and relaxation techniques.

Coordinate medication peak with exercise and activity.

Educate in use of superficial heat and cold.

Teach acupressure self-massage techniques.

Provide positioning support devices (back supports, pillows, splints).

# Occupational Therapy TOOLKIT

## Osteoporosis

### **Occupational Therapy Intervention:**

Educate regarding fall risk and prevention strategies.  
Recommend hip protectors.

Assess home and functional safety. Provide environmental modifications and adaptations.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Body Mechanics
2. Energy Conservation Principles
3. Hand Strengthening Exercises
4. Proper Posture
5. Stress Management and Relaxation Techniques
6. Superficial Cold
7. Superficial Heat
8. Upper Body Strengthening Activities
9. Upper Body Strengthening and Stretching Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies
3. Vertebral Compression Fractures

# Occupational Therapy TOOLKIT

## Parkinson's Disease

### Functional Limitations:

ADL, IADL, work and leisure impairment

Functional mobility impairment

Resting tremor with pill rolling quality, affects head and all limbs and occurs at rest

Action or postural tremor occurs during movement

Cogwheel rigidity/muscle stiffness results in back and neck pain, cramping and soreness of muscles, contracted muscles, reduced activity tolerance and endurance, stooped posture and flexed limbs.

Bradykinesia - slow movements, incomplete movement, difficulty initiating movements and sudden stopping of ongoing movement, difficulty doing two tasks at the same time, reduced arm swing, micrographia, reduced eye blinking, reduce facial expression (non verbal messages are misinterpreted or lost), drooling, difficulty getting out of a chair, difficulty rolling in bed, difficulty turning around and turning corners.

Postural instability - forward flexion of neck, hips, knees and elbows, poor balance, difficulty making turns or abrupt movements, difficulty with transitional movements.

Gait disorders - freezing episodes, difficulty initiating gait, difficulty slowing down and stopping, festinating gait, shuffling gait with small steps, propulsion of gait.

Fall risk

Fear of falling

Memory difficulties and slowed thinking

Dementia occurs in 30-40% of patients

Environmental barriers

Knowledge deficit

Dysphagia results in weight loss, difficulty swallowing solid foods, difficulty chewing and moving food to back of mouth.

Dysarthria - reduced phonation, distorted sounds, prosodic disorder

Depression

Other symptoms and conditions - constipation, sleep disturbances

### Rating Scales:

1. The Unified Parkinson's Disease Rating Scale (measures clinical course over time)
2. The Hoehn and Yahr Staging (quantifies disease severity)
3. The Schwab and England Activities of Daily Living

All three available at: [www.neurosurgery.mgh.harvard.edu](http://www.neurosurgery.mgh.harvard.edu)

4. Parkinson's Disease Questionnaire PDQ-39 (quality of life instrument)  
[www.pdmed.bham.ac.uk](http://www.pdmed.bham.ac.uk)

# Occupational Therapy TOOLKIT

## Parkinson's Disease

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...

Recommend and/or provide adaptive equipment and task modifications to compensate for bradykinesia. Electric warming tray to keep food hot, loose fitting clothes, elastic laces or Velcro closers on shoes, pull over tops, buttonhooks, key turners, walker trays.

Modifications to reduce action tremors during tasks.

Emphasis on engagement in and safe performance of activities.

Reinforce medication management. Assist patient in developing a system to remember medications (pill box, telephone reminders, lists, pictures).

Teach strategies to improve handwriting and computer skills.

Teach energy conservation principles.

Encourage to perform ADL's during medication "on" times.

### **Functional mobility training**

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks. Provide elevated toilet seats, bath chairs, cushions in chairs or risers placed under furniture legs, bedrails, trapeze, grab bars in bathroom.

Instruct in safe walker use and transporting items.

Instruct in wheelchair mobility, car transfers and community mobility skills.

Provide graded upper body reciprocal therapeutic activities and exercises to improve ROM and strength, prevent contractures, improve posture and promote extension.

Instruct in pain management techniques to improve participation in ADL tasks.

Teach stress management and relaxation techniques.

Coordinate medication peak with exercise and activity.

Educate in use of superficial heat and cold.

Teach acupressure self-massage techniques.

Provide positioning support devices (back supports, pillows, splints).

Instruct in proper posture.

# Occupational Therapy TOOLKIT

## Parkinson's Disease

### **Occupational Therapy Intervention:**

Facilitate movement by teaching cognitive strategies that make use of alternative sensory cues.

Educate regarding fall risk and prevention strategies

Educate regarding the common triggers for falls (changing direction, turning, distractions, carrying objects, doing two tasks at the same time, hurrying, reaching up such as into a cabinet, reaching down to the floor, freezing episodes).

Recommend hip protectors.

Assess home and functional safety. Provide environmental modifications and adaptations.

Provide cognitive retraining and training in the use of compensatory strategies.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, and making informed decisions about medical and alternative treatments).

