

# Occupational Therapy TOOLKIT

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\* these handouts are also included in the PT Toolkit but they have a “Physical Therapy Toolkit” header

# Occupational Therapy TOOLKIT

## Dressing

Dressing includes selecting appropriate clothing for the time of day, weather and occasion; obtaining clothing from closets and drawers; dressing and undressing of open-front garments; pullover garments, bra, pants, underwear, socks, panty hose, nylons, shoes, slippers, support and anti-embolism stockings; opening and closing fasteners; personal devices (hearing aides, eyeglasses, AFO, hand splint, back brace, slings, prosthetics).

### **Impairments and Functional Limitations:**

Impaired shoulder strength and/or ROM

Impaired hand strength, ROM, sensation and/or coordination

Impaired LE function

Limited activity tolerance and endurance

Impaired sitting balance

Impaired standing balance

Visual perceptual impairment

Cognitive impairment

### **Occupational Therapy Intervention:**

Apply different approaches for solving difficulties with dressing. Including but not limited to...

1. Treat underlying physical, cognitive and/or perceptual problems.
2. Train in compensatory strategies such as.
  - One-handed techniques
  - Energy conservation
  - Low vision techniques
  - Cognitive compensation
  - Task segmentation
  - End chaining
  - Joint protection
  - Step-by-step instructions
3. Train in the use of adaptive equipment and assistive devices such as.
  - Buttonhook
  - Velcro closures on shoes
  - Elastic shoelaces
  - Long handled shoehorn
  - Dressing stick
  - Reacher
  - Sock aid
  - Zipper pull
  - Walker tray or basket
  - Labeling system for identifying clothes

# Occupational Therapy TOOLKIT

## Dressing

### Occupational Therapy Intervention:

4. Provide environmental modifications and adaptations such as.
  - Use a step stool to assist in reaching the feet
  - Avoid storing items on the floor
  - Lower closet poles
  - Organize clothes within easy reach
  - Hang complete outfits on single hanger
  - Label drawers of contents using picture or words
5. Instruct in task modification – change the task, eliminate the task or have someone else do part or all of the task such as.
  - Place the weaker extremity into the garment first
  - Sit to dress
  - Dress in a supine position
  - Choose garments that are easy to put on and remove such as: elastic waist pants, loose fitting tops, pullover tops, suspenders instead of a belt, Velcro or slip on shoes, front hook bra, sports bra, camisole.

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

Provide caregiver/family education and training.

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# Occupational Therapy TOOLKIT

## Dressing

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# Occupational Therapy TOOLKIT

## Breast Cancer

### **Impairments and Functional Limitations:**

ADL, IADL, work and leisure impairment

Limited activity tolerance and endurance

Limited ROM of shoulder

Depression

Pain

Impaired body image

Knowledge deficit

Other symptoms and conditions – pathologic fractures, lymphedema, chemotherapy induced peripheral neuropathy, adhesive capsulitis

### **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.  
*Follow the referring surgeon's specific guidelines for progression.*

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 arm periodically.

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

Manual lymph drainage/massage.

Compression pump therapy

Compression bandaging and garments.

Lymphedema exercises while wearing compression garments.

Teach stress management and relaxation techniques such as progressive relaxation, controlled breathing and imagery.

# Occupational Therapy TOOLKIT

## Breast Cancer

### **Occupational Therapy Intervention:**

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

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

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# Occupational Therapy TOOLKIT

## Frail Elderly / Oldest Old 85+

### Impairments and 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.

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# Occupational Therapy TOOLKIT

## Osteoarthritis

### **Impairments and 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 to improve grasp (built-ups), improve ease of performance (electric can opener), compensate for range of motion loss (dress stick), compensate for weak/absent muscle (universal 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.

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.

# Occupational Therapy TOOLKIT

## Osteoarthritis

### Occupational Therapy Intervention:

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.

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# Occupational Therapy TOOLKIT

## Stroke / CVA

### **Impairments and 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  
Unilateral Spatial Neglect  
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, wheelchair mobility, car transfers and community mobility skills.

Provide driving assessment and adaptations.

### Improve upper extremity function

Use task-oriented functional training. 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. Strength training (PRE's, EMG biofeedback, E-stim)

### 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. Manage orthopedic conditions.

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).

Provide PROM and SROM (once a day to maintain, twice a day if contractures are beginning to develop).

