

# Occupational Therapy TOOLKIT

## Treatment Guides and Handouts for Physical Disabilities and Geriatrics 6<sup>th</sup> Edition

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Please do not hesitate to call or e-mail me with any comments or questions you might have - I always love to hear from other OT's!

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# Occupational Therapy TOOLKIT

## Table of Contents

### **ADLs and IADLs**

Activities of Daily Living Training	<u>14</u>
Bathing and Showering	<u>16</u>
Clothing Care	<u>18</u>
Community Mobility	<u>19</u>
Dressing	<u>20</u>
Driving	<u>23</u>
Feeding	<u>25</u>
Functional Communication	<u>26</u>
Functional Mobility	<u>27</u>
Grooming and Oral Hygiene	<u>30</u>
Handwriting	<u>31</u>
Leisure, Recreation and Social Participation	<u>33</u>
Light Housework	<u>34</u>
Managing Finances and Mail	<u>35</u>
Meal Preparation	<u>36</u>
Medication and Health Management	<u>38</u>
Rest and Sleep	<u>40</u>
Shopping	<u>42</u>
Toileting	<u>43</u>

### **Interventions**

Apraxia	<u>45</u>
Balance	<u>46</u>
Cognition	<u>48</u>
Fall Risk Assessment and Prevention	<u>51</u>
Home Safety and Modification	<u>54</u>
Therapeutic Exercise	<u>57</u>
Visual Perception	<u>59</u>

### **Conditions and Diseases**

Adhesive Capsulitis	<u>61</u>
Alzheimer's Disease and Related Disorders – Early Stage	<u>63</u>
Alzheimer's Disease and Related Disorders – Mid Stage	<u>65</u>
Alzheimer's Disease and Related Disorders – Late Stage	<u>68</u>
Amputation of the Lower Extremity	<u>69</u>
Amyotrophic Lateral Sclerosis	<u>71</u>
Biceps Tendinitis	<u>73</u>
Breast Cancer	<u>74</u>
Cancer	<u>76</u>
Cardiac Disease	<u>78</u>
Cardiac Surgery	<u>80</u>
Carpal Tunnel Syndrome - Conservative Management	<u>82</u>
Carpal Tunnel Syndrome - Surgical Management	<u>84</u>

# Occupational Therapy TOOLKIT

## Table of Contents

### Conditions and Diseases

Cervical Spine Surgery	<u>86</u>
Cervical Radiculopathy and Myelopathy	<u>88</u>
Chronic Kidney Disease	<u>90</u>
Chronic Pain	<u>91</u>
Complex Regional Pain Syndrome – Post-Stroke	<u>93</u>
Cubital Tunnel Syndrome (Ulnar Neuropathy)	<u>94</u>
Depression	<u>96</u>
De Quervain's Syndrome - Conservative Management	<u>98</u>
De Quervain's Syndrome - Surgical Management	<u>100</u>
Diabetes - Type 2	<u>102</u>
Dizziness	<u>104</u>
Epicondylitis	<u>106</u>
Essential Tremor	<u>108</u>
Extreme Obesity/Exceptionally Large Persons	<u>109</u>
Fracture of the Elbow (Olecranon and Radial Head)	<u>111</u>
Fracture of the Femur	<u>113</u>
Fracture of the Shoulder (Proximal Humerus and Humeral Shaft)	<u>114</u>
Fracture of the Wrist (Distal Radius)	<u>116</u>
Frail Elderly/Oldest Old 85+	<u>118</u>
Guillain-Barré Syndrome	<u>120</u>
Hip Replacement (Arthroplasty)	<u>122</u>
Hospice	<u>123</u>
Joint Contractures	<u>125</u>
Knee Replacement (Arthroplasty)	<u>126</u>
Low Vision and Blindness	<u>127</u>
Lumbar Spine Surgery	<u>130</u>
Lumbar Radiculopathy	<u>131</u>
Mild Cognitive Impairment	<u>132</u>
Multiple Sclerosis	<u>133</u>
Myocardial Infarction	<u>136</u>
Osteoarthritis	<u>138</u>
Osteoporosis	<u>140</u>
Parkinson's Disease	<u>141</u>
Peripheral Neuropathy	<u>144</u>
Post-Poliomyelitis Syndrome	<u>145</u>
Pressure Ulcers	<u>147</u>
Pulmonary Disease	<u>149</u>
Rheumatoid Arthritis	<u>151</u>
Rotator Cuff Impingement, Tendonitis and Tears	<u>153</u>
Rotator Cuff Repair	<u>155</u>
Scleroderma/Systemic Sclerosis	<u>157</u>

# Occupational Therapy TOOLKIT

## Table of Contents

### Conditions and Diseases

Spinal Cord Injury	<u>159</u>
Stroke	<u>161</u>
Total Shoulder Replacement (Arthroplasty)	<u>166</u>
Urinary Incontinence	<u>168</u>
Vertebral Compression Fractures	<u>169</u>

# Occupational Therapy TOOLKIT

## Table of Contents

### ADL Handouts

#### Bathing and Showering

Adaptive Equipment for Bathing and Showering	<u>171</u>
Bathing and Showering Tips	<u>173</u>
Placement of Grab Bars – Left Side	<u>175</u>
Placement of Grab Bars – Right Side	<u>176</u>

#### Dressing

Adaptive Equipment for Dressing	<u>177</u>
Dressing Tips	<u>178</u>
Putting on Open Front Garment Using a Dressing Stick	<u>180</u>
Putting on Pants and Underwear Using a Dressing Stick	<u>182</u>
Putting on Pullover Garment Using a Dressing Stick	<u>184</u>
Putting on/Removing Lower Body Clothing Method 1	<u>185</u>
Putting on/Removing Lower Body Clothing Method 2	<u>187</u>
Putting on/Removing Lower Body Clothing in Supine	<u>188</u>
Putting on/Removing Lower Body Clothing Using a Footstool	<u>189</u>
Putting on/Removing Open Front Garment Two Shoulder Drape	<u>190</u>
Putting on/Removing Open Front Garment One Shoulder Drape	<u>191</u>
Putting on/Removing Pullover Garment Arm-Head-Arm	<u>192</u>
Putting on/Removing Pullover Garment Head-Arm-Arm	<u>193</u>
Putting on/Removing Socks/Shoes with Adaptive Equipment	<u>194</u>
Putting on/Removing Support Stockings	<u>196</u>
Removing Pants and Underwear Using a Dressing Stick	<u>198</u>
Removing Pullover Garment Using a Dressing Stick	<u>199</u>
Using a Buttonhook	<u>200</u>
Dressing Using One-Handed Method – Left Side Affected	
Putting on Open Front Garment	<u>201</u>
Putting on Pants and Underwear	<u>203</u>
Putting on Pullover Garment	<u>205</u>
Putting on/Removing Bra	<u>207</u>
Putting on Socks and Shoes	<u>209</u>
Removing Open Front Garment	<u>210</u>
Removing Pants and Underwear	<u>211</u>
Removing Pullover Garment	<u>212</u>
Shoe Tying	<u>213</u>
Dressing Using One-Handed Method – Right Side Affected	
Putting on Open Front Garment	<u>215</u>
Putting on Pants and Underwear	<u>217</u>
Putting on Pullover Garment	<u>219</u>
Putting on/Removing Bra	<u>221</u>
Putting on Socks and Shoes	<u>223</u>
Removing Open Front Garment	<u>224</u>

# Occupational Therapy TOOLKIT

## Table of Contents

### ADL Handouts

Dressing Using One-Handed Method – Right Side Affected

Removing Pants and Underwear 225

Removing Pullover Garment 226

Shoe Tying 227

Feeding

Adaptive Equipment for Feeding 229

Functional Mobility

Adaptive Equipment for Mobility 230

Assisted Sit Pivot Transfers Moving to the Left 231

Assisted Sit Pivot Transfers Moving to the Right 232

Assisted Stand Pivot Transfers Moving to the Left 233

Assisted Stand Pivot Transfers Moving to the Right 235

Bridging 237

Getting Down On the Floor 238

Getting In and Out of Bed Following Hip Surgery 239

Getting In and Out of Bed – Left Hemiparesis 240

Getting In and Out of Bed – Right Hemiparesis 242

Getting In Bed towards Your Left Side 244

Getting In Bed towards Your Right Side 245

Getting In and Out of Bed with Help, Towards the Left Side 246

Getting In and Out of Bed with Help, Towards the Right Side 247

Getting Out of Bed towards Your Left Side 248

Getting Out of Bed towards Your Right Side 249

Getting Up From the Floor 250

Moving Side-to-Side in Bed 251

Rolling onto Your Side in Bed 252

Scotting Up in Bed 253

Sit Pivot Transfers Moving to the Left 254

Sit Pivot Transfers Moving to the Right 255

Sitting Down 256

Sitting Down Following Hip Surgery 257

Standing Up 258

Standing Up Following Hip Surgery 259

Standing Up with Help 260

Transfer Board – Moving to the Left 261

Transfer Board – Moving to the Right 262

Transfer to Tub Using Bath Seat (back up, left) 263

Transfer to Tub Using Bath Seat (back up, right) 264

Transfer to Tub Using Bath Seat (left leg, right leg, sit) 265

Transfer to Tub Using Bath Seat (right leg, left leg, sit) 266

Transfer to Tub Using Bath Seat (left leg, sit, right leg) 267

# Occupational Therapy TOOLKIT

## Table of Contents

### **ADL Handouts**

#### **Functional Mobility**

Transfer to Tub Using Bath Seat (right leg, sit, left leg)	<u>268</u>
Transfer to Tub Using Bath Transfer Bench (left)	<u>269</u>
Transfer to Tub Using Bath Transfer Bench (right)	<u>270</u>
Transfers In and Out of a Car	<u>271</u>
Wheelchair to Tub Using Bath Transfer Bench (left)	<u>272</u>
Wheelchair to Tub Using Bath Transfer Bench (right)	<u>274</u>
Wheelchair Mobility	<u>276</u>

#### **Grooming and Oral Hygiene**

Adaptive Equipment for Grooming and Oral Hygiene	<u>277</u>
--	------------

#### **Toileting**

Adaptive Equipment for Toileting	<u>278</u>
Toileting Tips	<u>279</u>

#### **Meal Preparation and Clean Up**

Adaptive Equipment for One-Handed Meal Preparation	<u>281</u>
Managing Kitchen Tasks from a Walker	<u>282</u>
Managing Kitchen Tasks from a Wheelchair	<u>284</u>
One-Handed Meal Preparation	<u>286</u>

#### **Medication Routine**

Healthcare Providers Appointments	<u>288</u>
Medication Management Resources	<u>289</u>
Tips for Making and Keeping Healthcare Appointments	<u>290</u>

# Occupational Therapy TOOLKIT

## Table of Contents

### **Educational Handouts** (arranged alphabetically in document)

Amputation of the Lower Extremity	
Care of Your Residual Limb	<u>299</u>
Donning Your Prosthesis and Socks	<u>314</u>
Equipment Care – Prosthesis and Socks	<u>332</u>
Phantom Limb Pain	<u>389</u>
Positioning Your Residual Limb	<u>393</u>
Cardiopulmonary	
Activity Guidelines Following Cardiac Surgery	<u>291</u>
Activity Guidelines Following Heart Attack	<u>293</u>
Cardiac Precautions for Exercise	<u>298</u>
Causes of Respiratory Panic and Distress	<u>300</u>
Coordinating Your Breathing with Activities	<u>302</u>
Deep Breathing Exercise	<u>312</u>
Diaphragmatic Breathing	<u>313</u>
Energy Conservation	<u>329</u>
Energy Conservation with Meal and Home Management	<u>330</u>
Energy Conservation with Self Care Activities	<u>331</u>
Levels of Shortness of Breath	<u>364</u>
Pursed Lip Breathing	<u>403</u>
Respiratory Panic and Distress Control Technique	<u>404</u>
Self-Monitoring Your Heart Rate	<u>405</u>
Sternal Precautions	<u>410</u>
Cognition and Visual Perception	
Daily Planning Notebook-Setting Up a Daily Planning Notebook	<u>305</u>
Daily Planning Notebook-Using Your Daily Planning Notebook	<u>306</u>
Daily Planning Notebook-Daily Schedule/Things To Do	<u>307</u>
Daily Planning Notebook-Important Phone Numbers	<u>308</u>
Daily Planning Notebook-Important Things to Remember	<u>309</u>
Daily Planning Notebook-Personal Information	<u>310</u>
Daily Planning Notebook-Shopping List	<u>311</u>
Functional Cognitive Activities	<u>338</u>
Suggestions for Improving Attention	<u>414</u>
Suggestions for Improving Figure Ground Discrimination	<u>415</u>
Suggestions for Improving Form Constancy	<u>416</u>
Suggestions for Improving Left Side Awareness	<u>417</u>
Suggestions for Improving Memory	<u>419</u>
Suggestions for Improving Motor Planning (Apraxia)	<u>422</u>
Suggestions for Improving Right Side Awareness	<u>423</u>
Suggestions for Improving Thinking Skills	<u>425</u>
Suggestions for Improving Vision	<u>427</u>



# Occupational Therapy TOOLKIT

## Table of Contents

### **Educational Handouts** (arranged alphabetically in document)

Cognition and Visual Perception	
Suggestions for Improving Visual-Motor Integration	<u>428</u>
Suggestions for Improving Visual Spatial Relations	<u>429</u>
Low Vision	
Communication Tasks	<u>365</u>
Controlling Glare	<u>367</u>
Eating Techniques	<u>368</u>
Functional Reading	<u>369</u>
Functional Vision	<u>370</u>
Improving Your Other Senses	<u>371</u>
Kitchen Management	<u>373</u>
Labeling and Marking	<u>375</u>
Lighting Guidelines	<u>377</u>
Medication Tips	<u>379</u>
Mobility Tips	<u>381</u>
Money Management	<u>382</u>
Recreational Ideas	<u>383</u>
Safety Tips	<u>384</u>
Using Contrast	<u>385</u>
Neurological	
Cognitive Strategies to Improve Movement	<u>301</u>
Functional Use of Affected Upper Extremity after Stroke	<u>339</u>
Handwriting Techniques for Parkinson's	<u>346</u>
Handwriting Component Exercises	<u>347</u>
Handwriting Cursive Exercises	<u>348</u>
Handwriting Pangrams	<u>349</u>
Positioning in Bed – Left Hemiparesis	<u>390</u>
Positioning in Bed – Right Hemiparesis	<u>391</u>
Proper Positioning When Sitting – Left Hemiparesis	<u>399</u>
Proper Positioning When Sitting – Right Hemiparesis	<u>400</u>
Protecting Your Arm – Left Hemiparesis	<u>401</u>
Protecting Your Arm – Right Hemiparesis	<u>402</u>
Strategies to Reduce Action Tremor	<u>411</u>
Orthopedic	
Arthritic Joint Changes and Deformity	<u>295</u>
Body Mechanics	<u>296</u>
Edema Control of the Arm	<u>327</u>
Edema Control of the Leg(s)	<u>328</u>
Everyday Activities after Cervical Surgery	<u>333</u>
Everyday Activities after Lumbar Surgery	<u>335</u>
Everyday Activities after Shoulder Surgery	<u>337</u>

# Occupational Therapy TOOLKIT

## Table of Contents

### **Educational Handouts** (arranged alphabetically in document)

#### Orthopedic

Good Posture	<u>343</u>
Hip Dislocation Precautions	<u>351</u>
Joint Protection	<u>359</u>
Spinal Surgery Precautions	<u>407</u>
Splint/Orthosis Instructions	<u>408</u>
Splinting for Arthritis	<u>409</u>
Superficial Cold	<u>430</u>
Superficial Heat	<u>431</u>
Surgical Intervention in Arthritis	<u>432</u>

#### Other

Generously Sized Products	<u>342</u>
Good Sleep Habits	<u>345</u>
Healthy Bladder Habits	<u>350</u>
Leisure Activities	<u>363</u>
Measuring Your Arm Following Mastectomy	<u>386</u>
Pain Diary	<u>387</u>
Positioning in Bed to Minimize Pressure	<u>392</u>
Pressure Relief	<u>396</u>
Prevention and Control of Lower Extremity Lymphedema	<u>397</u>
Prevention and Control of Upper Extremity Lymphedema	<u>398</u>
Skin Inspection	<u>406</u>
Stress Management and Relaxation Techniques	<u>412</u>

#### Safety

Daily Foot Care and Foot Safety	<u>303</u>
Don't Let a Fall Get You Down	<u>315</u>
Home Safety and Performance Assessment	<u>353</u>
Personal Emergency Response Systems	<u>388</u>
Post-Fall Questionnaire	<u>394</u>
Using Your Walker Safely	<u>433</u>
Using Your Wheelchair Safely	<u>435</u>

# Occupational Therapy TOOLKIT

## Table of Contents

### **Exercise Handouts** (arranged alphabetically in document)

#### Balance

Balance Exercise Guidelines	<u>446</u>
Core Exercise Guidelines	<u>452</u>
Core Exercises – Back Muscles	<u>449</u>
Core Exercises – Pelvic Muscles	<u>453</u>
Core Exercise – Stomach Muscles	<u>454</u>
Dynamic Balance Exercises	<u>459</u>
Sitting Balance Exercises	<u>603</u>
Stability Ball Exercise Guidelines	<u>606</u>
Stability Ball Exercises – Back Muscles	<u>607</u>
Stability Ball Exercises – Pelvic Muscles	<u>609</u>
Stability Ball Exercises – Stomach Muscles	<u>611</u>
Static Balance Exercises	<u>613</u>

#### Elbow, Forearm, Wrist

Elbow, Forearm and Wrist Active ROM Exercises	<u>461</u>
Elbow, Forearm and Wrist Strengthening Exercises	<u>463</u>
Elbow, Forearm and Wrist Stretching Exercises	<u>465</u>
Forearm and Wrist Active ROM Exercises	<u>477</u>
Forearm and Wrist Strengthening Exercises	<u>478</u>
Forearm and Wrist Stretching Exercises	<u>479</u>

#### Cardiopulmonary

Arm Cycle Guidelines	<u>440</u>
Pulmonary Exercises	<u>539</u>

#### General

Active Movement of the Elbow, Wrist and Hand	<u>437</u>
Active Movement of the Shoulder and Hand	<u>438</u>
Active Movement of the Shoulder, Elbow and Hand	<u>439</u>
Arm Exercises	<u>441</u>
Ball Exercises	<u>447</u>
Exercise Guidelines for Amyotrophic Lateral Sclerosis	<u>467</u>
Exercise Guidelines for Arthritis	<u>468</u>
Exercise Guidelines for Diabetes	<u>469</u>
Exercise Guidelines for Multiple Sclerosis	<u>470</u>
Exercise Guidelines for Orthopedic Conditions	<u>471</u>
Exercise Guidelines for Post-Poliomyelitis Syndrome	<u>472</u>
Exercise Guidelines for Renal Conditions	<u>473</u>
Face and Neck Active ROM Exercises	<u>474</u>
Gross Motor Activities	<u>480</u>
Osteoporosis Extension Exercises	<u>505</u>
Passive ROM Exercises	<u>516</u>
Passive ROM Exercises – Left Hemiparesis	<u>523</u>

# Occupational Therapy TOOLKIT

## Table of Contents

### **Exercise Handouts** (arranged alphabetically in document)

#### General

Passive ROM Exercises - Right Hemiparesis	<u>530</u>
Resistance Band Arm Exercises	<u>544</u>
Upper Body Active ROM Exercises	<u>616</u>
Upper Body Strengthening Activities	<u>623</u>

#### Hand

Fine Motor Activities	<u>476</u>
Hand Strengthening Putty Exercises	<u>481</u>
Hand Stretching and Active ROM	<u>483</u>
Median Nerve Gliding Exercises	<u>500</u>
Tendon Gliding Exercises	<u>615</u>

#### Neck

Neck Active ROM Exercises	<u>501</u>
Neck Isometric Exercises	<u>502</u>
Neck Strengthening Exercises	<u>503</u>
Neck Stretches	<u>504</u>

#### Parkinson's

Parkinson's Exercises	<u>509</u>
-----------------------	------------

#### Shoulder

Dowel Exercises Lying	<u>455</u>
Dowel Exercises Seated	<u>457</u>
Mastectomy Exercises	<u>496</u>
Pendulum Exercises – Left	<u>537</u>
Pendulum Exercises – Right	<u>538</u>
Shoulder Active Exercises – Left	<u>563</u>
Shoulder Active Exercises – Right	<u>566</u>
Shoulder Active ROM Exercises	<u>569</u>
Shoulder Isometric Exercises Left – Seated	<u>571</u>
Shoulder Isometric Exercises Right – Seated	<u>574</u>
Shoulder Isometric Exercises Left – Standing	<u>577</u>
Shoulder Isometric Exercises Right – Standing	<u>580</u>
Shoulder Passive and Active-Assisted Exercises – Left	<u>583</u>
Shoulder Passive and Active-Assisted Exercises – Right	<u>585</u>
Shoulder Pulley Exercises - Left	<u>587</u>
Shoulder Pulley Exercises - Right	<u>588</u>
Shoulder Strengthening – Free Weights - Left	<u>589</u>
Shoulder Strengthening – Free Weights - Right	<u>592</u>
Shoulder Strengthening – Resistive Band - Left	<u>595</u>
Shoulder Strengthening – Resistive Band - Right	<u>597</u>
Shoulder Stretching Exercises – Left	<u>599</u>
Shoulder Stretching Exercises – Right	<u>601</u>

# Occupational Therapy TOOLKIT

## Table of Contents

### **Exercise Handouts** (arranged alphabetically in document)

#### Stroke

Level 1 Activities - Getting Your Affected Arm to Move	<u>491</u>
Level 2 Activities - Passive Stabilizer	<u>492</u>
Level 3 Activities - Active Stabilizer	<u>493</u>
Level 4 Activities - Gross Motor Assist	<u>494</u>
Level 5 Activities - Fine Motor Assist	<u>495</u>
Using Your Arm as an Active Stabilizer	<u>624</u>
Using Your Arm as a Gross Motor Assist	<u>625</u>
Using Your Arm as a Passive Stabilizer	<u>626</u>
Using Your Arm with Caregiver Assisted Guiding	<u>627</u>
Using Your Arm with Self-Guiding	<u>628</u>
Stroke Left Hemiparesis	
Scapular Mobilization and Strengthening Exercises – Left	<u>547</u>
Self Range of Motion – Left Hemiparesis	<u>555</u>
Weight Bearing Exercises – Left Hemiparesis	<u>629</u>
Stroke Right Hemiparesis	
Scapular Mobilization and Strengthening Exercises – Right	<u>551</u>
Self Range of Motion – Right Hemiparesis	<u>559</u>
Weight Bearing Exercises – Right Hemiparesis	<u>630</u>
<b>Bibliography for the OT and PT Toolkits</b>	<u>631</u>
<b>Terms, Conditions and Disclaimers Agreement</b>	<u>701</u>
<b>End User License Agreement</b>	<u>703</u>

# Occupational Therapy TOOLKIT

## Activities of Daily Living Training

### **Basic Activities of Daily Living (BADL)**

Bathing and showering  
Dressing  
Feeding  
Functional communication  
Functional mobility  
Grooming and oral hygiene  
Toileting

### **Instrumental Activities of Daily Living (IADL)**

Clothing care  
Community Mobility  
Driving  
Handwriting  
Light housework  
Managing finances  
Meal preparation  
Medication and health management  
Rest and Sleep  
Shopping

### **Leisure, Social and Productive Activities**

#### **Assessments:**

Assessment of Motor and Process Skills (AMPS) (Fisher et al 1993)  
Barthel ADL Index (Mahoney 1965)  
Community Mobility Assessment (Brewer et al 1998)  
Functional Independence Measure (Granger 1986)  
Kitchen Task Assessment (Baum 1993)  
Kohlman Evaluation of Living Skills (Kohlman-Thompson 1992)  
Performance Assessment of Self-Care Skills (Rogers & Holmes 1989)  
Rabideau Kitchen Evaluation Revised (Neistadt 1994)  
Safety Assessment of Function and Environment for Rehabilitation (Oliver et al 1993)

#### **Occupational Therapy Intervention:**

Apply different approaches for solving ADL and IADL difficulties.

- Treat underlying limitations to safety and independence  
Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies.  
Safety techniques; one-handed techniques; energy conservation; low vision techniques; cognitive/perceptual compensation; task segmentation; joint protection; step-by-step instructions; hand-over-hand guiding.

# Occupational Therapy TOOLKIT

## Activities of Daily Living Training

### **Occupational Therapy Intervention:**

- Train in the use of adaptive equipment and assistive devices.
- Provide environmental modifications and adaptations.
- Instruct in task modification – change the task, eliminate part or all of the task, or have someone else do part or all of the task.

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

Provide caregiver/family education and training.

### **Grading Levels of ADL and IADL Independence**

- Independent (no equipment; no physical assistance)
- Modified Independent (needs equipment and/or increased time)
- Supervision (set-up and/or supervision; no physical assistance is required)
- Contact Guard (occasional physical hand-on assistance for safety)
- Minimal Assistance (individual performs  $\geq 75\%$  of task)
- Moderate Assistance (individual performs 50-74% of task)
- Maximal Assistance (individual performs 25-49% of task)
- Dependent (individual performs  $\leq 24\%$  of task)

### **Documenting ADLs and IADLs**

- Describe the ADL task being performed and the position for the activity (sitting, standing, in bed, in chair or at the sink)
- Level of independence and/or physical assistance
- Level of cues required (none, verbal guidance, gestural guidance, direct verbal assistance, direct physical assistance)
- Note the major limiting factors (sequencing, balance, fatigue, safety)
- What compensatory strategies were taught? (joint protection, energy conservation)
- What adaptive equipment was utilized? (reacher, sock aid, walker, bath bench)
- How was the task modified?
- Describe the ability to plan, initiate, organize, sequencing, and complete the tasks
- Comment on safety, consistency and efficiency of performance.

### **Resources:**

1. ABLEDATA provides objective information about assistive technology products and rehabilitation equipment - [Website](#)
2. National Rehabilitation Information Center, REHABDATA - [Website](#)

# Occupational Therapy TOOLKIT

## Bathing and Showering

Bathing includes obtaining and using supplies; turning water on and off; regulating water temperature; washing, rinsing, and drying all body parts and hair; maintaining bathing position.

### **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 balance

Visual perceptual and cognitive impairment

### **Occupational Therapy Intervention:**

Apply different approaches for solving difficulties with bathing and showering.

Including but not limited to...

- Treat underlying limitations to safety and independence.  
Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies.  
Safety techniques; one-handed techniques; energy conservation; low vision techniques; cognitive/perceptual compensation; task segmentation; joint protection; step-by-step instructions; hand-over-hand guiding
- Train in the use of adaptive equipment and assistive devices such as.  
Bathtub thermometer; built up bath brush; hand held shower; hand wash mitt; long handled brush; shower chair or bath bench; leg lifter; suction cup bathmat, grab bars.
- Provide environmental modifications and adaptations such as.  
Hang towel racks lower; hang shower caddy lower; replace turn faucets with lever style, adjust back legs of the shower chair lower to keep hips back in the chair, install grab bars, tub cutout.
- Instruct in activity modification
  - Change the task – use hand towels instead of heavier bath towels, trade bar soap for liquid soap in plastic pump bottles.
  - Eliminate part or all of the task – shower every other day instead of daily, eliminate the need to stand by sitting to bathe.
  - Have someone else do part or all of the task – hairdresser for shampoo, help to wash feet and back.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) as it related to bathing and showering



# Occupational Therapy TOOLKIT

## Bathing and Showering

### Occupational Therapy Intervention:

Provide caregiver/family education and training.

### Patient and Caregiver Handouts:

1.	Adaptive Equipment for Bathing and Showering	<u>171</u>
2.	Bathing and Showering Tips	<u>173</u>
3.	Energy Conservation with Self Care Activities	<u>331</u>
4.	Placement of Grab Bars – Left Side	<u>175</u>
5.	Placement of Grab Bars – Right Side	<u>176</u>
6.	Transfer to Tub Using Bath Seat (left leg, right leg, sit)	<u>265</u>
7.	Transfer to Tub Using Bath Seat (right leg, left leg, sit)	<u>266</u>
8.	Transfer to Tub Using Bath Seat (left leg, sit, right leg)	<u>267</u>
9.	Transfer to Tub Using Bath Seat (right leg, sit, left leg)	<u>268</u>
10.	Transfer to Tub Using Bath Seat (back up, left)	<u>263</u>
11.	Transfer to Tub Using Bath Seat (back up, right)	<u>264</u>
12.	Transfer to Tub Using Bath Transfer Bench (left)	<u>269</u>
13.	Transfer to Tub Using Bath Transfer Bench (right)	<u>270</u>
14.	Wheelchair to Tub Using Bath Transfer Bench (left)	<u>272</u>
15.	Wheelchair to Tub Using Bath Transfer Bench (right)	<u>274</u>

# Occupational Therapy TOOLKIT

## Clothing Care

Clothing care includes transporting laundry; sorting clothes; pouring laundry detergent; washing items by hand; operating washing machine; moving wet clothes to dryer; operating dryer; removing clothes from dryer; hanging up clothes to dry; setting up ironing board; ironing; folding clothes; hanging up clothes in closet; putting clothes away; mending clothes.

### **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 balance

Visual perceptual impairment

Cognitive impairment

### **Occupational Therapy Intervention:**

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

- Treat underlying limitations to safety and independence
  - Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies.
  - Safety techniques; one-handed techniques; energy conservation; low vision techniques; cognitive/perceptual compensation; task segmentation; joint protection; step-by-step instructions.
- Train in the use of adaptive equipment and assistive devices such as.
  - Laundry cart, reacher to pick out clothes from washer and dryer
- Provide environmental modifications and adaptations such as.
  - Sufficient lightening, store supplies within easy and safe reach, low vision modifications to control panel, relocate laundry appliances.
- Instruct in activity modification
  - Change the task - Transfer wet clothes into dryer a few items at a time. Use smaller containers for detergent. Wash smaller loads. Sit to iron, sort clothes, pre-treat stains and fold laundry.
  - Eliminate part or all of the task –Wear clothes made of easy care fabrics to eliminate need to iron.
  - Have someone else do part or all of the task - Get help to fold large items, such as sheets. Use a laundry service

# Occupational Therapy TOOLKIT

## Community Mobility

**Passenger** in vehicle (car, taxi, van, SUV, truck, shuttle, para-transit, services, bus, train and subway) arrange transportation; maneuver on a bus/train; transfer in and out of vehicle; fasten seatbelt; store mobility devices; transport items purchased.

**Pedestrian** (with or without assistive devices such as cane, walker, crutches, manual wheelchair, electric wheelchair, power assist wheelchair, scooter) access elevators/escalators; open and close doors; move through doorways; cross the street safely; negotiate obstacles; climb stairs and curbs; move up and down ramps; slopes and curb cuts; transport items purchased.

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

Impaired physical function

Vision loss

Perceptual impairment

Cognitive impairment

### **Assessment**

Power-Mobility Indoor Driving Assessment Manual published by the Department of Occupational Therapy, Sunnybrook and Women's College, Toronto, Canada

### **Occupational Therapy Intervention:**

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

- Treat underlying limitations to safety and independence  
Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies
- Train in the use of adaptive equipment and modifications.
- Instruct in task modification – change the task, eliminate part or all of the task or have someone else do part or the entire task.

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

1. Transfers In and Out of a Car

271

# 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...

- Treat underlying limitations to safety and independence  
Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies.  
Safety techniques; one-handed techniques; energy conservation; low vision techniques; cognitive/perceptual compensation; task segmentation; joint protection; step-by-step instructions; hand-over-hand guiding
- 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.
- Provide environmental modifications and adaptations such as.  
Avoid storing items on the floor; lower closet poles; organize clothes within easy reach; label drawers of contents using picture or words
- Instruct in activity modification
  - Change the task - Place the weaker extremity into the garment first. Dress in a supine position

# Occupational Therapy TOOLKIT

## Dressing

### Occupational Therapy Intervention:

- Instruct in activity modification (continued)
  - Eliminate part or all of the task – 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.
  - Have someone else do part or all of the task

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) as it relates to dressing.

Provide caregiver/family education and training.

### Patient and Caregiver Handouts:

1.	Adaptive Equipment for Dressing	<u>177</u>
2.	Dressing Tips	<u>178</u>
3.	Energy Conservation with Self Care Activities	<u>331</u>
4.	Putting on Open Front Garment Using a Dressing Stick	<u>180</u>
5.	Putting on Pants and Underwear Using a Dressing Stick	<u>182</u>
6.	Putting on Pullover Garment Using a Dressing Stick	<u>184</u>
7.	Putting on/Removing Lower Body Clothing Method 1	<u>185</u>
8.	Putting on/Removing Lower Body Clothing Method 2	<u>187</u>
9.	Putting on/Removing Lower Body Clothing in Supine	<u>188</u>
10.	Putting on/Removing Lower Body Clothing Using a Footstool	<u>189</u>
11.	Putting on/Removing Open Front Garment Two Shoulder Drape	<u>190</u>
12.	Putting on/Removing Open Front Garment One Shoulder Drape	<u>191</u>
13.	Putting on/Removing Pullover Garment Arm-Head-Arm	<u>192</u>
14.	Putting on/Removing Pullover Garment Head-Arm-Arm	<u>193</u>
15.	Putting on/Removing Socks/Shoes with Adaptive Equipment	<u>194</u>
16.	Putting on/Removing Support Stockings	<u>196</u>
17.	Removing Pants and Underwear Using a Dressing Stick	<u>198</u>
18.	Removing Pullover Garment Using a Dressing Stick	<u>199</u>
19.	Using a Buttonhook	<u>200</u>

### Dressing Using One-Handed Method – Left Side Affected

20.	Putting on Open Front Garment	<u>201</u>
21.	Putting on Pants and Underwear	<u>203</u>
22.	Putting on Pullover Garment	<u>205</u>
23.	Putting on/Removing Bra	<u>207</u>
24.	Putting on Socks and Shoes	<u>209</u>
25.	Removing Open Front Garment	<u>210</u>

# Occupational Therapy TOOLKIT

## Dressing

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

Dressing Using One-Handed Method – Left Side Affected (continued)

- |     |                              |            |
|-----|------------------------------|------------|
| 26. | Removing Pants and Underwear | <u>211</u> |
| 27. | Removing Pullover Garment    | <u>212</u> |
| 28. | Shoe Tying                   | <u>213</u> |

Dressing Using One-Handed Method – Right Side Affected

- |     |                                |            |
|-----|--------------------------------|------------|
| 29. | Putting on Open Front Garment  | <u>215</u> |
| 30. | Putting on Pants and Underwear | <u>217</u> |
| 31. | Putting on Pullover Garment    | <u>219</u> |
| 32. | Putting on/Removing Bra        | <u>221</u> |
| 33. | Putting on Socks and Shoes     | <u>223</u> |
| 34. | Removing Open Front Garment    | <u>224</u> |
| 35. | Removing Pants and Underwear   | <u>225</u> |
| 36. | Removing Pullover Garment      | <u>226</u> |
| 37. | Shoe Tying                     | <u>227</u> |

### **Resources:**

1. American Health Care Apparel - Adaptive Clothing - [Website](#)
2. Silvert's Adaptive Clothing and Footwear - [Website](#)
3. Spec L Clothing Solutions - Adaptive Clothing - [Website](#)

# Occupational Therapy TOOLKIT

## Driving

**Driver** in vehicle (car, van, SUV or truck) with or without structural modifications, adapted driving equipment, or both. Transferring to and out of vehicle; fastening seatbelt; adjusting mirrors and storing mobility devices. Physical, cognitive and perception abilities for driving.

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

Impaired physical function

Vision loss

Perceptual impairment

Cognitive impairment

Medication side effects (sedation, hypoglycemia, blurred vision, hypotension, dizziness, syncope or loss of coordination)

### **Assessment**

*Generalist* - Reviews driving and community mobility goals and needs on the initial evaluation; make referrals to a driving specialist. Available screening tools include:

- The Physicians Guide to Assessing and Counseling Older Drivers
- Roadwise Review
- Driving Decision Workbook

*Driving specialist* - Provides a comprehensive evaluation including clinical and behind-the-wheel assessments.

### **Occupational Therapy Intervention:**

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

- Treat underlying limitations to safety and independence
  - Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Provide education and training to improve driving ability
  - AAA Mature Driver Safety Course - [Website](#)
  - Carfit - [Website](#)
  - Drive Sharp brain training software - [Website](#)
  - AARP Driver Safety Online Course - [Website](#)
- Train in compensatory strategies
  - One-handed techniques and low vision compensation.
- Train in the use of adaptive equipment and modifications such as.
  - Simple - key extenders, leveraging devices, swivel seat cushion, seat cushion, leg lifter, steering wheel covers, extendable visors, handy bar, seat belt adapters, car lifts and carrying devices for a wheelchair or a scooter.

# Occupational Therapy TOOLKIT

## Driving

### Occupational Therapy Intervention:

- Train in the use of adaptive equipment and modifications such as.
  - Complex (needs to be recommended and trained by a DRS) - hand controls for the brakes and accelerator, pedal extenders, left-foot accelerator pedal, panoramic mirrors, convex mirrors, steering wheel knobs, turn-signal crossovers.
- Instruct in task modification – change the task, eliminate part or all of the task or have someone else do part or all of the task such as.
  - Modifying when and how to drive (e.g., only on back roads, during daylight, avoid left-turns, not during rush hour, or bad weather).
  - Exploring alternative transportation options such as rides with family and friends; taxi cabs; para-transit services; public transportation (buses, trains and subways); walking.

### Patient and Caregiver Handouts:

1. Transfers In and Out of a Car 271

### Resources:

1. AAA Roadwise Review - [Website](#)
2. Alternative transportation programs - [Website](#)
3. AOTA older driver website - [Website](#)
4. Drive Sharp brain training software - [Website](#)
5. Driving Decisions Workbook, UM Transportation Research Institute - [Website](#)
6. Elderly Driving Assessments - [Website](#)
7. Find an OT driving specialist - [Website](#)
8. Physician's Guide to Assessing and Counseling Older Drivers - [Website](#)
9. Potentially Driver Impairing (PDI) Prescription Drugs Database - [Website](#)



# Occupational Therapy TOOLKIT

## Feeding

Feeding includes using utensils and tableware (fork, spoon, knife, cup, plate); setting-up the meal; bringing soft food, solid food and drink to the mouth; positioning self for feeding; eating and drinking adequate amount.

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

Impaired trunk, neck, shoulder strength and or ROM  
Impaired hand strength, ROM, sensation and/or coordination  
Limited activity tolerance and endurance  
Visual perceptual impairment  
Cognitive impairment

### **Occupational Therapy Intervention:**

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

- Treat underlying limitations to safety and independence.  
Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies.  
Safety techniques; one-handed techniques; energy conservation; low vision techniques; cognitive/perceptual compensation; task segmentation; joint protection; step-by-step instructions; hand-over-hand guiding
- Train in the use of adaptive equipment and assistive devices such as.  
Adapted cups and mugs, adapted utensils, universal cuff, inner lip plate, cylindrical foam.
- Provide environmental modifications and adaptations such as.  
Contrast tableware and surface, avoid busy patterns, adjust table heights, proper positioning, quiet environment, adequate lighting, overhead sling.
- Instruct in activity modification
  - Change the task - retrain hand dominance, eat frequent small meals, change food consistency
  - Eliminate part or all of the task – use finger foods to eliminate utensils
  - Have someone else do part or all of the task

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

1. Adaptive Equipment for Feeding 229

### **Additional Treatment Guides:**

1. Essential Tremor 108  
2. Low Vision and Blindness 127

# Occupational Therapy TOOLKIT

## Functional Communication

Speaking – Communication of basic need.

Writing – Sign name legibly in a 2.5' x .5' space; write letters or cards; make a shopping list and write checks.

Reading – See the print; hold reading material; obtain information from the medicine labels; mail; newspaper; TV guide and phone book.

Telephone Use – Obtain and dial phone numbers; use of emergency numbers (911, 311); hold the phone; phone placement; answer the phone on time.

Computer Use – Power on and off; use keyboard and mouse; view screen; use programs.

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

Impaired hand strength, ROM, sensation and/or coordination

Visual perceptual impairment

Cognitive impairment

Aphasia, dysarthria

### **Occupational Therapy Intervention:**

Apply different approaches for solving difficulties with functional communication.

Including but not limited to...

- Treat underlying limitations to safety and independence.
  - Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies.
  - One-handed techniques; low vision techniques; cognitive/perceptual compensation; task segmentation; step-by-step instructions.
- Train in the use of adaptive equipment and assistive devices.
  - Speaking - Electronic devices, communication boards, typewriters
  - Writing - Individual writing aids, voice-activated tape recorders
  - Reading - Special magnifiers, large-print books, reading machines, adequate lighting, page-turners, book holders, books on tape
  - Telephone Use – Use cordless phone or cell phone; large buttons and numbers; one-touch dialing; speakerphones; receiver holder; handset amplifier; exemption for using 411 or “O”; captioned telephone.
  - Computer Use – Typing sticks, screen magnifiers, large print keyboard, voice recognition software
- Instruct in activity modification

### **Resources:**

1. Modifications for severe physical difficulties - [Website](#)
2. Modifications to improve keyboard accessibility - [Website](#)
3. Modifications to improve mouse accessibility - [Website](#)

# Occupational Therapy TOOLKIT

## Functional Mobility

Functional mobility is moving from one position or place to another during everyday activities and includes:

### Bed mobility

Moving upward, downward and side to side in supine, bridging, rolling from supine to side-lying and from side-lying to supine, maintaining side lying, rolling from supine to prone and from prone to supine, moving supine to long sit, moving supine to sitting at edge of bed and sitting at edge of bed to supine, scooting along the edge of bed, tolerating sitting at edge of bed. All bed mobility tasks are performed to the right/left side or strong/weak side.

### Transferring

Sit-to-stand, stand-to-sit, stand-pivot transfers, sit-pivot transfers, slide board transfers, mechanical lift transfers. Transferring to and from all surfaces: bed, chair, wheelchair, tub, toilet, shower, floor, and car. All transfers are performed to the right/left side or strong/weak side.

### Ambulation

With or without assistive devices, walking on even and un-even surfaces, walking up and down ramps and curb cuts, managing slopes to the right and left, walking forward, backward, sideways, turning in place to the left, right and in a circle, opening and closing doors, negotiating obstacles, climbing stairs and curbs.

### Wheelchair mobility (manual, electric, power assist or scooter)

Locking brakes, managing footrests and armrests, propelling forward and backward, turning to the left, to the right, 180-degree turn, 360-degree turn, stopping, opening and closing doors, moving through doorways, moving up and down ramps, managing curbs and slopes, even and uneven surfaces, negotiating obstacles.

### Reaching from sitting and standing positions.

Forward, backward, up overhead, to the right/left side, and to the floor.

### Carrying objects during mobility tasks.

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

Impaired strength, tone, sensation, coordination and/or ROM

Limited activity tolerance and endurance

Impaired balance

Pain

Dyspnea

Visual perceptual and/or cognitive impairment

# Occupational Therapy TOOLKIT

## Functional Mobility

### Occupational Therapy Intervention:

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

- Treat underlying limitations to safety and independence.  
Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies.  
Safety techniques; one-handed techniques; energy conservation; low vision techniques; cognitive/perceptual compensation; task segmentation; joint protection; step-by-step instructions; hand-over-hand guiding
- Train in the use of adaptive equipment and assistive devices.  
Walker, wheelchair, transfer board, walker basket or tray, leg lifter, bed handle, bed/chair riser, transfer belt, shower chair/bench.
- Provide environmental modifications and adaptations.  
Ramps, stair glides, raising or lowering the height of bed, chair or sofa, removing shower doors, widening doorways.
- Instruct in activity modification
  - Change the task - take the stairs one step at a time
  - Eliminate part or all of the task - Use a bedside commode instead of the bathroom
  - Have someone else do part or all of the task – mechanical lift transfers

Provide caregiver/family education and training.

### Patient and Caregiver Handouts:

#### Adaptive Equipment

1.	Adaptive Equipment for Bathing	<u>171</u>
3.	Adaptive Equipment for Mobility	<u>230</u>
4.	Adaptive Equipment for Toileting	<u>278</u>

#### Bed Mobility

1.	Bridging	<u>237</u>
2.	Getting In and Out of Bed Following Hip Surgery	<u>239</u>
3.	Getting In and Out of Bed – Left Hemiparesis	<u>240</u>
4.	Getting In and Out of Bed – Right Hemiparesis	<u>242</u>
5.	Getting Into Bed Towards Your Left Side	<u>244</u>
6.	Getting Into Bed Towards Your Right Side	<u>245</u>
7.	Getting Out and Into Bed with Help, Towards the Left Side	<u>246</u>
8.	Getting Out and Into Bed with Help, Towards the Right Side	<u>247</u>
9.	Getting Out of Bed Towards Your Left Side	<u>248</u>
10.	Getting Out of Bed Towards Your Right Side	<u>249</u>

# Occupational Therapy TOOLKIT

## Functional Mobility

### Patient and Caregiver Handouts:

#### Bed Mobility

- |     |                               |            |
|-----|-------------------------------|------------|
| 11. | Moving Side-to-Side in Bed    | <u>251</u> |
| 12. | Rolling onto Your Side in Bed | <u>252</u> |
| 13. | Scooting Up in Bed            | <u>253</u> |

#### Transfers

- |     |  |            |
|-----|--|------------|
| 1.  | Assisted Sit-Pivot Moving to the Left                      | <u>231</u> |
| 2.  | Assisted Sit-Pivot Moving to the Right                     | <u>232</u> |
| 3.  | Assisted Stand-Pivot with Help, Moving to the Left         | <u>233</u> |
| 4.  | Assisted Stand-Pivot with Help, Moving to the Right        | <u>235</u> |
| 5.  | Getting Down on the Floor                                  | <u>238</u> |
| 6.  | Getting Up From the Floor                                  | <u>250</u> |
| 7.  | Sit-Pivot Transfers Moving to the Left                     | <u>254</u> |
| 8.  | Sit-Pivot Transfers Moving to the Right                    | <u>255</u> |
| 9.  | Sitting Down   | <u>256</u> |
| 10. | Sitting Down Following Hip Surgery                         | <u>257</u> |
| 11. | Standing Up  | <u>258</u> |
| 12. | Standing Up Following Hip Surgery                          | <u>259</u> |
| 13. | Standing Up with Help                                      | <u>260</u> |
| 14. | Transfer Board Transfers – Moving to the Left              | <u>261</u> |
| 15. | Transfer Board Transfers – Moving to the Right             | <u>262</u> |
| 16. | Transfer to Tub Using Bath Seat (back up, left)            | <u>263</u> |
| 17. | Transfer to Tub Using Bath Seat (back up, right)           | <u>264</u> |
| 18. | Transfer to Tub Using Bath Seat (left leg, right leg, sit) | <u>265</u> |
| 19. | Transfer to Tub Using Bath Seat (left leg, sit, right leg) | <u>266</u> |
| 20. | Transfer to Tub Using Bath Seat (right leg, left leg, sit) | <u>267</u> |
| 21. | Transfer to Tub Using Bath Seat (right leg, sit, left leg) | <u>268</u> |
| 22. | Transfer to Tub Using Bath Transfer Bench (left)           | <u>269</u> |
| 23. | Transfer to Tub Using Bath Transfer Bench (right)          | <u>270</u> |
| 24. | Transfers In and Out of a Car                              | <u>271</u> |
| 25. | Wheelchair to Tub Using Bath Transfer Bench (left)         | <u>272</u> |
| 26. | Wheelchair to Tub Using Bath Transfer Bench (right)        | <u>274</u> |

#### Wheelchair Mobility

- |    |                     |            |
|----|---------------------|------------|
| 1. | Wheelchair Mobility | <u>276</u> |
|----|---------------------|------------|

# Occupational Therapy TOOLKIT

## Grooming and Oral Hygiene

Grooming includes obtaining and using supplies; removing body hair (using razors, tweezers, lotions, etc.); applying and removing cosmetics; washing, drying, combing, styling, and brushing hair; caring for finger and toenails; applying body lotion; applying deodorant. Oral hygiene includes obtaining and using supplies, opening toothpaste, putting toothpaste on toothbrush, brushing teeth, flossing.

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

Impaired neck strength and or ROM

Impaired shoulder strength and or ROM

Impaired hand strength, ROM, sensation and/or coordination

Limited activity tolerance and endurance

Impaired sitting balance

Visual perceptual impairment

Cognitive impairment

### **Occupational Therapy Intervention:**

Apply different approaches for solving difficulties with grooming and oral hygiene.

Including but not limited to...

- Treat underlying limitations to safety and independence
  - Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies
  - Safety techniques; one-handed techniques; energy conservation; low vision techniques; cognitive/perceptual compensation; task segmentation; joint protection; step-by-step instructions; hand-over-hand guiding
- Train in the use of adaptive equipment and assistive devices such as.
  - Tooth floss holder; nail brush with suction cup base; long handled lotion applicator; long handled combs and brushes; skin inspection mirror; cylindrical foam tubing.
- Provide environmental modifications and adaptations such as.
  - Lower the bathroom sink; store items within reach.
- Instruct in task modification
  - Change the task – use electric toothbrush, electric razor, hold item and move head.
  - Eliminate part or all of the task – short haircut eliminates the need to style hair, put toothpaste in mouth instead of on toothbrush.
  - Have someone else do part or all of the task - hair done professionally, podiatrist to cut toenails

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

1. Adaptive Equipment for Grooming and Oral Hygiene

277

# Occupational Therapy TOOLKIT

## Handwriting

Handwriting includes understanding and interpreting letters and words; obtaining and using supplies (pens, pencils, paper, writing surface); achieving and maintaining proper position of body in chair, arms on the table and proper grasp on pen/pencil; producing legible writing.

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

Impaired shoulder stability

Impaired trunk control

Limited activity tolerance and endurance

Impaired fine and gross motor coordination

Impaired grip and pinch strength, ROM, sensation

Low vision

Impaired visual motor control

Visual perceptual impairment

Cognitive impairment

Speech and language disorders

### **Evaluation:**

Obtain a pre-disability handwriting sample (i.e. address book, shopping list)

Have the person write 10 to 15 lines from the sample

Compare the two and document:

- Legibility
- Letter formation (form and slant), spacing of letters and words, proportional size and height of letters
- Quality of the pen/pencil lines
- Control of the writing instrument (grasp and isolated finger movements; arm slides left to right and top to bottom of paper)
- Speed of performance
- Endurance with writing

### **Occupational Therapy Intervention:**

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

- Treat underlying limitations to independence  
Physical (strength, hand function, ROM, fine, gross and visual motor coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies  
One-handed techniques; energy conservation; low vision techniques; cognitive/perceptual compensation; task segmentation; joint protection; step-by-step instructions; hand-over-hand guiding

# Occupational Therapy TOOLKIT

## Handwriting

### Occupational Therapy Intervention:

- Instruct in proper positioning during writing tasks
  - Posture - seated in a chair, feet flat on the floor, back supported. Elbows, hips and knees are at 90 degree angles.
  - Writing surface - vertical slant of about 20°.
  - Arm placement - body weight is shifted to the non-writing arm, writing hand is resting on the paper and non-writing arm is used to stabilize
  - Paper placement – at an angle of about 15° in line with the writing arm
  - Functional grasps include tripod grasp (pen held between thumb and first 2 fingers); quadrupod grasp (pen is held between thumb and first 3 fingers); adapted tripod grasp (pen is held between thumb/index finger and the middle finger)
- Train in the use of adaptive equipment and assistive devices such as. Raised line paper; various pens and pencils (felt-tip, rollerball, soft lead, different diameters and shapes); various grips and built-ups (triangle grip, stetro grip, crossover grip, rubber bands, masking tape); weighted pen or wrist weight; Pencil Pal; Handi-Writer; clipboards; slant boards; dycem; magnifier; using a ruler to guide writing; red marker to mark edge.
- Provide environmental modifications and adaptations such as.
- Provide environmental modifications and adaptations such as. Minimize distractions; alter seating and/or height of writing surface.
- Instruct in task modification
  - Change the task – retrain hand dominance
  - Eliminate part or all of the task – use keyboard, tape recorder

### Patient and Caregiver Handouts:

1.	Fine Motor Activities	<u>476</u>
2.	Forearm and Wrist Strengthening Exercises	<u>478</u>
3.	Gross Motor Activities	<u>480</u>
4.	Handwriting - Components Exercises	<u>347</u>
5.	Handwriting - Cursive Exercises	<u>348</u>
6.	Handwriting Techniques for Parkinson's	<u>346</u>
7.	Hand Strengthening Putty Exercises	<u>481</u>
8.	Pangrams to Copy	<u>349</u>

### Additional Treatment Guides:

1.	Cognition	<u>48</u>
2.	Essential Tremor	<u>108</u>
3.	Low Vision	<u>127</u>
4.	Visual Perception	<u>59</u>



# Occupational Therapy TOOLKIT

## Leisure, Recreation and Social Participation

"Play is any activity that has great meaning but no purpose." -- Mark Twain

### Activities can be:

- Stimulating or relaxing
- Expressive or receptive
- Active or passive
- Social or solitary

### Assessments:

- Activities Card Sort (Baum 2008)
- Canadian Occupational Performance Measure (Law 2005)
- Modified Interest Checklist (Kielhofner & Neville 1983)

### Occupational Therapy Intervention:

Explore past, current and future leisure interests

Instruct in activity balancing for self-care, work, leisure and rest

Apply different approaches for solving difficulties with leisure participation.