Educate patient and caregivers about Parkinson's disease, the availability of community resources and encourage participation in support groups.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Energy Conservation Principles
2. Hand Strengthening Exercises
3. Handwriting Techniques for Parkinson's
4. Passive ROM and Stretching Exercises
5. Strategies to Reduce Action Tremor
6. Stress Management and Relaxation Techniques
7. Upper Body Reciprocal Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

### **Therapist Resources:**

1. Facilitating Movement Using Cognitive Strategies



# Occupational Therapy TOOLKIT

## Peripheral Neuropathies

### **Functional Limitations:**

ADL, IADL, work and leisure impairment

Functional mobility impairment

Impaired hand function

Decreased sensation - hands and feet

Pain

Muscle weakness

Foot drop

Fall risk

Other symptoms and conditions - diabetes mellitus, chemotherapy, Guillain-Barré, rheumatoid arthritis, lupus, nerve compression, chronic kidney or liver failure

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...

Recommend and/or provide adaptive equipment and task modifications to compensate for weak grasp and sensory loss (grip pen; rubber bands or non-slip drawer liner placed around utensils, cups and containers; using rubber gloves with tasks to provide grip ).

Instruct in using vision to compensate for sensory impairment during hand tasks and mobility.

Instruct to monitor skin on hands and feet for injury and areas of redness.

Teach compensatory techniques and safety measures for sensory deficits (bath temperature, burns in kitchen, avoid heating pads, not going barefooted).

Provide UE therapeutic exercises and activities to improve strength and endurance.

Educate regarding fall risk and prevention strategies.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Hand Strengthening Exercises
2. Stress Management and Relaxation Techniques
3. Upper Body Strengthening and Stretching Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

# Occupational Therapy TOOLKIT

## Post-Polio Syndrome

### **Functional Limitations:**

ADL, IADL, work and leisure impairments  
Functional mobility impairment  
New or increased muscle weakness  
New or increased pain  
New or increased fatigue which is greater in the afternoon  
Decreased muscle tone  
Limited ROM - hips, ankles, cervical spine, shoulders, scoliosis, kyphosis  
Impaired balance  
Dyspnea  
Cognitive dysfunction related to fatigue affecting memory and concentration  
Environmental barriers  
Knowledge deficit  
Fall risk  
Other symptoms and conditions - restrictive lung disease, cold intolerance, dysphagia, depression, carpal tunnel syndrome, cubital tunnel syndrome, sleep apnea, osteoarthritis, myofascial pain syndrome, fibromyalgia.

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Recommend and/or provide adaptive equipment and task modifications to compensate for muscle weakness, paralysis and ROM limitations.

Instruct in energy conservation techniques with application to ADL's.

Provide driving assessment and adaptations.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Provide graded UB activities and exercises to improve strength and endurance  
Low-moderate intensity; short duration; regular rests; with adequate time for muscles to recover. Do not exercise to point of muscle fatigue; monitor changes in endurance, muscle soreness or weakness.

A specific suggestion is to exercise every other day, and the perceived rate of exertion should be less than "very hard". Loads should be held for only 4-5 seconds, and there should be a 10-second rest between bouts and a 5-minute rest between sets. The patient should perform about 3 sets of 5-10 repetitions.

# Occupational Therapy TOOLKIT

## Post-Polio Syndrome

### **Occupational Therapy Intervention:**

Provide cognitive retraining and training in the use of compensatory strategies.

Instruct in pain management techniques to improve participation in ADL tasks.

- Teach stress management and relaxation techniques.

- Coordinate medication peak with exercise and activity.

- Educate in use of superficial heat and cold.

- Teach acupressure self-massage techniques.

- Provide positioning support devices.

Instruct in pursed lip breathing techniques applied during ADL tasks.

Provide functional balance activities to increase balance confidence with ADL tasks.

Educate regarding fall risk and prevention strategies.

Assess home and functional safety. Provide environmental modifications and adaptations.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, and making informed decisions about medical and alternative treatments).

Educate patient and caregivers about post-polio syndrome, the availability of community resources and encourage participation in support groups.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Energy Conservation Principles
2. Hand Strengthening Exercises
3. Memory Compensation Techniques
4. Pursed Lip Breathing Technique
5. Resistance Band Exercises
6. Stress Management and Relaxation Techniques
7. Superficial Cold
8. Superficial Heat
9. Upper Body Strengthening and Stretching Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

# Occupational Therapy TOOLKIT

## Pressure Ulcers Management

### **Risk Factors:**

Altered sensory awareness due to spinal injury or dementia  
Incontinence  
Limited activity – bed-bound or chair-bound  
Immobile - inability to reposition oneself  
Impaired nutritional status

### **Assessments:**

The Braden Scale [www.bradenscale.com](http://www.bradenscale.com)

### **Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Treat underlying physical limitations to safety and independence.