Proper positioning in bed, chair and during mobility

### Prevent or manage edema

Provide strengthening exercises for non-affected extremity.

### Improve trunk control

Focus on stability, weight shifting, body awareness, trunk rotation and trunk elongation.

Have patient turn toward affected side when reaching.

Set up room so that the patient must physically move to their affected side within the environment.

Provide reach-grasp-hold-carry-place activities.

During standing and sitting tasks.

Supported and unsupported.

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.

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## 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, good sleep habits and making informed decisions about medical and alternative treatments).

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

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## Stroke / CVA

### Patient and Caregiver Handouts:

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### Additional Treatment Guides:

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# Occupational Therapy TOOLKIT

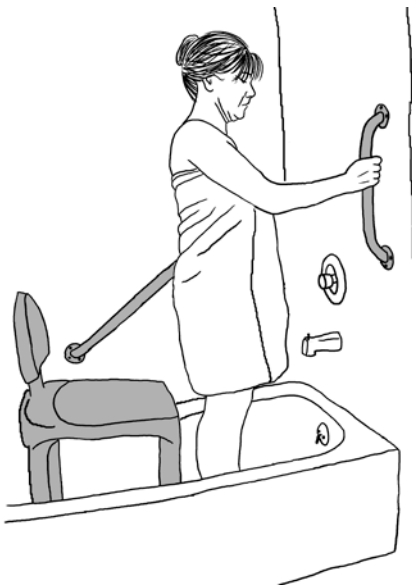
## Transfer to Tub Using Bath Seat (left leg, right leg, sit)



1. Face the wall and hold onto the grab bar.



2. Step into the tub with your left leg.



3. Lift your right leg into the tub.



4. Sit down on the shower chair. Reverse the steps to transfer out.

# Occupational Therapy TOOLKIT

## Putting on Pullover Garment Using One-Handed Method - Left Side Affected



1. Position your shirt face down on your lap with the collar at your knees.



2. Gather the opening of the left shirt sleeve and place on your lap.



3. Lean forward and place your left arm into the sleeve opening.



4. Pull the sleeve up your arm and over your elbow.



# Occupational Therapy TOOLKIT

## Putting on Pullover Garment Using One-Handed Method - Left Side Affected



5. Place your right arm into the right sleeve opening.



6. Grasp the fabric and pull the shirt over your head.



7. Push the shirt fabric over your left shoulder.



8. Adjust the shirt, pulling it down in the front and the back.

# Occupational Therapy TOOLKIT

## **Energy Conservation with Self Care Activities**

Remember to use proper breathing techniques, rest frequently and avoid over exertion.

### **Eating**

1. Eat six small meals a day instead of three big meals. This will cut down on the energy you need to chew and digest your food.
2. Eat slowly and completely chew your food.
3. Avoid gas-forming foods that bloat your abdomen and make it more difficult to breathe, such as peas, melons, turnips, onions, cauliflower, apples, corn, broccoli, cucumbers, cabbage, beans, and brussel sprouts.

### **Grooming**

1. Sit to shave, comb your hair and brush your teeth.
2. Avoid aerosols and strong scents.
3. Wash your hair in the shower. Keep your elbows low and your chin tucked.
4. Support your elbows on the counter while grooming or shaving.
5. Use an electric toothbrush and an electric razor.

### **Bathing and Showering**

1. Consider taking your shower in the evening to allow plenty of time.
2. Gather all the necessary items that you will need, including your clothes.
3. Use a bath chair in your shower.
4. Sit to undress, bathe, dry and dress.
5. Avoid over reaching. Use a long-handled brush to wash your back and feet.
6. Use a hand-held showerhead.
7. If your doctor has prescribed oxygen to be use during exercise, then use it when you take a shower.
8. Make certain your bathroom is well-ventilated.
9. Have a towel or robe near by. Consider using hand towels because they are not as heavy. Avoid the task of drying by putting on a terry cloth robe.
10. Use a shower caddy and soap on a rope or place soap in a nylon stocking and tie the stocking to the shower seat or soap dish.

### **Dressing**

1. Before starting, gather all clothes, shoes, etc.
2. Sit to dress.
3. Minimize bending by crossing one leg over the other or use a step stool to put on socks, pants and shoes or use long-handled equipment.
4. Wear slip-on shoes; use a long-handled shoehorn.
5. Avoid restrictive clothes, tight socks, girdles, bras. Use suspenders if belts are too restricting.