- Treat underlying deficits
  - Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies.
  - One-handed techniques; low vision techniques; cognitive/perceptual compensation; energy conservation; joint protection; step-by-step instructions.
- Train in the use of adaptive equipment and assistive devices.
  - Large print books; magnifiers; large print cards; card holders; book holders; large handled garden tools; raised flower beds; books on tape.
- Provide environmental modifications and adaptations.
  - Increase task lighting; modifications to TV, VCR or cassette player controls; transportation options in order to attend leisure activities.

### Patient and Caregiver Handouts:

1. Leisure Activities 363

### Resources:

1. Nasco Senior Activities Catalogue - [Website](#)
2. S&S Worldwide - [Website](#)

# Occupational Therapy TOOLKIT

## Light Housework

Light housework includes picking up; dusting; cleaning spills; cleaning the toilet and sink; gathering up trash; sweeping the floor; light vacuuming; stripping and making the bed; changing light bulbs.

### **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 balance

### **Occupational Therapy Intervention:**

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

- Treat underlying limitations to safety and independence  
Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies  
Safety techniques; one-handed techniques; energy conservation; low vision techniques; cognitive/perceptual compensation; joint protection.
- Train in the use of adaptive equipment and assistive devices such as.  
Reacher to pick up items from floor, long handled cleaning equipment
- Instruct in activity modification
  - Change the task - Divide up each room into smaller areas and tackle these sections. Break up chores over the whole week, doing a little each day
  - Eliminate part or all of the task – Use paper towels to eliminate extra laundry. Sit when possible.
  - Have someone else do part or all of the task – Housekeeping service

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

1. Energy Conservation with Meal and Home Management

330

# Occupational Therapy TOOLKIT

## Managing Finances and Mail

Managing finances and mail includes recognizes coins and bills; manipulating coins and bills; simple addition and subtraction; writing checks; balancing checkbook; depositing and withdrawing money; paying bills; budgeting; estimating cost; accessing mailbox, carrying mail.

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

Impaired hand strength, ROM, sensation and/or coordination

Visual perceptual impairment

Cognitive impairment

### **Occupational Therapy Intervention:**

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

- Treat underlying limitations to safety and independence  
Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies.  
Safety techniques; one-handed techniques; low vision techniques; cognitive/perceptual compensation.
- Train in the use of adaptive equipment and assistive devices.  
Low vision aids, use a reacher to pick up the newspaper
- Instruct in activity modification
  - Change the task – use on-line banking, read the newspaper in the internet
  - Eliminate part or all of the task
  - Have someone else do part or all of the task - Let someone else manage finances and mail

# Occupational Therapy TOOLKIT

## Meal Preparation

Meal preparation includes menu planning; following recipes; reading food labels; knowledge of diet; obtaining supplies (upper and lower cabinets, drawers, pantry and refrigerator); using appliances (stovetop, oven, microwave, crock pot, toaster, toaster oven, coffee maker); preparing food; opening packages (jars, boxes, bottles, cans); using tools (can opener, grater, peeler, measuring cups and spoons, knives, blender); pouring hot and cold liquids; transferring items to table; setting and clearing the table; cleaning up the work area; food safety.

### **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 balance

Visual perceptual impairment

Cognitive impairment

### **Occupational Therapy Intervention:**

Apply different approaches for solving difficulties with meal preparation and clean up. Including but not limited to...

- Treat underlying limitations to safety and independence.  
Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies.  
Safety techniques; one-handed techniques; energy conservation; low vision techniques; cognitive/perceptual compensation; task segmentation; joint protection; step-by-step instructions; hand-over-hand guiding
- Train in the use of adaptive equipment and assistive devices.  
Material to stabilize bowls and cutting boards, large handled tools (OXO products), rolling cart, appliances that replace manual tools such as food processors, salad shooter, electric can opener, electric jar opener, walker basket.
- Provide environmental modifications and adaptations.  
Rearrange cabinet so items are between knee and shoulder level. Use chair in work area for rest. Install lazy-susans; slide-out shelving for easier access. Install a food disposer to minimize trash

# Occupational Therapy TOOLKIT

## Meal Preparation

Apply different approaches for solving difficulties with meal preparation and clean up. Including but not limited to...

- Instruct in activity modification
  - Change the task - use microwave, toaster oven for cooking, allow items to cool off before transporting
  - Eliminate part or all of the task – buying pre-prepared vegetables or prepared meals, frozen dinners, eat at the kitchen counter
  - Have someone else do part or all of the task - Meals on Wheels

### Levels of Meal Preparation

- Simple task cold – bottled drink, pudding cup, granola bar, yogurt
- Multi task cold – sandwich, cereal with milk, lettuce salad, fruit salad, smoothie
- Simple task hot (stovetop, microwave, toaster, toaster oven, coffee maker) – canned soup, TV dinner, toast, coffee, eggs
- Multi task hot (stovetop, crock pot, oven) – spaghetti, chili, soup, cookies, lasagna, baked chicken, bread

### Patient and Caregiver Handouts:

1.	Adaptive Equipment for One-Handed Meal Preparation	<u>281</u>
2.	Energy Conservation with Meal and Home Management	<u>330</u>
3.	Managing Kitchen Tasks from a Walker	<u>282</u>
4.	Managing Kitchen Tasks from a Wheelchair	<u>284</u>
5.	One-Handed Meal Preparation	<u>286</u>

# Occupational Therapy TOOLKIT

## Medication and Health Management

Medication management includes prescription and over-the-counter medication (oral, eye drops, skin creams, injections and oxygen); ordering new medication and refills from pharmacy in a timely manner; opening and closing the containers; removing pills from containers; taking the medication in the prescribed quantity; taking the medication at the prescribed time; knowing what medications to take and why they are prescribed; reporting problems and adverse effects.

Health management includes making and keeping healthcare appointments; eating a nutritious diet; drinking adequately, knowledge of the disease process; exercising; vision care; hearing care; preventing hypothermia; preventing illness; maintaining skin integrity; tasks specific to disease management (elevating legs, weighing self, testing blood sugar, diabetic foot care, diabetic sick days).

The occupational therapist role in medication management is a supportive one to the physician and to nursing. Good communication is important.

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

Impaired hand strength, ROM, sensation and/or coordination

Visual perceptual impairment

Cognitive impairment

### **Occupational Therapy Intervention:**

Apply different approaches for solving medication management difficulties. Including but not limited to...

- Treat underlying limitations to safety and independence  
Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies.  
Safety techniques; one-handed techniques; energy conservation; low vision techniques; cognitive/perceptual compensation; joint protection; step-by-step instructions; portable health records; medication lists.
- Train in the use of adaptive equipment and assistive devices such as.  
Talking scales; talking blood pressure monitors; pre-filled pill organizers; medication reminder watch; eye drop devices; magnifier for prescription bottles; magnifier for syringes.
- Provide environmental modifications and adaptations such as.  
Adequate lighting

# Occupational Therapy TOOLKIT

## Medication and Health Management

### **Occupational Therapy Intervention:**

- Instruct in activity modification
  - Change the task – Order non-child resistant packaging
  - Eliminate part or all of the task – Pre-filled insulin syringes
  - Have someone else do part or all of the task - Telephone call reminders

Educate in creating a portable health record (paper copy, flash drive or CD, internet site, Smartphone app)

Provide caregiver/family education and training.

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

- |    |   |            |
|----|---|------------|
| 1. | Healthcare Providers Appointments                   | <u>288</u> |
| 2. | Medication Management Resources                     | <u>289</u> |
| 3. | Tips for Making and Keeping Healthcare Appointments | <u>290</u> |

# Occupational Therapy TOOLKIT

## Rest and Sleep

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

Decreased quality of life  
Daytime sleepiness  
Impaired memory and concentration  
Fall risk  
Depression  
Sundowner Syndrome

### **Characteristics of Sleep Problems:**

Difficulty falling asleep  
Difficulty telling the difference between night and day  
Early morning awakening  
Waking up often during the night

### **Factors Contributing to Sleep Problems:**

Primary sleep disorders (circadian rhythm disorder, sleep apnea, restless leg syndrome, periodic limb movement disorder, REM-behavior disorder)  
Musculoskeletal/arthritis pain  
Neurological disease (e.g., Parkinson's disease, Alzheimer's disease)  
Congestive heart failure  
GERD  
Pulmonary disease  
Over-active bladder  
Psychiatric disorders (e.g., anxiety, depression, psychosis, dementia, delirium)  
Medication adverse/side effects (antidepressants, caffeine, analgesics, diuretics)  
Poor sleep habits (irregular sleep-wake times, daytime napping)  
Environmental factors (noise, room temperature, too much light, uncomfortable mattress, unfamiliar environment, bedfellow habits)

### **Occupational Therapy Intervention:**

Address pain, urinary incontinence, depression.

Assist in establishing predictable routines - regular bedtime and wake time; rituals to perform prior to going to bed.

Assess the sleep environment and provide modifications and adaptations as needed to promote healthy sleep.

- Address temperature and ventilation, positioning comfortably in bed, managing bed covers, nighttime toileting safety.
- Recommend sound machines to add white noise. Blackout curtains and eye masks to limit light.



# Occupational Therapy TOOLKIT

## Rest and Sleep

### **Occupational Therapy Intervention:**

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

Teach stress management and relaxation techniques such as progressive muscle relaxation, controlled breathing, self-hypnosis, guided imagery, autogenic training, tai chi, yoga and meditation.

Encourage daily physical activity and instruct on how to incorporate increased physical activity into daily routine.

Reinforce lifestyle changes (smoking cessation, healthy eating to reduce cholesterol, blood pressure and/or blood sugar, weight loss and control, physical activity and exercise, stress management, good sleep habits).

Refer to a sleep disorder specialist as appropriate

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

- |  |            |
|--|------------|
| 1. Good Sleep Habits                           | <u>345</u> |
| 2. Stress Management and Relaxation Techniques | <u>412</u> |

### **Additional Treatment Guides:**

- |                         |            |
|-------------------------|------------|
| 1. Chronic Pain         | <u>91</u>  |
| 2. Depression           | <u>96</u>  |
| 3. Functional Mobility  | <u>27</u>  |
| 4. Therapeutic Exercise | <u>57</u>  |
| 5. Urinary Incontinence | <u>168</u> |

### **Resources:**

1. American Sleep Disorders Association - [Website](#)
2. National Sleep Foundation - [Website](#)

# Occupational Therapy TOOLKIT

## Shopping

Shopping (local errands groceries, personal items, bank, library, dry cleaner, pharmacy and online shopping) includes preparing lists; selecting and purchasing items; selecting method of payment; completing money transaction; transporting purchases; arranging for home delivery.

### **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 balance

Visual perceptual impairment

Cognitive impairment

### **Occupational Therapy Intervention:**

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

- Treat underlying limitations to safety and independence
  - Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies.
  - Safety techniques; one-handed techniques; energy conservation; low vision techniques; cognitive/perceptual compensation.
- Train in the use of adaptive equipment and assistive devices such as.
  - Reacher, magnifying glass, personal shopping cart.
- Instruct in activity modification
  - Change the task – Ask the clerk to bag the groceries lightly, and pack cold and frozen food together. Make several trips to bring the groceries into the house, take the cold and frozen foods first, rest, then return for the remainder.
  - Eliminate part or all of the task – Arrange for home delivery of groceries and medications. Shop on the internet and through catalogs
  - Have someone else do part or all of the task – Get help reaching for high and low items; get help for carrying heavy items.

# Occupational Therapy TOOLKIT

## Toileting

Toileting includes bowel and bladder continence; clothing management; obtaining toilet paper; flushing the toilet; maintaining toileting position; hygiene (for females – wiping from front to back); washing hands; donning and removing incontinence briefs and pads; disposing of incontinence briefs and pads; caring for catheters and colostomies; using urinals and bedpans.

### **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 balance

Visual perceptual impairment

Cognitive impairment

### **Occupational Therapy Intervention:**

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

- Treat underlying limitations to safety and independence.
  - Physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Train in compensatory strategies.
  - Safety techniques; one-handed techniques; energy conservation; cognitive/perceptual compensation; task segmentation; joint protection; step-by-step instructions; timed voiding.
- Train in the use of adaptive equipment and assistive devices such as.
  - Toilet aids, urinals; female and male; raised toilet seat, toilet safety frame, bedside commode, grab bars
- Provide environmental modifications and adaptations such as.
  - Move toilet paper within easy reach; keep an extra set of dressing tool in the bathroom, colored toilet bowl water
- Instruct in activity modification
  - Change the task - Sit to urinate (men). Stand to flush toilet to avoid twisting.
  - Eliminate part or all of the task – Use no-rinse hand cleaners to eliminate hand washing, used bedside commode to eliminate using the bathroom.
  - Have someone else do part or all of the task

# Occupational Therapy TOOLKIT

## Toileting

### **Occupational Therapy Intervention:**

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) as it relates to toileting.

Provide caregiver/family education and training.

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

1. Adaptive Equipment for Toileting 278
2. Toileting Tips 279

# Occupational Therapy TOOLKIT

## Apraxia

Apraxia is a cognitive disorder of purposeful and skilled movement.

Ideational apraxia – the impaired ability to conceptualize a task; to know what object to use and how to use it and/or how to sequence or organize the steps to complete the task.

Ideomotor apraxia - impaired ability to plan or complete motor actions, the kinesthetic memory required to carry out the movement is lost.

### **Assessments:**

Pantomiming to command

Transitive movements (familiar actions with objects, such as brushing teeth)

Intransitive movements (symbolic movements without objects, such as the sign for “crazy”)

Imitation of the therapist performing transitive, intransitive, and novel meaningless movements

Gesture in response to seeing and holding actual tools

### **Occupational Therapy Intervention:**

- Strategy Training - teach internal and external compensatory strategies. Such as self-verbalization, verbal cues, physical assistance, list of written steps or pictures.
- Errorless Learning - errors are prevented during functional activities by providing physical support (such as hand-over-hand guiding), cuing or parallel demonstration.

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

1. Suggestions for Improving Motor Planning

422

# Occupational Therapy TOOLKIT

## Balance

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

Muscle weakness (specifically quadriceps, ankle dorsiflexors, ankle plantarflexors)  
Limited range of motion  
Cognitive impairment especially attention and executive function  
Slowed reaction time  
Reduced processing of sensory information  
Disequilibrium  
Vestibular impairment

### **Assessments:**

Berg Balance Scale (Berg 1995)  
Gait Speed Test (Guralnik 1994)  
Modified Clinical Test of Sensory Integration on Balance (Shumway-Cook 1986)  
Multi-Directional Reach Test (Newton 1997)  
Sitting Balance Scale (Medley, Thompson 2011)  
Tinetti Balance and Gait Evaluation (Tinetti 1986)  
Trunk Impairment Scale (Verheyden, Nieuwboer 2004)

### **Occupational Therapy Intervention:**

Provide a multi-component balance-training program.

- Ensure patient safety during training to prevent falls and injuries
- Instruct patient to incorporate balance exercises into everyday activities and during regular strength training, stretching and endurance routines.
- Recommend patients perform balance training first (when combined with resistance and flexibility activities) Recommend 10-15 min, three days a week.

Provide progressive challenges to balance.

- Static balance control in sitting; half kneeling; tall kneeling; standing; tandem standing; single leg standing; lunging and squatting.
- Dynamic balance control while on a moving surface. Sitting on a therapy ball; standing on a wobble board; bouncing on a mini trampoline.
- Reactive balance control
  - Ankle strategy
  - Hip strategy
  - Stepping strategy

Progress balance activities and exercises by challenging the visual system (low lighting, wear sunglasses indoors, eyes closed); the proprioceptive/somatosensory system (unstable surfaces such as foam pads; therapy ball; mini trampoline; balance disc; wobble board; Biomechanical Ankle Platform System (BAPS); Bosu ball trainer; ambulation on an uneven surface); and the vestibular systems (gaze stability exercises).

# Occupational Therapy TOOLKIT

## Balance

### Occupational Therapy Intervention:

Provide dual-tasking balance challenges by combining a balance exercise with another form of physical activity (ball kick, ball toss, arm or leg exercises) or cognitive task (count backward from 100 by 3's, recite the alphabet backwards or name the presidents) or by adding external distractions (noise, people, music).

Utilize interactive video games (Wii-Fit, Wii Sport, Kinect) and brain fitness programs (Mindfit) to challenge balance.

### Patient and Caregiver Handouts:

1.	Balance Exercise Guidelines	<u>446</u>
2.	Core Exercise Guidelines	<u>452</u>
3.	Core Exercises – Back Muscles	<u>449</u>
4.	Core Exercises – Pelvic Muscles	<u>453</u>
5.	Core Exercise – Stomach Muscles	<u>454</u>
6.	Dynamic Balance Exercises	<u>459</u>
7.	Sitting Balance Exercises	<u>603</u>
8.	Stability Ball Exercise Guidelines	<u>606</u>
9.	Stability Ball Exercises – Back Muscles	<u>607</u>
10.	Stability Ball Exercises – Pelvic Muscles	<u>609</u>
11.	Stability Ball Exercises – Stomach Muscles	<u>611</u>
12.	Static Balance Exercises	<u>613</u>

### Additional Treatment Guides:

1.	Dizziness	<u>104</u>
2.	Therapeutic Exercise	<u>57</u>

### Resources:

1. Easy Tai Chi-Qigong - [Website](#)
2. Sit and Be Fit Balance and Falls Prevention - [Website](#)

# Occupational Therapy TOOLKIT

## Cognition

### **Hierarchy of Cognitive Skills**

Basic cognitive skills (attention, memory)

Praxis (see treatment guide Apraxia)

Language and communication

Executive functions = the skills and abilities needed to accomplish goal-directed activities (initiating, planning, prioritizing, organization, sequencing, shifting to next step or task, problem-solving, decision-making, considering consequences, judgment, time management, working memory, regulating thinking and behaviors)

### **Cognitive Screens:**

Allen Cognitive Lacing Screen (ACLS-5) (Riska-Williams 2007)

Loewenstein Occupational Therapy Cognitive Assessment (LOTCA) (Katz 1989)

Montreal Cognitive Assessment (MoCA) (Nasreddine 2005)

Routine Task Inventory-Expanded (RTI-E) (Allen 1989, Katz 2006)

The Kettle Test (Hartman-Maeir et al 2005)

### **Cognitive Assessments:**

Arnadottir OT-ADL Neurobehavioral Evaluation (A-ONE) (Arnadottir 1990)

Cognitive Assessment of Minnesota (CAM) (Rustad et al 1993)

Executive Function Performance Test (EFPT) (Baum 2003)

Multiple Errands Test (Shallice & Burgess 1991)

The Trail Making Test (Reitan & Wolfson 1995)

The Test of Everyday Attention (TEA) (Robertson et al 1994)

### **Occupational Therapy Intervention:**

#### **Arousal/Alertness**

- Provide sensory (tactile, auditory and visual) stimulation
  - Use familiar and meaningful controlled stimulation (favorite foods, favorite music, familiar voice)
  - Once arousal is achieved, follow through with a functional activity (example: use a warm washcloth to elicit arousal, then proceed with a grooming task)
- Provide vestibular stimulation
  - Rolling, bending, reaching, PNF patterns, sit to stand

#### **Attention**

- Provided opportunities to practice maintaining attention during focused tasks
- Use a timer such as a “Time Timer”
- Adapt the environment (reduce clutter, teach organizational strategies, items are in consistent places, return items when finished)
- Instruct on ways to minimize distractions (focus on one thing at a time, find a quiet place, close the curtains, turn off the TV or radio).



# Occupational Therapy TOOLKIT

## Cognition

### Memory remediation and compensation techniques

- Provide an errorless learning during ADL tasks
  - Select activities or activity components that match the individual's cognitive capabilities
  - Make sure the person is clear what is expected of them.
  - Breaking down the task into smaller parts, teaching the parts separately.
  - Anticipate problems and correct in advance.
  - Guide through a task and then gradually decrease the cues given
- Cueing hierarchy
  - Verbal cues.
    - Ask open-ended questions. "What is this?" (holding a brush)
    - Provide two choices. "Is this a brush or deodorant?"
    - Use directive cues. "This is a brush.
  - Verbal and visual cues (demonstrate task or use pictures and lists).
  - Verbal and visual and tactile cues (hand-over-hand guiding)
- Adapt the environment to support cognitive function
  - Teach organizational strategies
  - Reduce triggers for stress and agitation
  - Prevent injuries (slip and falls, burns, poisoning, cuts, electrocution)
  - Control wandering (secure doors and windows, control access to stairwells, storage areas, basements, garages, home offices)
- Teach external memory aids/devices (follow a routine, use reminders, let someone or something remember)
- Teach internal memory aids (getting information into memory more efficiently, use memory tricks)

### Executive functions

- Task-specific training (verbal self instruction)
- Adapt the environment to support cognitive function (reduce distractions, use checklists, cueing devices, random alerting tones)
- Use specific approaches to intervention
  - Cognitive Orientation to Daily Occupational Performance (Dawson 2009)
  - Neurofunctional Approach (Giles 1993)
  - Dynamic Interactional Model (Toglia 2005)

Educate in wellness (smoking cessation, healthy eating, physical activity and exercise, stress management and relaxation, good sleep habits).

Caregiver education on understanding the nature of the cognitive impairments and how to provide cognitive support (cueing methods and strategies) during functional tasks. Make recommendations on amount of care the person needs.

# Occupational Therapy TOOLKIT

## Cognition

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

1.	Daily Planning Notebook-Setting Up a Daily Planning Notebook	<u>305</u>
2.	Daily Planning Notebook-Using Your Daily Planning Notebook	<u>306</u>
3.	Daily Planning Notebook-Daily Schedule/Things To Do	<u>307</u>
4.	Daily Planning Notebook-Important Phone Numbers	<u>308</u>
5.	Daily Planning Notebook-Important Things to Remember	<u>309</u>
6.	Daily Planning Notebook-Personal Information	<u>310</u>
7.	Daily Planning Notebook-Shopping List	<u>311</u>
8.	Functional Cognitive Activities	<u>338</u>
9.	Good Sleep Habits	<u>345</u>
10.	Suggestions for Improving Attention	<u>414</u>
11.	Suggestions for Improving Memory	<u>419</u>
12.	Suggestions for Improving Thinking Skills	<u>425</u>
13.	Stress Management and Relaxation Techniques	<u>412</u>

# Occupational Therapy TOOLKIT

## Fall Risk Assessment and Prevention

**Health risk factors** include low vision; chronic medical conditions (arthritis, stroke, Parkinson, CHF); postural hypotension; taking 4 or more medications; recent illness or admission to hospital; cognitive impairment; dizziness; muscle weakness; balance and walking problems; foot problems.

**Environmental risk factors** include unsafe floor coverings; lack of handrails on stairs; poor lighting; clutter on the floor; unsafe furniture, throw rugs, slippery surfaces in bathroom, lack of grab bars.

**Behavioral risk factors** include fear of falling; lack of concentration; carrying something while using stairs; not using the handrails; wearing unsuitable footwear; physical inactivity; climbing on chairs to reach high items; rushing to answer the phone or to the bathroom; wearing clothing that are too long; taking high-risk medications (psychotropic, cardiovascular meds, diuretics, hypnotics, antidepressants, anti-anxiety); using a mobility device that is worn or fit improperly.

### **Assessments:**

Self-reported falls

Activities-specific Balance Confidence Scale (ABC) (Powell 1995)

Modified Falls Efficacy Scale (MFES) (Hill 1996) [ $< 8$  = increased risk]

Home Safety and Performance Assessment

Geriatric Depression Scale (Parmelee, Katz 1990)

Mini Mental States Examination (MMSE) (Folstein 1975)

Timed Get Up and Go (TUG) (Podsiadlo 1991) [ $\geq 15$  seconds = increased risk]

Functional Reach (Duncan 1990) [6-10 inches = moderate risk, 0-6 inches = high risk]

Four Step Square (Dite 2007) [ $\geq 15$  seconds = increased risk]

Tinetti Assessment Tool (Tinetti 1986) [ $< 19$  of 28]

Berg Balance Scale (Berg 1989) [risk score 0-20 = high, 21-40 = medium, 41-56 = low]

Gait Speed (Fritz 2010) [ $< 4.5$  meters/sec.]

One Leg Stand [ $\leq 12$  seconds]

Tandem Stand [ $\leq 30$  seconds]

Beers List of Potentially Inappropriate Medications for the Elderly

Screen for visual impairment

Foot screen (footwear, protective sensation, pain)

### **Occupational Therapy Intervention:**

Provide a multi-factorial fall intervention program that includes:

Educate about the factors that increase risk for falling and how to analyze falls.

# Occupational Therapy TOOLKIT

## Fall Risk Assessment and Prevention

### **Occupational Therapy Intervention:**

Treat underlying limitations to safety and independence - physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.

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

- Train in safe use of mobility devices and ensure proper fit and condition.
- Train in low vision techniques as appropriate.
- Instruct in safe footwear - Choose shoes that are well-fitting and supportive, have a thin, textured and slip-resistance sole, secure with laces or Velcro closures, have a low, broad heel. Avoid shoes without heel support, shoes with thick soles, loose slip-ons that are not supportive or secure, and avoid heels greater than 1 inch
- Instruct in safe clothing - Avoid long robes, gown and pants. Avoid wide sleeves that may catch on handrails or doorknobs.

Provide therapeutic exercises to improve balance and strength. Instruct to incorporate increased physical activity into daily routine

Provide functional balance activities to increase balance confidence and reduce fear of falling.

Educate about the common triggers for falls (transitions, changing direction and turning, distractions, carrying objects, doing two tasks at the same time, hurrying, reaching up such as into a cabinet, reaching down to the floor, standing on one foot to put on pants or wash foot, closing eyes while standing to wash face, hair).

Teach how to fall safely and how to recover from a fall.

Educate in modifying behavioral risk factors.

Assess protective foot sensation and foot problems. Refer to podiatrist if needed

Educate about the relationship between taking 4 or more medications and/or high-risk medications and falls. Recommend a medication review by a physician or pharmacist.

Complete a comprehensive, performance-based home assessment. Recommend home and activity modifications.

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

1. Don't Let a Fall Get Your Down Booklet 315
2. Getting Up From the Floor 250

# Occupational Therapy TOOLKIT

## Fall Risk Assessment and Prevention

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

3	Home Safety and Performance Assessment	<u>353</u>
4.	Personal Emergency Response Systems	<u>388</u>
5	Post-Fall Questionnaire	<u>394</u>
6	Resistance Band Arm Exercises	<u>544</u>
7	Arm Exercises	<u>441</u>
8.	Using Your Walker Safely	<u>433</u>
9.	Using Your Wheelchair Safely	<u>435</u>

### **Additional Treatment Guides:**

1.	Balance	<u>46</u>
2.	Basic and Instrumental Activities of Daily Living	<u>14</u>
3.	Cognition	<u>48</u>
4.	Functional Mobility	<u>27</u>
5.	Home Safety and Modification	<u>54</u>
6.	Low Vision and Blindness	<u>127</u>
7.	Peripheral Neuropathy	<u>144</u>
8.	Therapeutic Exercise	<u>57</u>
9.	Visual Perception	<u>59</u>

# Occupational Therapy TOOLKIT

## Home Safety and Modification

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

ADL and mobility impairment  
Impaired strength and ROM  
Impaired hand function  
Impaired balance  
Low vision  
Cognitive deficits

### **Assessments:**

Home Environmental Assessment Protocol HEAP (Gitlin 2002)  
In-Home Occupational Performance Evaluation IHOPE (Oliver 1993)  
Safety Assessment of Function and Environment SAFER (Backman 2002)  
Westmead Home Safety Assessment (Clemson 1997)

### **Occupational Therapy Intervention:**

Complete a comprehensive, performance-based home assessment with the older adult and their family/ caregiver. Assess the home's security; accessibility; slip and trip hazards; lighting; fire safety; and how the older adult interacts with the environment during ADL and IADL activities.

Teach the older adult and family/caregiver how to recognize potential safety issues and hazards in the home, how to prioritize, and how to resolve identified concerns.

Provide low cost simple changes

- Remove trip and slip hazards inside and outside the home from stairs and pathways (clutter; throw rugs, mats and runners; electric cords; low furniture; pets; newspapers; shoes; bedcovers).
- Nightlights, flashlights, bathmats or decals, carpet tape, battery operated lights, non-slip strips for steps.
- Adjust equipment to make it safer (adjust height of walker, bedside commode, shower chair; move walker wheels to inside).
- Rearrange furniture and lighting sources
- Organize cabinets and closets
- Remove fire hazards, change batteries in smoke detectors

Recommend assistive technology

- Simple adaptive equipment (reachers, sock aids, bed and chair risers, walker tray, bed rail, hand-held showerhead)
- Durable medical equipment (raised toilet seat, shower chairs, electric lift chair, hospital bed, bedside commode)
- Personal emergency response systems (PERS)

# Occupational Therapy TOOLKIT

## Home Safety and Modification

### **Occupational Therapy Intervention:**

Recommend structural modifications

- Ramp construction; installation of grab bars, handrails on inside or outside stairs; converting bathtubs to showers; adding easy-to-reach electrical outlets, lighting on stairs and in closets, light switches at the top and bottom of stair; repairs to the flooring, carpet, stairs, windows, walkways; removal of doors from bathroom, closets, shower; install chair lifts; install swing-hinges.

Provide resources for obtaining adaptive equipment, durable medical equipment and personal emergency response systems.

Identify funding sources and community-based resources to assist with structural modifications.

Instruct in modifying risk-taking behaviors during ADL and IADL activities.

- Examples include: carrying something while using stairs; not using the stair handrails; wearing unsuitable footwear; climbs on chairs to reach high items; rushes to answer the phone or to the bathroom; wears clothing that is too long; wearing reading glasses on the stairs; not turning on lights; using towel bar for support; standing to put on pants.

Provide additional interventions for cognitive impairments (as appropriate).

- Eliminate triggers for stress and agitation. Remove mirrors if they cause delusions or hallucinations;
- Prevent injuries (slips, trips, falls, burns, poisoning, cuts, and electrocution). Replace glass shower doors; remove lighters and matches; restrict smoking; place locks on, cabinets, refrigerators, and freezers; disable garbage disposal; lock up sharp objects and breakable objects; secure garbage; unplug or store electrical appliances; remove poisonous plants; childproof electrical outlets; lock up cleaning supplies, chemicals, poisons, and medications.
- Limit wandering. Secure doors and windows; control access to stairs, storage areas, basements, garages and home offices; install door alarms.

Provide additional interventions for hearing loss (as appropriate).

- Make auditory signals louder (add amplifying device to telephone, TV)
- Replace auditory signals with visual or physical signals (flashing light attached to doorbell, telephone or timer; a strobe light attached to smoke alarm; TDD; activate closed caption on televisions; alarm clocks that vibrate the bed)
- Decrease background noise (install insulating materials around noisy appliances such as dishwashers and washing machines; install insulating materials on floors; use fabric window coverings also reduce noisiness and echoes)

# Occupational Therapy TOOLKIT

## Home Safety and Modification

### Occupational Therapy Intervention:

Provide additional interventions for low vision (as appropriate).

- Control glare and shadows (use light-colored and translucent lampshades; use mini blinds, and light colored sheer curtains to control direct sunlight.).
- Improve lighting (turn on the lights; use task lighting for grooming, reading and food prep; nightlights; motion sensors; timers; full spectrum bulbs; reflective tape around doorknobs and light switches).
- Provide color and contrast (use bright colors to provide contrast between an object and the background: dinner plates and placemat; chopping board and foods; wall sockets/light switches and the wall; bathmat and tub; door and the wall; stair handrail and the wall; wrap grab bars with brightly colored electrical tape; paint on the edges of stairs; paint door thresholds; colored acetate sheets for reading)
- Modify telephones, thermostats, and appliances with tactile markings

Assess follow-through on recommendations, teach safe use of adaptive equipment, durable medical equipment, personal emergency response systems and structural modifications

### Patient and Caregiver Handouts:

1. Home Safety and Performance Assessment 353

### Additional Treatment Guides:

1. Fall Risk Assessment and Prevention 51

### Resources:

1. AARP Home Fit Guide - [Website](#)
2. At Home with Alzheimer's Disease - [Website](#)
3. DoAble Renewable Home: Making Your Home Fit Your Needs [Website](#)
4. Fall Prevention Center of Excellence - [Website](#)
5. Home Safety Council Expert Network [Website](#)
6. Home Safety for People with Alzheimer's Disease - [Website](#)
7. National Action Plan - [Website](#)
8. National Center for Injury Prevention and Control - [Website](#)
9. National Resource Center on Supportive Housing and Home Mods - [Website](#)
10. Rebuilding Together - [Website](#)
11. Sources for funding home modifications - [Website](#) and [Website](#)
12. Universal Home - [Website](#)



# Occupational Therapy TOOLKIT

## Therapeutic Exercise

**Range of Motion** – exercises to maintain joint mobility

- Passive ROM
- Active-Assisted ROM - Assistance can be provided from another body part, another person or a device such as a dowel, finger ladder, or pulleys.
- Active ROM

**Aerobic/Endurance Conditioning** – activities that increase heart rate/breathing for an extended period of time.

- Recommend exercising 5 days a week, 20-30 min a day. Total daily exercise time can be cumulative – 10 minutes 3 times a day.
- Instruct patient to exercise at a moderate intensity (5 to 6 on a 10 point scale)
- Include a warm-up and cool-down
- Examples – Gardening, mowing, raking, housework, cycling on a stationary bicycle, bicycling or walking outdoors on a level surface, mall walking, swimming, dancing, treadmill, sustained arm movement, stair climbing, arm cycling, low-impact aerobics, pool aerobics, exercise videos, community exercise programs.

**Resistive Exercise** – exercise and activities that build muscle strength and muscle endurance.

- Exercise 2-3 times a week on nonconsecutive days.
- Start with a low to moderate intensity, 30 – 50% of 1 RM (repetition maximum) increasing resistance every two to three weeks.
- Perform 1-3 sets of 10-15 repetitions
- Inhale before the lift; spend two to three seconds on the concentric contraction while exhaling, and then four to six seconds for the eccentric contraction.
- Rest one to two minute between sets.
- Duration of the exercise program can be limited or indefinite (6 to 12 weeks are required for significant change in muscle strength and muscle endurance).
- Examples – Hand-held weights, resistive bands, closed-chain exercises, isometrics, PNF, resistance machines, exercise video, community exercise programs, exercise programs for a specific conditions such as knee arthroplasty.

**Flexibility/Stretching** – techniques that stretch muscle length

Self-stretching

- Recommend stretching following aerobic and strengthening exercises
- Instruct in stretching each muscle group three to five reps for 20 to 30 seconds.
- Examples – Yoga, flexibility routines.

Other techniques – static stretching, mechanical stretching, PNF stretching, reciprocal inhibition, static stretching with contraction of the agonist

# Occupational Therapy TOOLKIT

## Therapeutic Exercise

### Patient and Caregiver Handouts:

#### Range of Motion

1.	Dowel Exercises Lying	<u>455</u>
2.	Dowel Exercises Seated	<u>457</u>
3.	Elbow, Forearm and Wrist Active ROM Exercises	<u>461</u>
4.	Hand Stretching and Active ROM Exercises	<u>483</u>
5.	Neck Active ROM Exercises	<u>501</u>
6.	Shoulder Active Exercises	<u>563</u>
7.	Shoulder Active ROM Exercises	<u>569</u>
8.	Shoulder Passive and Active-Assisted Exercises	<u>583</u>
9.	Shoulder Pulley Exercises	<u>587</u>
10.	Passive ROM Exercises	<u>516</u>

#### Aerobic /Endurance Conditioning

1.	Arm Cycle Guidelines	<u>440</u>
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#### Resistive Exercise

1.	Arm Exercises	<u>441</u>
2.	Core Exercises – Back Muscles	<u>449</u>
3.	Core Exercises – Pelvic Muscles	<u>453</u>
4.	Core Exercise – Stomach Muscles	<u>454</u>
5.	Dowel Exercises Lying	<u>455</u>
6.	Dowel Exercises Seated	<u>457</u>
7.	Elbow, Forearm and Wrist Strengthening Exercises	<u>463</u>
8.	Hand Strengthening Putty Exercises	<u>481</u>
9.	Neck Isometric Exercises	<u>502</u>
10.	Neck Strengthening Exercises	<u>503</u>
11.	Resistance Band Arm Exercises	<u>544</u>
12.	Shoulder Isometric Exercises – Seated	<u>571</u>

#### Flexibility/Stretching

1.	Elbow, Forearm and Wrist Stretching Exercises	<u>465</u>
2.	Neck Stretches	<u>504</u>
3.	Shoulder Stretching Exercises	<u>599</u>

#### Resources:

1. Arthritis Foundation Exercise DVD's - [Website](#)
2. Easy Tai Chi-Qigong - [Website](#)
3. Relax into Yoga - [Website](#)
4. Sit and Be Fit Exercise Series - [Website](#)
5. Stronger Seniors Pilates - [Website](#)
6. Yoga for the Rest of Us - [Website](#)

# Occupational Therapy TOOLKIT

## Visual Perception

### Visual Perception Hierarchy

Basic visual skills (visual acuity, visual fields, ocular motility)

Unilateral spatial neglect (personal, peri-personal and extra-personal neglect)

Visual perception (visual-motor integration, visual closure, spatial relations, figure-ground discrimination, visual sequencing, visual memory, form constancy)

### Assessments:

Basic visual skills (Snellen eye chart, confrontation visual field exam)

Unilateral spatial neglect - Comb and Razor Test, Line Bisection and Cancellation Tests (Wilson 1987); Catherine Bergego Scale (Azouvi 1996)

Occupational Therapy Adult Perceptual Screening Test (OT-APST) (Cooke 2004)

Ontario Society of Occupational Therapists Perceptual Evaluation (OSOT) (Boys 1988)

Motor Free Visual Perception Test (MVPT) (Colarusso 2001)

Rivermead Perceptual Assessment Battery (RPAB) (Whiting 1985)

Arnadottir OT-ADL Neurobehavioral Evaluation (A-ONE) (Arnadottir 1990)

### Occupational Therapy Intervention:

#### Visual Acuity

- Referral to a vision specialist for corrective lenses.
- Have the patient wear their corrective lenses during activities.
- Modify the environment and tasks - use large print items, magnifiers, increase lighting, use contrast, decrease clutter.
- Teach compensation by using the remaining sensory systems.

#### Visual Fields

- Outline working areas for tasks such as reading, sorting, or cooking.
- Teach compensation with head movement

#### Ocular Motility

- Oculomotor exercises

#### Unilateral Spatial Neglect

- Put important objects and communicate on the *unaffected* side.
- Cue to scan to the affected side
- Provide visual cues in the affected space such as post-it notes or colored tape
- Modify environment (reduce clutter, improve lighting, organize items)
- Trunk rotation activities
- Limb activation activities (constraint induced movement therapy)
- Neck/hand vibration during scanning activities
- Prism Glasses
- Eye-patching over the "good" eye.
- Visual scanning activities
- Mental imagery (Lighthouse strategy)

# Occupational Therapy TOOLKIT

## Visual Perception

### Occupational Therapy Intervention:

#### Visual-Motor Integration

- Functional activities that require eye-hand, eye-foot or eye-body coordination (fine motor tasks, ball kicking, tapping foot and clapping in time to music)

#### Figure-Ground Discrimination

- Provide activities that require finding items from a background (item in a cluttered drawer, a white sock on a white countertop, food in the refrigerator)
- Environmental adaptations (organize, minimize visual distractions and clutter, add color and contrast)

#### Visual Spatial Relations

- Hand-over-hand guiding during functional tasks
- Compensate by using sense of touch
- Environmental adaptations (organize, minimize visual distractions and clutter, add color and contrast)
- Obstacle courses

#### Form Constancy

- Practice identifying object of similar shape, in different orientations
- Compensate by using sense of touch
- Environmental adaptations (organize, minimize visual distractions and clutter; add color and contrast, label items, keep frequently used items oriented correctly)

### Patient and Caregiver Handouts:

1.	Suggestions for Improving Figure Ground Discrimination	<u>415</u>
2.	Suggestions for Improving Form Constancy	<u>416</u>
3.	Suggestions for Improving Left Side Awareness	<u>417</u>
4.	Suggestions for Improving Right Side Awareness	<u>423</u>
5.	Suggestions for Improving Vision	<u>427</u>
6.	Suggestions for Improving Visual-Motor Integration	<u>428</u>
7.	Suggestions for Improving Visual Spatial Relations	<u>429</u>

# Occupational Therapy TOOLKIT

## Adhesive Capsulitis

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

Difficulty with ADLs requiring reaching overhead, behind head and behind back

Pain

ROM loss

Muscle weakness, poor endurance in the glenohumeral musculature with overuse of the scapular muscles

Other symptoms and conditions – stroke, Parkinson's disease, cervical disc disease, diabetes, thyroid disorders, biceps tendonitis, rotator cuff pathologies

### **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).

Phase 1 – freezing, constant pain in the shoulder (lasts 2-9 months)

- Joint mobilization with mid-range oscillatory glides
- Pain-free ROM – low intensity and short duration (pendulum exercises, pulley, PROM, AAROM, AROM)
- Pain free stretches held for 1-5 seconds, 2-3 times a day
- Isometric strengthening

Phase 2 – frozen, adhesive, stiffness, poor ROM and strength, dull ache with active movement, sharp pain at end range and little pain at rest. (lasts 4-12 months)

- Provide progressive low load, prolonged shoulder stretching
- Provide end-range joint mobilization with distraction and capsular stretching,
- Shoulder Dynasplint System
- Resistive band exercises

Phase 3 – thawing, pain diminishes, joint motion, strength returns (lasts 6-9 months)

- Continue with joint mobilization
- Continue to progress shoulder stretching and strengthening exercises
- Muscle reeducation to regain normal GH and scapulothoracic biomechanics

Pain Management

- TENS
- Educate in use of superficial heat and cold, before and after exercises

# Occupational Therapy TOOLKIT

## Adhesive Capsulitis

### Occupational Therapy Intervention:

Instruct in pain self-management techniques

- Coordinate medication peak with exercise and activity.
- Take pain medications on a schedule rather than wait for pain to start
- Use superficial cold.
- Utilize deep breathing and other relaxation techniques
- Stretch head and neck muscles

Educate to prevent recurrence.

### Patient and Caregiver Handouts:

1.	Active Movement of the Elbow, Wrist and Hand	<u>437</u>
2.	Exercise Guidelines for Orthopedic Conditions	<u>471</u>
3.	Shoulder Active Exercises	<u>563</u>
4.	Shoulder Isometric Exercises	<u>571</u>
5.	Shoulder Passive and Active-Assisted Exercises	<u>583</u>
6.	Shoulder Pulley Exercises	<u>587</u>
7.	Shoulder Strengthening – Free Weights	<u>589</u>
8.	Shoulder Strengthening – Resistive Band	<u>595</u>
9.	Shoulder Stretching Exercises	<u>599</u>
10.	Superficial Cold	<u>430</u>
11.	Superficial Heat	<u>431</u>

# Occupational Therapy TOOLKIT

## Alzheimer's and Related Dementias – Early Stage

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

Functional problems (decreased initiation, planning and organization of daily activities; difficulty with complex tasks such as meal planning, medication management and managing finances).

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).

### **Assessments**

Allen Cognitive Lacing Screen (ACLS-5) (Riska-Williams 2007)

Routine Task Inventory-Expanded (RTI-E) (Allen 1989, Katz 2006)

### **Stages, Measures and Expected Scores:**

Functional Assessment Staging (FAST) = 4 (Reisburg 1982)

Mini Mental States Examination (MMSE) = 20-25 (Folstein 1974)

### **Occupational Therapy Intervention:**

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

- Providing treatment that matches the cognitive abilities of the patient
- Maximize safety and independence through simplifying the activities, structuring the environment and providing adaptive equipment.
- Provide visual cues such as directional signs, label on drawers and closets, and written directions for using common household items and appliances.
- Recommend safety equipment in the bathroom.
- Assist patient and caregiver in developing a structured schedule of self-care, activities and rest/sleep.
- Address ability to drive safely. Provide referral to driving rehab specialist and/or explore alternative transportation options.

Provide physical exercise and activities to maintain ROM, strength and endurance and provide cognitive stimulation.

- Choose activities that reflect the person's interest, cognitive capacity and physical abilities.
- Instruct in home program with verbal and written instructions

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

Provide education about fall risk and prevention strategies.

# Occupational Therapy TOOLKIT

## Alzheimer's and Related Dementias – Early Stage

### **Occupational Therapy Intervention:**

Educate in wellness (smoking cessation, healthy eating, physical activity and exercise, stress management and relaxation, good sleep habits, social engagement and intellectual stimulation).

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications. Provide specific interventions for cognitive impairments.

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

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

- |    |                                     |            |
|----|-------------------------------------|------------|
| 1. | Arm Exercises                       | <u>441</u> |
| 2. | Hand Strengthening Putty Exercises  | <u>481</u> |
| 3. | Upper Body Strengthening Activities | <u>623</u> |

### **Must Read Resources:**

1. Dementia and Driving Resource Center - [Website](#)
2. Early Indicators of Mild or Early Stage Dementia, Kim Warchol OT - [Article](#)
3. Early Stage Caregiving - [Website](#)



# Occupational Therapy TOOLKIT

## Alzheimer's and Related Dementias – Middle Stage

### Functional Limitations

Functional problems (requires assistance with self-care; unable to perform IADLs 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

### Assessments

Allen Cognitive Lacing Screen (ACLS-5) (Riska-Williams 2007)

Routine Task Inventory-Expanded (RTI-E) (Allen 1989, Katz 2006)

### Stages, Measures and Expected Scores:

Functional Assessment Staging (FAST) = 5-6e (Reisburg 1982)

Mini Mental States Examination (MMSE) = 10-19 (Folstein 1974)

### Occupational Therapy Interventions:

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

- Providing treatment that matches the cognitive abilities of the patient
- Maximize safety and independence through simplifying the activities, structuring the environment and providing adaptive equipment.
- Provide task segmentation and step-by-step instructions with cues
  - Verbal cues.
    - 1st - Ask open-ended questions. "What is this?" (hold a brush)
    - 2nd - Provide two choices. "Is this a brush or deodorant?"
    - 3rd - Use directive cues. "This is a brush."
  - Verbal and visual cues (demonstrating brushing teeth or use pictures and lists).
  - Verbal, visual and tactile cues (hand-over-hand guiding).
- Assist patient and caregiver in developing a structured schedule of self-care, activities and rest/sleep.

Provide physical exercise and activities to maintain ROM, strength and endurance and provide cognitive stimulation.

- Choose activities that reflect the person's interest, cognitive capacity and physical abilities.
- Instruct in home program with verbal and written instructions

# Occupational Therapy TOOLKIT

## Alzheimer's and Related Dementias – Middle Stage

### Occupational Therapy Interventions:

Provide education about fall risk and prevention strategies. Provide alternative to physical restraints.

Assist caregivers to manage challenging behaviors such as agitation, aggression, wandering, altered sleep–wake cycles, catastrophic reactions, or frustrations related to communication problems. Provide opportunities for role modeling and role playing.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications. Provide specific interventions for cognitive impairments.

- Eliminate triggers for stress and agitation. Remove mirrors if they cause delusions or hallucinations;
- Prevent injuries (slips, trips, falls, burns, poisoning, cuts, and electrocution). Replace glass shower doors; remove lighters and matches; restrict smoking; place locks on, cabinets, refrigerators, and freezers; disable garbage disposal; lock up sharp objects and breakable objects; secure garbage; unplug or store electrical appliances; remove poisonous plants; childproof electrical outlets; lock up cleaning supplies, chemicals, poisons, and medications.
- Limit wandering. Secure doors and windows; control access to stairs, storage areas, basements, garages and home offices; install door alarms.

Educate patient and caregivers about Alzheimer's disease, provide educational materials about stress management and caring for their own health, and encourage participation in support groups.

### Patient and Caregiver Handouts:

- |  |            |
|--|------------|
| 1. Arm Exercises                             | <u>441</u> |
| 2. Hand Strengthening Putty Exercises        | <u>481</u> |
| 3. Suggestions for Improving Memory          | <u>419</u> |
| 4. Suggestions for Improving Thinking Skills | <u>425</u> |
| 5. Upper Body Strengthening Activities       | <u>623</u> |

### Additional Treatment Guides

- |  |           |
|--|-----------|
| 1. Cognition                           | <u>48</u> |
| 2. Fall Risk Assessment and Prevention | <u>51</u> |
| 3. Home Safety and Modification        | <u>54</u> |

### Must-Read Resources:

1. Caregiver Support Resource Center - [Website](#)
2. Daily Care Resource Center - [Website](#)
3. MedicAlert + Alzheimer's Association Safe Return Program - [Website](#)

# Occupational Therapy TOOLKIT

## Alzheimer's and Related Dementias – Middle Stage

### Must-Read Resources:

4. Middle Stage Caregiving - [Website](#)
5. Middle Stage Dementia, Kim Warchol, OT - [Article](#)
6. Planning the Day - [Booklet](#)
7. The 36-Hour Day by Nancy Mace & Peter Rabins
8. Tips to Reduce Bathing and Showering Challenges - A Therapist's Role by Kim Warchol OT - [Article](#)
9. Understanding Behaviors - [Booklet](#)
10. A clever way to think about providing care is to remember the word "KISSSSS".

#### **Keep**

#### **It**

**Sweet** (positive)

**Same** (routine)

**Simple** (priorities only, doing only what is important and preferred)

**Short** (brief: activities, explanations and conversations)

**Safe** (safe activities, setting, behaviors)

Doty L, Heilman KM, Stewart JT, Bowers D, & Gonzalez-Rothi LJ (1993).

Case management in Alzheimer's disease. J of Case Management, 2(4), 129-35.

# Occupational Therapy TOOLKIT

## Alzheimer's and Related Dementias – Late Stage

### Functional Limitations

Functional problems (ADL dependent, incontinent, bed/chair-bound, 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).

At risk for falls, contractures, skin breakdown, aspiration pneumonia

Caregiver burden

### Stages, Measures and Expected Scores:

Functional Assessment Staging (FAST) = 7a-7f (Reisburg 1982)

Mini Mental States Examination (MMSE) = 0-9 (Folstein 1974)

### Occupational Therapy Interventions:

ADL, training including but not limited to...

- Providing treatment that matches the cognitive abilities of the patient
- Provide sensory (tactile, auditory and visual) stimulation
- Grooming and self-feeding training with adaptive equipment as appropriate
- Modify food textures and consistencies
- Utilize hand-over-hand guiding techniques.
- Bedside commode transfer training.

Instruct caregiver in PROM exercises; proper positioning in bed and chair; proper positioning when eating/feeding; proper lifting and turning techniques.