#### Sensory Perception

Teach skin inspection with long handed mirror.  
Instruction in proper bed positioning.  
Instruct in weight shift while up in chair or wheelchair.  
Obtain pressure-reducing mattress and wheelchair cushion.

#### Moisture

See Urinary Incontinence Occupational Therapy Intervention.

#### Mobility

Provide bed mobility and transfer training. Instruct caregiver in safe transfer techniques.

#### Nutrition

Train in self-feeding using adaptive equipment. Instruct in proper positioning during eating.

#### Friction and Shear

Instruct in friction and shearing risk and ways to avoid that risk during transfers and during repositioning. Recommend the use of satin sheets.

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Urinary Incontinence

# Occupational Therapy TOOLKIT

## Pulmonary Disease

Emphysema  
COPD  
Pneumonia  
Lung cancer  
Sarcoidosis  
Occupational lung diseases

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Limited range of motion (chest and shoulders)  
Impaired upper body strength  
Limited activity tolerance and endurance  
Dyspnea with functional activities  
Memory impairment  
Environmental barriers  
Knowledge deficit  
Fall risk  
Other symptoms and conditions - cubital tunnel syndrome, depression, anxiety

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure IADL training including but not limited to...  
Instruct in energy conservation techniques with application to ADL's.

Use of adaptive equipment to reduce the need to stand, bend and reach.

Reinforce dietary instructions during kitchen management tasks.

Teach patient safe use of oxygen during ADL's including managing O<sub>2</sub> lines, care and use of oxygen equipment, ability to carry portable O<sub>2</sub>.

Provide graded UE and trunk activities and progressive resistive therapeutic exercises that incorporate breathing techniques.

Provide breathing and stretching exercise that incorporates breathing techniques and teach coordination of breathing during ADL tasks.

Instruct in pursed lip and diaphragmatic breathing, heart rate and dyspnea self-monitoring with application to functional tasks.

Instruct in respiratory panic identification causes and alleviation techniques.

# Occupational Therapy TOOLKIT

## Pulmonary Disease

### **Occupational Therapy Intervention:**

Assess and monitor blood pressure, heart rate, respiratory rate and O<sub>2</sub> saturation in response to functional activities.

Assess home safety and accessibility and provide environmental modifications and adaptations, including ventilation and eliminating environmental irritants.

Teach stress management and relaxation techniques to control anxiety and decrease tension and fear.

Educate regarding fall risk and prevention strategies.

Teach compensatory techniques for memory impairment.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, and making informed decisions about medical and alternative treatments).

Educate patient and caregivers about pulmonary disease, the availability of community resources and encourage participation in support groups.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Causes of Respiratory Panic and Distress
2. Coordinating Your Breathing with Activities
3. Diaphragmatic Breathing Technique
4. Energy Conservation Principles
5. Energy Conservation with Meal and Home Management
6. Energy Conservation with Self Care Activities
7. Hand Strengthening Exercises
8. Levels of Shortness of Breath
9. Pursed Lip Breathing Technique
10. Resistance Band Exercises
11. Respiratory Panic and Distress Control Technique
12. Stress Management and Relaxation Techniques
13. Upper Body Breathing and Stretching Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Cubital Tunnel Syndrome
3. Depression
4. Fall Risks Assessment and Prevention Strategies

# Occupational Therapy TOOLKIT

## Renal Disease - End Stage (ESRD)

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Impaired UE strength  
Limited activity tolerance and endurance  
Knowledge deficit  
Other symptoms and conditions - diabetes mellitus

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Recommend and/or provide adaptive equipment.

Instruct in energy conservation techniques with application to ADL's.

Reinforce instructions regarding care and protection of access site and extremity.

1. Do not sleep on your access or that side of your body.
2. Wear clothes that are loose fitting at your access - sleeves, collars, waistbands, and pant legs.
3. Do not carry heavy objects on your access arm.
4. Blood pressure, IV medications and injections should not be given in the same limb as your access.

Provide UE therapeutic exercises and activities to improve strength and endurance  
Instruct not to exercise if dialysis has been missed.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, and making informed decisions about medical and alternative treatments).

Educate patient and caregivers about renal disease, the availability of community resources and encourage participation in support groups.

### **Patient and Caregiver Educational Handouts:**

1. Energy Conservation Principles
2. Hand Strengthening Exercises
3. Stress Management and Relaxation Techniques
4. Upper Body Strengthening and Stretching Exercises

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Diabetes

# Occupational Therapy TOOLKIT

## Rheumatoid Arthritis

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Limited activity tolerance and endurance  
Limited ROM  
Impaired strength  
Impaired grip and pinch strength  
Joint deformity and instability  
Joint pain and swelling  
Impaired hand function, manipulation and dexterity  
Depression  
Morning stiffness that lasts longer than 1 hour  
Fatigue, malaise  
Fall risk  
Environmental barriers  
Other symptoms and conditions - carpal tunnel syndrome, cervical myelopathy

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...