# Occupational Therapy TOOLKIT

## Hand Strengthening Exercises

Perform the checked exercises \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week  
Repeat \_\_\_\_\_ times

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- Finger Flexion**  
Squeeze the putty with your whole hand.



- Finger Extension**  
Roll out the putty on a tabletop.



- Finger Adduction**  
Squeeze the putty between your fingers.



- Finger Tip Pinch**  
Pinch the putty between your thumb and each of your finger.



- Lateral Pinch**  
Pinch the putty between your thumb and the side of your index finger.



- Finger Abduction and Extension**  
Place a rubber band around your fingers and thumb. Spread out your hand, stretching the rubber band.



# Occupational Therapy TOOLKIT

## Using Your Right Arm as a Passive Stabilizer

It is important that you use your affected arm as much as possible during daily activities. Here are a few examples of how you can do that.



Use your right hand to stabilize your plate while eating.



Stabilize a sheet of paper with your right hand while writing with your left hand.



Stabilize a washcloth with your right hand while applying soap with your left hand.



Stabilize your toothbrush with the right hand while your left hand applies the toothpaste.

# Occupational Therapy TOOLKIT

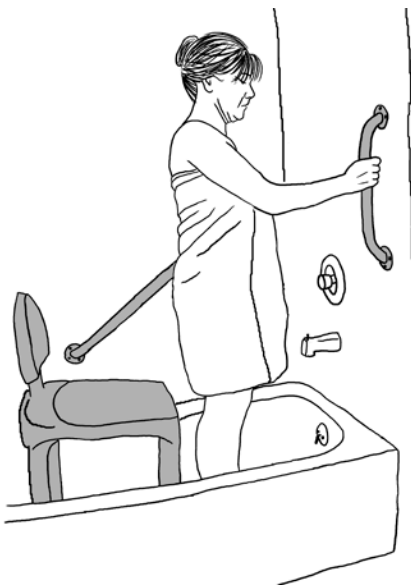
## Transferirse a la Tina Usando una Silla de Baño (Pierna Izquierda, Derecha, Sentarse)



1. Mirando la pared, agarre el asidero.



2. Entre a la tina con su pierna izquierda.



3. Suba su pierna derecha a la tina.



4. Siéntese en la silla de baño. Invierta el orden de los pasos para salir.

# Occupational Therapy TOOLKIT

## Ponerse una Prenda de Vestir sin Botones Usado el Método de un Mano - Lado Izquierdo Afectado



1. Posicione su camiseta hacia abajo en sus piernas con el cuello de la camisa en las rodillas.



2. Agarre la apertura de la manga izquierda y coloque en su regazo.



3. Incline hacia adelante y coloque el brazo izquierdo en la apertura.



4. Suba la manga sobre el brazo y sobre el codo.

# Occupational Therapy TOOLKIT

## Ponerse una Prenda de Vestir sin Botones Usando Método de una Mano - Lado Izquierdo Afectado



5. Coloque el brazo derecho en la manga derecha.



6. Agarre la fábrica y traiga la camiseta sobre la cabeza.



7. Empuje la fábrica sobre el hombro izquierdo.



8. Ajuste la camiseta, jalando en el frente y detrás.

# Occupational Therapy TOOLKIT

## Conservación de Energía con Actividades de Cuidado Propio

Recuerde usar buena técnica para respirar

Descanse frecuentemente para evitar demasiado esfuerzo.

### Comer

1. Coma seis comidas pequeñas durante el día en lugar de tres comidas grandes. Esto disminuye la energía necesaria para comer y digerir la comida.
2. Coma lentamente y mastique completamente la comida.
3. Evite comidas que forman gases que pueden hinchar el abdomen y hacerlo más difícil para respirar, como arvejas, melón, nabo, cebollas, coliflor, manzanas, maíz, brócoli, pepinos, repollo, frijoles, coles de bruselas.

### Higiene y arreglo

1. Siéntese para afeitarse, peinarse y cepillar los dientes
2. Evite el aerosol y la fragancia fuerte.
3. Lávese el cabello en la ducha. Mantenga los codos bajos y la barbilla hacia abajo.
4. Soporte sus codos en una superficie mientras se arregla o se afeita.
5. Use un cepillo de dientes eléctrico y una máquina de afeitar.