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

### Patient and Caregiver Handouts:

- |  |            |
|--|------------|
| 1. Passive ROM Exercises                   | <u>516</u> |
| 2. Positioning in Bed to Minimize Pressure | <u>392</u> |
| 3. Skin Inspection                         | <u>406</u> |

### Must-Read Resources:

1. Caregiver Support Resource Center - [Website](#)
2. Late Stage Caregiving - [Website](#)

# Occupational Therapy TOOLKIT

## Amputation of the Lower Extremity

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

ADL, IADL, work and leisure impairment

Functional mobility impairment

Impaired strength, upper and lower body

Limited activity tolerance and endurance

Residual limb pain and hypersensitivity

Phantom limb pain and phantom limb sensation

Impaired balance

Fall risk

Fear of falling

Altered body image

Other symptoms and conditions – diabetes, PVD, depression, ESRD

### **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 balance and strength
- Train in lower body ADLs, 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 pacing and energy conservation strategies.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

- Train with and without the prosthesis.
- Train in the use of adaptive mobility equipment – hospital beds, lift chairs, standard wheelchair/electric wheelchairs, transfer boards, hoist lifts, leg lifter, bed rails.
- Monitor cardiac status during ambulation. A below-knee amputee uses 38% to 60% more energy walking on level ground than does a non-amputee, and an above-knee amputee uses 52% to 116% more energy.

Address ability to drive safely. Provide referral to driving rehab specialist and/or explore alternative transportation options.

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.
- Instruct in home program with verbal and written instructions

# 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.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Provide education about fall risk and prevention strategies.

Manage phantom limb pain and phantom limb sensation

- TENS
- Stump massage, percussion, and vibration
- Ultrasound, superficial heat and cryotherapy
- Mirror Box Therapy

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

1.	Arm Exercises	<u>441</u>
2.	Care of Your Residual Limb	<u>299</u>
3.	Daily Foot Care and Foot Safety	<u>303</u>
4.	Donning Your Prosthesis and Socks	<u>314</u>
5.	Energy Conservation	<u>329</u>
6.	Energy Conservation with Meal and Home Management	<u>330</u>
7.	Energy Conservation with Self Care Activities	<u>331</u>
8.	Equipment Care – Prosthesis and Socks	<u>332</u>
9.	Hand Strengthening Putty Exercises	<u>481</u>
10.	Phantom Limb Pain	<u>389</u>
11.	Positioning Your Residual Limb	<u>393</u>
12.	Resistance Band Arm Exercises	<u>544</u>
13.	Upper Body Strengthening Activities	<u>623</u>

# Occupational Therapy TOOLKIT

## Amyotrophic Lateral Sclerosis

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

ADL, IADL, work and leisure impairment

Functional mobility impairment

Upper motor neuron signs (spasticity, hyperflexia, pathological reflexes)

Lower motor neuron signs (muscle weakness, muscle atrophy, fasciculations, hypoflexia, hypotonicity, muscle cramps)

Bulbar signs (dysarthria, dysphagia, sialorrhea (excessive saliva), pseudobulbar palsy)

Respiratory symptoms (nocturnal respiratory difficulty, exertional dyspnea, accessory muscle overuse, paradoxical breathing)

Other symptoms (fatigue, weight loss, cachexia, tendon shortening, joint contractures)

Other conditions (adhesive capsulitis, depression, anxiety)

Not affected (eye muscles, bowel and bladder control, sexual function, sight, hearing, smell, taste, and touch, cognition and intellect)

### **Assessments:**

Amyotrophic Lateral Sclerosis Functional Rating Scale - Revised (Cedarbaum 1999)

### **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; electric toothbrushes; key holders; jar openers; padded bathroom safety equipment; grab bars; dressing equipment; telephone aides; environmental control unit; mobile arm supports and suspension slings.
- Education on strategies to manage fatigue and conserve energy.
- Address ability to drive safely. Provide referral to driving rehab specialist and/or explore alternative transportation options.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

- Train in the use of adaptive mobility equipment – sliding boards, ramps; hospital beds; bed rails; trapeze; lift chairs; transfer boards; hoist lifts.
- Provide a fully equipped power wheelchair - tilt and space, recliner, modified controls, ventilator support, anticipating the progression of the disease.

Provide devices 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.

# Occupational Therapy TOOLKIT

## Amyotrophic Lateral Sclerosis

### Occupational Therapy Intervention:

Provide therapeutic activities and exercises to maintain strength.

- For mild weakness, provide light resistive exercises only for muscles graded 3+/5 and above, followed by stretching exercises. Decrease or discontinue resistance if fasciculations are observed.
- If an exercise program produces cramps, muscle soreness, fatigue or weakness lasting longer than 30 minutes, it is too strenuous. Excessive use of accessory muscles or heavy breathing should be avoided. Monitor breathing with a pulse oximeter; use the modified Borg Scale to rate fatigue.
- As weakness progresses, provide assisted ROM and stretching exercises and instruct caregiver to perform passive ROM and stretching exercises.
- Instruct in home program with verbal and written instructions

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Provide education regarding fall risk and prevention strategies.

Assist in developing effective communication skills, positive coping strategies (seek out information and support, find strength through spiritual practices, verbalize feelings and concerns, set realistic goals and express positive thoughts); and making informed decisions about medical and alternative treatments.

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

### Patient and Caregiver Handouts:

1.	Arm Exercises	<u>441</u>
2.	Energy Conservation	<u>329</u>
3.	Exercise Guidelines for Amyotrophic Lateral Sclerosis	<u>467</u>
4.	Passive ROM Exercises	<u>516</u>
5.	Splint/Orthosis Instructions	<u>408</u>
6.	Stress Management and Relaxation Techniques	<u>412</u>
7.	Upper Body Strengthening Activities	<u>623</u>



# Occupational Therapy TOOLKIT

## Biceps Tendonitis

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

ADL, IADL, work and leisure impairment

Anterior shoulder pain during shoulder flexion and lifting activities that involve elbow flexion. Pain will also occur after being immobile during the night.

Other symptoms and conditions – rotator cuff pathology (usually co-current)

### **Assessments:**

Palpation of the bicipital groove

Yergason's Test

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training using adaptive equipment to limit overhead activities and lifting.

Instruct in pain self-management techniques

- Coordinate medication peak with exercise and activity.
- Take pain medications on a schedule rather than wait for pain to start
- Use superficial cold.
- Utilize deep breathing and other relaxation techniques
- Stretch head and neck muscles
- Properly position the shoulder

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 shoulder stretching activities and exercise.

When Pain Free

- Progressive resistance exercises to strengthen the shoulder.
- Instruct in home program with verbal and written instructions

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

1.	Dowel Exercises - Seated or Lying	<u>455</u>
2.	Exercise Guidelines for Orthopedic Conditions	<u>471</u>
3.	Pendulum Exercises	<u>537</u>
4.	Shoulder Strengthening – Free Weights	<u>589</u>
5.	Shoulder Strengthening – Resistive Band	<u>595</u>
6.	Shoulder Stretching Exercises	<u>599</u>
7.	Stress Management and Relaxation Techniques	<u>412</u>
8.	Superficial Cold and Heat	<u>430</u>

# 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

Impaired body image

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

### **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 on strategies to manage fatigue and conserve energy.

- Assess using the Modified Fatigue Impact Scale (Fisk 1994)
- Instruct in pacing and energy conservation strategies.
- Encourage performance of activities during medication peak times.
- Instruct in activity balancing for self-care, work, play and rest
- Instruct in good sleep hygiene
- Encourage keeping a diary to record tasks that increase fatigue and times of the day when fatigue is more of a problem.

Provide graded UE therapeutic activities and exercises to improve ROM and strength. Follow the referring surgeon's specific guidelines for ROM and lifting restrictions, and for progression of exercises. Instruct in home program with verbal and written instructions

Instruct in diaphragmatic breathing and proper posture during exercise and activities.

Prevent and control of lymphedema.

- Education on lymphedema prevention or risk factor reduction
- Obtain baseline measurements of both arms: mid-hand, wrist, 10 cm below the lateral epicondyle, elbow, 10 cm above the lateral epicondyle, and the upper arm just below the axilla.
- Measure arm periodically.
- Classifications using the American system: Mild 1.5-3.0 cm; Moderate 3.1-5.0 cm; Severe > 5.0 cm

# Occupational Therapy TOOLKIT

## Breast Cancer

### **Occupational Therapy Intervention:**

Manage lymphedema using complete decongestive therapy/decongestive lymphatic therapy (only performed by a qualified therapist).

- Manual lymph drainage/massage
- Compression pump therapy
- Compression bandaging and compression garments
- Lymphedema exercises while wearing compression garments
- Scar tissue management including cross friction massage, scar pads, kinesiotape
- Home program for exercises, self massage, compression wrapping

Teach stress management and relaxation techniques such as progressive muscle relaxation, controlled breathing, self-hypnosis, guided imagery, autogenic training, tai chi, yoga and meditation.

Assist in developing effective communication skills, positive coping strategies (seek out information and support, find strength through spiritual practices, verbalize feelings and concerns, set realistic goals and express positive thoughts); and making informed decisions about medical and alternative treatments.

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

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

1. Deep Breathing Exercise	<u>312</u>
2. Energy Conservation	<u>329</u>
3. Mastectomy Exercises	<u>496</u>
4. Measuring Your Arm Following Mastectomy	<u>386</u>
5. Prevention and Control of Upper Extremity Lymphedema	<u>398</u>
6. Good Posture	<u>343</u>
7. Shoulder Isometric Exercises - Standing	<u>577</u>
8. Stress Management and Relaxation Techniques	<u>412</u>

# Occupational Therapy TOOLKIT

## Cancer

### **Impairments and 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 (fatigue)

Dyspnea with functional activities

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

Cognitive impairment related to radiation therapy, chemotherapy or brain metastasis

Depression and anxiety

Incoordination and impaired sensation due to chemotherapy related peripheral neuropathy

Pain

Pathologic fractures, increased risk in lung, prostate, breast, thyroid, multiple myeloma, or renal cancers

Lower extremity lymphedema, increased risk in vulvar cancer, uterine cancer, prostate cancer, lymphoma or melanoma

### **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 fatigue.

Education on strategies to manage fatigue and conserve energy.

- Assess using the Modified Fatigue Impact Scale (Fisk 1994)
- Instruct in pacing and energy conservation strategies.
- Encourage performance of activities during medication peak times.
- Instruct in activity balancing for self-care, work, play and rest
- Instruct in good sleep hygiene
- Encourage keeping a diary to record tasks that increase fatigue and times of the day when fatigue is more of a problem.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

Provide a individualized, gentle exercise program that includes endurance, strengthening and flexibility activities. Goal is to maintain strength.

- Discontinue exercise when platelet levels fall below 10,000  $\mu\text{L}$  and/or temperature is above 101.5° F.
- Instruct in home program with verbal and written instructions

# Occupational Therapy TOOLKIT

## Cancer

### **Occupational Therapy Intervention:**

Instruct in compensation techniques for peripheral neuropathy.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Provide education about fall risk and prevention strategies.

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

- Teach stress management and relaxation techniques such as progressive muscle relaxation, controlled breathing, self-hypnosis, guided imagery, autogenic training, tai chi, yoga and meditation.
- Coordinate medication peak with exercise and activity.
- Educate in use of superficial heat and cold.
- Provide positioning support devices (back supports, pillows, and splints).

Instruct in the use of a pain diary include date and time of pain; location; intensity; duration; what factors (activity, situation, emotion) precipitated the pain episode, what was medication or techniques were utilized to reduce the pain and the result.

Teach compensatory techniques for memory impairment.

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

Assist in developing effective communication skills, positive coping strategies (seek out information and support, find strength through spiritual practices, verbalize feelings and concerns, set realistic goals and express positive thoughts); and making informed decisions about medical and alternative treatments.

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

1.	Arm Exercises	<u>441</u>
2.	Energy Conservation	<u>329</u>
3.	Hand Strengthening Putty Exercises	<u>481</u>
4.	Pain Diary	<u>387</u>
5.	Prevention and Control of Lower Extremity Lymphedema	<u>397</u>
6.	Stress Management and Relaxation Techniques	<u>412</u>
7.	Upper Body Strengthening Activities	<u>623</u>

# Occupational Therapy TOOLKIT

## Cardiac Disease

Conditions include cardiomyopathy, congestive heart failure (CHF), coronary artery disease and valvular heart disease.

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

ADL, IADL, work and leisure impairment

Functional mobility impairment

Limited activity tolerance and endurance

Limited sitting and standing tolerance

Lower extremity edema

Dyspnea with functional activities

Urge incontinence

Fall risk

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 to reduce sodium intake, during kitchen management tasks.
- Assess safe and easy access of toilet and BSC when taking diuretics.
- Teach patient safe use of oxygen during ADLs and mobility including managing O2 lines, care and use of oxygen equipment and use of portable O2.
- Reinforce medication management. Assist patient in developing a system to remember medications (pill box, telephone reminders, lists, pictures).

Instruct in pursed lip breathing applied during ADL tasks.

Assess and monitor blood pressure, heart rate, respiratory rate and oxygen saturations and perceived rate of exertion in response to functional activities and exercise.

Education on strategies to manage fatigue and conserve energy.

- Assess using the Modified Fatigue Impact Scale (Fisk 1994)
- Instruct in pacing and energy conservation strategies.
- Encourage performance of activities during medication peak times.
- Instruct in activity balancing for self-care, work, play and rest
- Instruct in good sleep hygiene
- Encourage keeping a diary to record tasks that increase fatigue and times of the day when fatigue is more of a problem.

# Occupational Therapy TOOLKIT

## Cardiac Disease

### **Occupational Therapy Intervention:**

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

- 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.

Provide progressive activities and low resistive exercises to improve strength and endurance. Avoid isometric exercises.

- Instruct in home program with verbal and written instructions

Teach stress management and relaxation techniques.

Provide education about fall risk and prevention strategies.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Assist in developing effective communication skills, positive coping strategies (seek out information and support, find strength through spiritual practices, verbalize feelings and concerns, set realistic goals and express positive thoughts); and making informed decisions about medical and alternative treatments.

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

1.	Arm Exercises	<u>441</u>
2.	Edema Control of the Leg(s)	<u>328</u>
3.	Energy Conservation	<u>329</u>
4.	Energy Conservation with Meal and Home Management	<u>330</u>
5.	Energy Conservation with Self Care Activities	<u>331</u>
6.	Hand Strengthening Putty Exercises	<u>481</u>
7.	Pursed Lip Breathing	<u>403</u>
8.	Stress Management and Relaxation Techniques	<u>412</u>
9.	Upper Body Strengthening Activities	<u>623</u>

### **Resources:**

1.	Cardiac Precautions for Exercise	<u>298</u>
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# Occupational Therapy TOOLKIT

## Cardiac Surgery

Coronary artery bypass graft  
Valve replacement or repair

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

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Limited ROM  
Impaired upper extremity strength  
Limited activity tolerance and endurance  
Dyspnea  
Pain  
Edema – lower extremity  
Depression

### **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 pacing and energy conservation strategies.
- Instruct in sternal precautions during ADL tasks.
- Reinforce dietary instructions during kitchen management tasks.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) while adhering to sternal precautions.

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 and perceived rate of exertion in response to functional activities and exercise.

Teach stress management and relaxation techniques.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Reinforce lifestyle changes (smoking cessation, healthy eating to reduce cholesterol, blood pressure and/or blood sugar, weight loss and control, physical activity and exercise, stress management, good sleep habits).



# Occupational Therapy TOOLKIT

## Cardiac Surgery

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

- |    |   |            |
|----|---|------------|
| 1. | Activity Guidelines Following Cardiac Surgery | <u>291</u> |
| 2. | Energy Conservation                           | <u>329</u> |
| 3. | Self-Monitoring Your Heart Rate               | <u>405</u> |
| 4. | Sternal Precautions                           | <u>410</u> |
| 5. | Stress Management and Relaxation Techniques   | <u>412</u> |

### **Resources:**

- |    |                                  |            |
|----|----------------------------------|------------|
| 1. | Cardiac Precautions for Exercise | <u>298</u> |
|----|----------------------------------|------------|

# Occupational Therapy TOOLKIT

## Carpal Tunnel Syndrome – Conservative Management

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

Impaired functional use of hand for ADLs

Pain and paresthesias along median nerve distribution (thumb, index, middle finger)

Impaired grip and pinch strength

Impaired fine motor control

Atrophy of the thenar muscles

Rotator cuff and scapular weakness

Repetitive strain (or stress) injury (RSI)

Other conditions - obesity, arthritis, hypothyroidism, diabetes mellitus

### **Provocative Tests/ Outcome Measures:**

Flick Sign (Gunnarsson 1997)

Manual Ability Measure (Chen 2010)

Michigan Hand Outcome Questionnaire (Chung 1998)

The DASH or The Quick DASH (IWH)

### **Occupational Therapy Intervention:**

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

Instruct in joint protection techniques

- Body mechanics and posture
- Avoid repetitive hand and wrist motion
- Perform activities with wrist in neutral
- Take frequent breaks
- Modify activities that cause symptoms
- Injury prevention to decrease recurrence

Provide a pre-fabricated wrist splint in neutral or with 15 degrees of extension, to be worn 24 hours a day. Instruct how to don/doff, wear schedule and hygiene

Provide UE therapeutic activities and exercises.

- Hand and wrist stretching, tendon and median nerve gliding exercises.
- Progress to hand and wrist strengthening exercises once symptoms are relieved.
- Rotator cuff and scapular strengthening
- Instruct in home program with verbal and written instructions

Instruct in edema control techniques.

- Compression, elevation, cold application, active movement of fingers

# Occupational Therapy TOOLKIT

## Carpal Tunnel Syndrome – Conservative Management

### Occupational Therapy Intervention:

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

- Provide ultrasound.
- Educate in use of superficial cold.
- Teach stress management and relaxation techniques.
- Kinesio taping
- Coordinate medication peak with exercise and activity.
- Take pain medications on a schedule rather than wait for pain to start

### Patient and Caregiver Handouts:

1.	Exercise Guidelines for Orthopedic Conditions	<u>471</u>
2.	Forearm and Wrist Active ROM Exercises	<u>477</u>
3.	Forearm and Wrist Strengthening Exercises	<u>478</u>
4.	Forearm and Wrist Stretching Exercises	<u>479</u>
5.	Hand Strengthening Putty Exercises	<u>481</u>
6.	Median Nerve Gliding Exercises	<u>500</u>
7.	Shoulder Strengthening Exercises - Free Weights	<u>589</u>
8.	Superficial Cold	<u>430</u>
9.	Tendon Gliding Exercises	<u>615</u>

# Occupational Therapy TOOLKIT

## Carpal Tunnel Syndrome – Surgical Management

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

Impaired functional use of hand for ADLs

Impaired grip and pinch strength

Impaired fine motor control

Edema

Palmer/incisional pain and pillar pain

Hypertrophic scarring and scar adhesions to the median nerve

Rotator cuff and scapular weakness

Repetitive strain (or stress) injury (RSI)

Other conditions - obesity, arthritis, hypothyroidism, diabetes mellitus

### **Functional Assessments/Outcome Measures:**

Manual Ability Measure (Chen 2010)

Michigan Hand Outcome Questionnaire (Chung 1998)

The DASH or The Quick DASH (IWH)

### **Occupational Therapy Intervention:**

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

Instruct in joint protection techniques

- Body mechanics and posture
- Avoid repetitive hand and wrist motion
- Perform activities with wrist in neutral
- Take frequent breaks
- Modify activities that cause symptoms
- Injury prevention to decrease recurrence

Provide a pre-fabricated wrist splint in neutral or with 15 degrees of extension. Instruct how to don/doff, wear schedule and hygiene.

Provide therapeutic activities and exercises. *Follow the referring surgeon's specific guidelines for progression.*

- AROM, PROM, tendon and nerve gliding exercises.
- Progress to hand and wrist strengthening exercises at week 2-4.
- Instruct in home program with verbal and written instructions

Instruct in edema control techniques.

- Compression, elevation, cold application, active movement of fingers

# Occupational Therapy TOOLKIT

## Carpal Tunnel Syndrome – Surgical Management

### Occupational Therapy Intervention:

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

- Provide ultrasound.
- Educate in use of superficial cold.
- Teach stress management and relaxation techniques.
- Coordinate medication peak with exercise and activity.
- Take pain medications on a schedule rather than wait for pain to start

### Provide Scar Management

- Scar massage
- Scar pads
- Desensitization with graded textures

### Patient and Caregiver Handouts:

1.	Edema Control Techniques	<u>327</u>
2.	Exercise Guidelines for Orthopedic Conditions	<u>471</u>
3.	Forearm and Wrist Active ROM Exercises	<u>477</u>
4.	Forearm and Wrist Strengthening Exercises	<u>478</u>
5.	Forearm and Wrist Stretching Exercises	<u>479</u>
6.	Hand Strengthening Putty Exercises	<u>481</u>
7.	Median Nerve Gliding Exercises	<u>500</u>
8.	Shoulder Strengthening Exercises - Free Weights	<u>589</u>
9.	Superficial Cold	<u>430</u>
10.	Tendon Gliding Exercises	<u>615</u>

# Occupational Therapy TOOLKIT

## Cervical Spine Surgery

### **Procedures:**

Anterior discectomy with or without fusion  
Posterior foraminotomy

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

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Muscle weakness  
Restricted cervical ROM  
Impaired fine motor coordination  
Paresthesia or hypesthesia occurring in a dermatomal distribution  
Pain  
Impaired balance  
Urinary incontinence  
Fall risk  
Other conditions - osteoarthritis, rheumatoid arthritis

### **Occupational Therapy Intervention:**

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

- Recommend and/or provide adaptive equipment and task modifications to prevent bending, lifting or twisting. (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).
- 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; using rubber gloves with tasks to provide grip for opening doorknobs, jars).
- Instruct how to don/doff spinal orthosis, wearing schedule and hygiene

Instruct in pacing and energy conservation strategies.

Instruct in good posture and body mechanics.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) while adhering to cervical spine precautions.

Instruct in application of cervical spine precautions as ordered by physician. *Always follow the referring surgeon's protocol.*

Provide an individualized upper body ROM and strengthening exercise program. *Follow the referring surgeon's specific guidelines for progression.*

- Instruct in home program with verbal and written instructions

# Occupational Therapy TOOLKIT

## Cervical Spine Surgery

### **Occupational Therapy Intervention:**

Provide education about 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.
- Provide positioning support devices.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

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

1.	Body Mechanics	<u>296</u>
2.	Energy Conservation	<u>329</u>
3.	Everyday Activities after Cervical Surgery	<u>333</u>
4.	Exercise Guidelines for Orthopedic Conditions	<u>471</u>
5.	Good Posture	<u>343</u>
6.	Hand Strengthening Putty Exercises	<u>481</u>
7.	Neck Active ROM Exercises	<u>501</u>
8.	Neck Isometric Exercises	<u>502</u>
9.	Neck Strengthening Exercises	<u>503</u>
10.	Neck Stretches	<u>504</u>
11.	Shoulder Active ROM Exercises	<u>569</u>
12.	Spinal Surgery Precautions	<u>407</u>
13.	Stress Management and Relaxation Techniques	<u>412</u>

# Occupational Therapy TOOLKIT

## Cervical Radiculopathy and Myelopathy

Causes stenosis, disk herniation, degenerative disc disease, spondylosis

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

ADL, IADL, work and leisure impairment

Functional mobility impairment

Cervical Radiculopathy (spinal nerve root compression or irritation)

- Restricted cervical ROM especially with extension, lateral bending, and rotation toward the symptomatic side
- Impaired upper extremity strength
- Impaired fine motor coordination
- Paresthesia, or hypesthesia occurring in a dermatomal distribution

Cervical Myelopathy (spinal cord compression)

- Impaired balance
- Impaired UE and LE strength
- Pain in legs
- Fall risk
- Urinary incontinence

### **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 proper body mechanics and postural training emphasizing avoidance of cervical extension during ADLs.
- Instruct how to don/doff spinal orthosis, wearing schedule and hygiene
- Instruct in pacing and energy conservation strategies.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

Provide a individualized exercise program that includes neck stretching and isometric exercises progressing to isotonic neck strengthening, upper limb strengthening and flexibility. Goal is to improve neck strength and mobility without increasing spinal symptoms. Instruct in home program with verbal and written instructions

Provide education about fall risk and prevention strategies.



# Occupational Therapy TOOLKIT

## Cervical Radiculopathy and Myelopathy

### Occupational Therapy Intervention:

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 (back supports, pillows).

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

### Patient and Caregiver Handouts:

1.	Body Mechanics	<u>296</u>
2.	Energy Conservation	<u>329</u>
3	Exercise Guidelines for Orthopedic Conditions	<u>471</u>
4.	Good Posture	<u>343</u>
5.	Hand Strengthening Putty Exercises	<u>481</u>
6.	Handwriting Training	<u>31</u>
7.	Neck Active ROM Exercises	<u>501</u>
8.	Neck Isometric Exercises	<u>502</u>
9.	Neck Strengthening Exercises	<u>503</u>
10.	Neck Stretches	<u>504</u>
11.	Shoulder Active ROM Exercises	<u>569</u>
12.	Stress Management and Relaxation Techniques	<u>412</u>
13.	Superficial Cold	<u>430</u>
14.	Superficial Heat	<u>431</u>

# Occupational Therapy TOOLKIT

## Chronic Kidney Disease

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

ADL, IADL, work and leisure impairment

Functional mobility impairment

Impaired strength

Limited activity tolerance and endurance

Other symptoms and conditions – diabetes mellitus, hypertension

### **Occupational Therapy Intervention:**

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

- Recommend and/or provide adaptive equipment.
- Reinforce knowledge of diet restrictions while planning and preparing meals
- Instruct in pacing and energy conservation strategies.

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

- Do not sleep on your access or that side of your body.
- Wear clothes that are loose fitting at your access
- Do not carry heavy objects on your access arm.
- 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

- Begin with very low intensity and progress slowly.
- Monitor for hypotension before, during and after exercise
- Instruct to not exercise with fever, or if dialysis is missed. Recommend exercising on non-dialysis days, or before dialysis. Blood pressure may be too low after dialysis.

Assist in developing effective communication skills, positive coping strategies (seek out information and support, find strength through spiritual practices, verbalize feelings and concerns, set realistic goals and express positive thoughts); 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 Handouts:**

1.	Arm Exercises	<u>441</u>
2.	Energy Conservation	<u>329</u>
3.	Exercise Guidelines for Renal Conditions	<u>473</u>
4.	Hand Strengthening Putty Exercises	<u>481</u>
5.	Stress Management and Relaxation Techniques	<u>412</u>

# Occupational Therapy TOOLKIT

## Chronic Pain

Conditions that lead to chronic pain syndrome include headaches, repetitive stress injuries, back pain, whiplash injury, degenerative joint disorders, cancer, complex regional pain syndrome, shingles, fibromyalgia, neuropathy, central pain, and multiple surgeries.

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

ADL, IADL, work and leisure impairment

Chronic pain (localized or generalized)

Deconditioned

Chronic fatigue

Insomnia

Cognitive difficulty (memory, concentration)

Mood and affect disorders including depression, anxiety, emotional instability, anger

### **Assessments:**

Canadian Occupational Performance Measure (Law 2005)

Coping Strategies Questionnaire (Robinson 1997)

Geriatric Pain Measure (Ferrell 2000)

McGill Pain Questionnaire (Melzack 1975)

Multidimensional Pain Inventory (Kerns 1985)

### **Occupational Therapy Intervention:**

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

- Recommend and/or provide adaptive equipment and task modifications to allow participation in tasks without increasing pain.
- Instruct in posture and body mechanics during ADL tasks.

Instruct in the use of a pain diary include date and time of pain; location; intensity; duration; what factors (activity, situation, emotion) precipitated the pain episode, what was medication or techniques were utilized to reduce the pain and the result.

Education on strategies to manage fatigue and conserve energy.

- Assess using the Modified Fatigue Impact Scale (Fisk 1994)
- Instruct in pacing and energy conservation strategies.
- Encourage performance of activities during medication peak times.
- Instruct in activity balancing for self-care, work, play and rest
- Instruct in good sleep hygiene
- Encourage keeping a diary to record tasks that increase fatigue and times of the day when fatigue is more of a problem.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

# Occupational Therapy TOOLKIT

## Chronic Pain

### **Occupational Therapy Intervention:**

Provide gentle therapeutic exercises and activities to improve ROM, strength and endurance. Consider aquatic therapy.

- Instruct in home program with verbal and written instructions

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

- Teach stress management and relaxation techniques such as progressive muscle relaxation, controlled breathing, self-hypnosis, guided imagery, autogenic training, tai chi, yoga and meditation.
- Coordinate medication peak with exercise and activity.
- Take pain medications on a schedule rather than wait for pain to start
- Educate in use of superficial heat and cold.
- Provide positioning support devices (back supports, pillows, and splints).

Train families and caregivers in techniques for safely handling the patient that minimizes the amount of stress and pain.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Provide education about fall risk and prevention strategies.

Assist in developing effective communication skills, positive coping strategies (seek out information and support, find strength through spiritual practices, verbalize feelings and concerns, set realistic goals and express positive thoughts); and making informed decisions about medical and alternative treatments.

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

1.	Arm Exercises	<u>441</u>
2.	Body Mechanics	<u>296</u>
3.	Energy Conservation	<u>329</u>
4.	Good Posture	<u>343</u>
5.	Pain Diary	<u>387</u>
6.	Resistance Band Arm Exercises	<u>544</u>
7.	Stress Management and Relaxation Techniques	<u>412</u>
8.	Superficial Cold	<u>430</u>
9.	Superficial Heat	<u>431</u>
10.	Upper Body Strengthening Activities	<u>623</u>

# Occupational Therapy TOOLKIT

## Complex Regional Pain Syndrome – Post-Stroke

Shoulder-hand syndrome, reflex sympathetic dystrophy, Sudeck's atrophy

### Impairments and Functional Limitations:

Difficulty using the affected hand with functional tasks

Severe pain with shoulder abduction, shoulder flexion, shoulder external rotation, wrist extension and finger flexion. No pain with elbow flexion/extension or forearm supination/pronation.

Edema, dorsal wrist, hand and fingers

MCP tenderness

Rapid ROM loss follows initial pain symptoms

Vasomotor changes

### Occupational Therapy Intervention:

#### Prevention

- Control the first signs of edema
- Provide scapular mobilization
- Instruct in proper handling of the arm during mobility and ADLs
- Avoid shoulder flexion over 90° without scapular gliding
- Avoid overhead pulleys
- Train patient and caregivers in proper positioning in bed and chair
- Train patient and caregivers in care of the affected extremity
- Educate nursing to avoid IV's in affected extremity

#### Treatment

- Edema control
- Pain-free PROM, self-ROM and AROM activities
- Scapular mobilization
- TENS
- Ultrasound
- Desensitization of the limb using contrast baths; alternating hot (100° F, 43° C) and cold (65° F, 18° C) water soaks; dip hand for 3 minutes in the hot followed by 1 min in the cold, repeat 4-5 times, always ending with cold.

### Patient and Caregiver Handouts:

1.	Edema Control Techniques	<u>327</u>
2.	Positioning in Bed	<u>390</u>
3.	Proper Positioning When Sitting	<u>399</u>
4.	Protecting Your Arm	<u>401</u>
5.	Scapular Mobilization and Strengthening Exercises	<u>547</u>
6.	Self Range of Motion	<u>555</u>

# Occupational Therapy TOOLKIT

## Cubital Tunnel Syndrome (Ulnar Neuropathy)

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

ADL, IADL, work and leisure impairment  
Numbness, tingling or burning in the little and ring fingers  
Impaired coordination  
Impaired hand strength  
Rotator cuff and scapular weakness  
Medial elbow pain with radiation down the forearm  
Repetitive strain (or stress) injury (RSI)

### **Provocative Test/Outcome Measure:**

Wadsworth Elbow Flexion Test  
The DASH or The Quick DASH (IWH)

### **Occupational Therapy Intervention:**

Recommend and/or provide adaptive equipment and task modifications to compensate for weak grasp.

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

Provide UE therapeutic activities and exercises.

- Elbow and forearm stretching activities and exercise to increase ROM.
- Progress to elbow and forearm strengthening activities and exercises once symptoms are relieved.
- Rotator cuff and scapular strengthening
- Instruct in home program with verbal and written instructions

Pain management

- Provide ultrasound.
- Educate in use of superficial cold.
- Instruct in edema control techniques.

Instruct in joint protection techniques

- Body mechanics and posture
- Avoid prolonged elbow flexion or repetitive flexion
- Avoid resting the elbows on hard surfaces
- Take frequent breaks
- Modify activities that cause symptoms
- Injury prevention to decrease recurrence

# Occupational Therapy TOOLKIT

## Cubital Tunnel Syndrome (Ulnar Neuropathy)

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

1.	Edema Control of the Arm	<u>327</u>
2.	Elbow, Forearm and Wrist Active ROM Exercises	<u>461</u>
3.	Elbow, Forearm and Wrist Strengthening Exercises	<u>463</u>
4.	Elbow, Forearm and Wrist Stretching Exercises	<u>465</u>
5.	Exercise Guidelines for Orthopedic Conditions	<u>471</u>
6.	Shoulder Strengthening Exercises - Free Weights	<u>589</u>
7.	Superficial Cold	<u>430</u>

# 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  
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  
Loss of interest in activities once previously enjoyed  
Fatigue or loss of energy  
Impaired motivation  
Lack of future planning  
Decline in personal hygiene  
Feelings of guilt and worthless  
Inability to concentrate or focus  
Recurrent thoughts of death or suicide

### **Medical Treatment:**

Antidepressant medication, psychotherapy, Electro Convulsive Therapy

### **Assessments:**

Beck Depression Scale (Beck 1988)  
Canadian Occupational Performance Measure (Law 2005)  
Occupational Performance History Interview-II (Kielhofner 2004)  
Revised Interest Checklist (Scaffa 2002)



# Occupational Therapy TOOLKIT

## Depression

### 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
- Provide opportunities to succeed
- Address and challenge cognitive distortions

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

- Treat underlying limitations to safety and independence
- Address ability to shop, 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).
- Instruct in good sleep habits

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

Encourage involvement in social groups and meaningful activities.

Provide therapeutic exercises and activities. Incorporate increased physical activity into daily routine. Instruct in home program with verbal and written instructions

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

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

### Patient and Caregiver Handouts:

- |  |            |
|--|------------|
| 1. Arm Exercises                               | <u>441</u> |
| 2. Resistance Band Arm Exercises               | <u>544</u> |
| 3. Stress Management and Relaxation Techniques | <u>412</u> |
| 4. Upper Body Strengthening Activities         | <u>623</u> |

### Additional Treatment Guides

- |                   |           |
|-------------------|-----------|
| 1. Rest and Sleep | <u>40</u> |
|-------------------|-----------|

# Occupational Therapy TOOLKIT

## De Quervain's Syndrome – Conservative Management

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

Impaired functional use of hand for ADLs  
Pain and swelling, along the distal wrist, at the radial styloid.  
Impaired grip and pinch strength  
Impaired fine motor control  
Rotator cuff and scapular weakness  
Repetitive strain (or stress) injury (RSI)

### **Provocative Tests/ Outcome Measures:**

Finkelstein Test (Finkelstein 1930)  
Manual Ability Measure (Chen 2010)  
Michigan Hand Outcome Questionnaire (Chung 1998)  
The DASH or The Quick DASH (IWH)

### **Occupational Therapy Intervention:**

Recommend and/or provide adaptive equipment and task modifications that minimizes ulnar deviation at the wrist and substitutes power grip for pinch (ties one's shoes, button shirts, opening jars, cutting with scissors, doing needlework, using a key in a lock, holding cane or walker, writing).

Provide a thumb spica splint or long opponens splint with the thumb in palmer abduction and the wrist in neutral, to be worn except for AROM. Instruct how to don/doff, wear schedule and hygiene.

Instruct in joint protection techniques

- Body mechanics and posture
- Avoid repetitive motion
- Take frequent breaks
- Modify activities that cause symptoms
- Injury prevention to decrease recurrence

Provide UE therapeutic activities and exercises.

- Hand and wrist stretching initially.
- Progress to hand and wrist strengthening exercises once symptoms are relieved.
- Instruct in home program with verbal and written instructions

Instruct in edema control techniques.

- Kinesio taping, compression, elevation, cold application, active movement

# Occupational Therapy TOOLKIT

## De Quervain's Syndrome – Conservative Management

### Occupational Therapy Intervention:

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

- Provide modalities
- Educate in use of superficial cold. (ice pack, ice massage)
- Teach stress management and relaxation techniques.
- Coordinate medication peak with exercise and activity.
- Take pain medications on a schedule rather than wait for pain to start

### Patient and Caregiver Handouts:

1.	Exercise Guidelines for Orthopedic Conditions	<u>471</u>
2.	Forearm and Wrist Active ROM Exercises	<u>477</u>
3.	Forearm and Wrist Strengthening Exercises	<u>478</u>
4.	Forearm and Wrist Stretching Exercises	<u>479</u>
5.	Hand Stretching and Active ROM	<u>483</u>
6.	Hand Strengthening Putty Exercises	<u>481</u>
7.	Shoulder Strengthening Exercises - Free Weights	<u>589</u>
8.	Superficial Cold	<u>430</u>

# Occupational Therapy TOOLKIT

## De Quervain's Syndrome – Surgical Management

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

Impaired functional use of hand for ADLs  
Pain and edema at base of thumb  
Impaired grip and pinch strength  
Impaired fine motor control  
Rotator cuff and scapular weakness  
Repetitive strain (or stress) injury (RSI)

### **Outcome Measures:**

Manual Ability Measure (Chen 2010)  
Michigan Hand Outcome Questionnaire (Chung 1998)  
The DASH or The Quick DASH (IWH)

### **Occupational Therapy Intervention:**

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

Provide a forearm-based thumb spica splint, to be worn 2-3 weeks. Instruct how to don/doff, wear schedule and hygiene

Instruct in joint protection techniques

- Body mechanics and posture
- Avoid repetitive motion
- Take frequent breaks
- Modify activities that cause symptoms
- Injury prevention to decrease recurrence

Provide therapeutic activities and exercises. *Follow the referring surgeon's specific guidelines for progression.* Goal is full, pain-free excursion of the abductor pollicis brevis and extensor pollicis brevis.

- Gentle AROM and tendon gliding exercises initiated first few days post-op
- Progress to grip and pinch strengthening exercises at week 3.
- Instruct in home program with verbal and written instructions

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

- Provide modalities.
- Educate in use of superficial cold. (ice pack, ice massage)
- Teach stress management and relaxation techniques.
- Coordinate medication peak with exercise and activity.
- Take pain medications on a schedule rather than wait for pain to start

# Occupational Therapy TOOLKIT

## De Quervain's Syndrome – Surgical Management

### Occupational Therapy Intervention:

Instruct in edema control techniques.

- Compression
- Elevation
- Cold application
- Active movement

Provide Scar Management

- Scar massage
- Scar pads
- Desensitization with graded textures

### Patient and Caregiver Handouts:

1.	Exercise Guidelines for Orthopedic Conditions	<u>471</u>
2.	Forearm and Wrist Active ROM Exercises	<u>477</u>
3.	Forearm and Wrist Strengthening Exercises	<u>478</u>
4.	Forearm and Wrist Stretching Exercises	<u>479</u>
5.	Hand Stretching and Active ROM	<u>483</u>
6.	Hand Strengthening Putt Exercises	<u>481</u>
7.	Superficial Cold	<u>430</u>

# Occupational Therapy TOOLKIT

## Diabetes – Type 2

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

ADL, IADL, work and leisure impairment

Functional mobility impairment

Impaired UE strength

Limited activity tolerance and endurance

Impaired fine motor control

Peripheral neuropathy

Low vision (retinopathy)

Fall risk

Other symptoms and conditions – depression, heart disease, kidney disease, PVD, stroke

### **Occupational Therapy Intervention:**

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

- Recommend and/or provide adaptive equipment.
- Instruct in daily diabetic foot care and foot safety, using an inspection mirror.
- Teach patient to perform monofilament screening for protective sensation loss.
- Reinforce knowledge of diet restrictions while planning and preparing meals (calorie counting, food exchanges, weighing and measuring foods).
- Instruct in pacing and energy conservation strategies.
- 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).
- Provide low vision compensation techniques and adaptive devices for filling insulin syringes, taking oral medications, monitoring blood glucose, reading food labels, measuring controlled portions. Consult with diabetic educator.

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

Incorporate increased physical activity into daily routine.

- Monitor blood sugar levels before, during and after exercising, avoid exercise if glucose levels are above 250 mg/dL or under 100 mg/dL.
- Have a small carbohydrate snack available in case of low blood sugar.
- Instruct in home program with verbal and written instructions

Reinforce education regarding hypoglycemia and hyperglycemia.

Provide education about fall risk and prevention strategies.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

# Occupational Therapy TOOLKIT

## Diabetes – Type 2

### **Occupational Therapy Intervention:**

Reinforce lifestyle changes (smoking cessation, healthy eating to reduce cholesterol, blood pressure and/or blood sugar, weight loss and control, physical activity and exercise, stress management, good sleep habits). (American Diabetes Association recommends under A1C 7%, blood pressure below 130/80 and LDL below 100.)

Assist in developing effective communication skills, positive coping strategies (seek out information and support, find strength through spiritual practices, verbalize feelings and concerns, set realistic goals and express positive thoughts); 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 Handouts:**

1.	Arm Exercises	<u>441</u>
2.	Daily Foot Care and Foot Safety	<u>303</u>
3.	Energy Conservation	<u>329</u>
4.	Exercise Guidelines for Diabetes	<u>469</u>
5.	Hand Strengthening Putty Exercises	<u>481</u>
6.	Resistance Band Arm Exercises	<u>544</u>
7.	Stress Management and Relaxation Techniques	<u>412</u>
8.	Upper Body Strengthening Activities	<u>623</u>

### **Resource:**

1. Monofilaments for testing protective sensation in the feet are available from: U.S Dept of Health and Human Services, Lower Extremity Amputation Prevention Program (LEAP) - [Website](#)

# Occupational Therapy TOOLKIT

## Dizziness

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

Gaze instability

Postural instability

Gait disorders

Physical deconditioning

Difficulty with transitional movements (rolling, supine to sit, sit to stand, walking with certain head movements)

Difficulty moving quickly

Difficulty with dual task performance

Depression

Fall risk

Fear of falling

### **Symptoms and Causes of Dizziness:**

- Vertigo - A sensation that the surroundings are spinning or moving includes nystagmus, symptoms are episodic and vertigo is exacerbated by head movement. Conditions include benign paroxysmal positional vertigo (BPPV); labyrinthitis; vestibular neuritis; Meniere's disease.
- Disequilibrium - Unsteadiness, imbalance, or loss of equilibrium without an abnormal sensation in the head. Symptoms are typically worse in the dark and occur during walking and disappear with sitting or lying down. Conditions include poor vision; deconditioning; Parkinson disease; peripheral neuropathy; effect of poly-pharmacy and drug interactions.
- Presyncope - Feeling of losing consciousness or blacking out. Cardiovascular causes such as arrhythmias; myocardial infarction; carotid artery stenosis; supraventricular tachycardia; orthostatic hypotension.
- Lightheadedness - Vague symptoms, possibly feeling disconnected with the environment. Anxiety disorders; depression; hyperventilation syndrome and effect of poly-pharmacy and drug interactions.

### **Assessment:**

Dizziness Handicap Inventory (Jacobson 1990)

### **Occupational Therapy Intervention:**

Vertigo

- Vestibular Rehabilitation Therapy VRT provided by a specially trained OT or PT.
- VRT is an exercise-based treatment program designed to promote vestibular adaptation and substitution.
- VRT includes - repositioning treatments, vertigo habituation exercises, gaze stabilization exercises, balance retraining, home safety, ADL and functional mobility training with assistive devices and task modification, fall prevention, patient education about condition.



# Occupational Therapy TOOLKIT

## Dizziness

### Occupational Therapy Intervention:

#### Disequilibrium

- Therapeutic exercises to increase strength, flexibility, endurance and balance
- Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility)
- Fall prevention (include recommendations for good night lighting, sitting with ADLs, installing grab bars and railings)
- Modify environment to decrease noise, visual clutter and need to perform multiple tasks at one time

#### Pre-syncope

- Reinforce education regarding replacement of fluids, rising slowly from lying or sitting positions, sleeping with the head of the bed elevated, increasing salt intake, and regular exercise

#### Lightheadedness

- Instruct in breathing control exercises

### Additional Treatment Guides

1.	Balance	<u>46</u>
2.	Fall Risk Assessment and Prevention	<u>51</u>
3.	Functional Mobility	<u>27</u>
4.	Therapeutic Exercise	<u>57</u>

### Resources:

1. Dizzytimes.com – The Community for Dizzy People - [Website](#)
2. Journal of Vestibular Research - [Website](#)
3. Specialized Knowledge and Skills in Adult Vestibular Rehabilitation for Occupational Therapy AOTA - [Website](#)
4. Vestibular Disorders Association - [Website](#)

# Occupational Therapy TOOLKIT

## Epicondylitis

Lateral Epicondylitis (tennis elbow, extensor muscles)

Medial Epicondylitis (golfer's elbow, flexor muscles)

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

ADL impairment

Pain at the lateral or medial epicondyle and respective muscle origins

Pain with wrist/hand movement (making a fist, gripping a doorknob, lifting heavy objects, typing, using computer mouse and keyboard use, painting, carpentry, knitting, sports such as tennis and golf)

Rotator cuff and scapular weakness

Repetitive strain (or stress) injury (RSI)

### **Provocative Tests/Outcome Measures:**

Lateral epicondylitis – pain is increased with resisted wrist extension.

Medial epicondylitis – pain is increased with resisted wrist flexion.

The DASH or The Quick DASH (IWH)

### **Occupational Therapy Intervention:**

Recommend and/or provide adaptive equipment and task modifications to prevent pain and avoid repetitive elbow, forearm and wrist motion.

Provide pain management and edema control

- Provide modalities
- Educate in use of superficial cold. Ice pack and ice massage post-activity.
- Provide soft tissue mobilization, friction massage
- Kinesio taping

Instruct in joint protection techniques

- Body mechanics and posture
- Avoid repetitive motion
- Take frequent breaks
- Modify activities that cause symptoms
- Injury prevention to decrease recurrence

Provide a forearm band (counter-force brace). Instruct to wear the band distal to the flexor or extensor muscle group origin. Consider a wrist splint as needed for extremely symptomatic patients.

Provide upper body therapeutic activities and exercises.

- Instruct in stretching initially with progression to strengthening when pain-free.
- Instruct in home program with verbal and written instructions

# Occupational Therapy TOOLKIT

## Epicondylitis

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

1.	Edema Control Techniques	<u>327</u>
2.	Elbow, Forearm and Wrist Active ROM Exercises	<u>461</u>
3.	Elbow, Forearm and Wrist Strengthening Exercises	<u>463</u>
4.	Elbow, Forearm and Wrist Stretching Exercises	<u>465</u>
5.	Exercise Guidelines for Orthopedic Conditions	<u>471</u>
6.	Hand Strengthening Putty Exercises	<u>481</u>
7.	Shoulder Strengthening Exercises - Free Weights	<u>589</u>
8.	Superficial Cold	<u>430</u>

# Occupational Therapy TOOLKIT

## Essential Tremors

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

ADL, IADL, work and leisure impairment (especially drinking, eating, handwriting, buttoning, and applying makeup)

Action and postural tremors of the hands, head and voice

Minimal or no tremor present at rest

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training, using adaptive equipment and task modifications to compensate for tremor. Writing (weighted pens, voice recorders) Eating and drinking (weighted utensils, avoid difficult foods such as peas and spaghetti, non-slip matting, weighted plates) Grooming and Dressing (wrist weights, magnetic clasp on jewelry)

Determine what increases the tremor by using a daily log of activities.

Retrain hand dominance if appropriate.

Provide therapeutic activities and exercises to strengthen core and proximal muscles.

- Instruct in home program with verbal and written instructions

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 Handouts:**

1.	Arm Exercises	<u>441</u>
2.	Hand Strengthening Putty Exercises	<u>481</u>
3.	Resistance Band Arm Exercises	<u>544</u>
4.	Strategies to Reduce Action Tremor	<u>411</u>
5.	Stress Management and Relaxation Techniques	<u>412</u>
6.	Upper Body Strengthening Activities	<u>623</u>

### **Resources:**

1. International Essential Tremor Foundation - [Website](#)
2. Movement Disorders Society - [Website](#)

# Occupational Therapy TOOLKIT

## Extreme Obesity/Exceptionally Large Persons

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

ADL, IADL, work and leisure impairment

Functional mobility impairment

Limited activity tolerance and endurance

Dyspnea with functional activities

Other symptoms and conditions – depression, anxiety, heart disease, neuropathy, stasis and pressure ulcers, sleep disorders, diabetes, stroke, renal failure, osteoarthritis, bariatric surgery, incontinence

### **Occupational Therapy Intervention:**

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

- Recommend and/or provide adaptive equipment. Make adaptations to adaptive equipment to compensate for larger size (larger sock aid, extensions on bath brushes, extensions on toileting aids, extra long shower hose, remove back from shower chair, toilet bidet).
- Instruct in pacing and energy conservation strategies.
- Instruct in activity balancing (balancing self-care, work, play and rest)
- Provide online and catalog clothing resources.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

- Provide resources for accessible furniture (lift chair) and DME (bedside commode, hospital bed, wheelchair) that will accommodate larger size and weight range.

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

- Instruct in home program with verbal and written instructions

Instruct in the prevention and control of lymphedema.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Assist in developing effective communication skills, positive coping strategies (seek out information and support, find strength through spiritual practices, verbalize feelings and concerns, set realistic goals and express positive thoughts); and making informed decisions about medical and alternative treatments.

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

# Occupational Therapy TOOLKIT

## Extreme Obesity/Exceptionally Large Persons

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

1.	Arm Exercises	<u>441</u>
2.	Energy Conservation	<u>329</u>
3.	Generously Sized Products	<u>342</u>
4.	Prevention and Control of Lower Extremity Lymphedema	<u>397</u>
5.	Upper Body Strengthening Activities	<u>623</u>

# Occupational Therapy TOOLKIT

## Fracture of the Elbow (Olecranon and Radial Head)

### Impairments and Functional Limitations:

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

### 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 and task modifications to compensate for non use of affected arm

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

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

Provide progressive elbow and forearm activities and exercises. *Follow the referring surgeon's specific guidelines for progression.*

- Instruct in home program with verbal and written instructions

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.
- Take pain medications on a schedule rather than wait for pain to start
- Educate in use of superficial cold.

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

Provide education about fall risk and prevention strategies.

### Patient and Caregiver Handouts:

1. Active Movement of the Shoulder and Hand 438
2. Edema Control Techniques 327

# Occupational Therapy TOOLKIT

## Fracture of the Elbow (Olecranon and Radial Head)

### Patient and Caregiver Handouts:

3.	Elbow, Forearm and Wrist Active ROM Exercises	<u>461</u>
4.	Elbow, Forearm and Wrist Strengthening Exercises	<u>463</u>
5.	Elbow, Forearm and Wrist Stretching Exercises	<u>465</u>
6.	Exercise Guidelines for Orthopedic Conditions	<u>471</u>
7.	Splint/Orthosis Instructions	<u>408</u>
8.	Stress Management and Relaxation Techniques	<u>412</u>
9.	Superficial Cold	<u>430</u>



# Occupational Therapy TOOLKIT

## Fracture of the Femur

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

ADL, IADL, work and leisure impairment

Functional mobility impairment

Limited hip ROM

Weight bearing restrictions

Other symptoms and conditions – osteoarthritis, osteoporosis

### **Occupational Therapy Intervention:**

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

- Application of 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.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) with adherence to weight bearing restrictions.

- Instruct in safe walker use and transporting items.
- Monitor cardiac status during ambulation. Amount of energy required to perform limited weight bearing is 30 to 50% greater than normal ambulation.

Provide therapeutic exercises to strengthen upper body for walker usage.

- Instruct in home program with verbal and written instructions

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

- Graded activities in sitting and standing, supported and unsupported.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Provide education about fall risk and prevention strategies.

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

1. Arm Exercises

441

# Occupational Therapy TOOLKIT

## Fracture of the Shoulder (Proximal Humerus and Humeral Shaft)

### Impairments and Functional Limitations:

ADL, IADL, work and leisure impairment

Muscle weakness

Limited ROM

Pain and edema

Fall risk

Other symptoms and conditions – osteoporosis, axillary nerve injury, brachial plexus injury

### Occupational Therapy Intervention:

ADL, IADL, work and leisure training including but no limited to...