- Train in the use of adaptive equipment

  - Improve grasp (built-ups)

  - Improve ease of performance (electric can opener, raised toilet seat)

  - Compensate for range of motion loss (dress stick, reacher)

  - Compensate for weak/absent muscle (u-cuff, jar opener)

  - Prevent stress on joints (lever door handle)

  - Prevent prolonged grasp (book holder, Dycem)

  - Prevent accidents (bath seat, nonskid rugs)

- Provide ergonomic workstation equipment (voice-activated computer software, forearm rests).

- Education on energy conservation and joint protection with application to ADL's.

- Instruct in activity balancing.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks. Instruct in safe walker use and transporting items



# Occupational Therapy TOOLKIT

## Rheumatoid Arthritis

### **Occupational Therapy Intervention:**

Instruct in joint protection, body mechanics and posture.

Positioning devices for bed and chair.

Promote functional positioning of joints at risk.

Provide UE, neck and trunk therapeutic activities and exercises to improve ROM and strength.

Acute flare-ups - instruct in performing gentle range of motion exercises 3-4 times daily followed by icing for 15 minutes.

For non-acute joints - instruct in the use of superficial heat, gentle isometric strengthening in pain free range.

Provide splints to rest inflamed joints, maintain proper joint alignment, improve functional control and support weak or painful joints.

Instruct in pain management techniques to improve participation in ADL tasks.

Educate about pain cycle.

Encourage follow-through of exercise program, relaxation techniques and joint protection techniques.

Instruct in coordinating medication peak with exercise and activity.

Educate in the use of superficial heat and cold.

Provide physical agent modalities (paraffin, ultrasound) to improve participation in ADL tasks.

Teach stress management and relaxation techniques.

Teach acupressure self-massage techniques.

Assess home and functional safety. Provide environmental modifications and adaptations.

Educate regarding fall risk and prevention strategies.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, and making informed decisions about medical and alternative treatments).

# Occupational Therapy TOOLKIT

## Rheumatoid Arthritis

### **Occupational Therapy Intervention:**

Educate patient and caregivers about rheumatoid arthritis, the availability of community resources and encourage participation in support groups.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Deep Breathing Exercise
2. Energy Conservation Principles
3. Joint Protection Principles
4. Splint Instructions
5. Stress Management and Relaxation Techniques
6. Superficial Cold
7. Superficial Heat
8. Upper Body Active Exercises for Arthritis

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Carpal Tunnel Syndrome
3. Fall Risks Assessment and Prevention Strategies
4. Spinal Stenosis - Cervical

### **Therapist Resources:**

1. Arthritic Joint Changes and Deformity
2. Splinting for Arthritis
3. Surgical Intervention in Arthritis

# Occupational Therapy TOOLKIT

## Rotator Cuff Tendonitis, Tears and Repair

### **Functional Limitations:**

ADL, IADL, work and leisure impairment

Weakness of the RTC muscles

Pain with activities above shoulder level and with external and internal rotation

Pain when arm is lowered from a fully raised position

Limited active ROM but not passive ROM unless there is adhesive capsulitis

### **Assessment:**

Drop Arm Test - Patient's arm is abducted 90°. Ask the patient to **slowly** lower the arm. With a rotator cuff tear, the patient will be unable to lower the arm slowly and smoothly.

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training using adaptive equipment to prevent pain and compensate for limited active ROM and weakness (fastening a bra in the back, putting on a belt, reaching for a wallet in the back pocket, reaching for a seatbelt, combing the hair, lifting weighted objects).

Instruct in pain management techniques to improve participation in ADL tasks.

Teach stress management and relaxation techniques.

Coordinate medication peak with exercise and activity.

Educate in use of superficial heat and cold.

Provide positioning support devices.

### Conservative Management

#### Acute Phase

Provide physical agent modalities (ultrasound, heat before stretching and cold pack after stretching) to decrease pain and inflammation and to improve participation in ADL tasks.

Provide gentle shoulder stretching activities and exercise to increase ROM.

Instruct patient to sleep with a pillow between the trunk and arm.

#### When Pain Free

Provide progressive gentle shoulder strengthening activities and exercises to increase ROM and strength.

# *Occupational Therapy* TOOLKIT

## **Rotator Cuff Tendonitis, Tears and Repair**

### **Occupational Therapy Intervention:**

#### Surgical Management

Immobilization for 6 weeks in an abduction pillow, low-profile pillow sling, or a shoulder immobilizer.