### Bañarse y tomar una ducha

1. Considera tomarse la ducha en la noche para tener suficiente tiempo.
2. Colecte todos los artículos que necesita, incluyendo la ropa.
3. Use una silla de baño en la ducha.
4. Siéntese para quitarse la ropa, bañarse, secarse y vestirse.
5. Evite alcanzar demasiado. Use una esponja con mano larga para lavarse la espalda y los pies.
6. Use una manga de ducha.
7. Si su doctor le prescribió oxígeno para uso durante ejercicio, úsalo durante la ducha.
8. Este seguro que su baño está bien ventilado.
9. Tenga una toalla o bata cerca. Considera usar toallas de mano porque no son muy pesados. Póngase una bata de felpa para evitar la necesidad de secarse.
10. Use un caddie para la ducha y jabón en una cuerda o coloque el jabón en una media de nylon y amárralo a la silla de baño o al plato de jabón.

### Vestirse

1. Antes de comenzar, colecte toda la ropa, zapatos, etc.
2. Siéntese para vestirse.
3. Reduzca doblar mientras se viste cruzando una pierna sobre la otra, o use un escabel para ponerse las medias, los pantalones, y los zapatos, o use equipo con manos largas.
4. Calce zapatos sin cordones; use un calzador de mano larga.
5. Evite la ropa restrictiva, las medias apretadas, las fajas, y los brasieles. Use portaliagas en lugar de cinturones demasiado restrictivos.



# Occupational Therapy TOOLKIT

## Ejercicios para Fortalecer la Mano

Complete \_\_\_\_\_ serie(s) de \_\_\_\_\_ repeticiones para cada ejercicio.  
Haga los ejercicios \_\_\_\_\_ veces por día.

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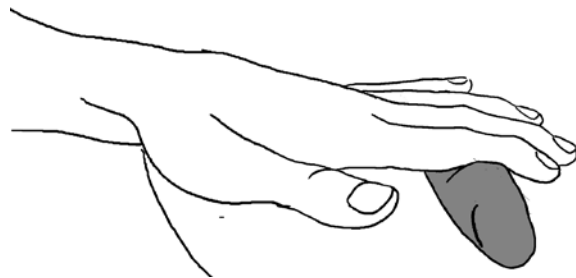
### 1. Flexión de los dedos

Apriete la masilla con la mano completa.



### 2. Extensión de los dedos

Ruede la masilla en la mesa.



### 3. Aducción de los dedos

Apriete la masilla entre los dedos.



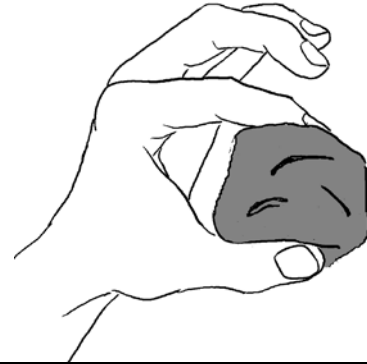
# Occupational Therapy TOOLKIT

## Ejercicios para Fortalecer la Mano

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### 4. Pellizcar desde la punta de los dedos

Pellizque la masilla entre el pulgar y cada uno de los dedos.



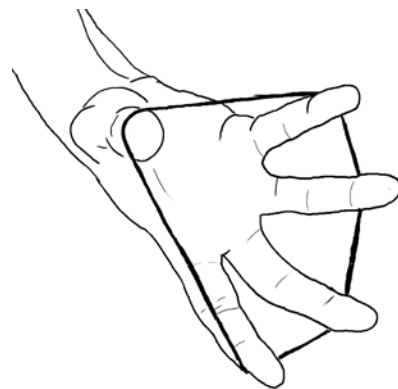
### 5. Pellizcar lateralmente

Pellizque la masilla entre el pulgar y el lado del dedo índice.



### 6. Abducción y extensión de los dedos

Coloque una gomita de elástico alrededor de los dedos y el pulgar. Abra los dedos, estirando la gomita.



# Occupational Therapy TOOLKIT

## Uso de la Mano Derecha como un Estabilizador Pasivo

Es muy importante que use la mano afectado lo más posible durante actividades diarias. Aquí hay algunos ejemplos de como puede hacerlo.



Use la mano derecha para estabilizar el plato mientras come.



Estabilice un papel con la mano derecha mientras escribe con la mano izquierda.



Estabilice una toallita con la mano derecha mientras aplica jabón con la mano izquierda.



Estabilice su cepillo de dientes con la mano derecha mientras la mano izquierda aplica la pasta de dientes.