Train in one-handed techniques and adaptive equipment while adhering to weight bearing restrictions.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; wheelchair mobility; ambulation and stairs) while adhering to weight bearing restrictions.

- Treat underlying impairments that limit safety and independence.
- Train in the safe and proper use of assistive devices and adaptive equipment (canes, sliding boards, bed transfer handles, leg lifters, wheelchairs)
- Instruct in axillary hygiene, donning and doffing of shoulder sling/immobilizer and cryotherapy, and arm positioning during sitting and supine.

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

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

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

- Instruct in home program with verbal and written instructions

Instruct in pain self-management techniques

- Coordinate medication peak with exercise and activity.
- Take pain medications on a schedule rather than wait for pain to start
- Use superficial cold.
- Utilize deep breathing and other relaxation techniques
- Stretch head and neck muscles
- Properly position the shoulder

# Occupational Therapy TOOLKIT

## Fracture of the Shoulder (Proximal Humerus and Humeral Shaft)

### Occupational Therapy Intervention:

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications. Provide education about fall risk and prevention strategies.

### Patient and Caregiver Handouts:

1.	Active Movement of the Elbow, Wrist and Hand	<u>437</u>
2.	Exercise Guidelines for Orthopedic Conditions	<u>471</u>
3.	Shoulder Active Exercises	<u>563</u>
4.	Shoulder Isometric Exercises	<u>571</u>
5.	Shoulder Passive and Active-Assisted Exercises	<u>583</u>
6.	Shoulder Pulley Exercises	<u>587</u>
7.	Shoulder Strengthening – Free Weights	<u>589</u>
8.	Shoulder Strengthening – Resistive Band	<u>595</u>
9.	Shoulder Stretching Exercises	<u>599</u>
10.	Stress Management and Relaxation Techniques	<u>412</u>
11.	Superficial Cold	<u>430</u>

# Occupational Therapy TOOLKIT

## Fracture of the Wrist (Distal Radius)

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

ADL, IADL, work and leisure impairment

Muscle weakness

Limited ROM

Pain

Edema

Weight bearing restrictions

Fall risk

Complications - carpal tunnel syndrome, triangular fibrocartilage complex lesions, extensor tendons rupture, regional complex pain syndrome

### **Assessments:**

Disabilities of the Arm, Shoulder, and Hand (DASH)

Manual Abilities Measure (MAM) (Chen 2010)

### **Occupational Therapy Intervention:**

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

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) with adherence to upper extremity weight bearing restrictions.

#### *While in cast*

- Instruct in active and passive ROM for all uninvolved joints (neck, shoulder, elbow, fingers and thumb)
- Control edema
- Encourage normal arm swing when walking

#### *Once cast is removed (about 6 weeks)*

- Provide wrist splint in neutral
- Control edema
- Provide progressive wrist activities and exercises to improve ROM and strength.
- Provide thermal modalities (moist heat, paraffin) and joint mobilization.
- *Follow the referring surgeon's specific guidelines for progression.*
- Goals is to achieve functional and pain-free ROM (minimum of 40° wrist flexion, and extension, 40° radial and ulnar deviation, 50° supination and pronation)
- Instruct in home program with verbal and written instructions

# Occupational Therapy TOOLKIT

## Fracture of the Wrist (Distal Radius)

### Occupational Therapy Intervention:

Instruct in pain self-management techniques to improve participation in tasks.

- Coordinate medication peak with exercise and activity.
- Educate in use of superficial cold for pain and edema.
- Take pain medications on a schedule rather than wait for pain to start
- Utilize deep breathing and other relaxation techniques
- Stretch head and neck muscles
- Properly position the arm

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Provide education about fall risk and prevention strategies.

### Patient and Caregiver Handouts:

1.	Active Movement of the Shoulder, Elbow and Hand	<u>439</u>
2.	Edema Control Techniques	<u>327</u>
3.	Exercise Guidelines for Orthopedic Conditions	<u>471</u>
4.	Fine Motor Activities	<u>476</u>
5.	Forearm and Wrist Active ROM Exercises	<u>477</u>
6.	Forearm and Wrist Strengthening Exercises	<u>478</u>
7.	Forearm and Wrist Stretching Exercises	<u>479</u>
8.	Hand Strengthening Putty Exercises	<u>481</u>
9.	Superficial Cold	<u>430</u>
10.	Tendon Gliding Exercises	<u>615</u>

# 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 – functional decline, falls, dementia, delirium, depression, incontinence, sleep disorders, malnutrition, dehydration, pressure sores, sarcopenia and hypothermia

### **Occupational Therapy Intervention:**

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

- Treat underlying limitations to safety and independence - physical (strength, hand function, ROM, coordination, balance, endurance, abnormal tone), sensory (tactile, vision, hearing, vestibular, pain), behavioral, cognition and/or perception.
- Address ability to shop, access kitchen, prepare nutritious meals and get adequate hydration.
- Encourage to eat with others.
- Address ability to drive safely. Provide referral to driving rehab specialist and/or explore alternative transportation options.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during 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.

- Instruct in home program with verbal and written instructions

Provide a fall prevention program that includes balance, coordination and agility training and education about fall risk and prevention strategies.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

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.

# Occupational Therapy TOOLKIT

## Frail Elderly / Oldest Old 85+

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

1.	Arm Exercises	<u>441</u>
2.	Balance Exercise Guidelines	<u>446</u>
3	Dynamic Balance Exercises	<u>459</u>
4.	Hand Strengthening Putty Exercises	<u>481</u>
5.	Resistance Band Arm Exercises	<u>544</u>
6.	Static Balance Exercises	<u>613</u>

### **Resources:**

1. Geriatric Care Manager Association - [Website](#)
2. National Institute on Aging - [Website](#)
3. Remote monitoring systems; E-Neighbor - [Website](#), Grand Care - [Website](#)

# Occupational Therapy TOOLKIT

## Guillain-Barré Syndrome

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

Progressive ascending muscle weakness. Degree of muscle weakness can be from mild limb paresis to total flaccid paralysis of the limb, trunk, respiratory, oropharyngeal, oculomotor and facial muscles

Fatigue

Pain

Diminished deep tendon reflexes

Impaired proprioception

Paresthesias (numbness, tingling, crawling skin)

Hypersensitivity to light touch

Fluctuations in blood pressure, orthostatic hypotension and cardiac arrhythmias.

Respiratory difficulties that may require ventilatory assistance

Dysphagia

Bowel and bladder dysfunction

Anxiety

Depression

### **Occupational Therapy Intervention**

#### **Acute Stage:**

Educate patient and caregiver in preventing contractures, pressure ulcers and DVT's.

- Teach skin inspection, pressure relief and proper positioning in bed and chair.
- Instruct in re-positioning every 2 hours.
- Avoid prolonged hip and knee flexion
- Obtain bed overlays, pressure-relieving mattress, and seating or wheelchair cushions.
- Provide support for weak joints (wrist cock-up, arm sling, cervical collar, resting hand splint, armrests, pillows, trays, foot drop splints, Multi-Podus boots)
- Provide gentle passive range-of-motion and stretching exercises

Instruct patient and caregivers in safe transfer techniques.

Pain management

Therapeutic modalities (TENS, moist heat pack)

Sensory desensitization techniques

#### **Recovery Stage:**

ADL, IADL, work and leisure training using adaptive equipment and task modifications to compensate for weakness

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks. Train in the use of adaptive mobility equipment as appropriate



# Occupational Therapy TOOLKIT

## Guillain-Barré Syndrome

### Occupational Therapy Intervention

#### Recovery Stage:

Instruct in fatigue management

- Assess using the Modified Fatigue Impact Scale (Fisk 1994)
- Instruct in pacing and energy conservation strategies.
- Instruct in activity balancing for self-care, work, play and rest
- Instruct in good sleep hygiene
- Encourage keeping a diary to record tasks that increase fatigue and times of the day when fatigue is more of a problem.

Provide therapeutic activities and exercises when the patient begins to recover sensation and motor control.

- Progress from AAROM to AROM to resistive.
- Low repetitions and resistance with frequent rest breaks.
- Use proprioceptive neuromuscular facilitation (PNF) techniques
- Watch for muscle substitutions
- Instruct in home program with verbal and written instructions

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

- Graded activities in sitting and standing, supported and unsupported.

Provide a fall prevention program that includes balance, coordination and agility training and education about fall risk and prevention strategies.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

#### Patient and Caregiver Handouts:

1. Passive ROM Exercises	<u>516</u>
2. Positioning in Bed to Minimize Pressure	<u>392</u>
3. Pressure Relief	<u>396</u>
4. Skin Inspection	<u>406</u>
5. Superficial Heat	<u>431</u>

#### Additional Treatment Guides

1. Activities of Daily Living Training	<u>14</u>
2. Balance	<u>46</u>
3. Fall Risk Assessment and Prevention	<u>51</u>
4. Functional Mobility	<u>27</u>
5. Home Safety and Modification	<u>54</u>
6. Therapeutic Exercise	<u>57</u>

# Occupational Therapy TOOLKIT

## Hip Replacement (Arthroplasty)

### Impairments and Functional Limitations:

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Impaired lower extremity strength, ROM,  
Impaired endurance/tolerance for sitting/standing  
Hip movement restrictions and/or weight bearing restrictions  
Other symptoms and conditions – osteoarthritis, osteoporosis

### Occupational Therapy Intervention:

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

- Application of hip dislocation precautions and/or weight bearing restrictions.
- Long handled adaptive equipment training for toileting, bathing and LE dressing (including anti-embolism stockings) to compensate for restricted hip ROM, dislocation precautions and/or pain. 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.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) with adherence to hip ROM precautions and/or weight bearing restrictions.

- Instruct in safe walker use and transporting items.

Provide therapeutic activities and exercises to strengthen upper body for walker usage and increase sitting and standing tolerance during ADLs

- Instruct in home program with verbal and written instructions

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Provide education about fall risk and prevention strategies.

### Patient and Caregiver Handouts:

1.	Arm Exercises	<u>441</u>
2.	Getting In and Out of Bed Following Hip Surgery	<u>239</u>
3.	Hip Dislocation Precautions	<u>351</u>
4.	Managing Kitchen Tasks from a Walker	<u>282</u>
5.	Putting on Pants and Underwear Using a Dressing Stick	<u>182</u>
6.	Putting on/Removing Socks/Shoes with Adaptive Equipment	<u>194</u>
7.	Removing Pants and Underwear Using a Dressing Stick	<u>198</u>
8.	Sitting Down Following Hip Surgery	<u>257</u>
9.	Standing Up Following Hip Surgery	<u>259</u>
10.	Transfers In and Out of a Car	<u>271</u>

# Occupational Therapy TOOLKIT

## Hospice

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

Premature dependence in ADL, IADL, work and leisure

Functional mobility impairment

Limited activity tolerance and endurance

Pain

Fall risk

### **Occupational Therapy Intervention:**

The focus is on comfort and quality of life through engagement in occupations.

ADL, IADL, leisure and productivity participation including but not limited to...

- Identify the patient's needs, priorities, and abilities.
- Assist in maintaining independence for as long as possible, and then move to interdependence and finally to dependence as functional status declines.
- Recommend and/or provide adaptive equipment and task modifications to reduce the effort or time required for an activity.
- Education on energy conservation, breathing techniques and activity balancing.
- Provide meaningful occupations to help the client prepare for death.
  - Completing personal projects.
  - Telling one's life story with photos and journaling.
  - Writing letters to be given to family and friends after the client has died.
  - Creating remembrances through writing poems, stories, cards, family recipes, artwork, music or giving away belongings.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

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

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications. Provide education about fall risk and prevention strategies.

Minimize deformity and contractures.

- Train client and caregivers in proper positioning in chair and bed.
- Provide active and/or passive range of motion exercises.

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

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

# Occupational Therapy TOOLKIT

## Hospice

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

1.	Diaphragmatic Breathing	<u>313</u>
2.	Energy Conservation	<u>329</u>
3.	Energy Conservation with Meal and Home Management	<u>330</u>
4.	Energy Conservation with Self Care Activities	<u>331</u>
5.	Passive ROM Exercises	<u>516</u>
6.	Pursed Lip Breathing	<u>403</u>
7.	Stress Management and Relaxation Techniques	<u>412</u>
8.	Superficial Cold	<u>430</u>
9.	Superficial Heat	<u>431</u>
10.	Upper Body Active ROM Exercises	<u>616</u>

### **Resources:**

1. Hospice Foundation - [Website](#)

# Occupational Therapy TOOLKIT

## Joint Contractures

### Impairments and Functional Limitations:

ADL impairment

Mobility impairment

Loss of joint range of motion

Pain

Spasticity

At risk for pressure ulcers

At risk for compromised skin integrity at affected joints

Other symptoms and conditions - stroke, arthritis, joint infections, diabetes, Parkinson disease, Alzheimer disease, heterotopic ossification.

### Occupational Therapy Intervention:

#### Prevention

- Instruct in daily active and/or passive range of motion through full range
- Provide continuous passive motion devices
- Instruct in pain control
- Instruct in proper positioning and posture
- Provide splints to support weak joints.
- Proper hygiene to improve skin integrity and reduce risk for breakdown

#### Treatment

- Obtain medical control of pain and spasticity (botox, oral medications)
- Provide range of motion exercises (passive, active-assist and/or active)
- Provide thermal agents modalities – thermotherapy, ultrasound, paraffin, hydrotherapy and manual therapy techniques (massage, mobilization)
- Passive or active static stretching. Can be held between 5 and 60 seconds. Performed 4 times a day, 5 days a week.
- Provide proprioceptive neuromuscular facilitation (PNF) stretching techniques
- Provide dynamic bracing/splinting and/or serial casting/splinting

#### Compensation

- Provide techniques and/or equipment to compensate for limitations

### Patient and Caregiver Handouts:

1. Passive ROM Exercises 516
2. Positioning in Bed to Minimize Pressure 392
3. Superficial Heat 431

### Additional Treatment Guides:

1. Pressure Ulcers 147

# Occupational Therapy TOOLKIT

## Knee Replacement (Arthroplasty)

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

ADL, IADL, work and leisure impairment

Functional mobility impairment

Limited knee range of motion

Post-op pain and edema

Potential complications – DVT, infection of surgical site or prosthesis

### **Occupational Therapy Intervention:**

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

- Application of weight bearing restrictions during ADLs.

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.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility)

- Instruct in safe walker use and transporting items.

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

- Instruct in home program with verbal and written instructions

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Provide education about fall risk and prevention strategies.

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

1. Arm Exercises

441

# Occupational Therapy TOOLKIT

## Low Vision and Blindness

### **Age-Related Eye Diseases:**

Cataract - loss of visual acuity and contrast sensitivity. Problems with glare.

Diabetic retinopathy - blurred vision progressing to blindness, specks of retinal blood or spots blocking vision.

Glaucoma - loss of peripheral vision, blindness. Problems with glare intolerance, dark/light adaptation and low-lit environments.

Macular degeneration - loss of central vision, blurred vision.

### **Impairments and 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

Sensitivity to glare

Loss of depth perception

Fear of falling

Fall risk

Other symptoms and conditions – Charles Bonnet Syndrome, diabetes, depression

### **Assessments:**

Assess how vision is affecting function.

### **Occupational Therapy Intervention:**

Teach compensation techniques for vision loss during daily living skills, communication skills and mobility.

- Facilitate use of remaining vision:
  - Instruct in strategies to facilitate the use of remaining vision (eccentric viewing techniques, scanning and page-orientation techniques).
- Provide adaptations so less vision is required:
  - Train in the use of optical devices that enlarge objects.
    - Near optical devices are for close work, such as reading and sewing (hand magnifiers, stand magnifiers, reading glasses)
    - Distance optical devices are for activities such as attending movies and sporting events; reading street signs; and identifying numbers on buses and trains. (binoculars and hand-held telescopes, spectacle-mounted telescopes)

# Occupational Therapy TOOLKIT

## Low Vision and Blindness

### Occupational Therapy Intervention:

- Provide adaptations so less vision is required:
  - 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 contrast (bold-lined paper, bold-lined black pen, writing guides, colored acetate sheets).
- 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, talking glucose monitor, talking scale, talking blood pressure cuff).
  - Facilitate the development of the other senses and memory to compensate for vision loss.

### Teach systematic horizontal and vertical scanning of the environment

- Static person – static object (sitting and locating an item on the table)
- Static person – dynamic object (standing and watching a ball toss)
- Dynamic person – static object (moving down grocery aisle and locate items)
- Dynamic person – dynamic object (crossing street and watching for moving cars)

### Train in safe and efficient functional mobility

- Instruct patient in orientation and mobility techniques.
- Train the upper body protective technique, the lower body protective technique and the trailing technique.
- Instruct caregivers to be a sighted guide.

### Complete a comprehensive, performance-based home assessment. Provide specific interventions for low vision

- Control glare and shadows (use light-colored and translucent lampshades; use mini blinds, and light colored sheer curtains to control direct sunlight.).
- Improve lighting (turn on the lights; use task lighting for grooming, reading and food prep; nightlights; motion sensors; timers; full spectrum bulbs; reflective tape around doorknobs and light switches).
- Provide color and contrast (use bright colors to provide contrast between an object and the background: dinner plates and placemat; chopping board and foods; wall sockets/light switches and the wall; bathmat and tub; door and the wall; stair handrail and the wall; wrap grab bars with brightly colored electrical tape; paint on the edges of stairs; paint door thresholds; colored acetate sheets for reading)
- Modify telephones, thermostats, and appliances with tactile markings



# Occupational Therapy TOOLKIT

## Low Vision and Blindness

### **Occupational Therapy Intervention:**

Provide a fall prevention program that includes balance, coordination and agility training and education about 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 Handouts:**

1.	Communication Tasks	<u>365</u>
2.	Controlling Glare	<u>367</u>
3.	Eating Techniques	<u>368</u>
4.	Improving Your Other Senses	<u>371</u>
5.	Kitchen Management	<u>373</u>
6.	Labeling and Marking	<u>375</u>
7.	Lighting Guidelines	<u>377</u>
8.	Medication Tips	<u>379</u>
9.	Mobility Tips	<u>381</u>
10.	Money Management	<u>382</u>
11.	Recreational Ideas	<u>383</u>
12.	Safety Tips	<u>384</u>
13.	Using Contrast	<u>385</u>

### **Resources:**

1.	Functional Reading	<u>369</u>
2.	Functional Vision	<u>370</u>

# Occupational Therapy TOOLKIT

## Lumbar Spine Surgery

### Procedures:

Disc herniation – laminectomy and discectomy

Spinal stenosis – laminectomy with foraminotomy, possibly fusion

### Impairments and Functional Limitations:

ADL, IADL, work and leisure impairment

Functional mobility impairment

Restricted lumbar ROM

Impaired balance

Muscle weakness

Pain

Other conditions - osteoarthritis

### Occupational Therapy Intervention:

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

- Recommend and/or provide adaptive equipment and task modifications to prevent bending, lifting or twisting (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 lumbar spine precautions during ADLs.
- Instruct how to don/doff spinal orthosis, wearing schedule and hygiene
- Instruct in pacing and energy conservation strategies.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) while adhering to lumbar spine precautions.

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

- Teach stress management and relaxation techniques.
- Coordinate medication peak with exercise and activity.
- Provide positioning support devices

Provide education about fall risk and prevention strategies.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

### Patient and Caregiver Handouts:

1.	Body Mechanics	<u>296</u>
2.	Energy Conservation	<u>329</u>
3.	Everyday Activities after Lumbar Surgery	<u>335</u>
4.	Good Posture	<u>343</u>
5.	Spinal Surgery Precautions	<u>407</u>

# Occupational Therapy TOOLKIT

## Lumbar Radiculopathy

Causes include stenosis, disk herniation, and degenerative disc disease

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

ADL, IADL, work and leisure impairment

Functional mobility impairment

Impaired balance

Impaired lower extremity strength

Pain in legs

Urinary incontinence

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 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 posture and body mechanics during ADLs.
- Instruct in donning and doffing back support and/or brace.
- Instruct in pacing and energy conservation strategies.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

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

- Instruct in home program with verbal and written instructions

Provide education about fall risk and prevention strategies.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

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

1.	Arm Exercises (with precautions)	<u>441</u>
2.	Body Mechanics	<u>296</u>
3.	Energy Conservation	<u>329</u>
4.	Good Posture	<u>343</u>
5.	Upper Body Strengthening Activities (with precautions)	<u>623</u>

# Occupational Therapy TOOLKIT

## Mild Cognitive Impairment (MCI)

**According to the Alzheimer’s Association MCI is classified as**

*“Amnestic MCI primarily affects memory. A person may start to forget important information that he or she would previously have recalled easily, such as appointments, conversations or recent events. Nonamnestic MCI primarily affects thinking skills (executive functions). A person may have difficulty making sound decisions, judging time or sequencing of steps needed to complete a complex task. Cognitive changes are serious enough to be noticed, but the changes are not severe enough to interfere with daily life or independent function.”*

Other conditions that can affect cognition - delirium, medication side effects, vitamin B-12 deficiencies, high blood pressure, depression, fatigue, sleep disturbances.

### **Assessments**

Allen Cognitive Lacing Screen (ACLS-5) (Riska-Williams 2007)

Routine Task Inventory-Expanded (RTI-E) (Allen 1989, Katz 2006)

### **Stages, Measures and Expected Scores:**

Functional Assessment Staging (FAST) = 2-3

Mini Mental States Examination (MMSE) = 26-30

### **Occupational Therapy Intervention:**

Address ability to drive safely. Provide referral to driving rehab specialist and/or explore alternative transportation options.

Cognitive remediation and compensation techniques

Promote wellness (smoking cessation, healthy eating, physical activity and exercise, stress management and relaxation, good sleep habits, social engagement and mental stimulation activities).

### **Additional Treatment Guides**

1. Cognition

48

### **Resources:**

1. Assessment and Scoring of Higher Functioning Patients Using the LACLS and Routine Task Inventory, Caroline Copeland, OT - [Article](#)
2. Living with Mild Cognitive Impairment by Nicole D. Anderson

# Occupational Therapy TOOLKIT

## Multiple Sclerosis

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

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Impaired 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  
Fear of falling  
Fall risk  
Bowel and bladder dysfunction  
Impaired vision due to optic neuritis (diplopia, nystagmus, oscillopsia, scotomata)  
Dysarthria  
Other symptoms and conditions – heat intolerance, dysphagia

### **Assessments:**

Expanded Disability Status Scale (Kurtzke 1983)  
Fatigue Severity Scale (Krupp 1989)  
Modified Fatigue Impact Scale (Fisk 1994)  
Multiple Sclerosis Quality of Life Inventory (MSQLI) (Cella 1996)

### **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 techniques for preventing over-heating.
- Provide low vision compensation techniques and adaptive devices.
- Address ability to drive safely. Provide referral to driving rehab specialist and/or explore alternative transportation options.

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).

# Occupational Therapy TOOLKIT

## Multiple Sclerosis

### **Occupational Therapy Intervention:**

Instruct in fatigue management

- Assess using the Modified Fatigue Impact Scale (Fisk 1994)
- Instruct in pacing and energy conservation strategies.
- Encourage performance of activities during medication peak times.
- Instruct in activity balancing for self-care, work, play and rest
- Instruct in good sleep hygiene
- Encourage keeping a diary to record tasks that increase fatigue and times of the day when fatigue is more of a problem.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

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

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, progress slowly using sub-maximal resistance and frequent repetitions.
- Avoid fatigue and avoid increasing core body temperature.
- Instruct in home program with verbal and written instructions

Provide a fall prevention program that includes balance, coordination and agility training and education about fall risk and prevention strategies.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

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.

# Occupational Therapy TOOLKIT

## Multiple Sclerosis

### **Occupational Therapy Intervention:**

Teach stress management and relaxation techniques.

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

Assist in developing effective communication skills, positive coping strategies (seek out information and support, find strength through spiritual practices, verbalize feelings and concerns, set realistic goals and express positive thoughts); 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.

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

1.	Arm Exercises	<u>441</u>
2.	Energy Conservation	<u>329</u>
3.	Energy Conservation with Meal and Home Management	<u>330</u>
4.	Energy Conservation with Self Care Activities	<u>331</u>
5.	Exercise Guidelines for Multiple Sclerosis	<u>470</u>
6.	Fine Motor Activities	<u>476</u>
7.	Hand Strengthening Putty Exercises	<u>481</u>
8.	Passive ROM Exercises	<u>516</u>
9.	Resistance Band Arm Exercises	<u>544</u>
10.	Splint/Orthosis Instructions	<u>408</u>
11.	Stress Management and Relaxation Techniques	<u>412</u>
12.	Upper Body Strengthening Activities	<u>623</u>

# Occupational Therapy TOOLKIT

## Myocardial Infarction

### **Impairments and 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 to reduce strain during lower body ADLs.
- Instruct patient in donning and doffing support stockings.
- Reinforce dietary instructions during kitchen management tasks.
- Instruct in pacing and energy conservation strategies.

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 home program with verbal and written instructions

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 and perceived rate of exertion in response to functional activities and exercise.

Teach stress management and relaxation techniques.

Reinforce lifestyle changes (smoking cessation, healthy eating to reduce cholesterol, blood pressure and/or blood sugar, weight loss and control, physical activity and exercise, stress management, good sleep habits).



# Occupational Therapy TOOLKIT

## Myocardial Infarction

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

1.	Activity Guidelines Following Heart Attack	<u>293</u>
2.	Cardiac Precautions for Exercise	<u>298</u>
3.	Energy Conservation	<u>329</u>
4.	Energy Conservation with Meal and Home Management	<u>330</u>
5.	Energy Conservation with Self Care Activities	<u>331</u>
6.	Self-Monitoring Your Heart Rate	<u>405</u>
7.	Stress Management and Relaxation Techniques	<u>412</u>

# 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 (Heberden nodes) and at the PIP (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

### **Assessments:**

Manual Ability Measure (MAM) (Chen 2010)

### **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 strategies and joint protection.
- Instruct in activity balancing (balancing self-care, work, play and rest)

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

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.
- Instruct in home program with verbal and written instructions

# 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 self-massage techniques.
- Provide positioning support devices (back supports, pillows, and splints).

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Provide education about fall risk and prevention strategies.

### Patient and Caregiver Handouts:

1.	Deep Breathing Exercise	<u>312</u>
2.	Energy Conservation	<u>329</u>
3.	Exercise Guidelines for Arthritis	<u>468</u>
4.	Joint Protection	<u>359</u>
5.	Splint/Orthosis Instructions	<u>408</u>
6.	Superficial Cold	<u>430</u>
7.	Superficial Heat	<u>431</u>
8.	Upper Body Active ROM Exercises	<u>616</u>

### Resources:

1. Arthritis Foundation - [Website](#)
2. Arthritis Helpbook - [Website](#)
3. Arthritis Today magazine - [Website](#)

# Occupational Therapy TOOLKIT

## Osteoporosis

### **Impairments and 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  
Risk for fractures (most frequently at the wrist, vertebra, and hip)

### **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.
- Instruct in energy conservation, proper posture, and body mechanics.
- Reinforce dietary instructions to increase calcium, vitamin D and protein during kitchen management tasks.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

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

- Instruct in home program with verbal and written instructions

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

Provide education about fall risk and prevention strategies.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

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

1.	Body Mechanics	<u>296</u>
2.	Energy Conservation	<u>329</u>
3.	Good Posture	<u>343</u>
4.	Hand Strengthening Putty Exercises	<u>481</u>
5.	Osteoporosis Extension Exercises	<u>505</u>

# Occupational Therapy TOOLKIT

## Parkinson's Disease

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

ADL, IADL, work and leisure impairment

Functional mobility impairment

Fear of falling

Fall risk

### **Motor Symptoms**

Tremors – incoordination, micrographia

Bradykinesia – slowness of movements, incomplete movement, difficulty initiating movements and sudden stopping of ongoing movement, reduced eye blinking, reduce facial expression, drooling.

Rigidity - cramping and soreness of muscles, contracted muscles, back and neck pain, stooped posture, loss of arm swing when walking, reduced trunk flexibility shuffling of the feet, impaired dexterity and coordination, micrographia.

Postural instability – forward flexion of neck, hips, knees and elbows, poor balance

### **Neuropsychiatric symptoms**

Impaired cognition - 25-30% have MCI, 25-30% develop dementia

Depression and anxiety

Psychosis, hallucinations, delusions, impulse control

Autonomic dysfunction (orthostatic hypotension, constipation, bladder dysfunction, excessive sweating, heat intolerance, drooling, dysphagia)

Sleep dysfunction (excessive daytime sleepiness, insomnia, REM sleep behavior disorder, restless leg syndrome)

Sensory symptoms (change in taste and smell, double vision, pain)

### **Rating Scales:**

Hoehn and Yahr Staging – Revised (Hoehn, Yahr 1967)

Modified Schwab and England Activities of Daily Living (Factor 2002)

Parkinson's Disease Questionnaire PDQ-39 (Jenkinson 2008)

Unified Parkinson's Disease Rating Scale (Fahn 1987)

### **Occupational Therapy Intervention:**

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

- Encourage focused attention and concentration on tasks, minimize distractions, educate on avoiding multi-tasking and teach cognitive strategies (internal and external cues).
- Break tasks down into steps and teach each step multiple times before adding the next step.

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

- Graded activities in sitting and standing, supported and unsupported.

# 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 fatigue, tremors and bradykinesia during tasks. Electric warming tray to keep food hot, inner lip plates, weighted cutlery, loose fitting clothes, Velcro closers on shoes, pull over tops, toileting and bathing equipment.
- Teach strategies to improve handwriting and computer skills.

### Functional mobility training

- Encourage focused attention and concentration on tasks, minimize distractions, educate on avoiding multi-tasking and teach cognitive strategies (internal and external cues).
- Break tasks down into steps and teach each step multiple times before adding the next step.
- Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.
- Train in the use of adaptive mobility equipment – hospital beds, lift chairs, standard wheelchair/electric wheelchairs (with tilt- in-space option), transfer boards, hoist lifts, leg lifter, bed rails.

### Education on strategies to manage fatigue and conserve energy.

- Assess using the Modified Fatigue Impact Scale (Fisk 1994)
- Instruct in pacing and energy conservation strategies.
- Encourage performance of activities during medication peak times.
- Instruct in activity balancing for self-care, work, play and rest
- Instruct in good sleep hygiene
- Encourage keeping a diary to record tasks that increase fatigue and times of the day when fatigue is more of a problem.

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

- Forced exercise (theracyle), LSVT BIG, John Argue Method, Dance *for* PD
- Instruct in home program with verbal and written instructions

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

- Teach stress management and relaxation techniques.
- Educate in use of superficial heat and cold.
- Provide positioning support devices (back supports, pillows, and splints).
- Instruct in proper posture.

# Occupational Therapy TOOLKIT

## Parkinson's Disease

### Occupational Therapy Intervention:

Educate regarding the common triggers for falls and teach strategies

- Changing direction or turning - instruct to stop and focus on stepping feet around, use cognitive strategies
- Freezing episodes - use cognitive strategies
- Festination - use cognitive strategies
- Distractions - reinforce full attention and concentration when walking
- Carrying objects - use pockets, fanny pack, walker bag/tray
- Doing two tasks at the same time - encourage sitting to perform ADL and IADL tasks, avoid talking while walking
- Reaching up such as into a cabinet - hold onto countertop for stability

Evaluate home environment and provide modifications and adaptations to improve safety and increase ADL independence.

Provide cognitive retraining and instruct in compensatory strategies.

Assist in developing effective communication skills, positive coping strategies (seek out information and support, find strength through spiritual practices, verbalize feelings and concerns, set realistic goals and express positive thoughts); 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 Handouts:

1. Cognitive Strategies for Improving Movement	<u>301</u>
2. Diaphragmatic Breathing	<u>313</u>
3. Energy Conservation	<u>329</u>
4. Good Posture	<u>343</u>
5. Hand Strengthening Putty Exercises	<u>481</u>
6. Handwriting Techniques for Parkinson's	<u>346</u>
7. Parkinson's Exercises	<u>509</u>
8. Passive ROM Exercises	<u>516</u>
9. Strategies to Reduce Action Tremor	<u>411</u>
10. Stress Management and Relaxation Techniques	<u>412</u>

### Additional Treatment Guides:

1. Basic and Instrumental Activities of Daily Living	<u>14</u>
2. Cognition	<u>48</u>
3. Fall Risk Assessment and Prevention	<u>51</u>
4. Functional Mobility	<u>27</u>

# Occupational Therapy TOOLKIT

## Peripheral Neuropathy

### **Impairments and 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 therapeutic exercises and activities to improve strength and endurance.

- Instruct in home program with verbal and written instructions

Provide education about fall risk and prevention strategies.

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

1. Arm Exercises 441
2. Hand Strengthening Putty Exercises 481
3. Stress Management and Relaxation Techniques 412



# Occupational Therapy TOOLKIT

## Post-Poliomyelitis Syndrome

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

ADL, IADL, work and leisure impairments

Functional mobility impairment

New or increased muscle weakness

New or increased muscle and joint 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

Fall risk

Respiratory problems (dyspnea, hypercapnia and hypoventilation)

Cognitive dysfunction related to fatigue affecting memory and concentration

Other symptoms and conditions –cold intolerance, dysphagia, depression, carpal tunnel syndrome, cubital tunnel syndrome, sleep disorders, myofascial pain syndrome, osteoarthritis, osteoporosis, 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.
- Address ability to drive safely. Provide referral to driving rehab specialist and/or explore alternative transportation options.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

Instruct in fatigue management

- Assess using the Modified Fatigue Impact Scale (Fisk 1994)
- Instruct in pacing and energy conservation strategies.
- Encourage performance of activities during medication peak times.
- Instruct in activity balancing for self-care, work, play and rest
- Instruct in good sleep hygiene
- Encourage keeping a diary to record tasks that increase fatigue and times of the day when fatigue is more of a problem.

Provide graded activities and exercises to improve strength, endurance and ROM

- Low-moderate intensity of short duration with regular rests and adequate time for muscles to recover. Do not exercise to the point of muscle fatigue, monitor for changes in endurance, muscle soreness or weakness.
- Instruct in home program with verbal and written instructions

# Occupational Therapy TOOLKIT

## Post-Poliomyelitis Syndrome

### **Occupational Therapy Intervention:**

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 self-massage techniques.
- Provide positioning support devices.

Instruct in the use of a pain diary include date and time of pain; location; intensity; duration; what factors (activity, situation, emotion) precipitated the pain episode, what was medication or techniques were utilized to reduce the pain and the result.

Provide cognitive retraining and instruct in compensatory strategies.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Provide education about fall risk and prevention strategies.

Assist in developing effective communication skills, positive coping strategies (seek out information and support, find strength through spiritual practices, verbalize feelings and concerns, set realistic goals and express positive thoughts); and making informed decisions about medical and alternative treatments.

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

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

1.	Arm Exercises	<u>441</u>
2.	Energy Conservation	<u>329</u>
3.	Exercise Guidelines for Post-Polio Syndrome	<u>472</u>
4.	Hand Strengthening Putty Exercises	<u>481</u>
5.	Pain Diary	<u>387</u>
6.	Pursed Lip Breathing	<u>403</u>
7.	Resistance Band Arm Exercises	<u>544</u>
8.	Stress Management and Relaxation Techniques	<u>412</u>
9.	Superficial Cold	<u>430</u>
10.	Superficial Heat	<u>431</u>
11.	Upper Body Strengthening Activities	<u>623</u>

# Occupational Therapy TOOLKIT

## Pressure Ulcers

### **Risk Factors:**

Impaired functional mobility including bed mobility, transfers, ambulation

Altered sensory awareness due to spinal injury, stroke or dementia

Incontinence

Limited activity – bed or chair-bound

Impaired ROM, strength, balance, tone

Impaired nutritional status

Altered skin integrity

Pain

Impaired circulation

### **Assessments:**

The Braden Scale (Braden 2005)

### **Occupational Therapy Intervention:**

#### Sensory Perception

- Instruct in basic skin care and to avoid massage over bony prominences.
- Teach skin inspection with long handed mirror specifically of the ischii, sacrum, greater trochanters, heels, and occiput.
- Instruct in weight shift while up in chair or wheelchair.

Moisture - See Urinary Incontinence.

#### Activity

- Provide bed mobility and transfer training.
- Instruct caregiver in safe transfer techniques.
- Recommend properly fitted shoes and or protective footwear (post-op shoe, heel or forefoot weight-bearing shoe, multi-podus with ambulatory plate)
- Provide UE therapeutic exercise (P/AA/AROM), in supine, sitting and standing as appropriate. Progress intensity, frequency, and duration

#### Mobility

- Instruct in re-positioning every 2 hours while in bed and every 15 minutes when sitting.
- Instruct in proper positioning using pillows and foam wedges to avoid bony prominences.
- Avoid prolonged hip and knee flexion when in bed or sitting.
- Obtain bed overlays, pressure-relieving mattress, resting splints (foot drop splints, Multi-Podus boots) and seating or wheelchair cushions.
- Support weak upper extremities with armrests, a wheelchair tray and/or pillows
- Provide treatment for spasticity and/or contractures.

# Occupational Therapy TOOLKIT

## Pressure Ulcers

### Occupational Therapy Intervention:

#### Friction and Shear

- Instruct in friction and shearing risk including ways to avoid those risks during transfers and repositioning.
- Recommend the use of satin sheets.
- Recommend wearing socks in bed to reduce friction.

Nutrition - Provide nutritional assessment and management.

### Patient and Caregiver Handouts:

- |  |            |
|--|------------|
| 1. Daily Foot Care and Foot Safety         | <u>303</u> |
| 2. Positioning in Bed to Minimize Pressure | <u>392</u> |
| 3. Pressure Relief                         | <u>396</u> |
| 4. Skin Inspection                         | <u>406</u> |

### Additional Treatment Guides:

- |                       |            |
|-----------------------|------------|
| 1. Joint Contractures | <u>125</u> |
|-----------------------|------------|

# Occupational Therapy TOOLKIT

## Pulmonary Disease

Chronic bronchitis, emphysema, lung cancer, pneumonia, pulmonary fibrosis

### **Impairments and 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

Other symptoms and conditions – cubital tunnel syndrome, depression and anxiety

### **Occupational Therapy Intervention:**

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

- Recommend and/or provide adaptive equipment and task modifications to compensate limited activity tolerance and dyspnea and to reduce the need to stand, bend and reach.
- Reinforce dietary instructions during kitchen management tasks.
- Teach patient and caregivers safe use of oxygen during ADL and mobility including fire safety, managing O2 lines, care and proper use of oxygen equipment, carrying portable O2.

Education on strategies to manage fatigue and conserve energy.

- Assess using the Modified Fatigue Impact Scale (Fisk 1994)
- Instruct in pacing and energy conservation strategies.
- Encourage performance of activities during medication peak times.
- Instruct in activity balancing for self-care, work, play and rest
- Instruct in good sleep hygiene
- Encourage keeping a diary to record tasks that increase fatigue and times of the day when fatigue is more of a problem.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

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 home program with verbal and written instructions

# Occupational Therapy TOOLKIT

## Pulmonary Disease

### **Occupational Therapy Intervention:**

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.

Assess and monitor blood pressure, heart rate, respiratory rate and oxygen saturations and perceived rate of exertion in response to functional activities and exercise.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

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

Provide a fall prevention program that includes balance, coordination and agility training and education about fall risk and prevention strategies. Provide functional balance activities to increase balance confidence with ADL tasks.

Teach compensatory techniques for memory impairment.

Assist in developing effective communication skills, positive coping strategies (seek out information and support, find strength through spiritual practices, verbalize feelings and concerns, set realistic goals and express positive thoughts); 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 Handouts:**

1.	Arm Cycle Guidelines	<u>440</u>
2.	Causes of Respiratory Panic and Distress	<u>300</u>
3.	Coordinating Your Breathing with Activities	<u>302</u>
4.	Diaphragmatic Breathing	<u>313</u>
5.	Energy Conservation	<u>329</u>
6.	Hand Strengthening Putty Exercises	<u>481</u>
7.	Levels of Shortness of Breath	<u>364</u>
8.	Pulmonary Exercises	<u>539</u>
9.	Pursed Lip Breathing	<u>403</u>
10.	Resistance Band Arm Exercises	<u>544</u>
11.	Respiratory Panic and Distress Control Technique	<u>404</u>
12.	Stress Management and Relaxation Techniques	<u>412</u>

# Occupational Therapy TOOLKIT

## Rheumatoid Arthritis

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

ADL, IADL, work and leisure impairment

Functional mobility impairment

Morning stiffness that lasts longer than 1 hour

Limited activity tolerance and endurance

Joint contractures

Impaired strength

Impaired grip and pinch strength

Joint deformity and instability

Joint pain and swelling

Impaired hand function, manipulation and dexterity

Depression

Fatigue, malaise

Other symptoms and conditions – carpal tunnel syndrome, cervical myelopathy,

### **Assessments:**

Manual Ability Measure (MAM) (Chen 2010)

### **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, and joint protection.
- Instruct in activity balancing (balancing self-care, work, play and rest)

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

Train in the use of adaptive mobility equipment – hospital beds, lift chairs, standard wheelchair/electric wheelchairs, transfer boards, hoist lifts, leg lifter, bed rails.

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

- Acute flare-ups – instruct in performing gentle passive or active ROM exercises 3-4 times daily followed by icing for 15 minutes.
- Non-acute joints – instruct in the use of superficial heat, gentle isometric strengthening in pain free range.
- Instruct in home program with verbal and written instructions

# Occupational Therapy TOOLKIT

## Rheumatoid Arthritis

### **Occupational Therapy Intervention:**

Instruct in joint protection, body mechanics and posture.

- Positioning devices for bed and chair.

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)
- Teach stress management and relaxation techniques.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Provide education about fall risk and prevention strategies.

Assist in developing effective communication skills, positive coping strategies (seek out information and support, find strength through spiritual practices, verbalize feelings and concerns, set realistic goals and express positive thoughts); and making informed decisions about medical and alternative treatments.

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

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

1.	Arthritic Joint Changes and Deformity	<u>295</u>
2.	Energy Conservation	<u>329</u>
3.	Exercise Guidelines for Arthritis	<u>468</u>
4.	Joint Protection	<u>359</u>
5.	Splint/Orthosis Instructions	<u>408</u>
6.	Splinting for Arthritis	<u>409</u>
7.	Stress Management and Relaxation Techniques	<u>412</u>
8.	Superficial Cold	<u>430</u>
9.	Superficial Heat	<u>431</u>
10.	Surgical Intervention in Arthritis	<u>432</u>
11.	Upper Body Active ROM Exercises	<u>616</u>



# Occupational Therapy TOOLKIT

## Rotator Cuff Disorders – Impingement, Tendonitis and Tears

### Impairments and Functional Limitations:

Muscle weakness and atrophy - rotator cuff muscles (supraspinatus, infraspinatus, teres minor, subscapularis), deltoids and the scapulothoracic muscles (serratus anterior and lower trapezius)

Impaired scapulo-humeral rhythm

Postural dysfunction

Pain with activities above shoulder level

Painful arc (AROM between 60 and 100 degrees of abduction)

Limited AROM but not PROM unless there is adhesive capsulitis

### Provocative Tests

Drop-arm (Park 2005)

Empty-can Supraspinatus (Park 2005)

External Rotation/Infraspinatus Strength (Park 2005)

Hawkins-Kennedy Impingement Test (Hawkins, Kennedy 1980)

Lift-off Subscapularis (Hertel 1996)

Neer Impingement Sign (Gibson 2005)

### Occupational Therapy Intervention:

Provide pain management techniques

- Physical agents modalities (cryotherapy, ultrasound, E-stim, thermotherapy)
- Transcutaneous electrical nerve stimulation (TENS)
- Joint mobilization techniques
- Kinesio taping

### Acute Phase

- Instruct in proper posture during tasks.
- Avoid activities that increase symptoms.
- Provide stretching and ROM exercises.
- Instruct patient to sleep with a pillow between the trunk and arm.

### When Pain Free

- Provide progressive shoulder stabilization and strengthening activities and exercises to improve posture, increase ROM and strength.
- Instruct in a home exercise program

### Patient and Caregiver Handouts:

1. Exercise Guidelines for Orthopedic Conditions 471
2. Good Posture 343

# Occupational Therapy TOOLKIT

## Rotator Cuff Disorders – Impingement, Tendonitis and Tears

### Patient and Caregiver Handouts:

3.	Shoulder Active Exercises	<u>563</u>
4.	Shoulder Isometric Exercises	<u>571</u>
5.	Shoulder Passive and Active-Assisted Exercises	<u>583</u>
6.	Shoulder Pulley Exercises	<u>587</u>
7.	Shoulder Strengthening – Free Weights	<u>589</u>
8.	Shoulder Strengthening – Resistive Band	<u>595</u>
9.	Shoulder Stretching Exercises	<u>599</u>
10.	Superficial Cold	<u>430</u>
11.	Superficial Heat	<u>431</u>

# Occupational Therapy TOOLKIT

## Rotator Cuff Repair

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

Muscle weakness - rotator cuff muscles (supraspinatus, infraspinatus, teres minor, subscapularis), deltoids and the scapulothoracic muscles (serratus anterior and lower trapezius)

Pain

Other symptoms and conditions – adhesive capsulitis

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but no limited to...

Train in one-handed techniques and adaptive equipment while adhering to shoulder precautions.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; wheelchair mobility; ambulation and stairs) while adhering to shoulder dislocation precautions.

- Treat underlying impairments that limit safety and independence.
- Train in the safe and proper use of assistive devices and adaptive equipment (canes, sliding boards, bed transfer handles, leg lifters, wheelchairs)
- Instruct in axillary hygiene, shoulder dislocation precautions, donning and doffing of shoulder sling/immobilizer and cryotherapy, and arm positioning during sitting and supine.

Instruct in pain self-management techniques

- Coordinate medication peak with exercise and activity.
- Take pain medications on a schedule rather than wait for pain to start
- Use superficial cold.
- Utilize deep breathing and other relaxation techniques
- Stretch head and neck muscles
- Properly position the shoulder

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

Progression depends on co-morbidities, stage of healing and post-surgical complications

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

Passive, active assist, active, stretching and strengthening

Provide home exercise program

Provide exercises for all uninvolved joints to prevent loss of ROM and strength

Educate regarding fall risk and prevention strategies

# Occupational Therapy TOOLKIT

## Rotator Cuff Repair

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

1.	Active Movement of the Elbow, Wrist and Hand	<u>437</u>
2.	Everyday Activities after Shoulder Surgery	<u>337</u>
3.	Exercise Guidelines for Orthopedic Conditions	<u>471</u>
4.	Good Posture	<u>343</u>
5.	Shoulder Active Exercises	<u>563</u>
6.	Shoulder Isometric Exercises	<u>571</u>
7.	Shoulder Passive and Active-Assisted Exercises	<u>583</u>
8.	Shoulder Pulley Exercises	<u>587</u>
9.	Shoulder Strengthening – Free Weights	<u>589</u>
10.	Shoulder Strengthening – Resistive Band	<u>595</u>
11.	Shoulder Stretching Exercises	<u>599</u>

# Occupational Therapy TOOLKIT

## Scleroderma / Systemic Sclerosis

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

ADL, IADL, work and leisure impairments

Functional mobility impairment

Limited activity tolerance and endurance

Dyspnea

Restricted ROM

Limited strength

Myopathy

Joint stiffness, swelling and pain

Impaired fine motor skills

Reduced oral aperture

Claw hand deformity

Impaired body image

Impaired oral mobility

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 w/o 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, and joint protection.
- Dental care using pediatric toothbrush, adaptations for flossing.

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.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

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 home program with verbal and written instructions

# Occupational Therapy TOOLKIT

## Scleroderma / Systemic Sclerosis

### Occupational Therapy Intervention:

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 paraffin baths.
- Teach self-massage techniques.
- Provide positioning support devices.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Provide education about fall risk and prevention strategies.

Assist in developing effective communication skills, positive coping strategies (seek out information and support, find strength through spiritual practices, verbalize feelings and concerns, set realistic goals and express positive thoughts); 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 Handouts:

1.	Arm Exercises	<u>441</u>
2.	Body Mechanics	<u>296</u>
3.	Energy Conservation	<u>329</u>
4.	Face and Neck Active ROM Exercises	<u>474</u>
5.	Fine Motor Activities	<u>476</u>
6.	Forearm and Wrist Active ROM Exercises	<u>477</u>
7.	Good Posture	<u>343</u>
8.	Hand Stretching and Active ROM	<u>483</u>
9.	Joint Protection	<u>359</u>
10.	Splint/Orthosis Instructions	<u>408</u>
11.	Stress Management and Relaxation Techniques	<u>412</u>
12.	Superficial Heat	<u>431</u>

# Occupational Therapy TOOLKIT

## Spinal Cord Injury

### **Impairments and 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

Respiratory insufficiency

Chronic pain (musculoskeletal or neuropathic)

Autonomic impairment (including bladder, bowel and sexual dysfunction)

Other symptoms and conditions – upper extremity overuse syndromes (rotator cuff injury or entrapment neuropathies), orthostatic hypotension, pressure ulcers, heterotopic ossification, UTL, depression, autonomic dysreflexia above T6 level, pulmonary embolism, DVT, osteoporosis, pneumonia.

### **Assessments:**

Canadian Occupational Performance Measure (Law 2005)

Capabilities of UE Instrument in Tetraplegia (CUE) (Marino 1998)

Quadriplegic Index of Function (QIF) (Gresham 1986)

Spinal Cord Independence Measure (SCIM) (Catz 1997)

### **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; bed mobility skills and wheelchair mobility) during ADL and IADL tasks, based on level of injury. Train in the use of adaptive mobility equipment – hospital beds, lift chairs, transfer boards, standard wheelchair/electric wheelchairs, wheelchair cushions, hoist lifts, leg lifter.

Provide and instruct in proper positioning in bed and in sitting. Instruct in pressure relief.

Provide therapeutic activities and exercises to increase sitting tolerance and balance; improve ROM; prevent contractures and reduce spasticity; increase strength and endurance in innervated muscles; improve hand function and coordination.

- Passive flexion of the fingers is done with the wrist in extension and passive extension of the fingers is done with the wrist in flexion.
- Instruct in home program with verbal and written instructions

# Occupational Therapy TOOLKIT

## Spinal Cord Injury

### **Occupational Therapy Intervention:**

Provide hand splinting to maximize function, protect weak muscles and assist with ADL tasks (MCP cuff, short opponens splint, long opponens splint, tenodesis splint, MP block splint, 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.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Address ability to drive safely. Provide referral to driving rehab specialist and/or explore alternative transportation options.

Assist in developing effective communication skills, positive coping strategies (seek out information and support, find strength through spiritual practices, verbalize feelings and concerns, set realistic goals and express positive thoughts); and making informed decisions about medical and alternative treatments.

Educate patient in preventing complications

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

### **Resources:**

1. American Spinal Injury Association - [Website](#)
2. Clinical Practice Guideline for Health-Care Professionals - [Website](#)
3. National Spinal Cord Injury Association - [Website](#)
4. SCI Guide - [Website](#)



# Occupational Therapy TOOLKIT

## Stroke

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

ADL, IADL, work and leisure impairment

Impaired sit-to-stand, transfers, bed mobility and gait

Hemiparesis, hemiplegia

Impaired postural control

Impaired coordination

Limited activity tolerance and endurance

Fall risk

Sensory deficit

Central post-stroke pain

Language disorders (aphasia, dysarthria, dyspraxia)

Dysphasia

Visual and perceptual impairment

Cognitive impairment

Behavioral disorders (depression, lability, low frustration tolerance, impulsivity)

Bladder and bowel dysfunction

Secondary complications - bio-mechanical shoulder pain (biceps tendonitis, rotator cuff impingement, adhesive capsulitis, tendonitis, shoulder-hand syndrome or subluxation); edema (upper and lower extremity); pressure sores; joint contractures; depression; DVT's; aspiration pneumonia.