At 1 week - passive ROM and pendulum exercises

At 3 weeks - Assisted exercises in flexion and external rotation

At 6 weeks - Isometric exercises of the external rotators

At 12 weeks - Active motion

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Home Exercise Program Face Sheet
2. Pendulum Exercises
3. Resistance Band Exercises
4. Rotator Cuff Strengthening Exercises with Weights
5. Scapular Strengthening
6. Shoulder Active-Assisted Exercises
7. Shoulder Isometric Exercises
8. Shoulder ROM Dowel Exercises
9. Shoulder Stretching Exercises
10. Stress Management and Relaxation Techniques
11. Superficial Cold
12. Superficial Heat

### **Additional Treatment Guides:**

1. Adhesive Capsulitis
2. Basic and Instrumental Activities of Daily Living Training
3. Biceps Tendinitis

# Occupational Therapy TOOLKIT

## Scleroderma / Systemic Sclerosis

### **Functional Limitations:**

ADL, IADL, work and leisure impairments

Functional mobility impairment

Limited activity tolerance and endurance

Dyspnea

Restricted UE ROM

Limited upper body strength

Myopathy

Joint stiffness, swelling and pain

Impaired fine motor skills

Reduced oral aperture

Claw hand deformity

Impaired body image

Impaired oral mobility

Fall risk

Environmental barriers

Other symptoms and conditions - Raynaud's phenomena, ischemic ulcers (fingertips, knuckles, toes, lips nose and ears), carpal tunnel syndrome, cubital tunnel syndrome, renal disease, pulmonary fibrosis, pulmonary hypertension, pericardial effusion, congestive heart failure, GI involvement, dysphagia, Sjögren syndrome, depression.

Progression of the skin over many years:

Edematous stage - skin of the hands becomes swollen, but without pitting edema,

Sclerotic stage - skin is tight and shiny, loss of hair and decreased sweating.

Atrophic stage - skin becomes atrophic and feels less tight, but it is still bound to the subcutaneous tissue.

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...

Recommend and/or provide adaptive equipment and task modifications to compensate for limited grasp and fine motor skills.

Instruct in energy conservation, work simplification and joint protection techniques.

Dental care using pediatric toothbrush, adaptations for flossing.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

# Occupational Therapy TOOLKIT

## Scleroderma / Systemic Sclerosis

### **Occupational Therapy Intervention:**

Provide graded UE therapeutic activities and exercises to maintain joint mobility, facial mobility and chest excursion. Instruct in facial exercise, hand exercises and general stretching exercises.

Instruct in pain management techniques to improve participation in ADL tasks.

Teach stress management and relaxation techniques.

Coordinate medication peak with exercise and activity.

Educate in use of superficial heat and cold.

Teach acupressure self-massage techniques.

Provide positioning support devices.

Paraffin baths.

Calcium deposits can form on the elbows, knees and ischial tuberosities. Recommend gel elbow pads, kneepads and seating cushions to prevent breakdown of the skin.

Educate regarding fall risk and prevention strategies.

Assess home and functional safety. Provide environmental modifications and adaptations.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, and making informed decisions about medical and alternative treatments).

Educate patient and caregivers about scleroderma, the availability of community resources and encourage participation in support groups.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Body Mechanics
2. Energy Conservation Principles
3. Face and Neck Active ROM Exercises
4. Fine Motor Activities
5. Forearm and Wrist Active ROM Exercises
6. Hand Active ROM Exercises
7. Joint Protection Principles
8. Proper Posture
9. Splint Instructions
10. Stress Management and Relaxation Techniques
11. Superficial Heat
12. Upper Body Strengthening and Stretching Exercises

# *Occupational Therapy* TOOLKIT

## **Scleroderma / Systemic Sclerosis**

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

# Occupational Therapy TOOLKIT

## Shoulder Fracture (Proximal Humerus and Humeral Shaft)

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Impaired strength  
Limited ROM  
Pain  
Edema  
Weight bearing restrictions  
Fall risk  
Environmental barriers  
Other symptoms and conditions - radial nerve damage

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
One-handed techniques and adaptive equipment.

Ability to don and doff shoulder immobilizer for self-care and exercises.

Train in transfer techniques while adhering to weight-bearing restrictions.

Provide UE activities and exercises for uninvolved joints to prevent loss of ROM and strength.

Provide progressive shoulder activities and exercises.

Instruct in pain management techniques to improve participation in ADL tasks.  
Teach stress management and relaxation techniques.  
Coordinate medication peak with exercise and activity.  
Educate in use of superficial heat and cold.

Assess home and functional safety. Provide environmental modifications and adaptations.

Educate regarding fall risk and prevention strategies.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Home Exercise Program Face Sheet
2. Pendulum Exercises
3. Shoulder Active Exercises
4. Shoulder Passive ROM Exercises



# *Occupational Therapy* TOOLKIT

## **Shoulder Fracture (Proximal Humerus and Humeral Shaft)**

### **Patient and Caregiver Educational and Exercise Handouts:**

5. Shoulder Strengthening Exercises
6. Shoulder Stretching Exercises
7. Stress Management and Relaxation Techniques
8. Superficial Cold
9. Superficial Heat

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies

### **Therapist Resources:**

1. Shoulder Fracture - Approximate Guide for Progression of Exercises

# Occupational Therapy TOOLKIT

## Spinal Cord Injury

### **Functional Limitations:**

ADL, IADL, work and leisure impairment

Functional mobility impairment

Muscle weakness/paralysis below level of injury

Impaired or absent sensation below level of injury

Spasticity

Limited ROM, contractures

Pain (musculoskeletal or neuropathic)

Other symptoms and conditions - pressure ulcers, heterotopic ossification, UTI, depression, autonomic dysreflexia above T6 level, pulmonary embolism, DVT, sexual dysfunction, osteoporosis, neurogenic bowel and bladder.

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training using adaptive equipment and task modifications, based on level of injury.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills, based on level of injury.

Provide therapeutic activities and exercises to improve ROM, reduce spasticity and increase strength in innervated muscles.

Assess home and functional safety. Provide environmental modifications and adaptations.

Provide hand splinting to maximize function (short opponens splint, long opponens splint, tenodesis splint, MP block splint, tetraplegia resting hand splint).

Reduce musculoskeletal pain.

Provide physical agent modalities (ice, superficial heat, TENS, ultrasound) to improve participation in ADL tasks.

Instruct in proper body mechanics, energy conservation and joint protection techniques.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, and making informed decisions about medical and alternative treatments).

### **Therapist Resources:**

1. Functional Goals per Level of Injury [www.sci-info-pages.com](http://www.sci-info-pages.com)

# Occupational Therapy TOOLKIT

## Spinal Stenosis - Cervical

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment

### Radiculopathy involvement of UE only

Restricted cervical ROM  
Impaired upper extremity strength  
Impaired fine motor coordination  
Paresthesia, or hypesthesia occurring in a dermatomal distribution  
Pain in neck and arms

### Myelopathy additional involvement of the LE

Impaired balance  
Impaired lower extremity strength  
Pain in legs  
Fall risk  
Urinary incontinence  
Environmental barriers

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Recommend and/or provide adaptive equipment and task modifications to compensate for limited neck ROM.

Recommend and/or provide adaptive equipment and task modifications to compensate for weak grasp and sensory loss (buttonhook; built-up pen; rubber bands or non-slip drawer liner placed around utensils, grooming containers, cups; use rubber gloves with tasks to provide grip for opening doorknobs, jars).

Instruct in application of neck joint protection during ADL's.

Ability to don/doff cervical collar.

Instruct in energy conservation techniques with application to ADL's.

Computer modifications (the position of the monitor should encourage a neutral cervical posture; use of a slanted writing board, document holder, bookstand, and telephone headset).

Provide driving assessment and adaptations.

# Occupational Therapy TOOLKIT

## Spinal Stenosis - Cervical

### **Occupational Therapy Intervention:**

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Provide UE therapeutic exercises and activities to improve strength and endurance.

Educate regarding fall risk and prevention strategies.

Instruct in pain management techniques to improve participation in ADL tasks.

- Teach stress management and relaxation techniques.

- Coordinate medication peak with exercise and activity.

- Educate in use of superficial heat and cold.

- Teach acupressure self-massage techniques.

- Provide positioning support devices (back supports, pillows).

Assess home and functional safety. Provide environmental modifications and adaptations.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Energy Conservation Principles
2. Hand Strengthening Exercises
3. Handwriting Training
4. Joint Protection Principles
5. Stress Management and Relaxation Techniques
6. Superficial Cold
7. Superficial Heat
8. Upper Body Strengthening and Stretching Exercises (with precautions)
9. Upper Body Strengthening Activities (with precautions)

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies
3. Osteoarthritis
4. Rheumatoid Arthritis

# Occupational Therapy TOOLKIT

## Spinal Stenosis - Lumbar

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Impaired balance  
Impaired lower extremity strength  
Pain in legs  
Fall risk  
Urinary incontinence  
Environmental barriers

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...

Recommend and/or provide adaptive equipment and task modifications to compensate for limited back ROM (shower chair, grab bars, non-slip mat, hand held shower, long bath sponge, raised toilet seat, bedside commode, leg lifter, reacher, sock aid, shoe horn, elastic shoelaces, dressing stick).

Instruct in application back joint protection techniques during ADL's.

Instruct in donning and doffing back support and or brace.

Instruct in energy conservation techniques with application to ADL's.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Provide UE therapeutic exercises and activities to improve strength and endurance.

Educate regarding fall risk and prevention strategies.