### **Assessments:**

Arnadottir OT-ADL Neurobehavioral Evaluation (A-ONE) (Arnadottir 1990)

Assessment of Motor and Process Skills (AMPS) (Fisher et al 1993)

Chedoke-McMaster Stroke Assessment Scale (Gowland 1993)

Modified Ashworth Scale (Bohannon & Smith 1987)

Stroke Impact Scale (Duncan 1999)

### **Occupational Therapy Intervention:**

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

- Use of compensatory techniques (task modification; one-handed techniques; hand-over-hand guiding; task segmentation; end chaining).
- Recommend and/or provide adaptive equipment (rocker knife, inner lip plates, holders for books or playing cards, stabilizing devices for activities that traditionally require two-handed performance (e.g., cutting vegetables, cleaning dentures), and keyboards adapted for one-handed computer use.
- Safely incorporate affected extremity with all activities.
- Instruct in pacing and energy conservation strategies.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL tasks.

# Occupational Therapy TOOLKIT

## Stroke

### **Occupational Therapy Intervention:**

#### Improve postural control

- Focus on stability, weight shifting, body awareness, trunk rotation & elongation.
- Have patient turn toward affected side when reaching.
- Set up room so the patient must physically move to their affected side.
- Provide reach-grasp-hold-carry-place activities; in standing and sitting; with and without support.

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

- Graded activities in sitting and standing, supported and unsupported.

#### Improve upper extremity function

- Use a variety of approaches according to the needs of the patient
- Provide early mobilization and positioning.
- Incorporate task-oriented training.
- Provide opportunities to use and move the arm all day (use of ball bearing feeder, mobile arm support, overhead suspension sling).
- Provide constraint-induced movement therapy (CIMT) for patients who demonstrate at least 20 degrees of wrist extension and 10 degrees of finger extension, and have minimal sensory or cognitive deficits.
- Provide an arm and hand strengthening exercise program (spasticity is not a contraindication)
- Provide weight bearing exercises and activities.
- Functional electrical stimulation
- Electromechanical/robotic devices.
- Mirror therapy

Provide activities and exercises to uninvolved side to prevent loss of ROM and strength.

#### Manage spasticity

- Prevent contractures (specifically shoulder external rotation, ankle dorsiflexion and hip internal rotation)
- Provide PROM, SROM and stretching exercises
- Proper positioning in bed, chair and during mobility
- Provide splinting to protect hand/wrist. Resting hand splint for flaccid to mild tone. Spasticity splint for moderate to high tone.

#### Prevent or manage hand edema

- Active self-range of motion exercises in elevation
- Positioning to elevate hand
- Retrograde massage

# Occupational Therapy TOOLKIT

## Stroke

### **Occupational Therapy Intervention:**

Prevent or manage hand edema

- Gentle grade 1-2 mobilizations for the hand and fingers
- Compression garment
- 

Prevent or manage shoulder pain

- Avoid overaggressive therapy, avoid overhead pulleys
- Mobilize and strengthen the scapula.
- Position arm with cubital fossa facing up, 45° abduction and comfortable external rotation.
- Provide firm support devices such as laptrays and arm troughs
- Range of motion exercises should not move the shoulder beyond 90 degrees of flexion and abduction unless there is upward rotation of the scapula and external rotation of the humeral head.
- Manage orthopedic conditions (biceps tendonitis, impingement syndrome, adhesive capsulitis, rotator cuff tendonitis, shoulder-hand syndrome).
- Functional Electrical Stimulation

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

- Prevention and control of edema.
- Passive ROM exercises.
- Self-ROM exercises.
- Protection and support of the affected arm during bed mobility, transfers and ambulation using slings, pocket, or by therapist and during wheelchair use by using hemi tray or arm troughs.
- Proper positioning in bed and chair.
- Care and use of positioning splints.

Teach compensatory strategies for perceptual deficits.

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

Provide education about fall risk and prevention strategies.

### **Community Integration**

- Address ability to drive safely. Provide referral to driving rehab specialist and/or explore alternative transportation options.
- Vocational rehabilitation strategies to assist the return to work if appropriate
- Leisure and social participation intervention,
- Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

# Occupational Therapy TOOLKIT

## Stroke

### **Occupational Therapy Intervention:**

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, prevention of secondary complications).

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

1.	Edema Control Techniques	<u>327</u>
2.	Energy Conservation	<u>329</u>
3.	Functional Use of Affected Upper Extremity after Stroke	<u>339</u>
4.	Getting In and Out of Bed – Left Hemiparesis	<u>240</u>
5.	Getting In and Out of Bed – Right Hemiparesis	<u>242</u>
6.	Positioning in Bed - Left Hemiparesis	<u>390</u>
7.	Positioning in Bed - Right Hemiparesis	<u>391</u>
8.	Proper Positioning When Sitting – Left Hemiparesis	<u>399</u>
9.	Proper Positioning When Sitting – Right Hemiparesis	<u>400</u>
10.	Protecting Your Arm – Left Hemiparesis	<u>401</u>
11.	Protecting Your Arm – Right Hemiparesis	<u>402</u>
12.	Splint/Orthosis Instructions	<u>408</u>
13.	Stress Management and Relaxation Techniques	<u>412</u>
14.	Using Your Walker Safely	<u>433</u>
15.	Using Your Wheelchair Safely	<u>435</u>

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

1.	Arm Exercises	<u>441</u>
2.	Ball Exercises	<u>447</u>
3.	Dynamic Balance Exercise	<u>459</u>
4.	Fine Motor Activities	<u>476</u>
5.	Gross Motor Activities	<u>480</u>
6.	Hand Strengthening Putty Exercises	<u>481</u>
7.	Level 1 Activities - Getting Your Affected Arm to Move	<u>491</u>
8.	Level 2 Activities - Passive Stabilizer	<u>492</u>
9.	Level 3 Activities - Active Stabilizer	<u>493</u>
10.	Level 4 Activities - Gross Motor Assist	<u>494</u>
11.	Level 5 Activities - Fine Motor Assist	<u>495</u>
12.	Passive ROM Exercises – Left Hemiparesis	<u>523</u>
13.	Passive ROM Exercises - Right Hemiparesis	<u>530</u>
14.	Resistance Band Arm Exercises	<u>544</u>

# Occupational Therapy TOOLKIT

## Stroke

### Patient and Caregiver Handouts:

15.	Scapular Mobilization and Strengthening Exercises - Left		547
16.	Scapular Mobilization and Strengthening Exercises - Right		551
17.	Self Range of Motion - Left Hemiparesis		555
18.	Self Range of Motion - Right Hemiparesis		559
19.	Sitting Balance Exercises		603
20.	Static Balance Exercise		613
21.	Upper Body Active ROM Exercises		616
22.	Upper Body Strengthening Activities	623	—
23.	Using Your Arm as an Active Stabilizer		624
24.	Using Your Arm as a Gross Motor Assist		625
25.	Using Your Arm as a Passive Stabilizer		626
26.	Using Your Arm with Caregiver Assisted Guiding		627
27.	Using Your Arm with Self-Guiding		628
28.	Weight Bearing Exercises - Left Hemiparesis		629
29.	Weight Bearing Exercises - Right Hemiparesis	630	—

### Additional Treatment Guides:

1.	Activities of Daily Living Training		14
2.	Apraxia		45
3.	Balance		46
4.	Cognition		48
5.	Complex Regional Pain Syndrome – Post-Stroke	93	—
6.	Fall Risk Assessment and Prevention	51	—
7.	Functional Mobility		27
8.	Handwriting		31
9.	Home Safety and Modification	54	—
10.	Joint Contractures		125
11.	Pressure Ulcers	147	—
12.	Therapeutic Exercise		57
13.	Urinary Incontinence		168
14.	Visual Perception		59

# Occupational Therapy TOOLKIT

## Total Shoulder Replacement (TSR)

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

Muscle weakness

Limited ROM

Pain and edema

Fall risk

Other symptoms and conditions – osteoarthritis, rheumatoid arthritis, osteonecrosis, cuff tear arthropathy, fractures of the humeral head

### **Outcome Measures:**

Simple Shoulder Test (Lippitt 1993)

American Shoulder and Elbow Surgeon's Shoulder Evaluation (Beaton 1996)

### **Occupational Therapy Intervention:**

ADL, IADL, work and leisure training including but no limited to...

Train in one-handed techniques and adaptive equipment while adhering to shoulder dislocation precautions.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; wheelchair mobility; ambulation and stairs) while adhering to shoulder dislocation precautions.

- Treat underlying impairments that limit safety and independence.
- Train in the safe and proper use of assistive devices and adaptive equipment (canes, sliding boards, bed transfer handles, leg lifters, wheelchairs)
- Instruct in axillary hygiene, shoulder dislocation precautions, donning and doffing of shoulder sling/immobilizer and cryotherapy, and arm positioning during sitting and supine.

Instruct in pain self-management techniques

- Coordinate medication peak with exercise and activity.
- Take pain medications on a schedule rather than wait for pain to start
- Use superficial cold.
- Utilize deep breathing and other relaxation techniques
- Stretch head and neck muscles
- Properly position the shoulder

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

Provide progressive shoulder activities and exercises to increase ROM and strength. Progression depends on co-morbidities, stage of healing and post-surgical complications. ***Follow the referring surgeon's specific guidelines for progression.***

# Occupational Therapy TOOLKIT

## Total Shoulder Replacement (TSR)

### Occupational Therapy Intervention:

- Phase I – Immediate Post-surgical Phase
  - Passive exercises and active-assisted exercises
- Phase II – Early Strengthening
  - Active exercises
- Phase III – Moderate Strengthening
  - Strengthening exercises, light functional activities
- Phase IV: – Advance Strengthening
  - Progressive home program

Educate regarding fall risk and prevention strategies

### Patient and Caregiver Handouts:

1.	Active Movement of the Elbow, Wrist and Hand	<u>437</u>
2.	Everyday Activities after Shoulder Surgery	<u>337</u>
3.	Exercise Guidelines for Orthopedic Conditions	<u>471</u>
4.	Shoulder Active Exercises	<u>563</u>
5.	Shoulder Isometric Exercises	<u>571</u>
6.	Shoulder Passive and Active-Assisted Exercises	<u>583</u>
7.	Shoulder Pulley Exercises	<u>587</u>
8.	Shoulder Strengthening – Free Weights	<u>589</u>
9.	Shoulder Strengthening – Resistive Band	<u>595</u>
10.	Shoulder Stretching Exercises	<u>599</u>
11.	Superficial Cold	<u>430</u>

### Therapist Resource:

1. Detailed treatment protocol: Rehabilitation Following Total Shoulder Arthroplasty by Wilcox RB, Arslanian LE, Millett PJ, in the J of Orthopedic Sports PT, Vol 35, Num 12, Dec 2005. Retrieved online March 1, 2013 [http://www.jospt.org/issues/articleID.823,type.14/article\\_detail.asp](http://www.jospt.org/issues/articleID.823,type.14/article_detail.asp)

# Occupational Therapy TOOLKIT

## Urinary Incontinence

### **Types of Urinary Incontinence**

Urge - due to detrusor irritability and abnormal bladder contraction

Stress - due to reduced sphincter resistance and sudden increased abdominal pressure

Overflow - due to over distention of bladder that exceeds outlet resistance

Functional - due to physical or psychological inability to reach toilet facilities

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

Fall risk due to urge incontinence or functional incontinence

Skin breakdown

Social isolation

Accelerated need for long-term care placement

Depression

### **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, timely changing and disposal).
- 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 toileting transfer with adaptive equipment - grab bars, raised seats.
- Provide alternatives to using a toilet (male and female urinals bedpan and bedside commodes).

Instruct in healthy bladder habits, timed and prompted voiding (functional incontinence), bladder training. (urge incontinence), pelvic floor exercises (urge and stress incontinence).

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

1. Adaptive Equipment for Toileting 278
2. Healthy Bladder Habits 350



# Occupational Therapy TOOLKIT

## Vertebral Compression Fractures

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

ADL, IADL, work and leisure impairment  
Functional mobility impairment  
Impaired posture (kyphosis)  
Limited activity tolerance and endurance  
Muscle weakness  
Back and neck pain  
Instability and problems with balance loss  
Leg length discrepancy  
Other symptoms and conditions - osteoporosis

### **Occupational Therapy Intervention:**

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

- Recommend and/or provide adaptive equipment and task modifications to avoid spinal flexion and trunk rotation
- Train to don and doff back support brace.
- Instruct in energy conservation, proper posture, and body mechanics.
- Reinforce dietary instructions to increase calcium, vitamin D intake and protein during kitchen management tasks.

Train in safe and efficient functional mobility (sit to stand; bed mobility skills; transfers; ambulation and wheelchair mobility) during ADL and IADL 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.
- Positioning for proper posture (back supports, pillows).

Provide education about fall risk and prevention strategies.

Complete a comprehensive, performance-based home assessment. Recommend and/or provide home and activity modifications.

Assist in developing self-management skills (effective communication; positive coping strategies; stress reduction; medication management; and making informed decisions about medical and alternative treatments).

# Occupational Therapy TOOLKIT

## Vertebral Compression Fractures

### **Occupational Therapy Intervention:**





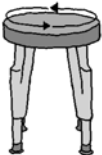

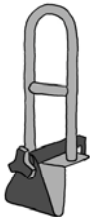
Promote wellness by reinforcing lifestyle changes (smoking cessation; follow a regular exercise plan that includes weight bearing; achieve and maintain ideal body weight through healthy eating; develop good sleep habits; increase intake of calcium and vitamin D; minimize caffeine and alcohol intake).

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

1.	Body Mechanics	<u>296</u>
2.	Energy Conservation	<u>329</u>
3.	Good Posture	<u>343</u>
4.	Stress Management and Relaxation Techniques	<u>412</u>
5.	Superficial Cold	<u>430</u>
6.	Superficial Heat	<u>431</u>
7.	Using Your Walker Safely	<u>433</u>

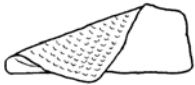
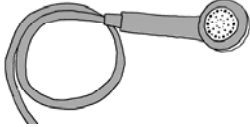

# Occupational Therapy TOOLKIT

## Adaptive Equipment for Bathing and Showering

Item	Picture	Where to Purchase
<input type="checkbox"/> Bath transfer bench, adjustable		
<input type="checkbox"/> Bath seat, adjustable		
<input type="checkbox"/> Shower seat, adjustable		
<input type="checkbox"/> Round shower stool, adjustable		
<input type="checkbox"/> Rotating shower stool		
<input type="checkbox"/> Grab bars		
<input type="checkbox"/> Clamp-on tub rail		

# Occupational Therapy TOOLKIT

## Adaptive Equipment for Bathing and Showering

Item	Picture	Where to Purchase
<input type="checkbox"/> Suction-cup non slip bath mat		
<input type="checkbox"/> Handheld shower spray with wall mount holder and on/off button on sprayer		
<input type="checkbox"/> Long handled brush		

The pictures are representational, different styles may be available.

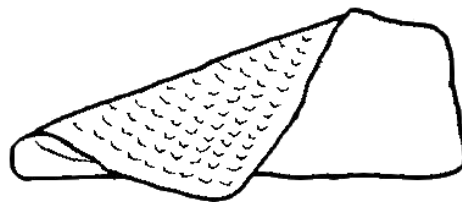
# Occupational Therapy TOOLKIT

## Bathing and Showering Tips

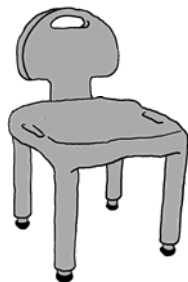
Bathing can be one of the more risky activities we do. Following these tips can help you prevent accidents and allow you to bath more safely and confidently.

### General Safety Tips

- Allow ample time to shower. Rushing when you are soapy and wet is not safe.
- Be sure the bottom of your tub or shower stall is non-slip. If it is not, purchase a suction-cup style bath mat.



- Use assistance as recommended.  
If you primarily use a cane, let someone in the house or by phone know that you are in the shower.  
If you primarily use a walker, have someone in the bathroom ready to help you as needed.  
If you primarily use a wheelchair, have someone physically help you with transferring and bathing.
- If you have difficulty standing in the shower, obtain a bath seat or bath transfer bench. Use a seat that is specifically designed for bathing. Using a folding chair or lawn chair can be hazardous and result in a fall.



- Wear your emergency response security button during your shower.
- Lower the water heater temperature to about 120°F or use a children's bathtub thermometer to prevent burns from water that is too hot.

# Occupational Therapy TOOLKIT

## Bathing and Showering Tips

### Obtaining Supplies

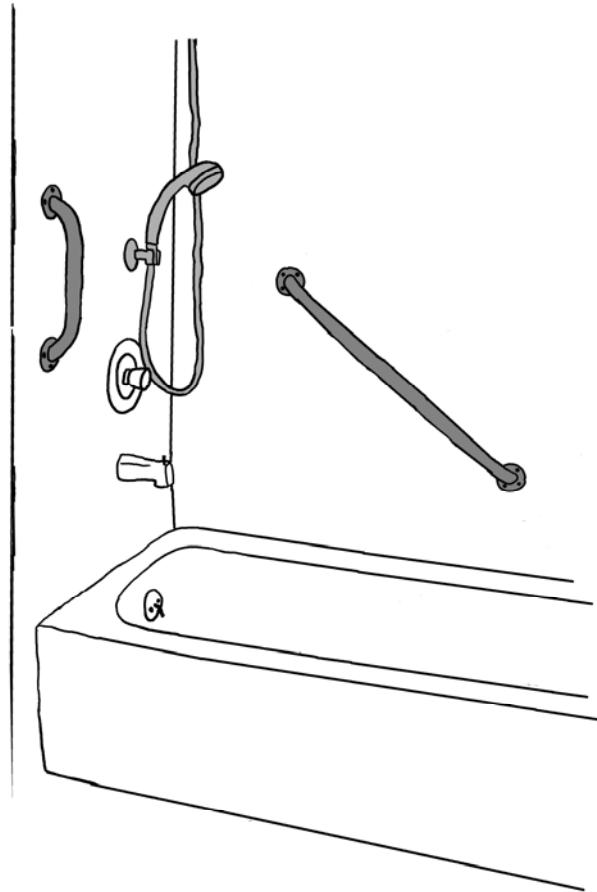
- Position your shower caddy lower using a hook so that you can easily reach needed items when you are sitting to bathe.
- Lower the hooks on the back of the door to easily reach your towels and robe. Removable utility hooks with adhesive are easy to install and can be removed without damaging the door or tub walls; they are available at discount or hardware stores.
- To eliminate the problem of dropping the soap, place a bar of soap in a knee-high nylon and tie it to your shower chair or use liquid soap in plastic pump bottles.

### Getting In and Out of the Shower

- If you are using a seat for bathing, adjust the legs of the shower chair or tub bench higher in the front to compensate for the slope of the tub.
- Avoid using the towel bars, the soap dish or the shower doors to support your weight. Install grab bars in their place. Also install grab bars on the wall where you enter the tub or shower stall and on the inside wall. Grab bars can be purchased at your local home healthcare store or online.
- If you have difficulty lifting your legs over the tub edge, you can use a towel or a leg lifter to lift your legs. Place several non-slip tub treads on the tub edge to keep your foot from slipping as you lift your legs into the tub.
- If you have trouble turning the faucet handles, you can use non-slip drawer liner to strengthen your grip around the faucet.
- Drying off can be tiring; substitute a regular sized bath towel with hand towels or use a terry cloth robe. Dry off as much as possible before getting out of the tub.
- Finish drying by sitting on the toilet seat. Make the toilet seat lid non-slip by using a toilet seat cover.

# Occupational Therapy TOOLKIT

## Placement of Grab Bars - Left Side



It is recommended that you hire a professional to install your wall mounted grab bars.

Install the main grab bar on the sidewall of a tub enclosure. Choose a grab bar that is 24 inches long and have it installed at a 45° angle.

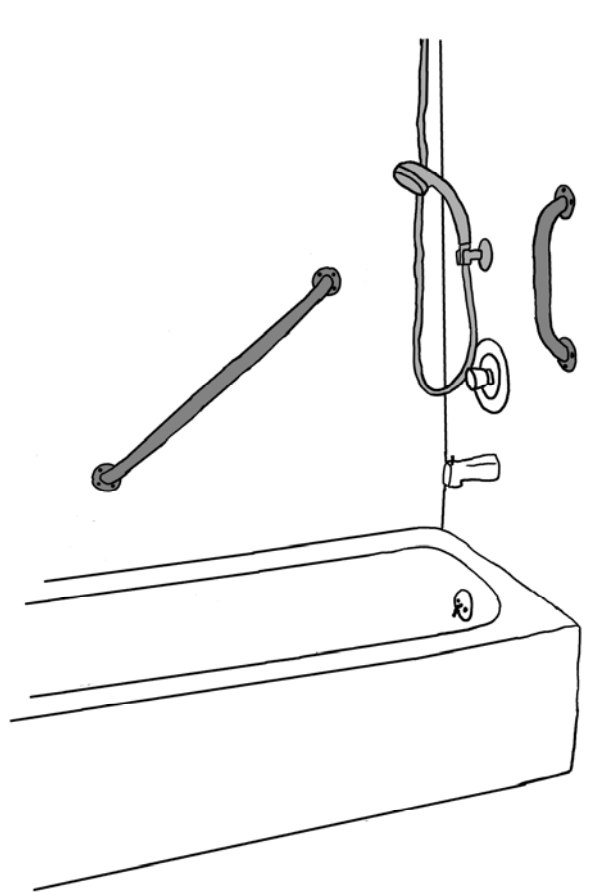
If you're adding a second grab bar for support on the shower head wall, it should be at least 12 inches long and installed vertically

Your grab bar should have a diameter that is 1¼ to 1½ inches. Choose a bar that has a textured surface. So it is easier to grip.

ADA Accessibility Guidelines  
National Kitchen and Bath Association

# Occupational Therapy TOOLKIT

## Placement of Grab Bars - Right Side



It is recommended that you hire a professional to install your wall mounted grab bars.

Install the main grab bar on the sidewall of a tub enclosure. Choose a grab bar that is 24 inches long and have it installed at a 45° angle.

If you're adding a second grab bar for support on the shower head wall, it should be at least 12 inches long and installed vertically










Your grab bar should have a diameter that is 1¼ to 1½ inches. Choose a bar that has a textured surface. So it is easier to grip.

ADA Accessibility Guidelines  
National Kitchen and Bath Association



# Occupational Therapy TOOLKIT

## Adaptive Equipment for Dressing

Item	Picture	Where to Purchase
<input type="checkbox"/> Dressing stick		
<input type="checkbox"/> Dressing stick		
<input type="checkbox"/> Flexible sock aid		
<input type="checkbox"/> Hard sock aid		
<input type="checkbox"/> Reacher		
<input type="checkbox"/> Buttonhook		
<input type="checkbox"/> Long shoe horn		
<input type="checkbox"/> Elastic shoelaces		
<input type="checkbox"/> Velcro closures for shoes and clothes		

The pictures are representational, different styles may be available.

# Occupational Therapy TOOLKIT

## Dressing Tips

### General Safety

- Sit to dress, preferably in an armchair located in the bedroom. Standing, sitting on the edge of the bed or sitting on the toilet while dressing, may result in losing your balance.
- Store items so they are easy to reach. Avoid storing items on the floor.
- Once clothes are removed, avoid leaving them on the floor.
- When using a walker, carry items using a walker basket or tray.
- Choose clothes that are easy to put on and take off.

### Putting On and Removing a Shirt or Top

- There are several methods for putting on an open-front shirt or pullover top. Your therapist can show you the best way for your situation.
- The easiest way to take off either an open-front shirt or pullover top is to grasp the collar and pull it off over your head.



- If you have difficulty fastening buttons, use a buttonhook that is available from your local home healthcare store. Select pullover style tops or keep all the buttons fastened except the top two and put it on over your head.



1 of 2

# Occupational Therapy TOOLKIT

## Dressing Tips

### Putting On and Removing a Bra

- Hook your bra in front then twist the bra around to the back.
- Instead of wearing a back closure bra, wear a sports bra that has no closure or wear a camisole.
- Replace the bra closure with elastic and put on overhead or wear a larger size that can be fastened and put on overhead.

### Putting On and Removing Pants and Underwear

- There are several methods for putting on lower body clothing; your therapist can show you the best way for your situation.
- Sit in a sturdy armchair to put on and remove your pants and underwear.
- Minimize bending by crossing one leg over the other, propping your leg up on the bed, or using long handled equipment for pants and a sock aid for socks. If you have difficulty keeping your legs crossed, use a piece of non-slip drawer liner to secure your foot on the opposite knee.
- Putting the weaker or more limited leg in the pants first is easier.

### Putting On and Removing Shoes and Socks

- Sit in a sturdy armchair to put on and remove your socks and shoes.
- Minimize bending by crossing one leg over the other, using a step stool or using a long handled shoehorn, dressing stick and sock aid.



- If you have difficulty with tying the shoelaces, consider wearing slip-on shoes or replace the laces with elastic laces or Velcro closures
- Put on your pants before you put on your socks. Take off your socks before taking off your pants.

# Occupational Therapy TOOLKIT

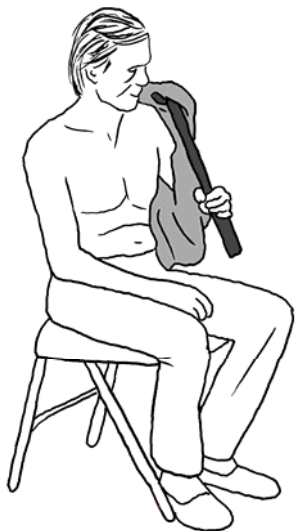
## Putting on Open Front Garment Using a Dressing Stick



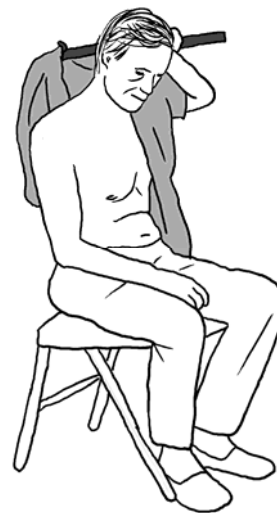
1. Place the less affected arm into the shirt first. Bring the shirt up to your shoulder.



2. Pull the collar forward, until you see the opposite side.



3. Hook the dressing stick at the collar.



4. Using the dressing stick, move the shirt around your neck.

# Occupational Therapy TOOLKIT

## Putting on Open Front Garment Using a Dressing Stick



5. Pull the shirt forward over your more affected shoulder using the dressing stick.



6. Place your more affected arm into the shirtsleeve.



7. Adjust the shirt and fasten.

# Occupational Therapy TOOLKIT

## Putting on Pants and Underwear Using a Dressing Stick or Reacher



1. It is easier to put the more effected leg into the pants first.



2. Using a dressing stick or reacher hook the waistband and lower the pants down to your foot.



3. Pull the pants up your leg.



4. When you can safely reach the pants, remove the dressing stick or reacher and pull the pants over your foot.

1 of 2

# Occupational Therapy TOOLKIT

## Putting on Pants and Underwear Using a Dressing Stick or Reacher



5. Use the dressing stick or reacher to lower the pants back to the floor.



6. Lift your other leg into the pants and use the dressing stick or reacher to pull up.



7. Pull the pants up as far as possible while sitting.



8. Stand and finish pulling up the pants.

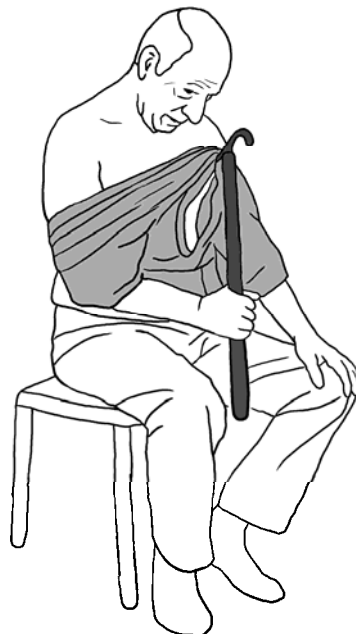
2 of 2

# Occupational Therapy TOOLKIT

## Putting on Pullover Garment Using a Dressing Stick



1. Place both arms in the sleeves.



2. Position the hook of the dressing stick on the back of the collar.



3. Push the shirt fabric up and over your head.



4. Pull the shirt down in front.



# Occupational Therapy TOOLKIT

## Putting on and Removing Lower Body Clothing Method 1



1. Lift your more affected leg up onto the bed or sofa.



2. Place your more affected leg into the pants. Pull up completely and expose your foot.



3. Turn your body to face the other direction. Place your less affected leg up on the sofa or bed.



4. Place your less affected leg into the pants.

1 of 1

# Occupational Therapy TOOLKIT

## Putting on and Removing Lower Body Clothing Method 1



5. You can either stand to pull up your pants or lean side from to side and pull up your pants over the hips.



6. This method will also work for putting on your shoes and socks.

# Occupational Therapy TOOLKIT

## Putting on and Removing Lower Body Clothing Method 2



1. Put on your pants and pull them up as far as possible while sitting.



2. Lean to the side and pull your pants up over your hip.

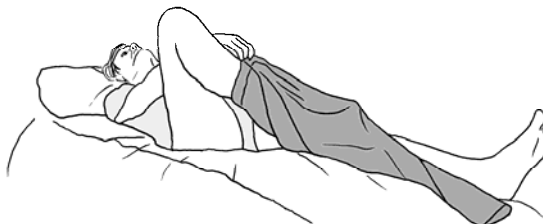


3. Lean to the other side and pull your pants up over your hip. Repeat leaning side to side until your pants are all the way up.

# Occupational Therapy TOOLKIT

## Putting on and Removing Lower Body Clothing in Supine

1. Put the more affected leg into the pants first.



2. Put the less affected leg into the pants.



3. Log roll to one side and pull up the side of the pants.



4. Log roll to the other side and pull up the side of the pants.



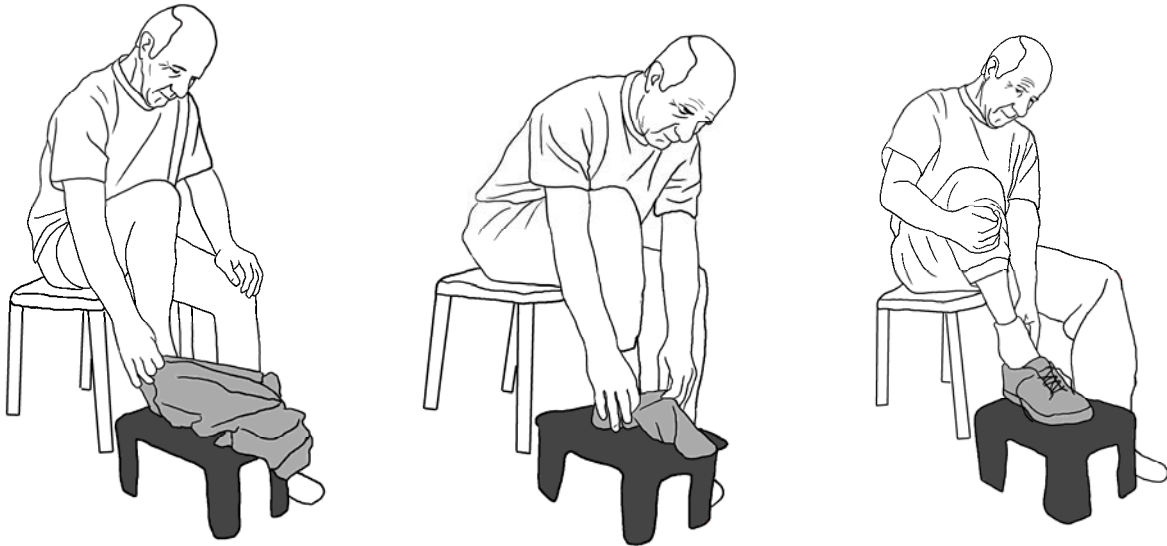
5. This method will also work for putting on socks and shoes.



Reverse these steps to remove your clothing.

# Occupational Therapy TOOLKIT

## Putting on and Removing Lower Body Clothing Using a Footstool



Using a footstool will bring your foot closer so you can put on your pants, underwear, socks and shoes.

# Occupational Therapy TOOLKIT

## Putting on and Removing Open Front Garment Two Shoulder Drape



1. Drape your shirt over both shoulders.



2. Place one arm into the sleeve.



3. Place the other arm into the sleeve.



4. Arrange and fasten.

# Occupational Therapy TOOLKIT

## Putting on and Removing Open Front Garment One Shoulder Drape



1. Put your less affected arm into the shirt first.



2. Reach around your neck and grasp the collar.



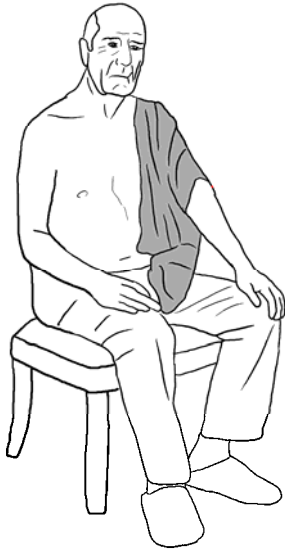
3. Drape the shirt over your more affected shoulder.



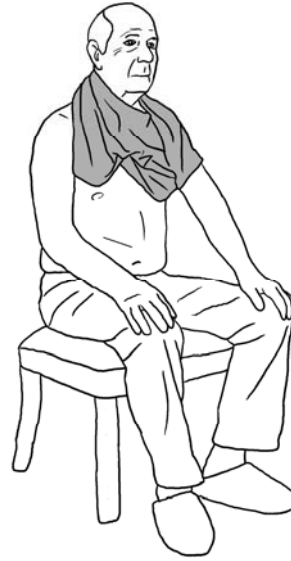
4. Push your more affected arm into the sleeve.

# Occupational Therapy TOOLKIT

## Putting on and Removing Pullover Garment Arm-Head-Arm



1. Place the more affected arm into the corresponding sleeve.



2. Pull the shirt over your head.



3. Place the less affected arm into the other sleeve.



4. Pull shirt down and arrange. Reverse these steps to remove.

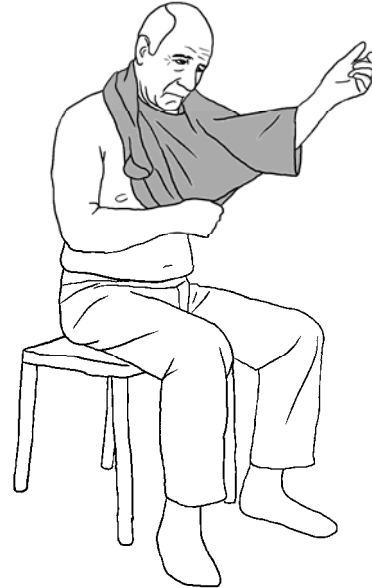


# Occupational Therapy TOOLKIT

## Putting on and Removing Pullover Garment Head-Arm-Arm



1. Place your shirt over your head.



2. Put your more affected arm into one sleeve.



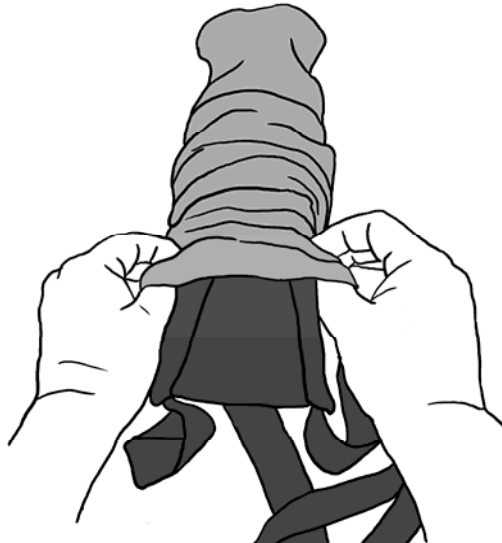
3. Put the less affected arm into the other sleeve.



4. Pull the shirt down in front. Reverse these steps to remove your shirt.

# Occupational Therapy TOOLKIT

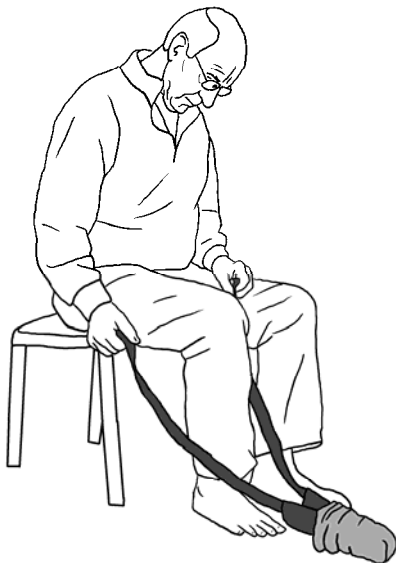
## Putting on and Removing Socks and Shoes Using Adaptive Equipment



1. Gather a sock over the sock aid.



2. Keeping a hold on the straps. Toss the sock aid to the floor.



3. Position the sock aid in front of your foot.



4. Start to pull the sock aid over your toes. Point your toes and lift your heel off the floor.

# Occupational Therapy TOOLKIT

## Putting on and Removing Socks and Shoes Using Adaptive Equipment



5. Pull the sock aid completely out, leaving your sock on your foot.



6. To remove your sock, use your dressing stick or reacher to hook the back of the sock and push it off.



7. Wear slip-on shoes or replace the laces with elastic laces or Velcro closures. Use a long handled shoehorn to help you get your shoe on.

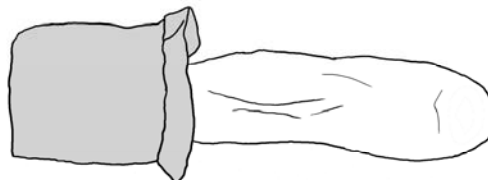
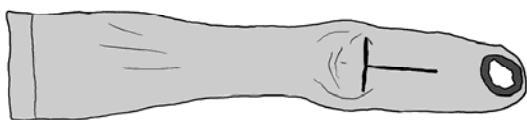


8. Remove your shoe using the dressing stick to push it off from the heel.

# Occupational Therapy TOOLKIT

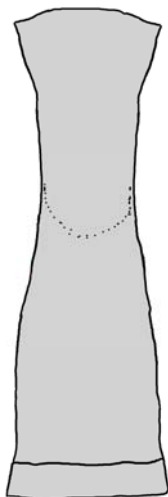
## Putting On and Removing Support Stockings

Putting on and removing support and anti-embolism stocking (the white, open-toed ones) is very difficult and best done with help. Wearing rubber dish gloves will help grip the fabric when putting the socks on and off.

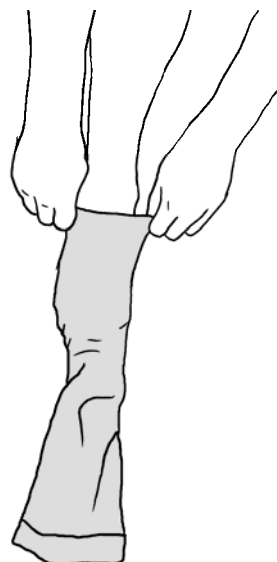


Turn the stockings inside out. Lay the stockings out flat, with the heel up. Mark each one, with a "T" as illustrated, with a permanent marker. You will only need to do this once.

1. Start with the stockings right side out. Turn the stockings back onto it until you get to the top of the "T".



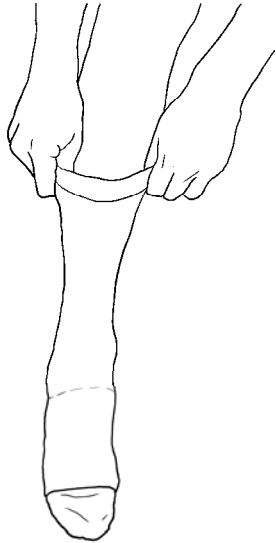
2. The stocking toe will be folded inside.



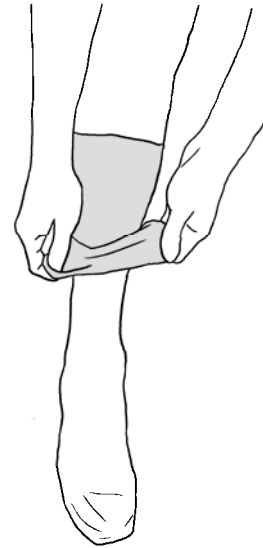
3. Orient the bottom of the stocking (the down stroke of the "T") with the bottom of your foot. Place the stocking over the end over your foot.

# Occupational Therapy TOOLKIT

## Putting On and Removing Support Stockings



4. Pull the stocking back onto itself. Pull the stocking up your calf and knee. Pull smooth all wrinkles. You will need to periodically adjust the stocking.



5. To remove the stockings, peel the stocking off like a snakeskin.

# Occupational Therapy TOOLKIT

## Removing Pants and Underwear Using a Reacher or Dressing Stick



1. Unfasten your pants while sitting. Stand and lower your pants and underwear past your hips.



2. Return to sitting. Use the dressing stick or reacher to push the garments down.



3. Remove the pants and underwear from your feet.



4. Use the dressing stick or reacher to pick up the pants and underwear off the floor.

# Occupational Therapy TOOLKIT

## Removing Pullover Garment Using a Dressing Stick



1. Hook the dressing stick in the collar, behind your neck.



2. Pull the shirt off over your head.



3. Continue to use the dressing stick to pull the shirt completely off your head.



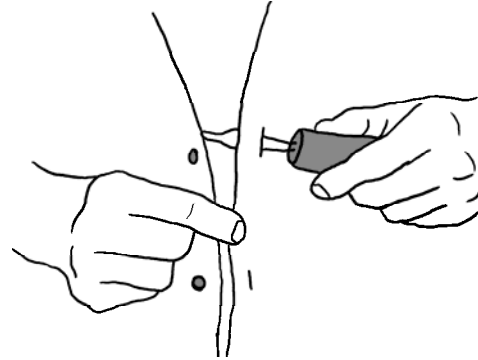
4. Remove the dressing stick from the collar and remove the shirt from your arms.

# Occupational Therapy TOOLKIT

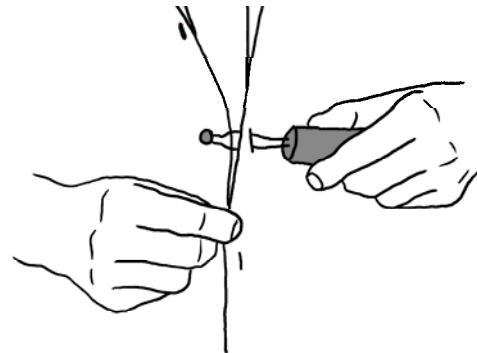
## Using a Buttonhook



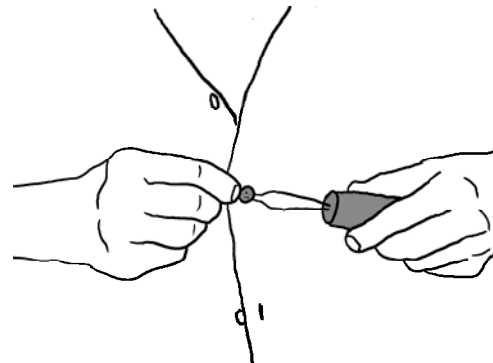
1. Insert the buttonhook through the buttonhole.



2. Hook the button with the end of the buttonhook.



3. Pull the button through the buttonhole.





# Occupational Therapy TOOLKIT

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



1. Lean forward and dangle your left arm in between your legs. Locate the left sleeve.



2. Work the sleeve up your left arm.



3. Move as much of the shirt around your back as possible.



4. Grasp the collar on the right side, and pull the shirt around your right shoulder.

1 of 2

# Occupational Therapy TOOLKIT

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



5. Place your right arm into the other sleeve.



6. Finish by fastening the shirt.

# Occupational Therapy TOOLKIT

## Putting on Pants And Underwear Using One-Handed Method - Left Side Affected



1. Cross your left leg over the right knee. Use a piece of non-slip drawer liner to keep your knees crossed. Place the left pants leg over your foot.



2. Pull the pants leg up your left leg, until you can see your foot.



3. Place your right foot into the pants.



4. Pull the pants up as far as you can.

1 of 2

# Occupational Therapy TOOLKIT

## Putting on Pants And Underwear Using One-Handed Method - Left Side Affected



5. Pull the pant legs up over both knees. This will prevent them from falling down once you stand up.



6. Stand and pull up the pants. Fasten the pants after you sit back down.

### An alternative to standing



5. Remain seated and lean side to side.



6. Work the pants up over your hips.

2 of 2

# 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 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.

1 of 2

# 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.

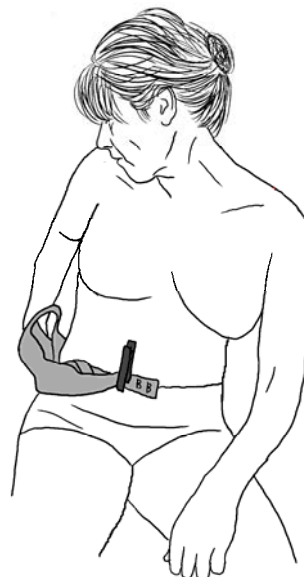


8. Adjust the shirt, pulling it down in the front and the back.

2 of 2

# Occupational Therapy TOOLKIT

## Putting On and Removing Bra Using One-Handed Method - Left Side Affected



1. Using a clothespin, clip the “loop” side of your bra to your underwear.      2. Move the bra around your right side.

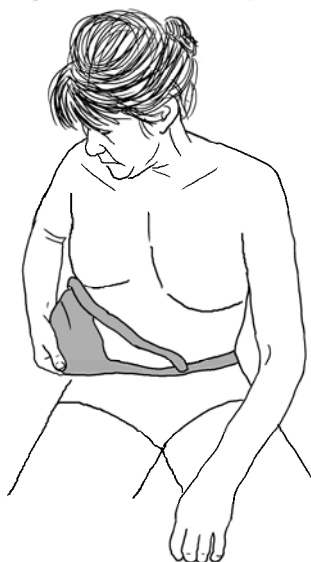


3. Reach back on your left side and pull the bra forward.      4. Hook the bra.

1 of 2

# Occupational Therapy TOOLKIT

## Putting On and Removing Bra Using One-Handed Method - Left Side Affected



5. Remove clothespin and twist the bra around your waist.



6. Place your left hand into the shoulder strap.



7. Pull the left shoulder strap up onto your shoulder.



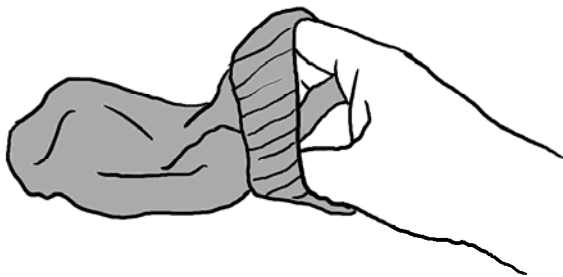
8. Put your right arm into the other bra strap.

2 of 2



# Occupational Therapy TOOLKIT

## Putting on Socks and Shoes Using One-Handed Method - Left Side Affected



1. Use your right hand to spread open the sock.



2. Cross your left leg over the right knee. Use a piece of non-slip drawer liner to keep your knees crossed. Place the sock over your left foot.



3. Cross your left leg over the right knee. Use a piece of non-slip drawer liner to keep your knees crossed. Place the left foot into your shoe.



4. Wear slip-on shoes or replace the laces with elastic laces or Velcro closures. Learn how to tie your shoelaces with one hand.

# Occupational Therapy TOOLKIT

## Removing Open Front Garment Using One-Handed Method - Left Side Affected



1. Grasp the back of the collar.



2. Pull the shirt off over your head.



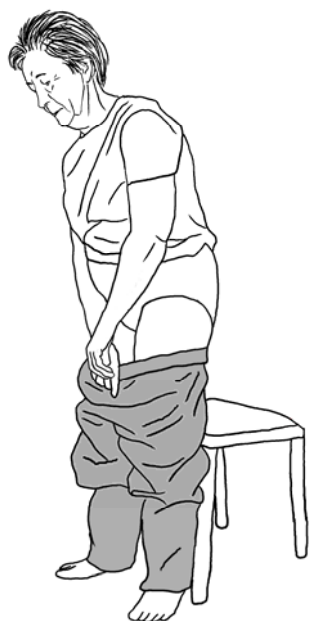
3. Remove your left arm from the sleeve.



4. Remove your right arm from the shirt by rubbing it against your leg.

# Occupational Therapy TOOLKIT

## Removing Pants and Underwear Using One-Handed Method - Left Side Affected



1. Unfasten your pants while still sitting. Stand and push your pants down past both hips.



2. Sit down.



3. Remove the pants from your left leg.



4. Cross your right leg over your left and remove the pants from your right leg.

# Occupational Therapy TOOLKIT

## Removing Pullover Garment Using One-Handed Method - Left Side Affected



1. Grasp the collar of your shirt.



2. Pull the shirt over your head.



3. Using your right hand, push the shirt off your left arm.

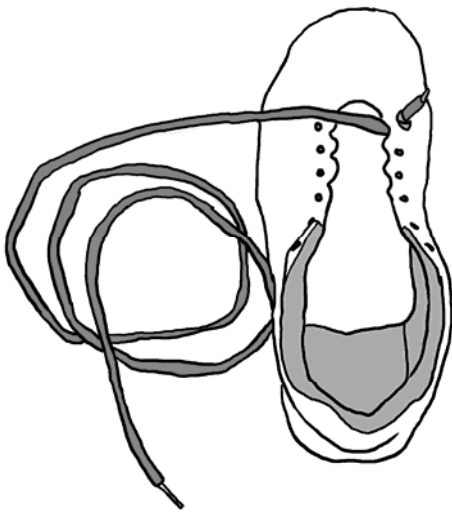


4. Rub your right hand against your leg to remove the shirt from your right arm.

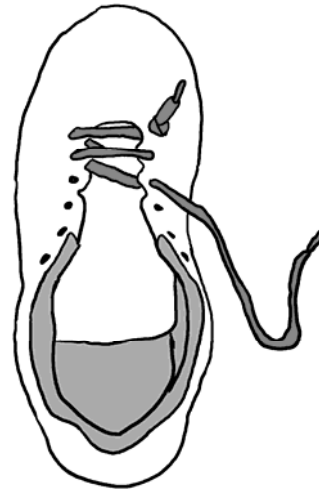
# Occupational Therapy TOOLKIT

## One Handed Shoe Tying - Left Side Affected

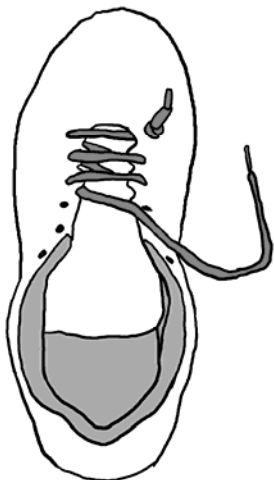
### Preparing the Shoes



1. Place a knot at the end of the shoelace. Thread the shoelace through the last hole on the right side. Both shoes are prepared the same.



2. Lace the shoes by threading the left side from the top.



3. Thread the right side from underneath.



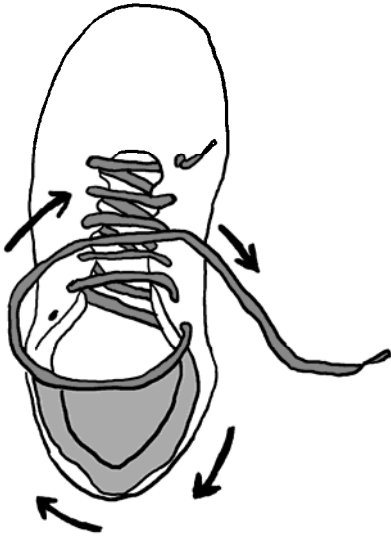
4. Continue threading the shoelace. End on the last hole on the right side.

1 of 2

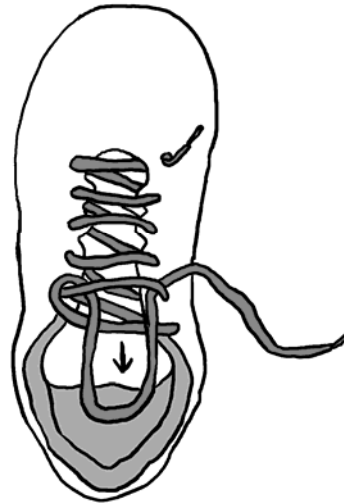
# Occupational Therapy TOOLKIT

## One Handed Shoe Tying - Left Side Affected

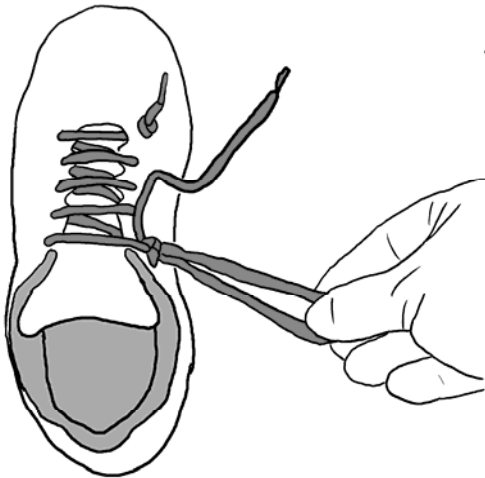
### Tying the Shoes



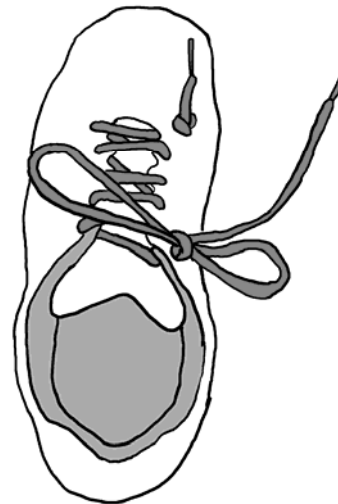
5. Holding onto the shoelace, loop it around to the left.



6. Push the loop up through the last shoelace crossover.



7. Pull the end of the loop to the right to tighten.



8. Insert the end of the shoelace into the knot to create a second loop.

2 of 2

# Occupational Therapy TOOLKIT

## Putting on Open Front Garment Using One-Handed Method - Right Side Affected



1. Lean forward and dangle your right arm in between your legs. Locate the right sleeve.



2. Work the sleeve up your right arm.



3. Move as much of the shirt around your back as possible.



4. Grasp the collar on the left side, and pull the shirt around your left shoulder.

1 of 2

# Occupational Therapy TOOLKIT

## Putting on Open Front Garment Using One-Handed Method - Right Side Affected



5. Place your left arm into the other sleeve.    6. Finish by fastening the shirt.



# Occupational Therapy TOOLKIT

## Putting on Pants and Underwear Using One-Handed Method - Right Side Affected



1. Cross your right leg over the left knee. Use a piece of non-slip drawer liner to keep your knees crossed. Place the right pants leg over your foot.



2. Pull the pants leg up your right leg, until you can see your foot.



3. Place your left foot into the pants.



4. Pull the pants up as far as you can.

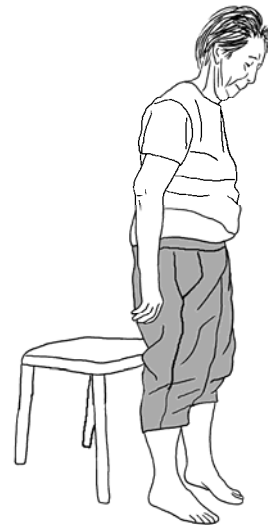
1 of 2

# Occupational Therapy TOOLKIT

## Putting on Pants and Underwear Using One-Handed Method - Right Side Affected



5. Pull the pant legs up over both knees. This will prevent them from falling down once you stand up.



6. Stand and pull up the pants. Fasten the pants after you sit back down.

### An alternative to standing



5. Remain seated and lean side to side.



6. Work the pants up over your hips.

2 of 2

# Occupational Therapy TOOLKIT

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



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



2. Gather the opening of the right shirtsleeve and place on your lap.



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



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

1 of 2

# Occupational Therapy TOOLKIT

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



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



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



7. Push the shirt fabric over your right shoulder.



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

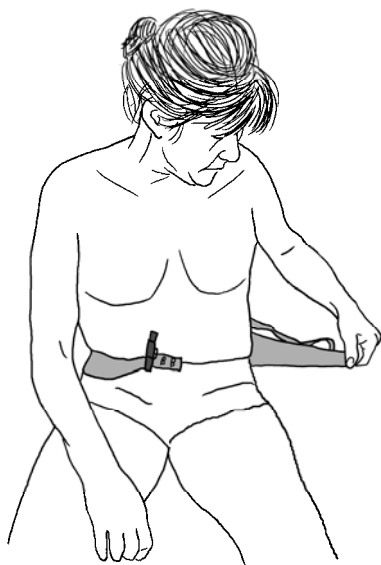
2 of 2

# Occupational Therapy TOOLKIT

## Putting On and Removing Bra Using One-Handed Method - Right Side Affected



1. Using a clothespin, clip the “loop” side of your bra to your underwear.      2. Move the bra around your right side.



3. Reach back on your left side and pull the bar forward.      4. Hook the bra.

# Occupational Therapy TOOLKIT

## Putting On and Removing Bra Using One-Handed Method - Right Side Affected



5. Remove clothespin and twist the bra around your waist.



6. Place your right hand into the shoulder strap.



7. Pull the right shoulder strap up onto your shoulder.

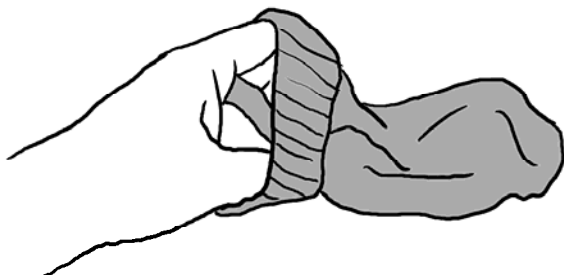


8. Put your left arm into the other bra strap.

2 of 2

# Occupational Therapy TOOLKIT

## Putting on Socks and Shoes Using One-Handed Method - Right Side Affected



1. Use your left hand to spread open the sock.



2. Cross your right leg over the left knee. Use a piece of non-slip drawer liner to keep your knees crossed. Place the sock over your right foot.



3. Cross your right leg over the left knee. Use a piece of non-slip drawer liner to keep your knees crossed. Place the right foot into your shoe.



4. Wear slip-on shoes or replace the laces with elastic laces or Velcro closures. Learn how to tie your shoelaces with one hand.

# Occupational Therapy TOOLKIT

## Removing Open Front Garment Using One-Handed Method - Right Side Affected



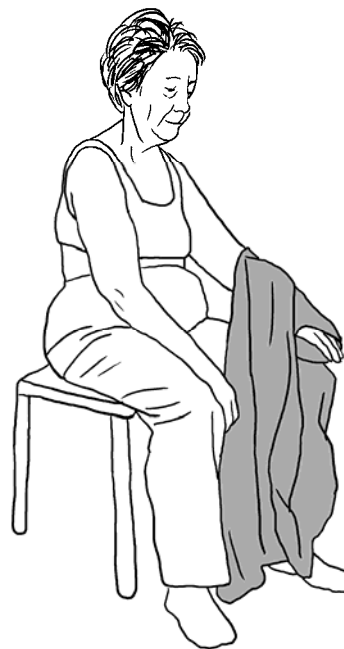
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2. Pull the shirt off over your head.



3. Remove your right arm from the sleeve.

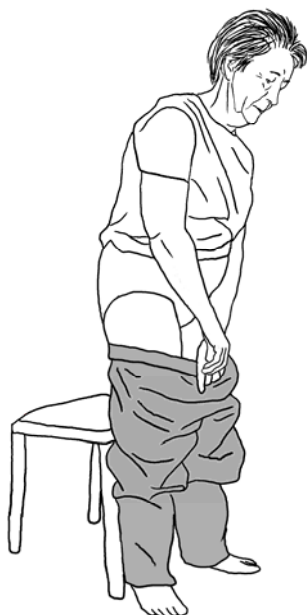


4. Remove your left arm from the shirt by rubbing it against your leg.



# Occupational Therapy TOOLKIT

## Removing Pants and Underwear Using One-Handed Method - Right Side Affected



1. Unfasten your pants while still sitting. Stand and push your pants down past both hips.



2. Sit down



3. Remove the pants from your left leg.



4. Cross your right leg over your left and remove the pants from your right leg.

# Occupational Therapy TOOLKIT

## Removing Pullover Garment Using One-Handed Method - Right Side Affected



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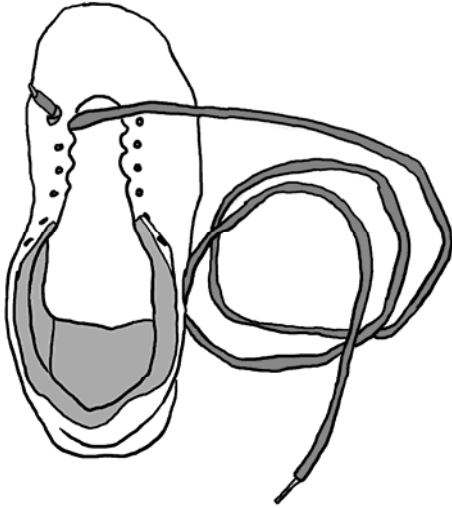
3. Using your left hand, push the shirt off your right arm.



4. Rub your left hand against your leg to remove the shirt from your left arm.

# Occupational Therapy TOOLKIT

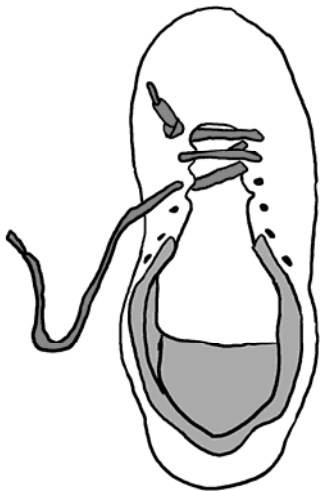
## One Handed Shoe Tying - Right Side Affected Preparing the Shoes



1. Place a knot at the end of the shoelace. Thread the shoelace through the last hole on the left side. Both shoes are prepared the same.



2. Lace the shoes by threading the right side from the top.



3. Thread the left side from underneath.

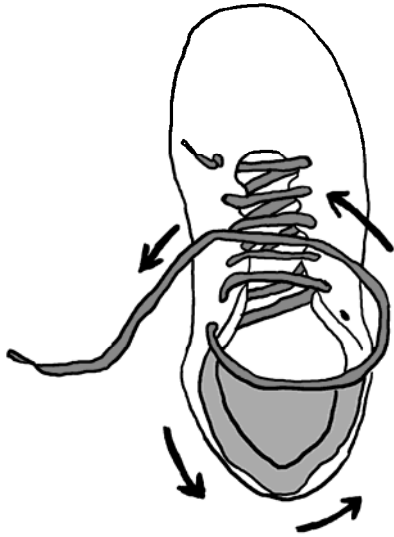


4. Continue threading the shoelace. End on the last hole on the left side.

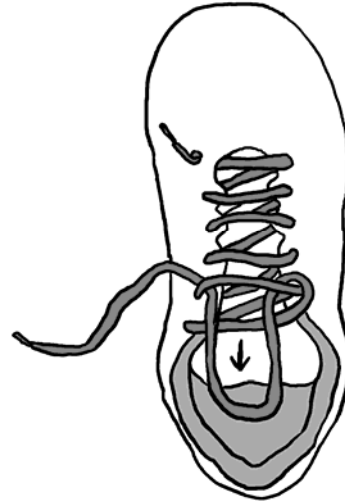
1 of 2

# Occupational Therapy TOOLKIT

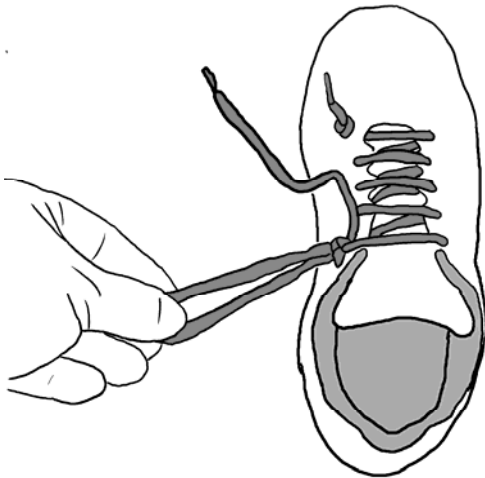
## One Handed Shoe Tying - Right Side Affected Tying the Shoes



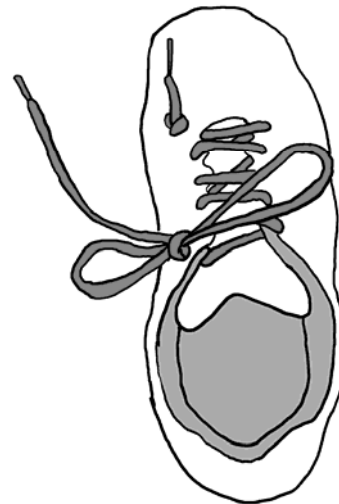
5. Holding onto the shoelace, loop it around to the right.



6. Push the loop up through the last shoelace crossover.



7. Pull the end of the loop to the left to tighten.

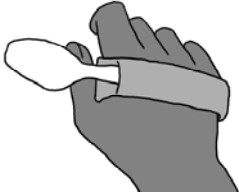





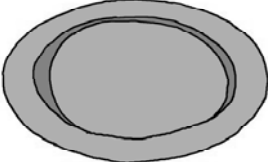




8. Insert the end of the shoelace into the knot to create a second loop.

2 of 2

# Occupational Therapy TOOLKIT


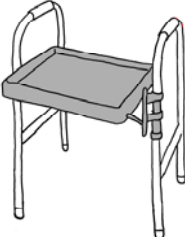



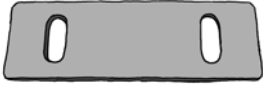

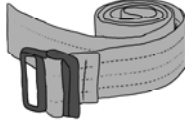
## Adaptive Equipment for Feeding

Item	Picture	Where to Purchase
<input type="checkbox"/> Universal cuff		
<input type="checkbox"/> Built up utensils		
<input type="checkbox"/> Angled utensils		
<input type="checkbox"/> Weighted utensils		
<input type="checkbox"/> Rocker knife		
<input type="checkbox"/> Rolling knife		
<input type="checkbox"/> Inner lip plate		
<input type="checkbox"/> Nosey cup		
<input type="checkbox"/> Mug with a lid		

The pictures are representational, different styles may be available.

# Occupational Therapy TOOLKIT

## Adaptive Equipment for Mobility

Item	Picture	Where to Purchase
<input type="checkbox"/> Universal walker tray		
<input type="checkbox"/> Walker tray, folding style		
<input type="checkbox"/> Walker basket		
<input type="checkbox"/> Leg lifter		
<input type="checkbox"/> Bed handle/Bed assist		
<input type="checkbox"/> Transfer board		
<input type="checkbox"/> Bed/chair risers		
<input type="checkbox"/> Transfer belt		

The pictures are representational, different styles may be available.

# Occupational Therapy TOOLKIT

## Assisted Sit-Pivot Transfers, Moving to the Left Transfers To and From a Wheelchair, Chair, Bed or Commode

If possible, your caregiver will transfer you towards your stronger side. They will review the steps of the transfer and ask when you are ready to move.



1. Your caregiver will help you scoot to the edge. They will squat in front of you and grab your transfer belt. They should bend their knees and keep their back straight.



2. Your caregiver will block your weaker knee, in case it buckles. They will rock you forward, until your bottom lifts. Don't pull on your caregiver's neck.



3. Your caregiver will swing you to your left (their right) onto the other surface.



4. They should not twist their spine, but should end up facing you in a squatted position.

# Occupational Therapy TOOLKIT

## Assisted Sit-Pivot Transfers, Moving to the Right Transfers To and From a Wheelchair, Chair, Bed or Commode

If possible, your caregiver will transfer you towards your stronger side. They will review the steps of the transfer and ask when you are ready to move.



1. Your caregiver will help you scoot to the edge. They will squat in front of you and grab your transfer belt. They should bend their knees and keep their back straight.



2. Your caregiver will block your weaker knee, in case it buckles. They will rock you forward, until your bottom lifts. Don't pull on your caregiver's neck.



3. Your caregiver will swing you to your right (their left) onto the other surface.



4. They should not twist their spine, but should end up facing you in a squatted position.



# Occupational Therapy TOOLKIT

## Assisted Stand-Pivot Transfers, Moving to the Left Transfers To and From a Wheelchair, Chair, Bed or Commode

If possible, your caregiver will transfer you towards your stronger side. They will review the steps of the transfer and ask when you are ready to move.



1. Your caregiver will help you scoot to the edge. They will squat in front of you and grab your transfer belt. They should bend their knees and keep their back straight.



2. Your caregiver will block your weaker knee, in case it buckles. Both of you will stand at the same time. Don't pull on your caregiver's neck.



3. Your caregiver will pull your hips toward their hips as you both stand.



4. Your caregiver will take small steps, and move you to your left (their right).

# Occupational Therapy TOOLKIT

## Assisted Stand-Pivot Transfers, Moving to the Left Transfers To and From a Wheelchair, Chair, Bed or Commode



5. Your caregiver will lower you into the chair. They will block your knee again. Your caregiver should be squatting again and have their knees bent and back straight.



6. Your caregiver will help you get your hips all the back into the chair.

# Occupational Therapy TOOLKIT

## Assisted Stand-Pivot Transfers, Moving to the Right Transfers To and From a Wheelchair, Chair, Bed or Commode

If possible, your caregiver will transfer you towards your stronger side. They will review the steps of the transfer and ask when you are ready to move.



1. Your caregiver will help you scoot to the edge. They will squat in front of you and grab your transfer belt. They should bend their knees and keep their back straight.



2. Your caregiver will block your weaker knee, in case it buckles. Both of you will stand at the same time. Don't pull on your caregiver's neck.



3. Your caregiver will pull your hips toward their hips as you both stand.



4. Your caregiver will take small steps, and move you to your right (their left).

1 of 2

# Occupational Therapy TOOLKIT

## Assisted Stand-Pivot Transfers, Moving to the Right Transfers To and From a Wheelchair, Chair, Bed or Commode



5. Your caregiver will lower you into the chair. They will block your knee again. Your caregiver should be squatting again and have their knees bent and back straight.

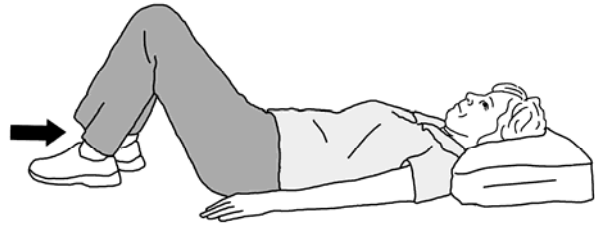


6. Your caregiver will help you get your hips all the back into the chair.

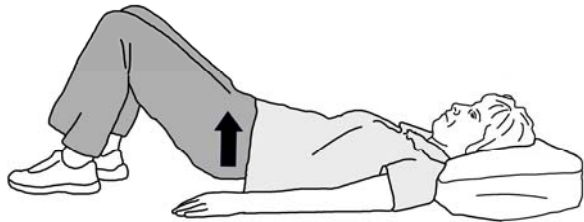
# Occupational Therapy TOOLKIT

## Bridging

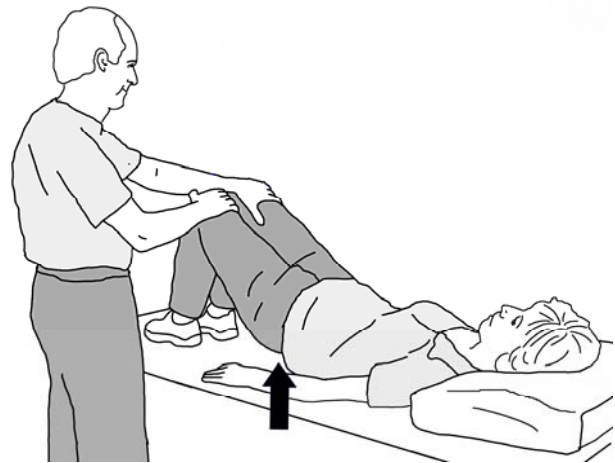
1. Lie on your back. Bend both knees up and place both feet flat. Your arms are by your sides.



2. Press your feet into the bed while lifting your hips up.



3. Your caregiver can help you to bridge by holding your knees and feet.

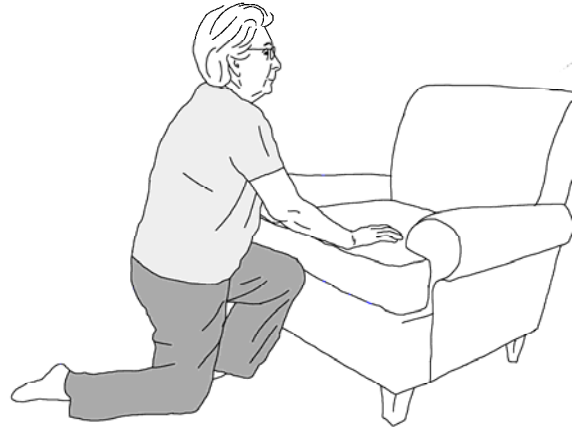


# Occupational Therapy TOOLKIT

## Getting Down On the Floor



1. Place your hands on the seat of the chair.



2. Lower yourself down onto your weaker knee.



3. Put your other knee down.



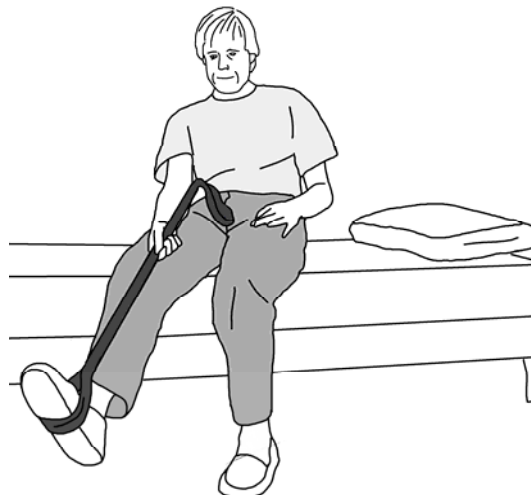
4. Reach down to the floor and lower yourself onto one hip. Sit back onto your bottom and straighten your legs out

# Occupational Therapy TOOLKIT

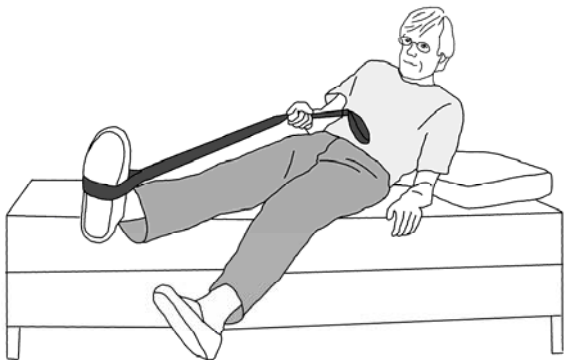
## Getting In and Out of Bed Following Hip Surgery



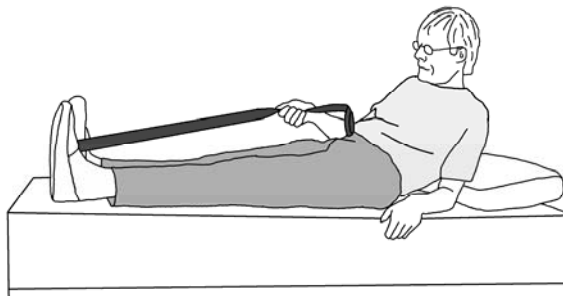
1. Back up until you feel the bed against the back of your legs. Place your operated leg forward. Reach for the bed surface, and lower yourself.



2. Place the leg lifter on your operated leg, and use it to lift your leg onto the bed.



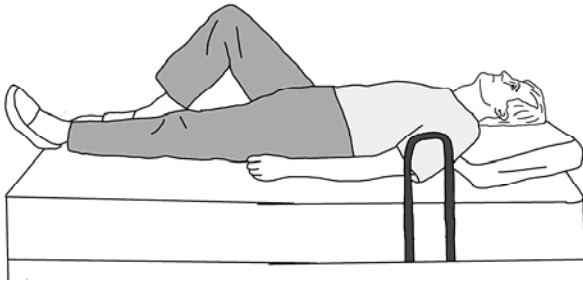
3. As you lift the operated leg onto the bed, lift the other leg at the same time. Keep legs about 6 inches apart.



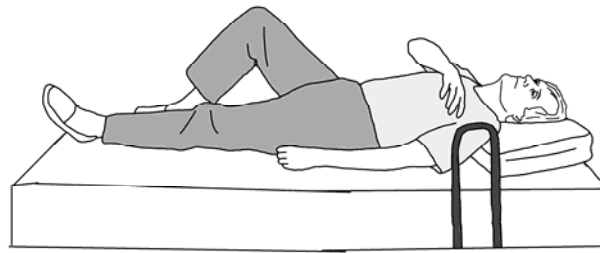
4. Reverse these steps for getting out of bed.

# Occupational Therapy TOOLKIT

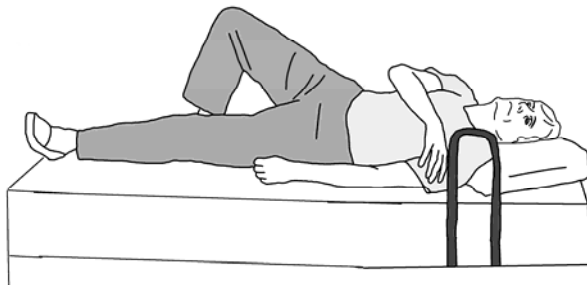
## Getting In and Out of Bed – Left Hemiparesis



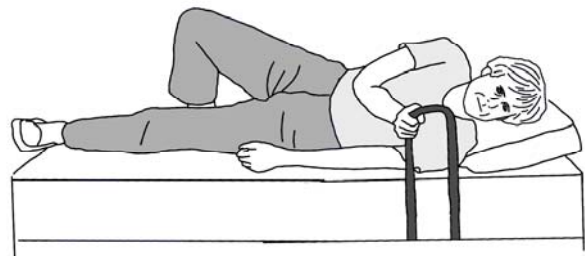
1. Lie on your back; bend your right knee up so your foot is flat on the bed.



2. Reach your right arm over to the left side towards the edge of the mattress or a bed handle.



3. Begin pushing with your right foot to roll to the left.

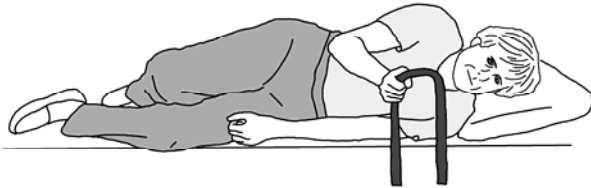


4. As you push with your right foot, pull on the bed handle or mattress edge rolling onto your left side.

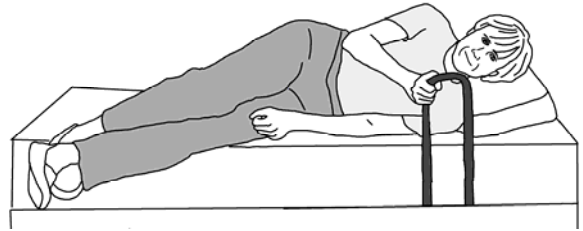


# Occupational Therapy TOOLKIT

## Getting In and Out of Bed – Left Hemiparesis



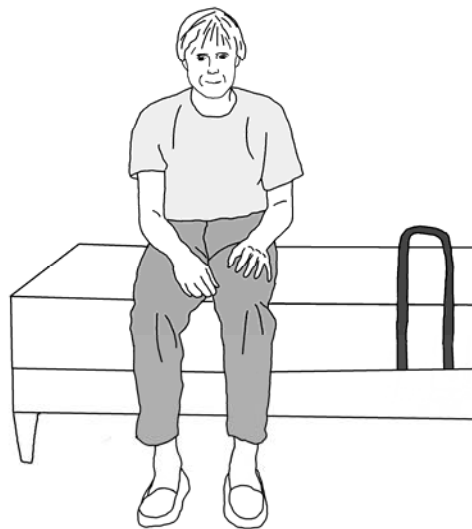
5. Once you are on your left side, hook your right foot behind your left foot.



6. Push your left foot off the bed as you push up using your right arm.



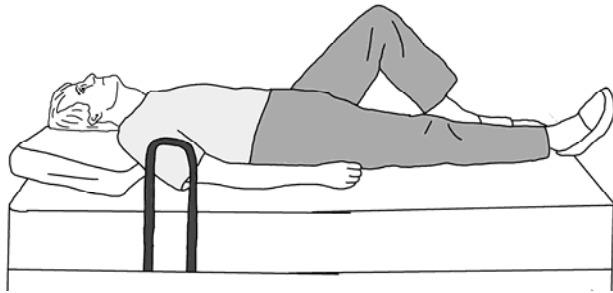
7. Continue to push until you are sitting upright.



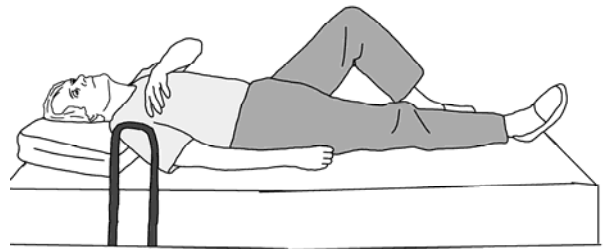
8. Sit on the side of the bed for a few minutes before you stand up.

# Occupational Therapy TOOLKIT

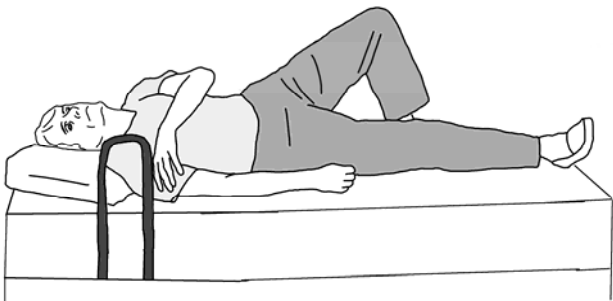
## Getting In and Out of Bed – Right Hemiparesis



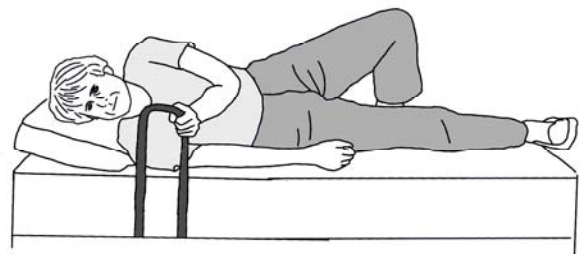
1. Lie on your back; bend your left knee up so your foot is flat on the bed.



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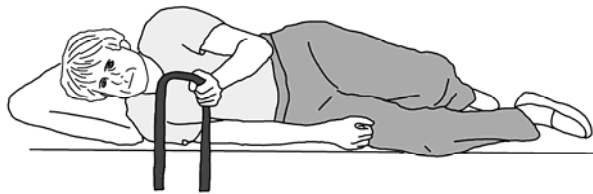
3. Begin pushing with your left foot to roll to the right.



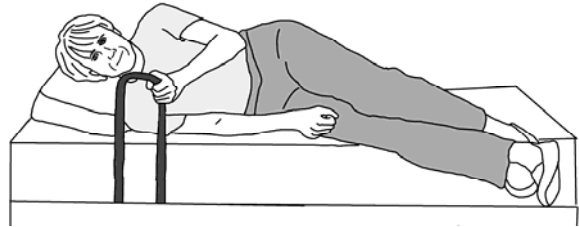
4. As you push with your left foot, pull on the bed handle or mattress edge rolling onto your right side.

# Occupational Therapy TOOLKIT

## Getting In and Out of Bed – Right Hemiparesis



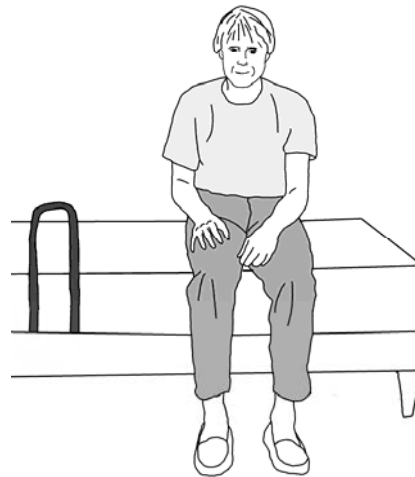
5. Once you are on your right side, hook your left foot behind your right foot.



6. Push your right foot off the bed as you push up using your left arm.



7. Continue to push until you are sitting upright.



8. Sit on the side of the bed for a few minutes before you stand up.

# Occupational Therapy TOOLKIT

## Getting In Bed Towards Your Left Side



1. When you get into bed, sit down an arm's length away from the head of the bed.



2. Lower yourself onto your left elbow.



3. At the same time lift your legs up onto the bed.



4. Roll onto your back.

# Occupational Therapy TOOLKIT

## Getting In Bed Towards Your Right Side



1. When you get into bed, sit down an arm's length away from the head of the bed.



2. Lower yourself onto your right elbow.



3. At the same time lift your legs up onto the bed.



4. Roll onto your back.

# Occupational Therapy TOOLKIT

## Getting In and Out of Bed with Help, Towards the Left Side



1. Your caregiver will help you bend your knees.



2. Your caregiver will help you roll towards your left side, by placing their left hand on your hip and their right hand on your shoulder.



3. Your caregiver will help you swing your legs over the side of the bed. They will place one hand under your shoulder and their other hand on your hip.



4. Your caregiver will encourage you to push up on the mattress with your free hand. Your caregiver will reverse the steps to help get you back into bed.

# Occupational Therapy TOOLKIT

## Getting In and Out of Bed with Help, Towards the Right Side



1. Your caregiver will help you bend your knees.



2. Your caregiver will help you roll towards your right side, by placing their right hand on your hip and their left hand on your shoulder.



3. Your caregiver will help you swing your legs over the side of the bed. They will place one hand under your shoulder and their other hand on your hip.



4. Your caregiver will encourage you to push up on the mattress with your free hand. Your caregiver will reverse the steps to help get you back into bed.

# Occupational Therapy TOOLKIT

## Getting Out of Bed Towards Your Left Side



1. Bend your knees.



2. Roll towards your left side by rotating your knees towards the side of the bed and reaching across with your right arm.



3. Push up from the bed using your right arm.



4. Lower your legs off the bed while pushing up with your left elbow.

Sit on the side of the bed for a few minutes before you stand up.



# Occupational Therapy TOOLKIT

## Getting Out of Bed Towards Your Right Side



1. Bend your knees.



2. Roll towards your right side by rotating your knees towards the side of the bed and reaching across with your left arm.



3. Push up from the bed using your left arm.



4. Lower your legs off the bed while pushing up with your right elbow.

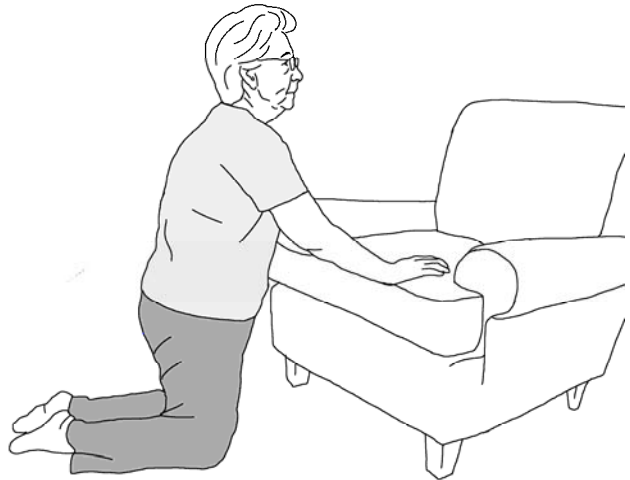
Sit on the side of the bed for a few minutes before you stand up.

# Occupational Therapy TOOLKIT

## Getting Up From the Floor



1. Get onto your hands and knees. Crawl to a sturdy chair.



2. Place your hands on the seat of the chair.



3. Using your stronger side, place your foot flat on the floor.

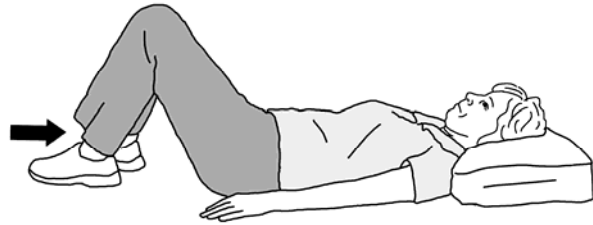


4. Lean onto the chair and rise up to a standing position. Turn around and sit in the chair.

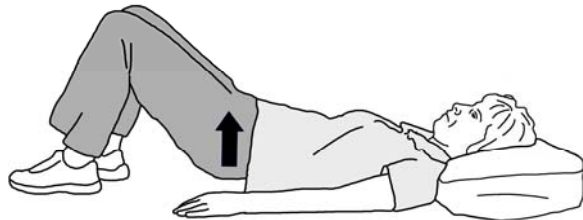
# Occupational Therapy TOOLKIT

## Moving Side-to-Side in Bed

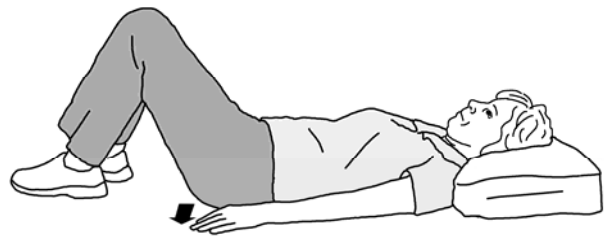
1. Lie on your back. Bend both knees up and place both feet flat. Your arms are by your sides.



2. Press your feet and your arms into the bed while lifting your hips up.



3. With your hips lifted, shift them to the side and then lower your hips to the bed.



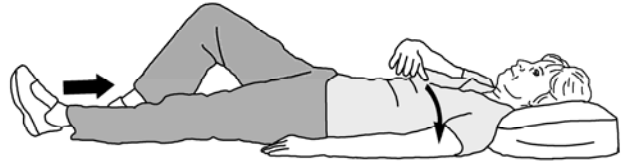
4. Lift your head and shoulders off the bed and shift them to the side. If you have a trapeze or side rails these can assist you when moving side-to-side



# Occupational Therapy TOOLKIT

## Rolling onto Your Side in Bed

1. Lie on your back. Bend your knee up so your foot is flat on the bed. Reach your arm over to the side towards the edge of the mattress or a bed handle.



2. Begin pushing with your foot to roll to the side. As you push with your foot, pull on the bed handle or mattress edge rolling onto your side.



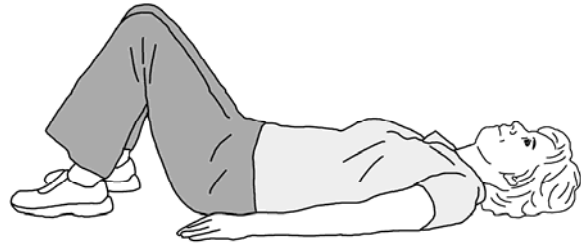
3. Your caregiver can help you to roll by supporting you at your shoulder and hip.



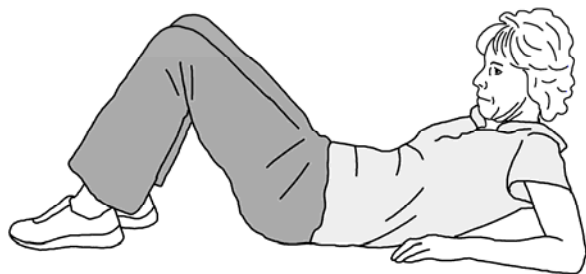
# Occupational Therapy TOOLKIT

## Scooting Up in Bed

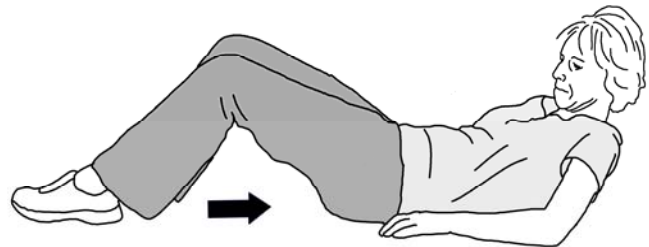
1. Bend your knees. Bring your heels close to your bottom.



2. Rise up onto both elbows.



3. Push yourself up using your legs and arms.



# Occupational Therapy TOOLKIT

## Sit-Pivot – Moving to the Left Transfers To and From a Wheelchair, Chair, Bed or Commode

If possible, transfer to your stronger side.



1. Position your wheelchair at a 90° angle to the surface you will be transferring to. Lock the brakes and remove the armrest.



2. Reach over to the surface you are moving to. Stand up just enough to clear your hips from the wheelchair.



3. Slide over onto the chair.



4. Move your hips back into the chair.

You can use this transfer technique when transferring to the commode, bed or back to the wheelchair.

# Occupational Therapy TOOLKIT

## Sit-Pivot – Moving to the Right Transfers To and From a Wheelchair, Chair, Bed or Commode

If possible, transfer to your stronger side.



1. Position your wheelchair at a right angle to the surface you will be transferring to. Lock the brakes and remove the armrest.



2. Reach over to the surface you are moving to. Stand up just enough to clear your hips from the wheelchair.



3. Slide over onto the chair.



4. Move your hips back into the chair.

You can use this transfer technique when transferring to the commode, bed or back to the wheelchair.

# Occupational Therapy TOOLKIT

## Sitting Down – Wheelchair, Chair, Bed or Commode



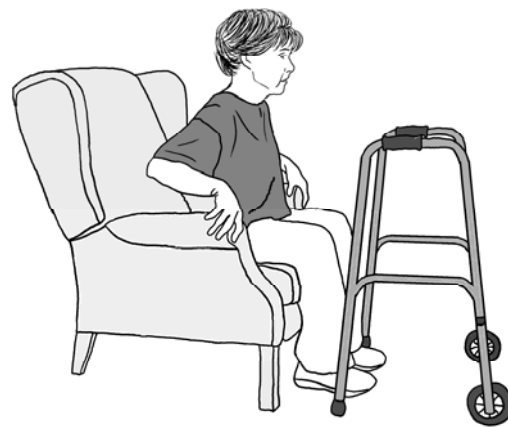
1. Back up until you feel the chair against the backs of your legs.



2. Bend forward at your hip. Reach behind you with one hand and grab the armrest or the side of the chair. Do the same with the other hand.



3. Lower yourself slowly. Try not to drop into the chair.

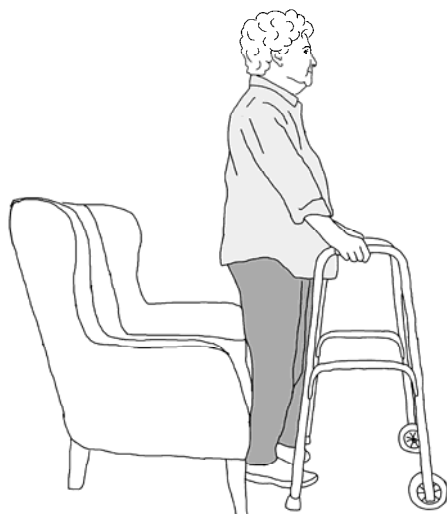


4. Slide back.



# Occupational Therapy TOOLKIT

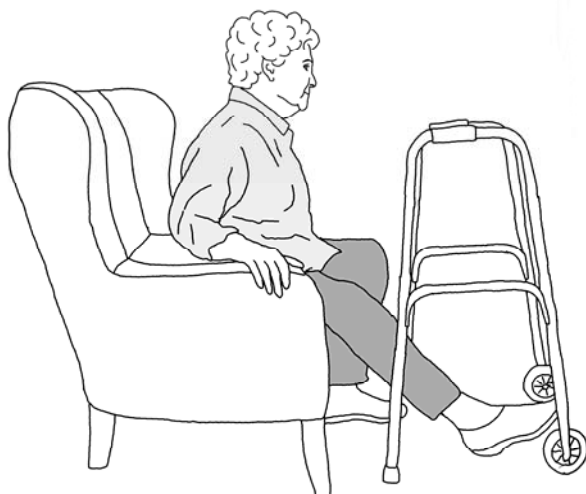
## Sitting Down Following Hip Surgery Wheelchair, Chair or Commode



1. Back up until you feel the chair, bed or commode against the backs of your legs.



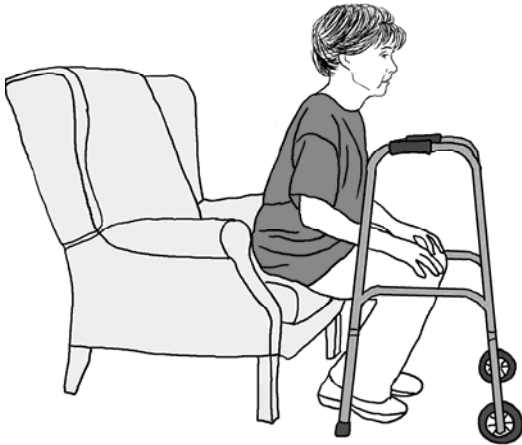
2. Slide your operated leg forward while reaching back with one hand for the chair arms, bed, or commode.



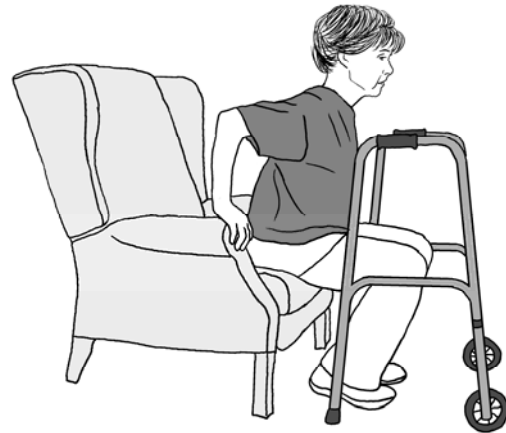
3. Lower yourself slowly by leaning forward and keeping your operated leg out in front. Try not to drop into the chair.

# Occupational Therapy TOOLKIT

## Standing Up Wheelchair, Chair or Commode



1. Scoot to the edge of your chair.



2. Pull your feet back. Lean forward with your "nose over toes".



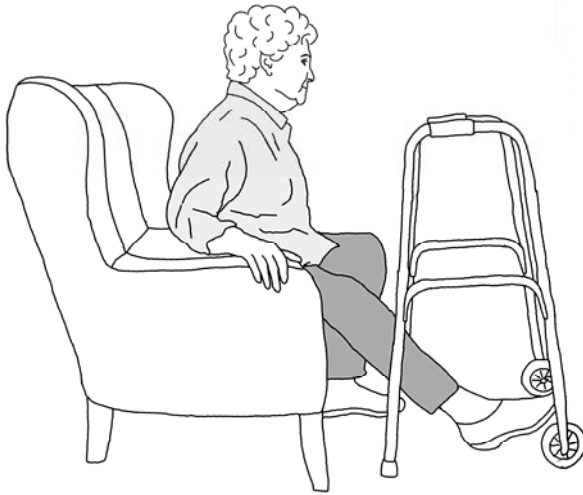
3. Push up from the armrests. Avoid pulling yourself up using the walker.



4. Make certain you have your balance before walking.

# Occupational Therapy TOOLKIT

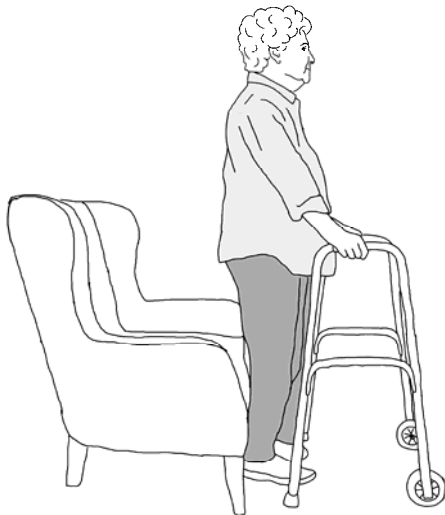
## Standing Up Following Hip Surgery Wheelchair, Chair or Commode



**1. Scoot to the edge of your chair. Keep your operated leg out in front. Pull your non-operated foot back.**



**2. Keep your operated leg out in front. Lean forward. Push yourself up to standing using both hands.**



**3. Make certain you have your balance before walking.**

# Occupational Therapy TOOLKIT

## Standing Up with Help Wheelchair, Chair, Bed or Commode



1. Your caregiver will stand on your weaker side. They will hold onto the walker and your transfer belt and help you scoot forward in your chair.



2. Your caregiver will help you lean forward with your “nose over toes.” You will push up from the armrests. Avoid pulling up with the walker.



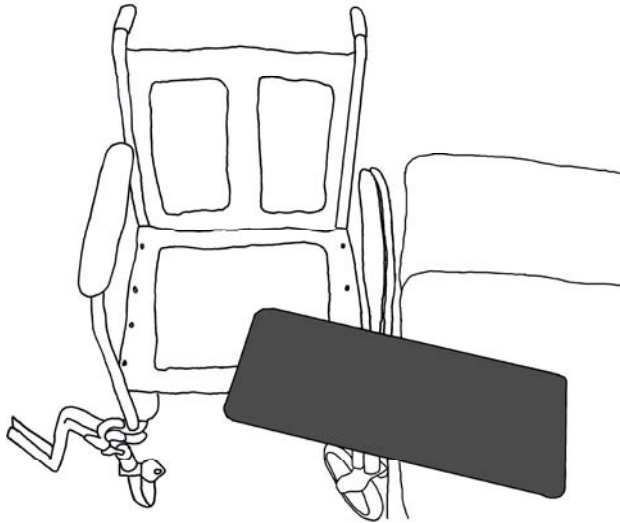
3. Your caregiver will help you to stand up.



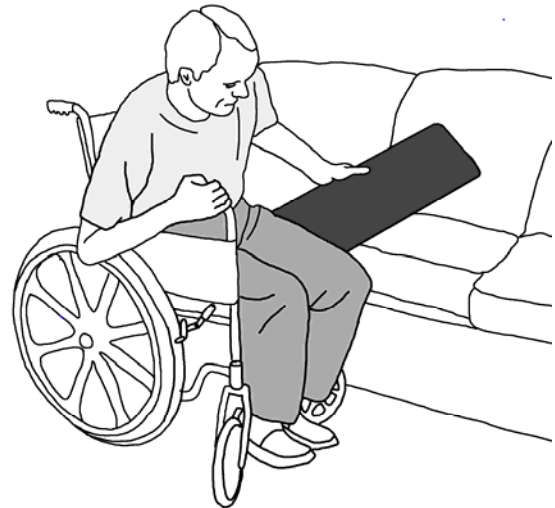
4. Make certain you have your balance before walking.

# Occupational Therapy TOOLKIT

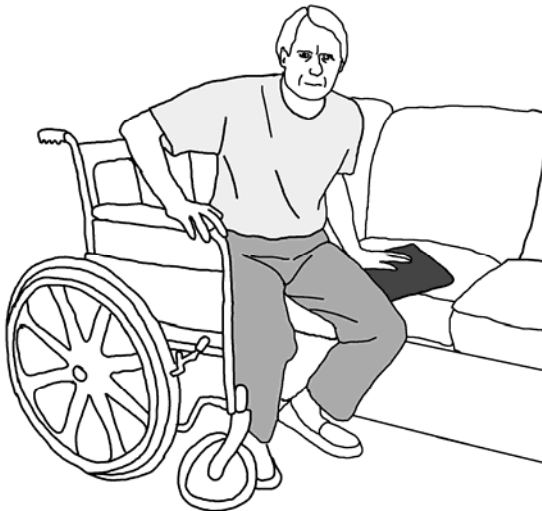
## Transfer Board– Moving to the Left Transfers To and From a Wheelchair, Chair, Bed or Commode



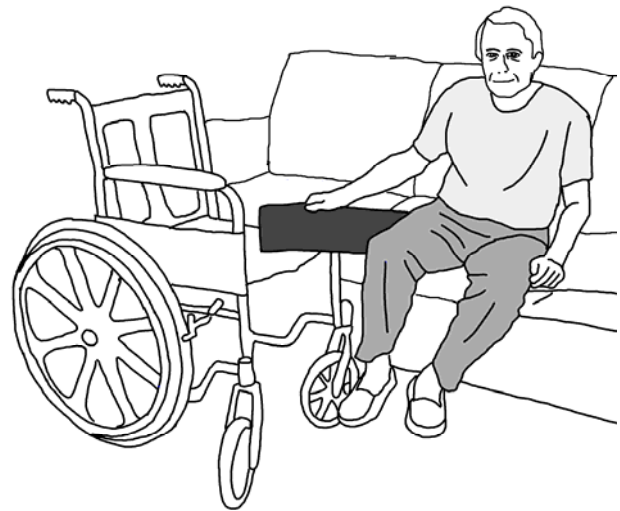
1. Position wheelchair next to the transferring surface. Lock the brakes and remove both the armrest and leg rest. Be sure the other surface is secure, so it will not slide out from under you during the transfer.