Assess home and functional safety. Provide environmental modifications and adaptations.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Energy Conservation Principles
2. Upper Body Strengthening Activities (with precautions)
3. Upper Body Strengthening and Stretching Exercises (with precautions)

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies
3. Osteoarthritis

# Occupational Therapy TOOLKIT

## Stroke / CVA

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Limited range of motion  
Impaired upper extremity strength and function  
Limited activity tolerance and endurance  
Central Post Stroke Pain (CPSP) or Thalamic Pain Syndrome  
Shoulder pain due to biceps tendonitis, impingement syndrome, adhesive capsulitis, rotator cuff tendonitis, shoulder-hand syndrome or inferior subluxation.  
Edema UE  
Abnormal muscle tone  
Impaired posture/trunk control  
Impaired sitting balance  
Impaired standing balance  
Sensory deficit  
Impaired coordination  
Impaired hand function  
Language disorders (aphasia, dysarthria)  
Dysphasia  
Apraxia  
Body image disorder  
Visual perceptual impairment  
Cognitive impairment  
Behavioral disorders (depression, lability, low frustration tolerance, impulsivity)  
Bladder dysfunction (diminished bladder control with urge incontinence)  
Environmental barriers  
Fall risk

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Use of compensatory techniques (adaptive equipment, task modification, one-handed techniques, hand over hand guiding techniques, task segmentation, end chaining).

Incorporate affected extremity with all activities.

Instruct in energy conservation techniques.

Assess environment and provide modifications for safety, improved performance and energy conservation.

# Occupational Therapy TOOLKIT

## Stroke / CVA

### **Occupational Therapy Intervention:**

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Instruct in safe walker use and transporting items.

Instruct in wheelchair mobility.

Instruct in car transfers and community mobility skills.

Provide driving assessment and adaptations.

Manage the affected upper extremity:

1. Improve upper extremity function
  - Use task-oriented intervention
  - Provide opportunities to use and move the arm all day (use of ball bearing feeder, mobile arm support, overhead suspension sling)
  - Functional Electrical Stimulation (FES)
  - Constraint-Induced Movement Therapy
  - Provide weight bearing exercises and activities
2. Improve trunk control
  - Supported and unsupported reach-grasp-hold-carry-place activities.
  - During standing and sitting tasks.
  - In all angles - forward at shoulder level; forward and overhead; side-shoulder level; side-to floor; behind and over same shoulder; across to opposite side at shoulder level and directly behind.
3. Prevent or manage shoulder pain
  - Mobilize and strengthen the scapula
  - Position arm with cubital fossa facing up, 45° abduction and comfortable external rotation.
  - Avoid overhead shoulder movement if the scapular is not gliding
4. Prevent contractures (maintain scapular protraction and upward rotation, shoulder external rotation, elbow extension, wrist extension, radial deviation, composite flexion and extension and intrinsic plus and minus).
  - PROM and SROM (once a day to maintain, twice a day if contractures are beginning to develop)
  - Proper positioning in bed, chair and with mobility
5. Prevent or manage edema

Provide strengthening exercises for non-affected extremity.

# Occupational Therapy TOOLKIT

## Stroke / CVA

### **Occupational Therapy Intervention:**

Provide splinting to protect hand/wrist and prevent contractures.

Resting hand splint for flaccid to mild tone.

Spasticity splint for moderate to high tone.

Instruct patient and caregiver in proper care of the affected extremity.

Preventing and controlling edema.

Passive ROM exercises.

Self-ROM exercises.

Protection of the extremity during bed mobility, transfers and ambulation.

Proper positioning in bed and chair.

Care and use of positioning splints.

Teach compensatory strategies for perceptual deficit.

Provide cognitive retraining and training in the use of compensatory strategies.

Educate regarding fall risk and prevention strategies.

Educate patient and caregivers about stroke, availability of community resources and encourage participation in support groups.

Assist in developing self-management skills (effective communication, positive coping strategies, stress reduction, physical activity and exercise, medication management, healthy eating, and making informed decisions about medical and alternative treatments).

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Edema Control Techniques
2. Energy Conservation Principles
3. Handwriting Training
4. Home Safety and Functional Safety Assessment
5. Positioning in Bed - Right Side Affected
6. Positioning in Bed - Left Side Affected
7. Splint Instructions
8. Stress Management and Relaxation Techniques
9. Using Your Walker Safely



# Occupational Therapy TOOLKIT

## Stroke / CVA

### **Patient and Caregiver Exercise Handouts:**

1. Balance Exercises
2. Fine Motor Activities
3. Hand Strengthening Exercises
4. Passive ROM Exercises – Left
5. Passive ROM Exercises – Right
6. Resistance Band Exercises
7. Scapular Mobilization and Strengthening Exercises - Left
8. Scapular Mobilization and Strengthening Exercises - Right
9. Self Range of Motion – Left Side Affected
10. Self Range of Motion – Right Side Affected
11. Upper Body Active ROM Exercises
12. Upper Body Strengthening Activities
13. Upper Body Strengthening and Stretching Exercises
14. Using Your Left Arm as an Active Stabilizer
15. Using Your Left Arm as a Gross Motor Assist
16. Using Your Left Arm as a Passive Stabilizer
17. Using Your Left Arm with Caregiver Assisted Guiding
18. Using Your Left Arm with Self-Guiding
19. Using Your Right Arm as an Active Stabilizer
20. Using Your Right Arm as a Gross Motor Assist
21. Using Your Right Arm as a Passive Stabilizer
22. Using Your Right Arm with Caregiver Assisted Guiding
23. Using Your Right Arm with Self-Guiding
24. Weight Bearing Exercises - Right Side Affected
25. Weight Bearing Exercises - Left Side Affected