2. Lean to the right and place transfer board under the left buttock.



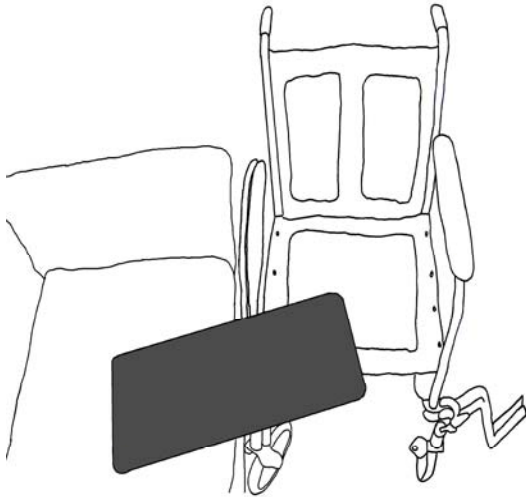
3. Place your left hand flat on the transfer board and the other on the armrest. Lift your weight and move across the board. Your caregiver can assist you by guiding your legs.



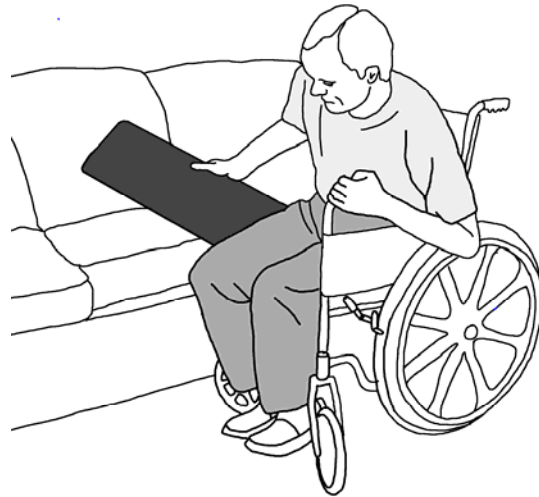
4. Remove the transfer board once you are secure on the transferred surface. Use a pillowcase, towel or powder to reduce friction.

# Occupational Therapy TOOLKIT

## Transfer Board– Moving to the Right Transfers To and From a Wheelchair, Chair, Bed or Commode



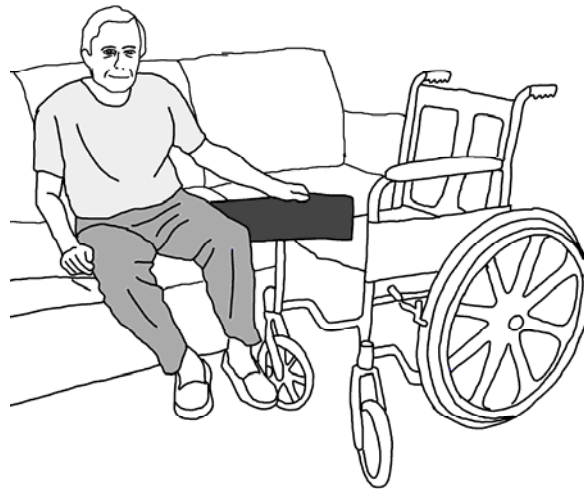
1. Position wheelchair next to the transferring surface. Lock the brakes and remove both the armrest and leg rest. Be sure the other surface is secure, so it will not slide out from under you during the transfer.



2. Lean to the left and place transfer board under the right buttock.



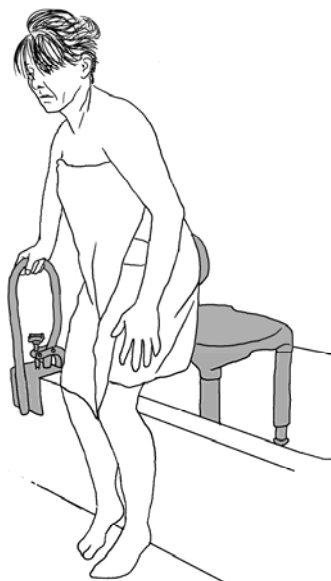
3. Place your right hand flat on the transfer board and the other on the armrest. Lift your weight and move across the board. Your caregiver can assist you by guiding your legs.



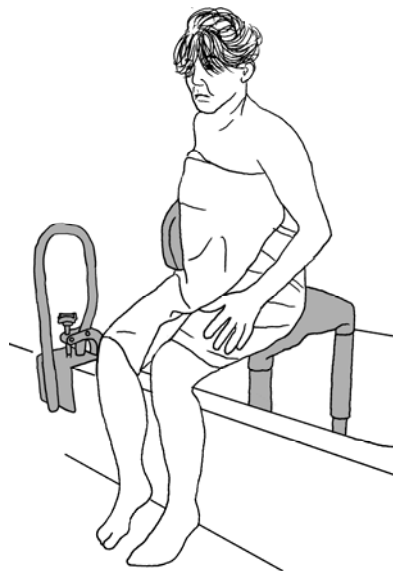
4. Remove the transfer board once you are secure on the transferred surface. Use a pillowcase, towel or powder to reduce friction.

# Occupational Therapy TOOLKIT

## Transfer to Tub Using Bath Seat (back up, left)



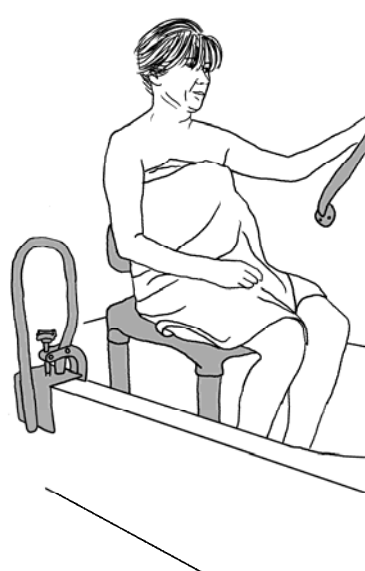
1. Back up to the tub until you can feel it against the back of your legs.



2. Reach back for the shower chair back or clamp-on tub rail. Lower yourself back onto the seat. Scoot back as far as you can.



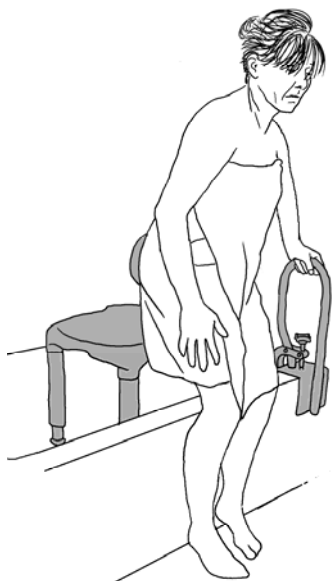
3. Turn your body in toward the tub and lift your left leg into the tub.



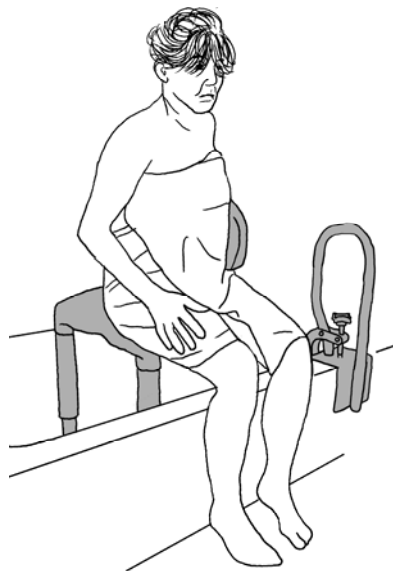
4. Scoot your bottom farther onto the seat and lift your right leg into the tub. To get back out, reverse these steps.

# Occupational Therapy TOOLKIT

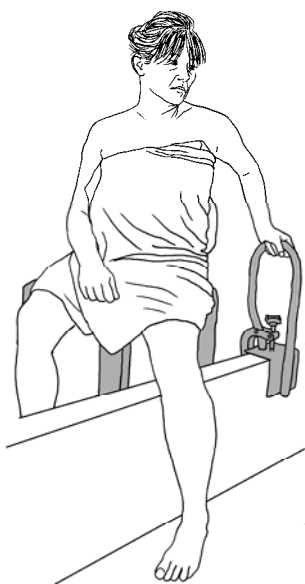
## Transfer to Tub Using Bath Seat (back up, right)



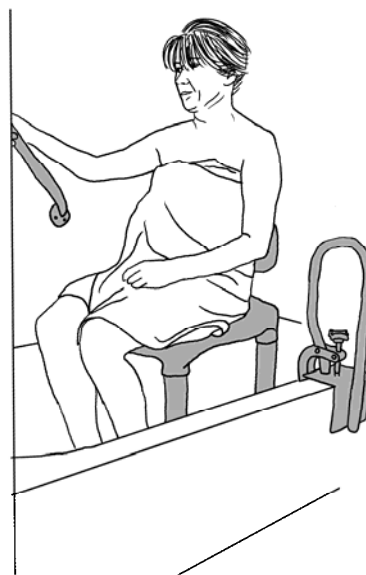
1. Back up to the tub until you can feel it against the back of your legs.



2. Reach back for the shower chair back or clamp-on tub rail. Lower yourself back onto the seat. Scoot back as far as you can.



3. Turn your body in toward the tub and lift your right leg into the tub.



4. Scoot your bottom farther onto the seat and lift your left leg into the tub. To get back out, reverse these steps.

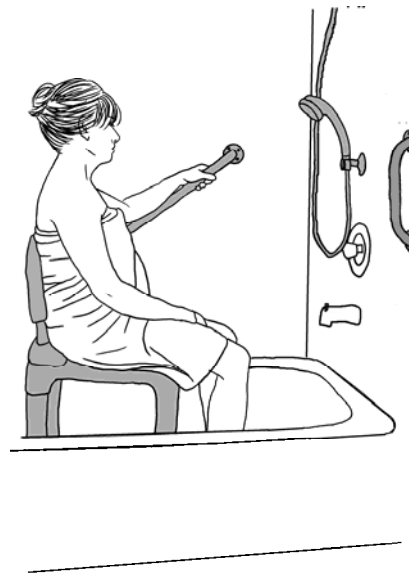


# Occupational Therapy TOOLKIT

## 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.

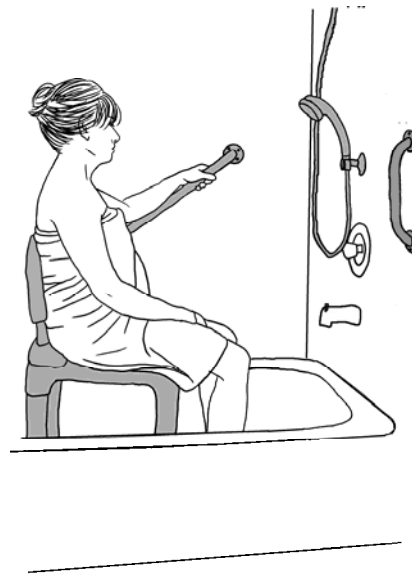
4. Sit down on the shower chair. Reverse the steps to transfer out.

# Occupational Therapy TOOLKIT

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



1. Face the wall and hold onto the grab bar; step into the tub with your left leg.      2. Sit down onto the shower chair.



3. While in a seated position, lift your right leg into the tub.

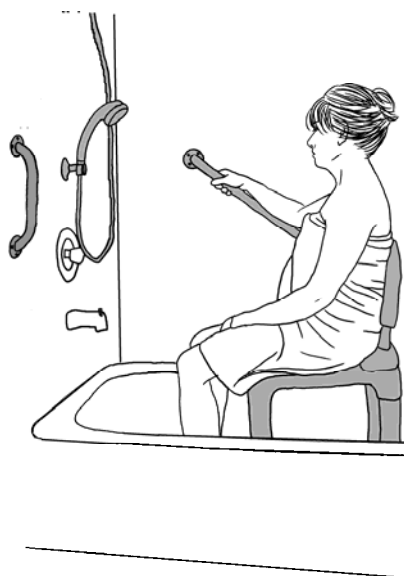
To get out of the tub, stay seated; lift your right leg out of the tub. Hold onto grab bar and stand up. Once you are standing, lift your left leg out of the tub.

# Occupational Therapy TOOLKIT

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



1. Face the wall and hold onto the grab bar. 2. Step into the tub with your right leg.



3. Lift your left leg into the tub.

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

# Occupational Therapy TOOLKIT

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



1. Face the wall and hold onto the grab bar; step into the tub with your right leg.    2. Sit down onto the shower chair.



3. While in a seated position, lift your left leg into the tub.

To get out of the tub, stay seated; lift your left leg out of the tub. Hold onto grab bar and stand up. Once you are standing, lift your right leg out of the tub.

# Occupational Therapy TOOLKIT

## Transfer to Tub Using Bath Transfer Bench (left)



1. Back up to the tub bench until you can feel it against the back of your legs.



2. Reach for back for the tub bench and lower yourself onto the seat. Scoot back as far as you can.



3. Turn your body to the left, in toward the tub and lift your left leg into the tub.



4. Scoot your bottom farther onto the seat and lift your right leg into the tub. To get back out, reverse the steps.

# Occupational Therapy TOOLKIT

## Transfer to Tub Using Bath Transfer Bench (right)



1. Back up to the tub bench until you can feel it against the back of your legs.



2. Reach for back for the tub bench and lower yourself onto the seat. Scoot back as far as you can.



3. Turn your body to the right, in toward the tub and lift your right leg into the tub.

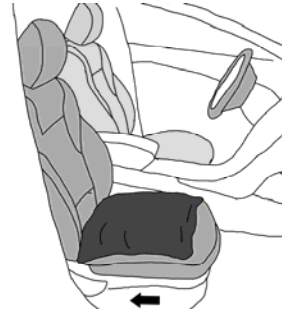


4. Scoot your bottom farther onto the seat and lift your left leg into the tub. To get back out, reverse the steps.

# Occupational Therapy TOOLKIT

## Transfers In and Out of a Car

1. Position the car seat back as far as possible. Use a cushion or pillow on the seat to raise the sitting surface. Use plastic trash bag on the seat to make it easier to slide.



2. Back up to the car until both of your legs are touching the seat of the car.



3. Place one hand on the dashboard and one hand on the back of the seat. Tuck your head and lower yourself onto the edge of the seat.



4. Move back onto the seat as far as possible. Lift your legs into the car one at a time. Maintain any precautions you have been instructed to follow.



Remove trash bag while driving.

Reverse this procedure to exit the car.

# Occupational Therapy TOOLKIT

## Transfers Wheelchair to Tub Using Bath Transfer Bench (left)



1. Position your wheelchair as close as possible to the bench. Lock the brakes.



2. Stand and pivot onto the bath transfer bench.



3. Sit on the tub bench.



4. Scoot back onto the seat as far as possible.

1 of 2

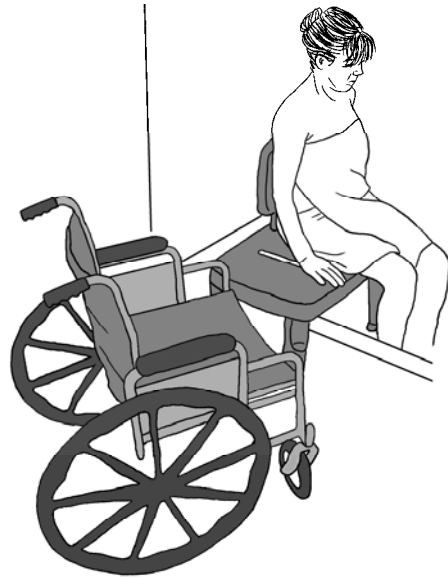


# Occupational Therapy TOOLKIT

## Transfers Wheelchair to Tub Using Bath Transfer Bench (left)



5. Lift your left leg into the tub.



6. Scoot your bottom farther onto the seat and lift your right leg into the tub. To get back out, reverse the steps.

# Occupational Therapy TOOLKIT

## Transfers Wheelchair to Tub Using Bath Transfer Bench (right)



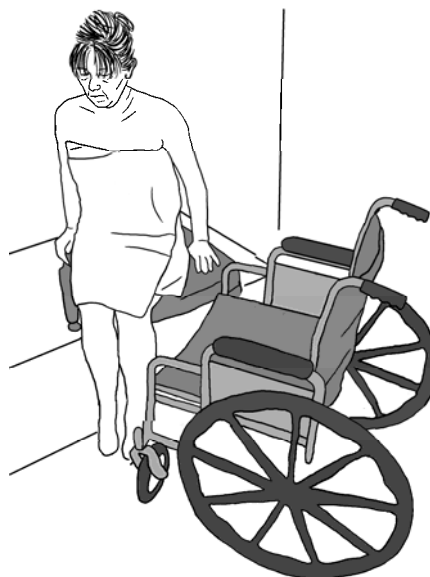
1. Position your wheelchair as close as possible to the bench. Lock the brakes.



2. Stand and pivot onto the bath transfer bench.



3. Sit on the tub bench.



4. Scoot back onto the seat as far as possible.

1 of 2

# Occupational Therapy TOOLKIT

## Transfers Wheelchair to Tub Using Bath Transfer Bench (right)



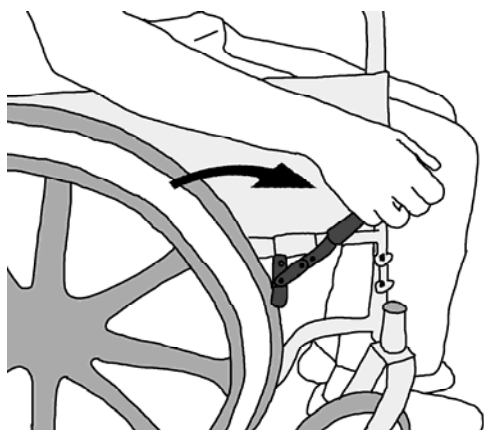
5. Lift your right leg into the tub.



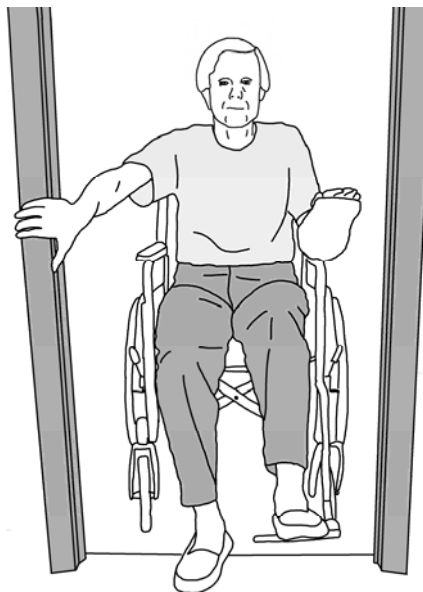
6. Scoot your bottom farther onto the seat and lift your left leg into the tub. To get back out, reverse the steps.

# Occupational Therapy TOOLKIT

## Wheelchair Mobility



Lock your brakes when your chair is not moving. Unlock your brakes before moving your wheelchair.



To move through a doorway, take your hand off the wheel and place it on the door frame. Use the doorframe to pull yourself through the door.








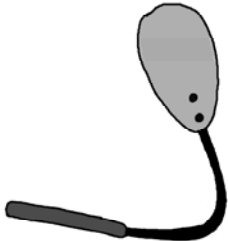

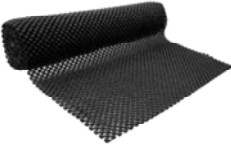
To move the wheelchair forward. Place your hand on the wheel rim. Push the wheel forward. At the same time use your stronger foot to pull you forward and to steer the direction of the wheelchair.



To move the wheelchair backward. Place your hand on the wheel rim. Pull the wheel back. At the same time use your stronger foot to push you back and to steer the direction of the wheelchair.

# Occupational Therapy TOOLKIT







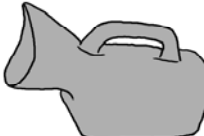
## Adaptive Equipment for Grooming and Oral Hygiene

Item	Picture	Where to Purchase
<input type="checkbox"/> Electric toothbrush		
<input type="checkbox"/> Tooth floss holder		
<input type="checkbox"/> Nail brush with suction cup base		
<input type="checkbox"/> Long handled lotion applicator		
<input type="checkbox"/> Long handled combs and brushes		
<input type="checkbox"/> Inspection mirror		
<input type="checkbox"/> Cylindrical foam tubing		
<input type="checkbox"/> Non slip drawer liner		

The pictures are representational, different styles may be available.

# Occupational Therapy TOOLKIT

## Adaptive Equipment for Toileting

Item	Picture	Where to Purchase
<input type="checkbox"/> Moist flushable wipes		
<input type="checkbox"/> Toileting aid		
<input type="checkbox"/> Toilet safety frame		
<input type="checkbox"/> Toilet seat elevator, available in round or elongated		
<input type="checkbox"/> Bedside commode		
<input type="checkbox"/> Raised toilet seat with arms		
<input type="checkbox"/> Female urinal		

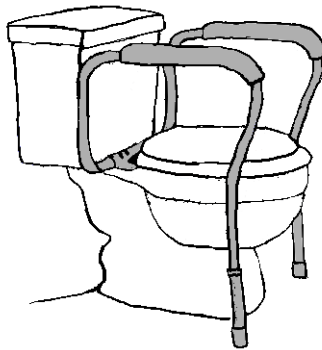
The pictures are representational, different styles may be available.

# Occupational Therapy TOOLKIT

## Toileting Tips

### General Safety Tips

- If you have difficulty sitting down or standing up from the toilet you may benefit from adaptive equipment. An elevated toilet seat increases the height of the seat; a toilet safety frames provides leverage for pushing up from the seat. A bedside commode over the toilet or an elevated toilet seat with armrests does both.



- When adjusting adaptive equipment, the height should allow you to touch your feet to the ground.
- If you are too weak or unsteady to make it to the bathroom especially during the night, consider using the bedside commode next to your bed or a urinal. Urinals are available that are spill proof and some are designed for women.
- Mark the legs of a toilet safety frame or commode with colored tape to easily see the legs so you don't catch your feet on them.

### Managing your clothes

- Pull your pants up over your knees before standing; this will prevent them from falling down to your ankles when you stand up.



1 of 2

# Occupational Therapy TOOLKIT

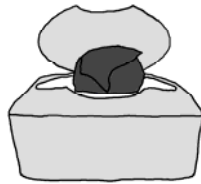
## Toileting Tips

### Managing Your Clothes

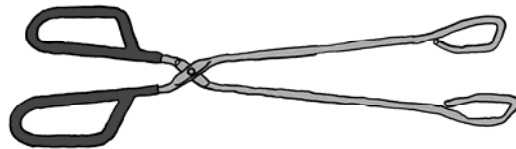
- Keep an extra set of dressing tools in the bathroom.
- Choose clothing that is easy to pull up and down such as elastic waist pants. Use suspenders instead of belts. Remove long robes before going to the bathroom.
- Use pull-up style incontinence briefs instead of the side tab kind.

### Cleaning Up

- If you're having difficulty reaching the toilet paper, move the toilet paper holder to a different location or purchase a freestanding toilet paper holder.
- Use moist flushable wipes to stay fresh between bathing.



- If you are having difficulty reaching behind to wipe yourself, a pair of kitchen tongs or toileting aid can extend your reach.



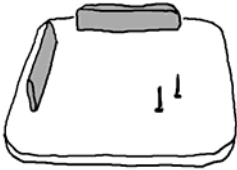
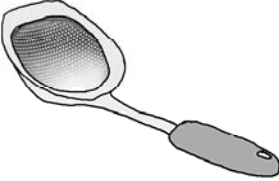

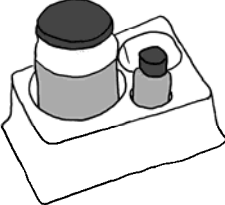
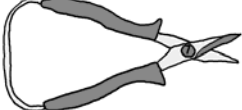
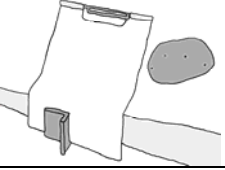

- Use a non-rinse hand cleaner to conveniently clean your hands in the bathroom or next to the bedside commode.

### Additional Suggestions:



# Occupational Therapy TOOLKIT

## Adaptive Equipment for One-Handed Meal Preparation

Item	Picture	Where to Purchase
<input type="checkbox"/> Adaptive cutting board		
<input type="checkbox"/> Scoop colander		
<input type="checkbox"/> One handed can opener		
<input type="checkbox"/> Jar opener		
<input type="checkbox"/> Self opening scissors		
<input type="checkbox"/> Clamp-on fruit and vegetable peeler		
<input type="checkbox"/> Pot and pan holder		

The pictures are representational, different styles may be available.

# Occupational Therapy TOOLKIT

## Managing Kitchen Tasks from a Walker

### Safety in the kitchen

- Avoid storing flammable items in the oven or on the stovetop.
- Keep the workspace near the cooking area uncluttered.
- Place a non-slip, low pile rug in front of the sink to absorb splashed water.

### Accessing cabinets and refrigerator

- Put the cooking supplies, food, and dishes that you use the most where you can easily reach them.
- Store heavy items on lower shelves, and lighter items on higher shelves.
- To make the refrigerator door easier to open, tie a loop of ribbon or rope around the door handle. Slip your forearm through the loop and pull the door open.
- Put a lazy Susan on a refrigerator shelf or cabinet shelf. This will make it easier to reach items that tend to disappear in the back.
- When reaching into the cabinets or refrigerator, face what you are reaching for and get as close as possible. Hold onto your walker while reaching with the other hand.



### Using cooking appliances (oven, stovetop, microwave)

- Don't leave the kitchen when you have something cooking on the stove or baking in the oven.
- Use appliances that turn off automatically such as a toaster, microwave or crock-pot. There is no worry about leaving them on.
- Waiting for hot items to cool off before handling.
- Use a slotted spoon or handled colander to scoop and drain pasta and vegetable directly out of the pot.

# Occupational Therapy TOOLKIT

## Managing Kitchen Tasks from a Walker

### Transporting food and dishes to and from the table

- Transport food in covered containers.
- Obtain a walker tray or basket to carry items.

### Preparing food

- Sit to prepare the vegetables and mix ingredients.
- Create a continuous work surface between the sink and the stove so you can slide pots and pans instead of lifting them.

### Pouring hot and cold liquids

- Pour liquids over the sink to catch any spills.
- Allow hot liquids to cool off before pouring them.



### Cleaning up the work area

- Use the garbage disposal to limit the amount of trash that needs to be thrown away. Empty the trash frequently or have a family member do it.
- Buy a long handled “reacher” to pick up items dropped on the floor.



# Occupational Therapy TOOLKIT

## Managing Kitchen Tasks from a Wheelchair

### Safety in the kitchen

- Avoid storing flammable items in the oven or on the stovetop.
- Keep the workspace near the cooking area uncluttered.
- Place a non-slip, low pile rug in front of the sink to absorb splashed water.

### Accessing cabinets and refrigerator

- Put the cooking supplies, food, and dishes that you use the most where you can easily reach them.
- Store heavy items on lower shelves, and lighter items on higher shelves.
- Put a lazy Susan on a refrigerator shelf or cabinet shelf. This will make it easier to reach items that tend to disappear in the back.
- When reaching into the cabinets or refrigerator, face what you are reaching for and get as close as possible. If able, you can stand up at the countertop to reach into the cabinets.



### Using cooking appliances (oven, stovetop, microwave)

- Don't leave the kitchen when you have something cooking on the stove or baking in the oven.
- Use appliances that turn off automatically such as a toaster, microwave or crock-pot. There is no worry about leaving them on.
- Waiting for hot items to cool off before handling.
- Use a slotted spoon or handled colander to scoop and drain pasta and vegetable directly out of the pot.
- Hang an unbreakable mirror at an angle above the stove so that you can see into the pots on the stovetop.

# Occupational Therapy TOOLKIT

## Managing Kitchen Tasks from a Wheelchair

### Transporting food and dishes

- Use a cookie sheet or bean-filled lapboard to carry items.
- Transport food in covered containers. Set them on your lap or tuck them at your sides. Use a thermos to carry coffee or tea.
- Create a continuous work surface between the sink and the stove to allow you to slide pots instead of lifting them.



### Pouring hot and cold liquids

- Pour liquids over the sink to catch any spills.
- Allow hot liquids to cool off before pouring them.

### Cleaning up the work area

- Use the garbage disposal to limit the amount of trash that needs to be thrown away. Empty the trash frequently or have a family member do it.
- Buy a long handled “reacher” to pick up items dropped on the floor.

# Occupational Therapy TOOLKIT

## One-Handed Meal Preparation

### General

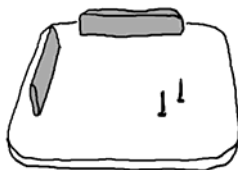
- Sit to prepare the vegetables, mix ingredients and wash dishes.
- Use recipes that require short preparation time and little effort.

### Stirring

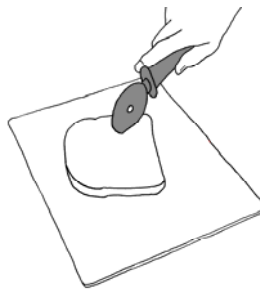
- Use a rubber pad or a wet dishcloth under bowls and pans to stabilize them while preparing foods.
- To stabilize a mixing bowl, set it in a drawer and shut the drawer against the bowl's sides, lean against the drawer to keep pressure on the bowl's sides, which prevents it from rotating as you stir or beat the ingredients in it.

### Cutting

- Purchase fresh vegetables that are already cut up.
- A cutting board with raised sides will prevent diced vegetables and small pieces of meat from falling off the board. Hammer a nail through the cutting board to act as a skewer to keep food from slipping while dicing or cutting.



- A food processor can be used for slicing, grating or dicing.
- Use a pizza cutter to cut soft foods.
- Stab a piece of fruit or vegetable with a fork. Stabilize the fork with your affected hand. Cut the food with a knife.

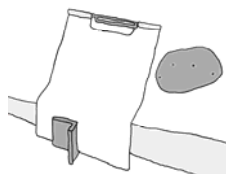


# Occupational Therapy TOOLKIT

## One-Handed Meal Preparation

### Peeling

- Attach a suction cup brush to the side of the sink to scrub fruits and vegetables clean.
- Obtain a one-handed vegetable and fruit peeler.

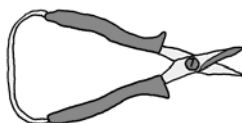


### Spreading

- Place the bread against the sides on the adaptive cutting board to keep it from moving as you spread the butter or mayonnaise.

### Opening jars, cans and packages

- One-handed jar openers and can openers are available.
- One-handed scissors can be used to open packages.



### Pouring hot and cold liquids

- Wait until the hot liquid cools down before pouring.
- Pour your drink in a cup placed in the sink. Any spill will be easy to rinse away.

### Clean up

- Place a dish drainer in the sink to hold dishes steady while washing and rinsing. Clean dishes can then be placed in a separate drainer on the counter to dry.

# Occupational Therapy TOOLKIT

## Healthcare Providers Appointments

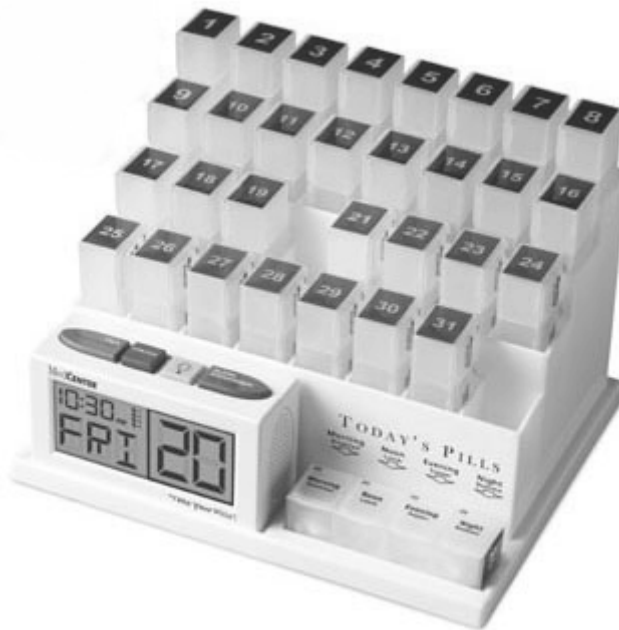
<b>Healthcare Provider</b>	<b>Specialty</b>	<b>Location</b>	<b>Phone Number</b>	<b>Frequency of Visits</b>
<i>Dr. Smith</i>	<i>Cardiologist</i>	<i>General Hospital</i>	<i>999-9999</i>	<i>every month</i>



# Occupational Therapy TOOLKIT

## Medication Management Resources:

1. E-Pill - Medication Reminders  
800-549-0095, [www.epill.com](http://www.epill.com)
2. Forgetting the Pill - Personal Reminder Products  
877-367-4382, [www.forgettingthepill.com](http://www.forgettingthepill.com)
3. OnTimeRx will send you e-mail, phone, cell phone, and pager alerts for all types of reminders - daily medications, monthly refills, doctor and dentist appointments or other events.  
866-944-8966, [www.ontimerx.com](http://www.ontimerx.com)
4. MedCenter talking pillbox. Organizes a month's worth of pills and alerts you four times a day, shown below.  
866-600-3244, [www.medcentersystems.com](http://www.medcentersystems.com)
5. Accupax, pre-packaged, dosed medications  
888-600-9692, <http://accupax.com/>



# Occupational Therapy TOOLKIT

## Tips for Making and Keeping Healthcare Appointments

- Organize all of your medical information (history, test results, medications) in a binder.
- Write a list all healthcare providers, their specialty, location and phone number and how frequently you see them. Include doctors, dentists, physical therapists, dietitians and routine screenings such as mammograms.
- Use one calendar only for medical appointments.
- Keep the calendar in a location that you will see it frequently, such as the door of the refrigerator or the kitchen table.
- Write in pencil, so changed appointments can be easily erased.
- Avoid making appointments for early in the morning or early in the month.
- Ask your healthcare providers if they would call you or send a postcard to remind you of your appointment.
- OnTimeRx will send you e-mail, phone, cell phone, and pager alerts for all types of reminders—daily medications, monthly refills, doctor and dentist appointments, or other events, (407-843-8966; [www.ontimerx.com](http://www.ontimerx.com)).

# Occupational Therapy TOOLKIT

## Activity Guidelines Following Cardiac Surgery

If your doctor's instructions differ in any way from those listed here, *always follow your own doctor's specific instructions.*

It will take time to regain your stamina and endurance. For the first 6-8 weeks after your heart surgery, you will need to balance your activities with rest. Sit quietly or nap for 20-30 minutes between activities. Limit activities for 30-60 minutes following meals.

You can increase your level of activity by monitoring how your heart is tolerating the current task. Be aware of the symptoms that indicate your heart is working too hard, such as shortness of breath, angina, feeling weak, faint or overtired. If you have any one of these symptoms with an increase in activity, stop and return to the previous activity level for a day. If these symptoms do not go away after 10 minutes or if you have pain in your arms, neck, jaw or stomach, a fast or irregular heart beat, cold sweats, nausea or vomiting, call 911.

For the first several weeks, take your heart rate before and after you participate in a new level of activity. If your pulse increases above your resting rate, more than 20 beats a minute, stop and rest. Recheck your pulse in 5 minutes.

Rate how you feel during new activities to check if your heart is working too hard. When you are doing activities or exercise, you should be able to talk with ease and not feel out of breath.

On a scale of 0 - 10, you should feel like you are working between levels 5 and 7.

0	1	2	3	4	5	6	7	8	9	10
Sitting	Light Intensity				Moderate Intensity		Vigorous Intensity		Hard as it Can be	

# Occupational Therapy TOOLKIT

## Activity Guidelines Following Cardiac Surgery

### **Day 1 after discharge from hospital**

- Brush your teeth, get dressed and take a shower sitting down.
- Eat your meals at the table.
- Watch TV, talk on the phone, play cards and board games.
- Ride short distances in a car
- Visit with friends and family at home.
- Walk 3-5 times a day for 5 minutes each.
- Climb 1 flight of stairs. Pause between each step.
- Follow your sternal precautions with all activities.

### **After 1 week**

- Make a light meal and set the table.
- Dust, fold clothes, make the bed and wash dishes.
- Attend religious services, a movie or a play.

### **After 2 weeks**

- Walk around the block at a leisurely pace for 5-10 minutes.
- Go shopping but don't carry bags over 10 pounds; walk short distances.
- Eat at a restaurant.

### **After 3 weeks**

- You can engage in sexual relations when you are able to climb two flights of stairs without symptoms.

### **After 6-8 weeks or once your surgeon discontinues the sternal precautions**

- Lift greater than 10 pounds.
- Return to work: depending on the type of work (physical vs. sedentary).
- Drive locally.
- Make a complete meal.
- Iron, vacuum, mop the floor, and change the bed linen.
- Wash the laundry, take out the garbage.
- Go fishing and boating.
- Mow the lawn and rake leaves.
- Travel for business and recreation.

### **After 3 months with your surgeon's permission**

- Scrub the floors, shovel snow, and dig.
- Participate in tennis, bowling, hunting, swimming, jogging, bicycling and golf.

# Occupational Therapy TOOLKIT

## Activity Guidelines Following Heart Attack

If your doctor's instructions differ in any way from those listed here, *always follow your own doctor's specific instructions.*

It will take time to regain your stamina and endurance. For the first 4 weeks after your heart attack, you will need to balance your activities with rest. Sit quietly or nap for 20-30 minutes between activities. Limit activities for 30-60 minutes following meals.

You can increase your level of activity by monitoring how your heart is tolerating the current task. Be aware of the symptoms that indicate your heart is working too hard, such as shortness of breath, angina, feeling weak, faint or overtired. If you have any one of these symptoms with an increase in activity, stop and return to the previous activity level for a day. If these symptoms do not go away after 10 minutes or if you have pain in your arms, neck, jaw or stomach, a fast or irregular heart beat, cold sweats, nausea or vomiting, call 911.

For the first several weeks, take your heart rate before and after you participate in a new level of activity. If your pulse increases above your resting rate, more than 20 beats a minute, stop and rest. Recheck your pulse in 5 minutes.

Rate how you feel during new activities to check if your heart is working too hard. When you are doing activities or exercise, you should be able to talk with ease and not feel out of breath.

On a scale of 0 - 10, you should feel like you are working between levels 5 and 7.

0	1	2	3	4	5	6	7	8	9	10
Sitting	Light Intensity				Moderate Intensity		Vigorous Intensity		Hard as it Can be	

# Occupational Therapy TOOLKIT

## Activity Guidelines Following Heart Attack

### **First 2 weeks after discharge from hospital**

- Avoid over reaching. Place frequently used items within close reach.
- Avoid straining and/or holding your breath during exercises, activities, coughing or when using the toilet.
- Avoid lifting more than 10 pounds.
- Avoid arm activities that involve lifting, pushing or pulling.
  
- Brush your teeth, get dressed and take a shower sitting down.
- Watch TV, talk on the phone and play cards and board games.
- Ride short distances in a car
- Visit with friends and family at home.
- Make a light meal and set the table.
- Dust, fold clothes, make the bed and wash dishes.
- Attend religious services, a movie or a play.
- Go shopping but don't carry bags over 10 pounds; walk short distances.
- Eat at a restaurant.
- Follow your exercise instructions.

### **After 2 weeks**

- Avoid carrying things up and down stairs during the recovery period.
- Continue to avoid lifting heavy objects - no more than 20 pounds.
- Avoid shoveling dirt, snow or mowing the lawn.
- Begin light activities such as vacuuming or gardening with a long handle hoe.
- Sexual activities can be resumed gradually.

### **After 4 weeks**

- Begin Outpatient Cardiac Rehabilitation with permission of cardiologist.
- Resume driving with permission of cardiologist.

# Occupational Therapy TOOLKIT

## Arthritic Joint Changes and Deformities

### **Thumb**

- CM - dislocation/subluxation
- MP - swan neck and Boutonniere
- IP - swan neck and Boutonniere

### **Fingers**

- MCP - synovial hypertrophy, ulnar/radial deviation, instability, ankylosis, crepitation with motion, extensor tendon subluxation, extensor tendon rupture, intrinsic tightness, subluxation to dislocation
- PIP - synovial hypertrophy, ulnar/radial deviation, instability, ankylosis, swan neck, Boutonniere, nodules, constrictive tenosynovitis
- DIP - ankylosis, swan neck, Boutonniere, nodules, vasculitis

### **Wrist**

- Subluxation to dislocation, crepitation with motion, carpal tunnel syndrome, ankylosis, ulnar/radial deviation, tendon rupture, dislocation of ulnar styloid

### **Forearm**

- Limitation of supination range, limitation of pronation range, nodules on medial aspect of proximal forearm

### **Elbow**

- Flexion contractures, nodules on olecranon, ankylosis, crepitation with motion, cubital tunnel syndrome, instability

### **Shoulder**

- Crepitation with motion, synovial hypertrophy, restricted glenohumeral motion, muscle atrophy, weakness in rotator cuff muscles, ruptured bicep tendon

### **Cervical**

- Decreased range of motion or pain with range of motion, cervical myelopathy

# Occupational Therapy TOOLKIT

## Body Mechanics

Body mechanics is a way to protect your back and neck. Good body mechanics includes using good posture, minimizing bending and twisting, and using proper lifting techniques.

**Good Posture** (see separate handout)

### Minimize Bending and Twisting

Common tasks that involve twisting include reaching to the bedside table, reaching to the floor or table next to a chair or sofa, reaching for the toilet paper and reaching to flush the toilet.

- Store frequently used items at eye or waist level.
- The toilet paper roll may need to be repositioned.
- Flush the toilet after standing up, when you can reach it without twisting.

Common tasks that involve bending include picking up an item off the floor, reaching for the milk in the refrigerator, dressing and bathing the lower body, brushing your teeth at the sink and getting off of the toilet.

- Avoid bending by using a long handled reaching device to pick up items.
- Store frequently used items at eye or waist level.
- Use adaptive equipment to put on shoes, socks and pants
- When brushing your teeth, remember your good posture and stand with the back straight and bend from the hips.
- When getting up from the toilet, keep your back straight and support yourself using one hand on the countertop and the other on your thigh or purchase a raised toilet seat.





# Occupational Therapy TOOLKIT

## Body Mechanics

### Lifting and Carrying Objects

- Use the large muscles in your legs instead of the small muscles in your back.
- Keep your back straight. Bend your knees and hips to squat in front of the object. **DO NOT** bend at the waist.
- Tuck in your buttocks and pull in your stomach when lifting.
- When carrying an object, hold the object close to your body.
- When turning, rotate your whole body, not just your back.
- If the object is too heavy ask another person to help you.



### Pushing and Pulling:

- Use the weight of your body to help push or pull an object.
- Your feet should be apart. Keep your back straight.
- If the object or person you are pulling or pushing is too heavy ask for help.

# Occupational Therapy TOOLKIT

## Cardiac Precautions for Exercise

**If one of the following is present, stop therapy and contact the physician**

- SOB, chest pain, nausea and vomiting, diaphoresis (sweating), dizziness
- Staggering gait, ataxia
- Confusion or blank stare in response to questions
- Severe hypertension (systolic BP > 165, diastolic BP > 110)
- Severe and persistent hypotension (BP < 90, check parameters with MD)
- Resting heart rate > 130 bpm, < 40 bpm
- Inappropriate heart rate or BP changes with self-care activities (increase in HR of more than 20 BPM, or increase or decrease in systolic BP of more than 20 mmHg)
- Oxygen sat < 85%

**Exercise is contraindicated for the following**

- Uncontrolled atrial or ventricular arrhythmias
- Second or third degree heart block
- Recent embolism, either systemic or pulmonary
- Resting HR greater than 120 with a recent MI
- Resting HR greater than 130 with recent bypass surgery, cardiomyopathy, CHF, or valve surgery
- Thrombophlebitis
- Gross cardiac enlargement
- Resting or unstable angina
- Dissecting aneurysm
- Fever greater than 100° F / 37.5° C
- Primary, active pericarditis
- Severe aortic stenosis
- Uncontrolled CHF or HTN
- Uncontrolled diabetes mellitus (BS > 250 mg/dL)

# Occupational Therapy TOOLKIT

## Care of Your Residual Limb

You may begin to wash your residual limb when all stitches or staples have been removed.

Wash your residual limb every evening with lukewarm water and a mild soap. Evening bathing is recommended because bathing may cause the residual limb to swell and this could affect the fit of your prosthesis.

Inspect your residual limb each day. Carefully watch for skin changes such as redness, breakdown or tenderness. Inspect the area using a long handled mirror. If the skin is broken, do not wear the prosthesis until the wound has healed.

Gently massage your residual limb daily. This will help decrease sensitivity and increase pressure tolerance.

For dry skin, use a small amount of lanolin cream or another moisturizer without perfume. Apply before going to bed to allow complete absorption into the skin.

Do not shave your residual limb.

Do not soak your residual limb for long periods of time. This may cause swelling.

Avoid hanging your residual limb off the edge of the bed or chair.

# Occupational Therapy TOOLKIT

## Causes of Respiratory Panic and Distress

### Suggestions for Preventing

<b>Causes</b>	<b>Suggestions for Preventing</b>
Exceeding tolerated activity levels and over exercising	Know your limits. Use the shortness of breath levels as a guideline. Follow the energy conservation strategies.
Infection or illness	Be aware of any symptoms that may indicate that you are getting sick and report them to your doctor immediately. <ul style="list-style-type: none"><li>- Increase in the amount of mucus</li><li>- Change in the color of mucus</li><li>- Increase in coughing or wheezing</li><li>- Unusual shortness of breath</li><li>- Pain in the chest</li><li>- Fever</li><li>- Swelling at the ankles</li><li>- Extreme drowsiness</li></ul>
Extreme weather changes	In the winter when you go outside, make sure your chest, mouth and nose are covered with a scarf. This will help to warm the air before it reaches your lungs. On hot and humid days, stay indoors with the air conditioning on.
Overuse of alcohol or over-the-counter medications	Consult your doctor before using alcohol or over-the-counter medications.
Stressful situations	Avoid situations you know will cause you stress. Apply your relaxation techniques.
Improper breathing techniques	Apply your pursed lip and diaphragmatic breathing techniques.
Coughing too hard	Use proper coughing technique. Drink plenty of fluids.

# Occupational Therapy TOOLKIT

## Cognitive Strategies for Improving Movement

### **Internal Cues**

Begin all activities with a positive attitude. Think “I can” or “I will”.

Think about the movements before doing it. Mentally rehearse the sequence of a task. Be as detailed as possible. For example, “reach forward, grasp cup, bend elbow, bring the cup to lips, tilt cup, drink and swallow”.

Use your imagination. During a freezing episode, image a starting line on the floor and imagine stepping over it. Imagine putting your arm into the sleeve and pulling it on.

Talk to yourself or talk out loud, and give yourself simple instructions while you are actually doing the movement. For example if you shuffle when you walk say to yourself “Big Steps”.

### **External Cues - Auditory**

Use simple, short verbal commands, given by someone else. In the case of walking as “One, Two; One, Two”; “Left, Right”; or “Big Steps” can be repeated

To overcome start hesitation or freezing episodes use a metronome. Concentrate on stepping in time to the beat. Set the beat-rate at 110–120 beats/min for women and at 105–115 beats/min men.

Move in time to a specific rhythm or to music.

March in rhythm, using clapping, counting or tapping.

### **External Cues - Visual**

If you experience freezing episodes or difficulty with turns; place colored tape on the floor for a visual guide on where to walk. At turns, place them in a fan shape.

Watch yourself in a mirror when getting dressed or doing other tasks.

Watch someone else perform the activity.

Write out the steps of an activity on cue cards. Read the card silently or out loud or have someone else read them, while doing the activity. Tackle one step at a time. Cue cards can be written for any activity (swallowing, eating, dressing, transfers, sit to stand, bathing, bed mobility).

# Occupational Therapy TOOLKIT

## Coordinating Your Breathing with Activities

Coordinating pursed lip breathing with activities will conserve energy.

Image your chest is like a fireplace bellows. As the bellows are compressed, the air is pushed out. When the bellows are expanded, the air is brought in.

### **When you expand your body, breathe in through your nose.**

Reaching up to comb the top of your hair.

Breathe in through your nose as you reach your arm up. Breathe evenly as you comb your hair. Breathe out through pursed lips as you return your arm down.

Reaching up to get an item from the cabinet or a shirt from the closet.

Breathe in through your nose as you reach up, and breathe out through pursed lips as you bring the item down.

Putting on a shirt over your head.

Breathe in through your nose as you place the shirt over your head. Breathe out through pursed lips as you pull the garment down.

### **When you compress your body, breathe out through pursed lips.**

Bending over to tie your shoes.

Breathe out through pursed lips as you bend down; breathe evenly as you tie the shoelaces; then breathe in through your nose as you sit up.

Bending to the side while seated to pick up the newspaper.

Breathe out through pursed lips as you bend sideways. Breathe in through your nose as you sit up.

Twisting around to clean after using the bathroom.

Breathe out through pursed lips as you twist; then breathe in through your nose as you return forward.

The exception to these rules is when you are lifting or pushing something heavy. Then you would blow out on exertion, but lifting or pushing heavy items expends a lot of energy and should be avoided.

# Occupational Therapy TOOLKIT

## Daily Foot Care and Foot Safety

### Foot Hygiene

Inspect your feet every day. Look at the top and bottom, sides and heels, toes and toenails and between each toe. Use a hand mirror to help you see all areas. If you cannot see to do this yourself, have another person inspect your feet. Check for redness, blisters, cuts, sores, cracks, change in temperature, swelling or loss of feeling. **If you notice any of these changes, contact your doctor.**

Wash all parts of your feet every day with a mild soap and warm water. Check the water temperature with your elbow. Use a soft white washcloth to clean your feet. Be sure to rinse all the soap off, because it can build up and dry out the skin.

Dry your feet with a soft towel by patting; dry thoroughly between the toes.

Choose a lotion that has lanolin but is alcohol-free. Use it on your feet and legs daily, but do not use it between your toes. Use un-medicated powder to keep the feet dry.

Make regular appointments to see a podiatrist for nail care, corns or calluses.

Never cut the cuticle, open blisters or try to free ingrown toenails.

Ask your physician to examine your feet at each visit.

### Shoes

Wear shoes that fit properly and allow plenty of room for your toes. Avoid pointed or open-toed shoes and sandals. Do not use inserts or pads in your shoes without medical advice.

New shoes should be broken in gradually to minimize the risk of developing blisters and ulcers. Start by wearing them for 1 hour on the first day, increasing by 1 hour each day until you build up to a full day.

Inspect your shoes daily for cracks in the soles, wrinkles in the lining or objects inside your shoes that may injure your feet.

Take rest periods during the day when you can remove your shoes and elevate your legs.

Purchase shoes in the afternoon, when your feet are their largest due to swelling.

# Occupational Therapy TOOLKIT

## Daily Foot Care and Foot Safety

### **Socks**

Do not wear shoes without socks.

Select seamless well fitting socks that wick away moisture. Change your socks everyday.

Avoid constricting socks, garters or girdles.

Avoid socks that have holes, mends, seams or edges.