### **Additional Treatment Guides:**

1. Adhesive Capsulitis
2. Basic and Instrumental Activities of Daily Living Training
3. Biceps Tendinitis
4. Fall Risks Assessment and Prevention Strategies
5. Rotator Cuff Tendinitis, Tears and Repair
6. Shoulder-Hand Syndrome
7. Shoulder Impingement Syndrome

### **Therapist Resources:**

1. Functional Use of Affected Upper Extremity after Stroke

# Occupational Therapy TOOLKIT

## Urinary Incontinence - Prevention and Treatment

### **Complications:**

Falls (urge, functional incontinence)  
Skin breakdown  
Social isolation  
Accelerated need for long-term care placement

### **Occupational Therapy Intervention:**

ADL training including but not limited to...

Treat underlying physical limitations to safety and independence.

Instruct in ability to manage and select the right absorbent products (don/doff, changing timely, dispose of).

Instruct in ability to clean self thoroughly after toileting, recommend flushable wipes, instruct to clean front to back.

Instruct in ability to manage clothing during toileting, recommend alternative clothing if necessary to ease on and off, minimize fasteners.

Instruct in toilet transfer with adaptive equipment - grab bars, raised toilet seats.

Provide alternatives to using a toilet (male and female urinals bedpan and bedside commodes).

Reinforce instruction about following healthy bladder habits.

Reinforce bladder training, pelvic muscle exercises, urge inhibition training.

### **Patient and Caregiver Educational Handouts:**

1. Healthy Bladder Habits

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training

# Occupational Therapy TOOLKIT

## Vertebral Compression Fractures

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Impaired posture (kyphosis)  
Limited activity tolerance and endurance  
Pain  
Impaired balance due to posture deficits  
Environmental barriers  
Fall risk  
Other symptoms and conditions - osteoporosis

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but not limited to...  
Train to don and doff back support brace.

Apply energy conservation, posture and body mechanics during tasks.

Avoid spinal flexion and trunk rotation by using adaptive equipment.

Reinforce dietary instructions to increase calcium and vitamin D intake and protein during kitchen management tasks.

Train in safe and efficient functional mobility, transfer techniques and bed mobility skills as they relate to ADL and IADL tasks.

Train in proper body mechanics and posture.

Instruct in safe walker use and transporting items.

Instruct in pain management techniques to improve participation in ADL tasks.

Teach stress management and relaxation techniques.

Coordinate medication peak with exercise and activity.

Educate in use of superficial heat and cold.

Positioning for proper posture (back supports, pillows).

Educate regarding fall risk and prevention strategies.

Recommend hip protectors.

# *Occupational Therapy* TOOLKIT

## **Vertebral Compression Fractures**

### **Occupational Therapy Intervention:**

Provide functional balance activities to increase balance confidence with ADL tasks.

Assess home and functional safety. Provide environmental modifications and adaptations.

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Body Mechanics
2. Energy Conservation Principles
3. Proper Posture
4. Stress Management and Relaxation Techniques
5. Superficial Cold
6. Superficial Heat
7. Using Your Walker Safely

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies
3. Osteoporosis

# Occupational Therapy TOOLKIT

## Wrist Fracture

### **Functional Limitations:**

ADL, IADL, work and leisure impairment  
Impaired strength  
Limited ROM  
Pain  
Edema  
Weight bearing restrictions  
Fall risk  
Environmental barriers

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training with one-handed techniques and adaptive equipment.

Provide UE activities and exercises.

#### While in cast

Exercises and activities for uninvolved joints to prevent loss of ROM and strength.

#### Once cast is removed

Provide progressive wrist and hand activities and exercises to improve ROM and strength.

Provide wrist splint once cast is removed.

Teach edema control techniques.

Instruct in pain management techniques to improve participation in ADL tasks.

Teach stress management and relaxation techniques.

Coordinate medication peak with exercise and activity.

Educate in use of superficial heat and cold.

Assess home and functional safety. Provide environmental modifications and adaptations.

Educate regarding fall risk and prevention strategies.

# *Occupational Therapy* TOOLKIT

## **Wrist Fracture**

### **Patient and Caregiver Educational and Exercise Handouts:**

1. Edema Control Techniques
2. Fine Motor Activities
3. Forearm and Wrist Active ROM Exercises
4. Forearm and Wrist Strengthening Exercises
5. Forearm and Wrist Stretching Exercises
6. Hand Strengthening Exercises
7. Home Exercise Program Face Sheet
8. Stress Management and Relaxation Techniques
9. Superficial Cold
10. Superficial Heat

### **Additional Treatment Guides:**

1. Basic and Instrumental Activities of Daily Living Training
2. Fall Risks Assessment and Prevention Strategies