### **Protect Your Feet**

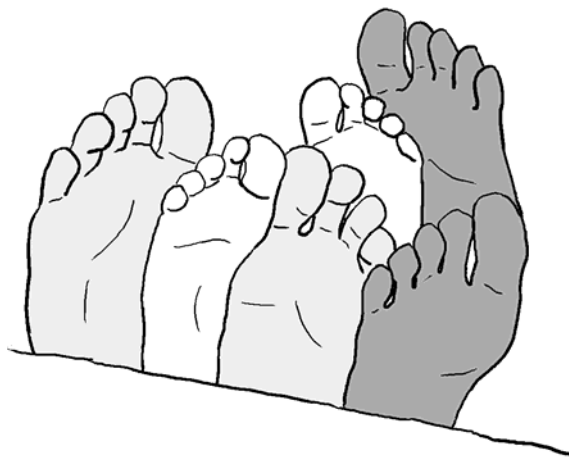
Never step into a tub or shower without checking the water temperature first.

Never walk barefooted at home or outside. Never walk on hot surfaces such as the beach or at swimming pools.

Never use hot water bottles, hot compresses, heating pads or lamps near your feet.

Loosen the blankets at the bottom of the bed to reduce pressure on your toes.

See your podiatrist at least once a year. More frequently if you develop problems or if your doctor recommends them.





# Occupational Therapy TOOLKIT

## Setting Up a Daily Planning Notebook

1. Choose a binder that has a clear panel on the front.
2. Ask the patient to personalize a cover sheet with drawings, pictures or quotations and insert into the front of the notebook.
3. Use an existing calendar or purchase one that will fit into the binder.
4. Label the section dividers as follows
  - Personal Information
  - Phone Numbers
  - Monthly Calendar
  - Daily Page
  - Shopping Lists
  - Originals
5. Make copies of the pages
  - Personal Information (1)
  - Phone Numbers (2)
  - Daily Schedule (14)
  - Important Things to Remember About Today (14)
  - Shopping Lists (2)
6. Insert all original pages into page protectors for later copying.

# Occupational Therapy TOOLKIT

## Using Your Daily Planning Notebook

1. Keep your Daily Planning Notebook and a pen with you at all times.
2. Soon after you wake up, open your Daily Planning Notebook. Write the day and date on the left hand page of the Daily Schedule.
3. Review your monthly calendar and daily schedule for any appointments, reminders or medication times. Write them on today's schedule if necessary.
4. Move forward any items from yesterday that must be completed today.
5. As you complete the items on your schedule and to do list, place a check mark in the box next to that item.
6. Refer to your Daily Planning Notebook frequently during the day and evening. Make note of anything you need to remember.
7. Arrange to make copies of the notebook pages before you run out.

**Day**

**Month/Date**

**Year**

**Things To Do Today  
Bills, Calls, Chores, Shopping**

<b>Daily Schedule Medication, Appointments</b>			
6 am			
7 am			
8 am			
9 am			
10 am			
11 am			
12 pm			
1 pm			
2 pm			
3 pm			
4 pm			
5 pm			
6 pm			
7 pm			
8 pm			
9 pm			
10 pm			

## Important Phone Numbers

<b>Name</b>	<b>Phone Number</b>	<b>Relationship</b>
		Medical doctor
		Pharmacy



## **Personal Information**

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Name:

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Address:

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Phone numbers:

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In Case of Emergency:

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Age and Date of Birth:

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Medical History:

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# Occupational Therapy TOOLKIT

## Deep Breathing Exercise

Deep breathing is combining pursed lip breathing and diaphragmatic breathing.

This exercise will help maintain the normal movement of your chest, making it easier for your lungs to expand. Continue these deep-breathing exercises indefinitely.

Perform this exercise 5-6 times a day. Take 5-6 deep breathes each session.

### Instructions:

1. Sit in a comfortable position with your back supported or resting comfortably in bed in a semi-reclined position.
2. Place one hand on your stomach above the naval. Place your other hand on your chest.
3. Locate your diaphragm with a quick "sniff" or a few short pants.
4. Exhale slowly through pursed lips and gently push in with the hand that is on the stomach. The hand on your chest should be still.
5. Inhale deeply through your nose and allow the hand on your stomach to rise with the expanding diaphragm. The hand on your chest should be still.





# Occupational Therapy TOOLKIT

## Diaphragmatic Breathing

The diaphragm is a flat square muscle that divides your chest and abdominal cavities. The goal of diaphragmatic breathing is to regain the mobility and strength of your diaphragm muscle. Many patients use their upper chest muscles to breathe. These muscles are ineffective and when the diaphragm is not used, it becomes weaker.

### Instructions:

1. Sit in a comfortable position with your back supported or rest comfortably in bed in a semi-reclined position. Loosen your belt and waist button. Do not rest your head instead lean it forward. This will promote the use of the diaphragm and decrease the use of the upper chest muscles. Relax your neck and shoulder muscles by slowly rolling your shoulders
2. Place one hand on your stomach above the naval. Place your other hand on your chest.
3. Using the hand on your stomach. Locate your diaphragm with a quick "sniff" or a few short pants.
4. Exhale slowly and gently push in with the hand that is on the stomach. The hand on your chest should be still.
5. Inhale deeply and allow the hand on your stomach to rise with the expanding diaphragm. The hand on your chest should be still.
6. Practice your breathing during three 10-minute sessions, daily. When you become comfortable with this technique begin to use it all the time.
7. If you become dizzy or lightheaded, stop the exercise. When your symptoms resolve continue this technique but slow your breathing.



# Occupational Therapy TOOLKIT

## Donning Your Prosthesis and Socks

Be sure your prosthesis and socks have been cleaned and thoroughly dried before donning. Wear a fresh sock everyday. Your residual limb should be clean and dry.

Before donning your prosthesis, inspect your leg with a mirror for any areas of redness, breakdown or tenderness.

Place a sock(s) over the end of your residual limb before donning your prosthesis. The socks protect your skin from injury and sores. Apply each sock one at a time. Place all seams facing out.

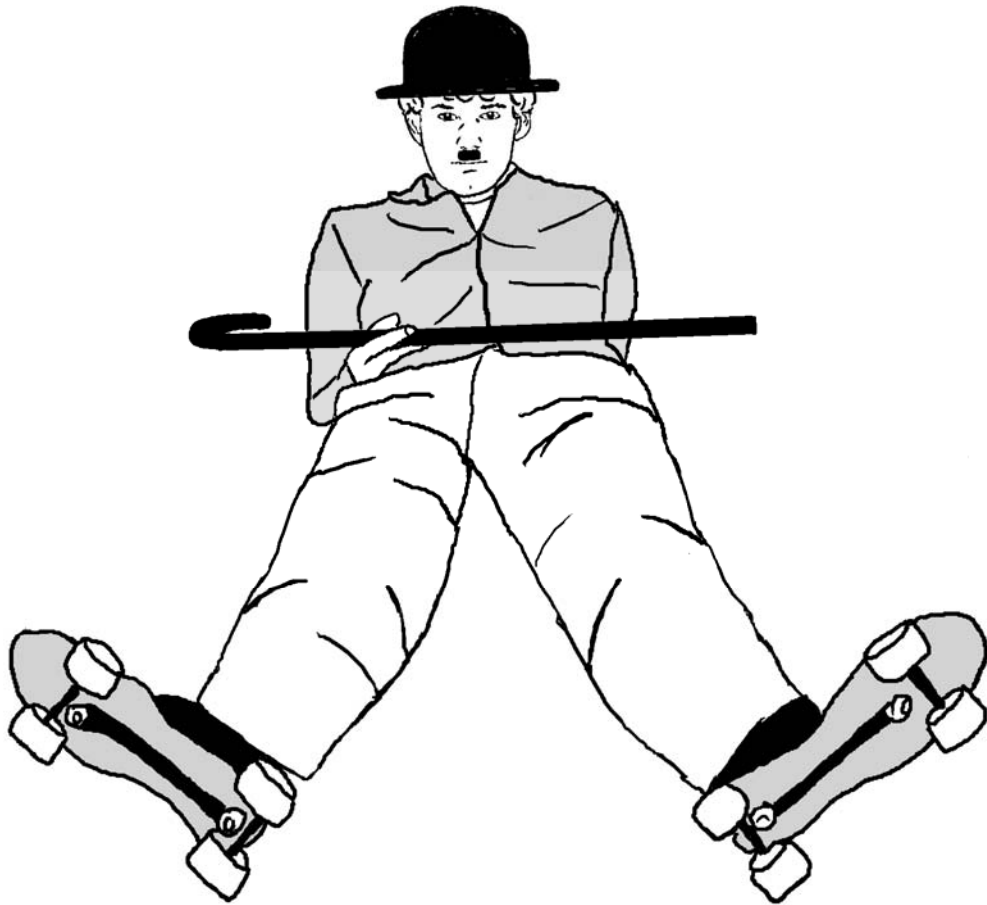
Wear enough socks to hold your limb properly down in the prosthesis, and to prevent movement up and down inside the prosthesis.

Be sure that your socks fit closely, without any folds or wrinkles. Folds and wrinkles cause increased pressure on the skin that can lead to skin irritation and breakdown and decrease circulation.

Do not put band-aids or tape on your leg before wearing your prosthesis.

Once the socks are on, the prosthesis may be donned slowly and gently.

# Don't Let a Fall Get You Down



Ways you can reduce  
your risk for falls

# Occupational Therapy TOOLKIT

## Don't Let a Fall Get You Down

### What do I need to know?

A fall is an event in which a person unintentionally lands on the floor or ground in the absence of an over-whelming force, seizure, fainting, or acute stroke. Falls are **not** a normal part of aging. Falls can be prevented. A fall is often a warning sign that something is wrong.

Everyone is at risk for falling. Older and younger people can have falls. It's just that when we are older the chances of an injury are greater.

One out of 3 people over age 65 fall at least once each year. Falls are a serious problem among older people affecting both health and quality of life. Falls may cause physical injury, decreased self-confidence, fear of falling and restriction of activities.

Most falls involve two or more risk factors interacting to cause a fall such as poor balance and a slippery surface. Understanding our risk factors is the first step to reducing falls. Some risk factors include: impaired balance, inactivity, low vision, moving too quickly, unsafe footwear, home hazards, taking 4 or more medications, having chronic health problems and fear of falling.

### What can I do to reduce my risk?

This booklet will provide you with information on ten topics associated with falls and the preventative measures you can take to reduce your risk of falling.

1. Risk Factors
2. Keep Your Balance
3. Stay Active
4. Create a Safe Home
5. Be Safe in the Community
6. Feet, Footwear and Clothing
7. Manage Your Health
8. Know Your Medications
9. Consequences of Falling
10. If You Fall

The suggestions provided are not inclusive. You're encouraged you to talk with your doctor and other health professionals to develop a plan specific for your needs.

# Occupational Therapy TOOLKIT

## Risk Factors

### What do I need to know?

A fall risk factor is something that increases your risk of having a fall. As the number of risk factors rises, so does the risk of falling.

Some risk factors are fixed such as being over age 75, but a large number of them can be modified. This booklet will give you information on how you can lower your risk.

Check off the risk factors that concern you. Read through this booklet and share what you learn with your family and your doctor. They can help you make the changes necessary to reduce your risk for falling.

- Age is over 75 years
- Low vision
- Arthritis, stroke, Parkinson or CHF
- Takes 4 or more medications
- Takes high-risk medications
- Dizziness
- Balance and walking problems
- Low blood pressure
- A recent illness or admission to hospital
- Cognitive impairment
- Muscle weakness
- Foot problems
- Fear of falling
- Carries items while using the stairs
- Doesn't always use the handrails
- Physically inactive
- Rushes to answer the phone
- Wears clothing that are too long
- Uses a mobility device that is worn or fit improperly
- Wears unsafe footwear
- Climbs on chairs to reach high items
- Rushes to the bathroom
- Unsafe floor coverings
- Poor lighting
- Unsafe furniture
- Slippery surfaces in bathroom
- Lack of handrails on stairs
- Clutter on the floor
- Throw rugs
- Lack of grab bars in the bathroom

3 of 12

# Occupational Therapy TOOLKIT

## Keep Your Balance

Balance is the ability to maintain equilibrium against the force of gravity. Our bodies are constantly making adjustment in order to keep from tipping over.

To have good balance you need 1) your vision so you can see where you are in space. 2) your inner ear so you know where your head is in relation to your body and which way your body is moving 3) your proprioception which are sensors in your skin, joints and muscles that tell you where your body parts are in relation to everything else.

### **What can I do to protect my vision?**

Have your eyesight tested at least once a year, more frequently if an eye condition has been diagnosed. If you notice any changes in your eyesight, make an appointment. Eye diseases such as glaucoma, macular degeneration, cataracts and diabetic retinopathy can cause severe vision loss. If these conditions are diagnosed early, they can be managed to minimize vision loss.

Wear your glasses and keep your glasses clean. If you wear bifocals/reading glasses, remove them before walking, especially when negotiating steps and curbs or walking in unfamiliar surroundings.

Wear a wide brimmed hat and sunglasses when out in the sun. Remember to remove them before going inside.

Give your eyes time to adjust when you move into a darker or much brighter area.

Use good lighting and nightlights in your home.

### **What can I do to protect my inner ear?**

Have your hearing tested every year.

Wear hearing aides if you need them.

Avoid sudden movements especially when rising from a seated or kneeling position.

### **What can I do to protect my proprioception?**

Be active and challenge your balance everyday.

Manage diabetes, as it can cause sensory loss in the feet. Have the sensation of your feet tested every year by a podiatrist.

# Occupational Therapy TOOLKIT

## Stay Active

Research shows that people who are physically active are less likely to fall. In addition, if you do fall, you are less likely to be hurt, and you are better able to get up again. The more you sit, the greater your risk of falling. Muscles weaken; joints stiffen and balance declines. Walking becomes unsteady and you are more likely to fall.

### **What can I do to stay active?**

Talk with your doctor before beginning any new physical activity or exercise program.

Participate in some form of moderately intensive - aerobic activity for at least 30 minutes, on most days.

- The thirty minutes can be broken down into three 10-minute sessions. You may need to start slow with 5 minutes sessions and build up to the full 30 minutes.
- A moderate level of activity noticeably increases your heart rate and breathing rate. You may sweat, but you are still able to carry on a conversation. You can talk, but you can't sing.
- Find something you enjoy, walking, swimming; climbing the stairs; ballroom dancing; water aerobics; bowling; biking; washing the car; video exercise programs; cycling on a stationary bicycle; and community exercise programs.

A well-rounded physical activity program also includes strength training exercises, balance exercises, and stretching.

- Building strength makes it easier to climb stairs, get out of a chair, and get in and out of a car. Also, if you do fall, strong muscles make it less likely that you will get badly hurt. Try to do strengthening exercises 2-3 times a week. Some examples include hand-held weights; resistive bands; yoga; exercise videos; and community exercise programs.
- Balance exercises can be done through out the day. You can stand on one foot or stand with one foot in front of the other. You can do this when you're brushing your teeth, washing the dishes or waiting in line. You can also exercise your balance during regular exercise routines. Some examples include Tai chi; non-contact boxing; dancing; stability ball exercises; Pilates; and Yoga. Try to do some balance exercises for 10-15 minutes, three days a week.
- Stretching each day helps you stay flexible so it is easier to reach, bend, get up and sit down. Stretching can make you feel less stiff and help prevent aches, too. You should stretch after aerobic and strengthening exercises.

# Occupational Therapy TOOLKIT

## Create a Safe Home

### What do I need to know?

Your home could put you at risk for a fall. More than 75% of all falls occur in or around the home. The three major problem areas in the home are the steps/stairs, the bathroom and the bedroom.

The most common hazard for falls is tripping over objects on the floor or ground. Other factors include poor lighting, slippery surfaces (floor, tub), lack of grab bars and unsteady furniture.

### What can I do to reduce my fall risk?

Conduct a walk-through of your home and property to identify possible problems that may lead to slips, trips or fall. With a few changes, you can decrease your risk of falling. Changes may include:

- Adding support features
  - Grab bars in the bathroom
  - Handrails on the stairs
  - Additional lighting inside and outside
  - Non-slip mats in the tub or shower
- Using adaptive equipment
  - Shower chair for bathing
  - Reacher
  - Bed and chair risers
- Removing hazards from the floor, pathways and stairs
  - Removing throw rugs
  - Moving phone/lamp cords out of pathways
  - Rearranging furniture
  - Removing hazards from sidewalks (leaves, moss, and ice).
  - Repairing holes in sidewalks, wrinkles in carpet
- Moving and doing activities more cautiously
  - Hold onto handrails and grab bars.
  - Don't rush, slow down and pick up your feet
  - Avoid climbing on chair or unsteady stepladders.
  - Hold on to something steady when reaching for the floor
  - Turn on the lights before entering a room, use nightlights.
  - Remove your reading glasses before walking or using the stairs.
  - Don't leave items in the floor (shoes, newspaper, books, blankets, pillows, phone cords, bed spreads, dirty clothes, pet toys, trash).

Home safety self-assessment should be ongoing and particularly important after a change in yourself (recent illness, new shoes, new pain that effects your mobility) or a change in your environment (move, have visitors, new furniture).

6 of 12



# Occupational Therapy TOOLKIT

## Be Safe in the Community

### **What do I need to know?**

Whether you are walking around the park to stay active or just going to the store, falls can happen outdoors. Fall hazards in the community are unpredictable. You don't have any control over the hazards other people may leave in your path, whether a building is maintained properly, if there are safety features available (handrails, grab bars, curb cuts, and ramps), or if the lighting is adequate. So it is important to be careful outside of your home to prevent slips, trips and falls.

### **What can I do to reduce my fall risk?**

Take your time, slow down, be aware of your environment and look about 6 steps ahead to give you time to adjust your steps to avoid potential hazards.

Watch for obstacles in your path such as boxes, bags of trash, doormats, door thresholds, uneven pavement, sidewalk cracks, and tree roots.

Avoid walking in crowded places. Shop during non-peak hours.

Be extra careful during and after stormy weather. Rain, snow, and ice can make any surface slippery.

Use caution on stairs. Hold onto the handrail and be aware that the step height may be higher or lower than normal.

Use your cane or walker in the community, if recommended. A walking aide will remind others to be more careful and considerate of you.

Keep a flashlight with you to illuminate your path at night or when in dark places such as a restaurant or movie theatre.

Call ahead to inquire about the availability of adapted bathrooms, ramps and bright lighting.

When visiting other people's homes, ask for a guided tour so you can alert yourself to flooring changes, steps and the location of the bathroom.

While riding public transportation such as buses and trains it is important to plan ahead: have your ticket or money ready when you board; travel at not peak times; ask the driver to not take off until you are seated; take the first seat – up front if possible; keep a hand free to hold on; don't get out of your seat or change seats when the bus is moving; when you get off the bus pause, and go in the direction the bus is traveling.

# Occupational Therapy TOOLKIT

## Feet, Footwear and Clothing

### What do I need to know?

Taking care of your feet and choosing safe footwear and clothing is an important part of preventing falls. As we grow older our feet can develop problems such as corns, calluses, bunions and in-grown toenails. These changes can be painful, affect your balance and ability to walk and increase your risk for falls. Keeping an eye on your feet can even give you an early warning about serious health problems such as diabetes, arthritis, nerve damage, poor blood circulation and other foot problems. Feet that are healthy and pain-free help you keep your balance. Good balance can prevent falls. Healthy feet also allow you to stay active.

### Feet

- Pick up your feet when you walk
- Inspect your feet and footwear everyday. Check for redness, blisters, cuts, sores, cracks, change in temperature, swelling or loss of feeling. If you notice any of these changes, contact your doctor.
- Exercise your feet
- See a podiatrist if you cannot cut your own toenails safely

### Footwear

- Choose shoes that are well-fitting; supportive; secure with laces or Velcro closures; lightweight; have a low, broad heel; have a thin, textured and slip-resistance sole.
- Avoid slippers, walking barefoot or walking in stocking feet.

### Clothing

- Avoid loose robes and loose robe ties
- Avoid clothes with wide and open pockets that stick out and catch doorknobs or furniture.
- Avoid sleeves are not too long, too open or too wide.
- Avoid pants or dresses that are too long and can cause you to trip

# Occupational Therapy TOOLKIT

## Manage Your Health

The natural aging process and the effects of acute and chronic medical conditions may put you at a higher risk for a fall. Osteoporosis causes bones to become fragile and fracture more easily. Low blood pressure or a heart condition can cause dizziness.

Parkinson's, arthritis or having had a stroke can affect your ability to move easily and can slow reaction time. Diabetes can cause fainting if your blood sugar levels are unstable. Memory loss, depression or impaired concentration may lower your awareness and attention to fall hazards. Even a short-term illness with fever, vomiting or diarrhea can temporarily increase your risk of falling.

### **What can I do to reduce my fall risk?**

Have regular check-ups with your doctor to ensure your medical conditions are well managed. Understand your conditions, ask questions and join a support group.

Make the most of your doctor visits. Bring a list of your questions and concerns. Repeat things back to your doctor in your own words to make sure you understand. Take notes. If you need more time, ask for another visit.

To lower your risk of a hip fracture it is important to get adequate vitamin D and calcium – from food and/or from supplements. Do weight-bearing exercises. Get screen and treated for osteoporosis (men can get osteoporosis as well).

Stay active physically and mentally. Exercise your body regularly through social and recreational activities. Exercise your brain regularly by continuing to learn, or with exercises designed to challenge cognitive skills.

Eat at least three meals every day, with plenty of fruits and vegetables. Consume foods high in calcium, such as dairy, for strong bones. Enjoy a wide variety of nutritious foods from the five food groups. Drinking water is essential, aim for 6–8 glasses each day.

Whenever you have been lying or sitting for more than 20 minutes, sit on the side of the bed or upright in your chair for a few minutes before you stand up. Pump your ankles 10 times. Stand, pause for the count of 10 and take one slow deep breath before you take a step. This is especially important in the middle of the night, before getting up to use the bathroom.

If you experience a fever, vomiting or diarrhea, see your doctor. Drink fluids. Arrange for in-home nursing aides to help if you're unsteady, weak or fatigued.

# Occupational Therapy TOOLKIT

## Know Your Medications

Prescription and nonprescription medications help you stay well. Many older adults are unaware that their daily medications may increase their fall risk. Aging affects the absorption, distribution, metabolism, and elimination of medications. Some medications can increase your risk for falling by causing adverse side effects such as blurred vision, confusion, dizziness, drowsiness or unsteadiness. Simply taking four or more medications can increase your risk of falling.

Some medications are considered high-risk and include: anti-psychotics, diuretics, antidepressants, anti-anxiety, sleep medications and tranquilizers. Other medications that may cause problems include those prescribed to treat seizure disorders, blood pressure-lowering medications, cholesterol-lowering medications, heart medications, and painkillers.

Ask your doctor if you are taking any of these and whether your dose could be lowered or eliminated altogether. Do not stop any medication without talking to your doctor.

### **What can I do to reduce my risk?**

Take an active role in your own health. Ask questions about your medicines. Make sure you know when to take them and what they're for. Find out about possible side effects

Keep an up to dated list of your medications (both prescription and over the counter medicines) in your wallet or purse and on the refrigerator. Take this list to every health appointments.

Review all your medications (prescription, over-the-counter and herbal remedies) with your doctor at least every six months. Bring them to your appointment in a brown paper bag.

Ask your doctor or pharmacist before taking any over-the-counter medications or herbal remedies.

Always take your medications as directed. It's easier to keep track of your medications if you use a medicine organizer.

If any side effects are troubling you, or if you think your medicine is not helping, talk to your doctor. Do not stop any medication without talking to your doctor.

Use only one pharmacy for all your prescriptions. Your pharmacist can review your medications and communicate any concerns with your doctors.

# Occupational Therapy TOOLKIT

## Consequences of Falling

There are three negative consequences that can result following a fall: a physical injury, fear of falling and health complications that result from not being able to get up from the floor.

### Physical Injury

10% of fall in community- dwelling older adults cause a moderate to severe injury such as a fracture, head injury or laceration.

What can I do?

- Follow the suggestions given in this class. Exercise your balance and stay active, have your doctor review your medications, have your vision checked every year, wear safe footwear, remove tripping hazards at home, add supports such as grab bars and handrails and be careful and slow down.

### Fear of Falling

30-50% of older adults fear falling. Fear of falling is a rational response especially with activities that pose a higher risk of falling or are more challenging to our balance. By having some fear of falling, we may be more alert to possible safety hazards and pay more attention to how we can move around safely.

When fear of falling becomes irrational a person loses confidence and restricts their activities. This inactivity causes weakness and less mobility which leads to the possibility of a fall and the cycle repeats itself.

What can I do?

- Talk to someone about your concerns.
- If you have a fall, fill out a *Post-Fall Questionnaire* to determine what caused it and what you can do to reduce the chance of falling again.
- See a physical therapist about a walking device.

### Not Being Able to Get Up

About half of the older adults who fall cannot get back up without help. The longer one is down, the greater the risk of medical problems such as pressure ulcers, dehydration and hypothermia.

What can I do?

- Learn how to get up from the floor
- If you live alone arrange to call someone everyday at a set time.
- Carry a cell phone or obtain a medical alert system such as Phillips Lifeline which is a 24-hour monitored system or an Emergency Auto Dialer which calls a pre-programmed phone number.

# Occupational Therapy TOOLKIT

## If You Fall

No one plans to have a fall, but it is important to know what you would do in the event you do fall. If you are prepared and have practiced getting off the floor you will feel more confident and have less fear of falling.

Here are some points to remember.

1. Don't panic. Take some deep breaths. Stay positive.
2. If you try to get up too quickly, you may make an injury worse.
3. Assess the situation and determine if you are injured.
4. If you cannot get up off the floor or you believe that you are injured do not attempt to get up, follow the **Rest and Wait Plan**.
5. If you believe you are uninjured and feel strong enough to get up, follow the **Up and About Plan**.

### **Rest and Wait Plan**

1. Get help.
  - Use your Personal Emergency Response Systems, if you have one
  - Try and reach the phone and call 911.
  - Attract someone's attention by banging on the wall or floor and shouting.
  - Crawl or slide to the front door and call for help.
2. Rest and wait for help to arrive.
3. If your bladder "lets go", try to move away from the damp area.
4. Gently move around to keep any one part of your body from getting too much pressure.

### **Up and About Plan**

1. Roll onto your hands and knees and crawl towards a sturdy chair.
2. Place your hands on the chair and place your stronger foot flat on the floor with your knee bent towards your stomach.
3. Lean forward, putting your weight onto your arms. Count to three and then push with your legs, feet and hands until you are standing upright.
4. Turn around and sit down. Rest there until you feel ready to stand.

Every fall needs a medical assessment

- Immediate medical attention if there is an injury, a blow to the head, loss of consciousness and/or signs of confusion or if you take a blood thinner.
- A routine evaluation if there is no injury. It is important to understand what caused the fall and what you can do to prevent another fall. A fall may be the first and main indication of another underlying and treatable problem.

# Occupational Therapy TOOLKIT

## Edema Control of the Arm

- Keep your arm elevated above the level of your heart as much as possible when sitting in a chair or sofa and when lying down.



- Apply a cold pack to your hand and arm. The temperature should not be cooler than 59° F / 15° C.

Apply cold pack for \_\_\_\_\_ minutes, \_\_\_\_\_ time(s) a day

- Lightly massage your hand and arm with lotion. Work from your fingers to your elbow to your shoulder.

Massage for \_\_\_\_\_ minutes, \_\_\_\_\_ time(s) a day

- Wear a light compression garment, an elastic glove for the hand or a stockinet on the arm. Wear the glove with the seams facing out.

Wear your glove/stockinet \_\_\_\_\_

- Actively move your arm up and down as you squeeze a soft ball.



# Occupational Therapy TOOLKIT

## Edema Control of the Leg(s)

- Keep your leg(s) elevated above the level of your heart as much as possible when sitting in a chair or sofa and when lying down. Support your leg(s) with a pillow under your calf but not under your heel or knee.



- Apply a cold pack to your hip/knee/ankle/foot (circle one). The temperature should not be cooler than 59° F / 15° C.

Apply cold pack for \_\_\_\_\_ minutes, \_\_\_\_\_ time(s) a day

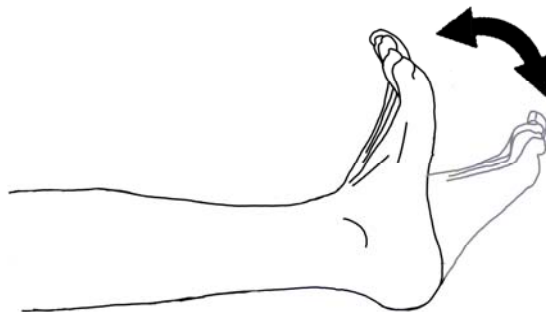
- Lightly massage your leg with lotion. Work from the foot to the knee to the hip.

Massage for \_\_\_\_\_ minutes, \_\_\_\_\_ time(s) a day

- Wear your TED hose or compression stockings.

Wear them \_\_\_\_\_

- Pump your ankles \_\_\_\_\_ times a day.





# Occupational Therapy TOOLKIT

## Energy Conservation

### **Pace Yourself**

1. Allow yourself enough time to complete a task without having to rush.
2. Spread heavy and light tasks throughout the day and week.
3. Don't schedule too many activities in one day.

### **Plan Ahead and Be Organized**

1. Gather all items you will need before you start a task.
2. Keep items organized and within easy reach.

### **Simplify Your Tasks and Set Realistic Goals**

1. Prioritize what activities are most important to you.
2. Don't think you have to do things the same way you've always done them.
3. Ask for help. Divide tasks among family and friends.
4. Use adaptive equipment when needed.
5. Use appliances to do the work for you.

### **Avoid Fatigue**

1. Don't wait until you are tired before you stop and rest.
2. Plan rest periods throughout the day, 5-10 minutes out of every hour.
3. Sit when possible.
4. Use pursed lip breathing
5. Do not plan activities right after a meal. Rest 20 to 30 minutes after each meal.
6. Get a good night's sleep and elevate your head when sleeping.

### **Avoid Unnecessary Motion**

1. Limit the need to bend, reach and twist.
2. Minimize arm movements especially above your shoulder level.
3. Keep your elbows low and close to your body.
4. Support elbows on a surface when working in one place.

### **Use Good Posture**

1. Sit and stand straight.
2. Proper body alignment balances muscles and decreases stress.
3. A stooped posture makes breathing more difficult.

### **Use Good Body Mechanics**

1. Stand close to the object to be moved.
2. Push or pull rather than lift. Slide objects along the counter.
3. Avoid bending, reaching and twisting.
4. Carry items close to the body, keeping your back straight.
5. If you must lift, use your legs muscles rather than your back.

# Occupational Therapy TOOLKIT

## Energy Conservation with Meal and Home Management

Remember to use your pursed lip breathing.  
Pace yourself and rest frequently.

### **Cooking**

1. Gather all necessary items before beginning.
2. Prepare part of the meal ahead of time.
3. Sit to prepare the vegetables, mix ingredients and wash dishes.
4. Use recipes that require short preparation time and little effort.

### **After Meal Clean-up**

1. Rest after meals before starting to clean up.
2. Let dishes soak to eliminate scrubbing.
3. Let your dishes air dry.
4. Eat on paper plates several times a week.
5. Use the garbage disposal. Empty trash frequently or have a family member do it.

### **Marketing and Meal Planning**

1. Organize your shopping list to correspond with the layout of the grocery store.
2. Shop when the store is not busy.
3. Get help reaching for high and low items and for carrying heavy items.
4. Use the store's electric scooter to shop.
5. Ask the clerk to bag the groceries lightly and bag cold and frozen food together.
6. Make several trips to bring the groceries into the house, take the cold and frozen foods first, and after you have rested, return for the remainder.

### **Laundry**

1. Sit to iron, sort clothes, pre-treat stains and fold laundry.
2. Transfer wet clothes into dryer a few items at a time.
3. Get help to fold large items such as sheets.

### **Housework**

1. Divide up each room into smaller areas and tackle these sections.
2. Break up chores over the whole week, doing a little each day.
3. Sit to dust.
4. Use long handled dusters and cleaning attachments.
5. Use a mop to clean up spills instead of bending over.
6. Pick up items off the floor using a reacher.
7. Use paper towels to eliminate extra laundry.

### **Bed making**

1. Make half the bed while you are still lying in it. Pull the top sheet and blanket up on one side and smooth out. Exit from the unmade side, which is easy to finish.

# Occupational Therapy TOOLKIT

## Energy Conservation with Self Care Activities

Remember to use your pursed lip breathing.  
Pace yourself and rest frequently.

### Eating

1. Eat slowly and completely chew your food.
2. 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.
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 Brussels sprouts.

### Grooming

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

### Bathing and Showering

1. If your doctor has prescribed oxygen to be use during exercise, then use it when you take a shower.
2. Make certain your bathroom is well-ventilated.
3. Consider taking your shower in the evening to allow plenty of time.
4. Gather all the necessary items you will need, including your clothes.
5. Sit to undress, bathe, dry and dress. Use a bath chair in your shower.
6. Avoid over reaching. Use a long-handled brush to wash your back and feet. Use a hand-held showerhead to rinse.
7. 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.
8. 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.

### Dressing

1. Gather all the necessary items you will need.
2. Sit to dress.
3. Minimize bending by bringing your foot to the opposite knee, use a step stool or use long-handled equipment to put on pants, shoes and socks.
4. Wear easy-to-put-on, comfortable clothes such as slip-on shoes; elastic waistbands and one sized larger shirts
5. Avoid restrictive clothes such as belts, ties, tight socks, girdles and bras. Use suspenders if belts are too restricting.

# Occupational Therapy TOOLKIT

## Equipment Care - Prosthesis and Socks

### **Sock Hygiene**

Wash all limb covering materials (ace wrap, shrinker, socks) daily in lukewarm water and a mild soap or Woolite.

Gently squeeze the soap through your socks. Do not twist or rub.

Rinse thoroughly.

To dry, roll your socks in a towel to remove excess moisture and then lie on a flat surface or over an empty bleach bottle that has holes poked in it.

### **Prosthetic Care**

Inspect your prosthesis on a regular basis, looking for cracks or rough edges.

Wipe out the prosthetic socket and/or gel liner daily with a damp cloth and a mild soap.

Rinse thoroughly with a clean damp cloth.

Dry the socket thoroughly with a clean towel.

The prosthesis should be placed on its side on the floor when not in use so that it does not fall over and crack.

# Occupational Therapy TOOLKIT

## Everyday Activities after Cervical Surgery

### **Safety Tips**

Keep pathways clear of objects, shoes, toys, scatter rugs or anything that may cause you to trip.

Use a reacher to pick small objects up from the floor.

Use handrails as guidance only for going up and down stairs. Count the steps in commonly used stairways to help you keep track of when the last step is coming.

### **Showering**

No tub bathing (or swimming) until cleared by your surgeon.

No showering until cleared by your surgeon, generally 14 days after surgery. If instructed by the physician, wear the Philadelphia collar while showering.

Use a long handled bath sponge and hand held shower to avoid bending and twisting when bathing.

If it is difficult to get into and out of the bathtub, purchase a bathtub transfer bench or shower chair and safety grab bars.

### **Grooming**

Shaving is easiest with an electric razor while lying on your back with the front part of the brace removed. Do not stand at the sink with your brace off to shave.

Use a cup to rinse your mouth when brushing your teeth; instead of spitting into the sink.

### **Dressing**

Remember not to twist or bend when getting dressed.

Put on your shirt, pants, socks and shoes while lying on your back.

To avoid bending at the waist, bring one foot up to the opposite knee.

Use long handled adaptive equipment (reacher, dressing stick, sock aid and shoehorn).

# Occupational Therapy TOOLKIT

## Everyday Activities after Cervical Surgery

### **Toileting**

Use a raised toilet seat with handles or a bedside commode to increase your ease and safety when getting on and off the toilet.

Avoid twisting when using the toilet paper. Put the toilet paper within easy reach.

Avoid twisting when flushing the toilet. Flush the toilet after standing up.

### **Eating**

Use straws to drinks. Keep your neck aligned in neutral.

Eat slowly and take small bites.

Place your plate out away from your body to make seeing your food easier. It may be helpful to place your plate on a couple of phonebooks.

Don't lean forward over the table or place your elbows on the table.

### **Meal Preparation**

Keep items within safe and easy reach on the countertop and in the refrigerator.

Use smaller containers for milk, juice and other liquids.

Do not lift large bags of garbage.

Do not lift bags of groceries.

Remember not to lift anything weighing more than 5-10 pounds. (a gallon of milk weights approximately 8.5 pounds)

# Occupational Therapy TOOLKIT

## Everyday Activities after Lumbar Surgery

### **Safety Tips**

Keep pathways clear of objects, shoes, toys, scatter rugs or anything that may cause you to trip.

Use a reacher to pick small objects up from the floor.

Use handrails as guidance only for going up and down stairs.

### **Showering**

No tub bathing (or swimming) until cleared by your surgeon.

No showering until cleared by your surgeon, generally 14 days after surgery.

Use a long-handled bath sponge and hand-held shower to avoid bending and twisting when bathing.

If it is difficult to get into and out of the bathtub, purchase a bathtub transfer bench or shower chair and safety grab bars.

### **Dressing**

Remember not to twist or bend.

Put on your shirt, pants and socks and shoes while lying on your back.

Use a "cross leg" technique to avoid bending at the waist. Place your foot on the opposite knee.

Use long-handled adaptive equipment (reacher, dressing stick, sock aid and shoehorn).

### **Toileting**

Use a raised toilet seat with handles or a bedside commode to increase your ease and safety when getting on and off the toilet.

Avoid twisting when using the toilet paper. Put the toilet paper within easy reach.

Avoid twisting when flushing the toilet. Flush the toilet after standing up.

# Occupational Therapy TOOLKIT

## Everyday Activities after Lumbar Surgery

### Activities at the Sink or Countertop

Stand with one foot in front of the other, as if you just took a step.

Brace yourself with one hand on the countertop and bend at your hips and knees, not at your waist.

### Meals

Keep items within safe and easy reach on the countertop and in the refrigerator.

Use smaller containers for milk, juice and other liquids.

No lifting large bags of garbage.

No lifting bags of groceries.

Remember not to lift anything weighing more than 5-10 pounds. (a gallon of milk weighs approximately 8.5 pounds)





# Occupational Therapy TOOLKIT

## Everyday Activities after Shoulder Surgery

These precautions should be followed for \_\_\_\_\_ weeks following surgery *unless your surgeon has specifically instructed you differently.*

### Immobilizer Sling

- Wear your immobilizer sling at all times, except for bathing, dressing and performing arm exercises.
- While in the immobilizer sling, the elbow should be bent at a right angle, and the hand should be level with your elbow or slightly higher. The elbow should be resting slightly in front of your body.

### Activities of Daily Living

- While you have on the immobilizer sling, you can use your hand in front of your body and you can bend and straighten the elbow. Do not actively move your operated arm away from your body. Do not use the hand if your pain increases.
- You can remove the immobilizer sling to bath and dress the operated arm. Do not actively move your operated arm away from your body. Support the arm in the same position as the sling using some pillows. Use the pendulum exercise position to wash the operated underarm or put on a shirt. Bend over at the waist and let the arm passively come away from the body.
- Dress the operated arm first and remove clothing from the operated arm last. Choose loose fitting clothes and slip on shoes.
- Do not lean on the operated arm or bear weight on it. Don't pull up or push yourself up from a chair, bed or toilet. You may need to increase the height of the chair by adding a cushion and the toilet by adding a raised toilet seat.
- Do not use the operated arm to reach behind you back to tuck in a shirt or for toilet hygiene. You may need to use a toileting aid to reach with your non-operated arm.
- When using the operated arm for grooming, eating, reading, writing and the computer, position the activity in the front and close to your body.

### Sleeping

- You may find it more comfortable to sleep in a semi-seated position. Sleep in a recliner chair or in bed with a lot of pillows. Put a pillow or cushion behind the elbow of your operated arm to keep the arm in line with your body during sleep.

### Additional Instruction

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# Occupational Therapy TOOLKIT

## Functional Cognitive Activities

### Communication

- Writing thank-you cards
- Completing written applications/medical history forms
- Using a calendar or day planner
- Developing and using a memory book
- Using the white or yellow pages (book or online)
- Using the phone for calls/texting
- Using the computer/internet
- Create a list of important phone numbers

### Health Care

- Scheduling upcoming appointments

### Medication Management

- Setting up medication schedule and pill box

### Leisure

- Games: board games, card games, puzzles
- Following written directions for a craft or game
- Reading newspaper/magazines
- Using the TV guide

### Meal Prep

- Following a recipe
- Following instructions in food box
- Understanding food labels
- Meal planning

### Money Management

- Using money to pay for purchases
- Pay bills online or write check
- Manage bank accounts
- Ordering from a take-out menu
- Ordering from a catalogue

### Shopping

- Clipping relevant coupons
- Developing grocery list
- Budgeting
- Estimation of cost

### Community Tasks

- Ordering from a menu in a restaurant
- Going to the store
- Riding public transportation
- Following a map
- Arranging transportation

# Occupational Therapy TOOLKIT

## Functional Use of Affected Upper Extremity after Stroke

### No Functional Use

Patient unable to use affected upper extremity due to pain, limited ROM, cognitive impairment and/or severe neglect.

1. Teach shoulder protection
2. Teach self-ROM exercises
3. Instruct in positioning in bed and chair

### Affected Arm Functions as a Passive Stabilizer

No active movement, but patient can place affected arm into position for tasks. Patient, therapist or caregiver provides hand-over-hand guiding during bilateral activities. Teach shoulder protection, teach self-ROM exercises, instruct in bed and chair positioning.

1. Stabilizes shirt at bottom for buttoning in front.
2. Stabilizes washcloth at lap level while unaffected side applies soap.
3. Weights down paper while writing with unaffected hand.
4. Stabilizes a pillow while unaffected arm put on pillowcase.
5. Maintains creases while folding a large bath towel.
6. Eats finger foods using hand-over-hand technique.
7. Shaves using hand-over-hand technique.
8. Washes face using hand-over-hand technique.
9. Stabilizes plate while eating.
10. Stabilizes the toothbrush while unaffected arm applies toothpaste.

### Affected Arm Functions as an Active Stabilizer

Patient uses the shoulder and elbow actively to place the affected arm into position for stabilizing items. No active hand use is present. Patient, therapist or caregiver provides hand-over-hand guiding during bilateral activities. Patient bears weight through the hand or elbow of the affected arm while reaching with the opposite hand.

1. Carries a piece of clothing under arm.
2. Holds handle and help open a dresser drawer.
3. Actively stabilizes a mixing bowl while the unaffected arm stirs.
4. Actively stabilizes a jar while unaffected arm removes the lid.
5. Assists with bed mobility.
6. Eats finger foods using hand-over-hand technique.
7. Shaves using hand-over-hand technique.
8. Washes face using hand-over-hand technique.
9. Moves the arm out of the way when dressing and bathing.
10. Holds a dish being washed.
11. Holds glass while unaffected arm pours from a pitcher.
12. Holds planter while unaffected arm plants a flower.

# Occupational Therapy TOOLKIT

## Functional Use of Affected Upper Extremity after Stroke

### Affected Arm Functions as a Gross Motor Assist

Patient uses the affected arm actively and has gross grasp and release ability. Use of a tabletop or overhead sling to support the weight of the arm, allows active use during tasks.

1. Turns pages in a book
2. Washes some body parts.
3. Holds a dish while unaffected hand washes.
4. Assists in wringing a rag or sponge.
5. Assists with folding laundry.
6. Wipes down the tabletop.
7. Stacks cups.
8. Smooths out laundry.
9. Applies body lotion.
10. Locks wheelchair brakes.
11. Reaches into cupboard.
12. Throws a ball.
13. Makes a cold snack.
14. Washes a window.
15. Pushes a broom.
16. Eats with a built-up spoon.
17. Drinks from mug.
18. Uses the telephone.
19. Brushes hair.
20. Assists with dressing.
21. Polishes a car.
22. Forward flexion on a large ball

### Affected Arm Functions as a Fine Motor Assist

Patient uses the affected arm to assist with bilateral fine motor activities.

1. Assists in tying shoelaces.
2. Assists in fastening a zipper.
3. Uses a knife and fork to cut food.
4. Holds a pen and begins to write legibly.
5. Holds and operates a nail clipper.
6. Plays chess, dominos, cards, checkers, bingo, puzzles.
7. Operates remote TV control.
8. Watercolors, sketches and paints.
9. Uses computer keyboard for games, email.
10. Assists in buttoning up shirt.

# Occupational Therapy TOOLKIT

## Functional Use of Affected Upper Extremity after Stroke

### **Affected Arm Functions as a Dominant with Fine Motor**

Patient uses the affected arm to perform fine motor tasks as a dominant.

1. Laces shoes.
2. Threads needle.
3. Manages a safety pin to secure material.
4. Screws nut onto bolt.
5. Screws light bulb in socket.
6. Writes legibly.
7. Types bilaterally.
8. Paint-by-number project.
9. Crochets.
10. Applies all fasteners.
11. Plays piano.

# Occupational Therapy TOOLKIT

## Generously Sized Products

### Clothing

1. One Stop Plus Clothing; online only, [www.onestopplus.com](http://www.onestopplus.com)  
Clothing for men sizes up to 10XL and women sizes up to a 6X
2. Woman Within; online [www.womanwithin.com](http://www.womanwithin.com) and catalog (800) 228-3120;  
Woman sizes up to a 6X
3. King Size For Men; online [www.kingsizedirect.com](http://www.kingsizedirect.com) and catalog (800) 806-4152;  
Men sizes up to 10XL

### Daily Living

1. Alimed; (800) 225-2610; [www.alimed.com](http://www.alimed.com)
2. Amplestuff; (866) 486-1655; [www.amplestuff.com](http://www.amplestuff.com)
3. Dynamic Living; (888) 940-0605; [www.dynamic-living.com](http://www.dynamic-living.com)

### Bidets

1. USA Bidet; (800) 966-0228; [www.usabidet.com](http://www.usabidet.com)
2. Sanicare; (800) 890-1573; [www.sanicare.com](http://www.sanicare.com)

### Medical Equipment (wheelchairs, beds, commodes, bath chair, furniture, lift chairs)

1. Medline Bariatric Products; (800) 633-5463 [www.medline.com](http://www.medline.com)
2. Alimed Bariatric Equipment; (800) 225-2610 [www.alimed.com](http://www.alimed.com)
3. Convaquip; (800) 637-8436; [www.convaquip.com](http://www.convaquip.com)
4. Gendron Inc; (800) 537-2521; [www.gendroninc.com](http://www.gendroninc.com)
5. Invacare; (800) 333-6900; [www.invacare.com](http://www.invacare.com)

# Occupational Therapy TOOLKIT

## Good Posture

Be aware of your posture during daily activities. Good posture should be a part of all activities to minimize stress to your spine.

### Sleeping

- Sleep on a firm mattress. A king or queen size bed allows freedom to change positions.
- Only sleep with one pillow under your head. If you need to elevate your head at night, use a foam wedge.
- When getting out of bed, log roll to one side and sit up, using your arms to help.
- The best position for sleeping is on your side with your knees slightly bent and a pillow placed in between.
- When lying on your back, place one or two pillows under your knees.



### Standing

- Stand with knees slightly bent, stomach and buttock muscles tightened.
- When standing, keep activities at a comfortable height.
- Change position frequently.



1 of 2

# Occupational Therapy TOOLKIT

## Good Posture

### Sitting

- Choose a chair that allows you to rest both feet flat on the floor
- Position your bottom towards the back of the chair. Use a lumbar support or a rolled up towel to support your lower back.
- Use the armrests to support the weight of your arms. This allows the neck and shoulders to relax.
- Stretch the top of your head towards the ceiling and tuck your chin slightly.
- Keep your upper back and neck comfortably straight.
- Avoid sitting for more than 30 minutes. Get up and change position.
- When you read or write at a desk, prop your books or papers up so your head doesn't have to tilt down.
- If you use a computer, position the monitor at or slightly below eye level.
- Use a headset or the phone speaker if you use the telephone often.
- If doing something, such as reading or knitting, put a pillow on your lap to raise the items closer to you. This will help keep your back straight.



# Occupational Therapy TOOLKIT

## Good Sleep Habits

### Personal Habits

- Stick to a regular bedtime and wake time.
- Exercise regularly but not within four hours of bedtime.
- Spend time in the sunlight everyday.
- Don't have caffeinated drinks after lunch. This includes caffeinated beverages such as coffee, tea and sodas, as well as chocolate.
- If frequent trips to the toilet are a problem during the night, try not to drink too much before bedtime and make sure you go to bed with an empty bladder.
- Avoid smoking close to bedtime.
- Try not to take a daytime nap, if you must than limit the time to 20 minutes.
- Don't drink alcohol in the evening. It might help you fall asleep, but it will probably make you wake up in the middle of the night.
- Don't - Engage in stimulating activity just before bed. Playing a competitive game, watching an exciting program on television or a movie, or having an important family discussion stimulates your mind and thoughts will overflow to the bedroom.

### Sleeping Environment

- Find a comfortable temperature setting for sleeping and keep the room well ventilated.
- Block out distracting noise, and eliminate as much light as possible.
- Reserve the bed for sleep and intimacy. Avoid watching TV in bed.

### Getting Ready For Bed

- Establish a relaxing before sleep routine. Take a warm bath or spent a few minutes of reading.
- Practice relaxation techniques.
- Don't take your worries to bed.
- Don't lie in bed for a long time trying to go to sleep. After 30 minutes of trying to sleep, get up and do something quiet for a while, like reading or listening to quiet music. Then try again to fall asleep in bed.

# Occupational Therapy TOOLKIT

## Handwriting Techniques for Parkinson's

Try out a variety of pens and pen grips (thick, thin, with or without textured or non-slip surfaces, weighted, fine point or medium point, roller ball, ball point or felt tip).

Try holding the pen in a different way. Instead of putting the pen between your thumb and index finger, place it between your index and middle finger and stabilize it with your thumb

Allow yourself plenty of time.

Eliminate distractions, turn off the TV and avoid talking.

Sit at a table with your elbow and wrist supported. Use good lighting

Play some music to help you get into a rhythm for writing. Try something upbeat like a march and then something smooth like a waltz to find which beat is better for you.

Think about making “big and slow” strokes when writing.

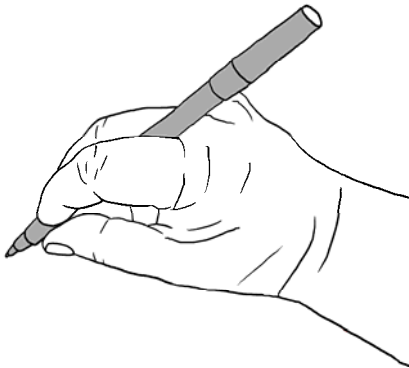
Spend a few minutes rehearsing the act of writing big letters in your mind before you begin to write.

### **Other suggestions:**

If you need to take a message on the phone, use a speakerphone. This will free up your hands for writing.

Consider getting a signature stamp made for writing checks

Use a computer for writing



# Occupational Therapy TOOLKIT

## Handwriting - Component Exercises

### Circles - both directions



### Lines



### Loops



### Hills and points



# Occupational Therapy TOOLKIT

## Handwriting - Cursive Exercises

### Wave shapes

c a d g o z

### Point shapes

t i j p u w y

### Loop shapes

l e b k h f

### Hill shapes

n m v x y

### Other shapes

r s

# Occupational Therapy TOOLKIT

## Handwriting - Pangrams to Copy

1. The job requires extra pluck and zeal from every young wage earner. (54 letters)

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2. A quart jar of oil mixed with zinc oxide makes a very bright paint. (53 letters)

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3. Crazy Fredericka bought many very exquisite opal jewels. (48 letters)

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4. The quick brown fox jumps over a lazy dog. (33 letters)

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5. The five boxing wizards jump quickly. (31 letters)

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# Occupational Therapy TOOLKIT

## Healthy Bladder Habits

1. Increase your fluid intake, (unless advised otherwise by your doctor). Limiting the amount you drink will make your urine concentrated. Concentrated urine irritates the bladder causing it to contract and increase the sensation of urgency.
2. Drink most of your fluids during the day; limit your intake for 2-3 hours before bedtime.
3. Avoid caffeine (coffee, tea, chocolate, soda); they will irritate your bladder.
4. Eat a high fiber diet to prevent constipation, which can put pressure on the bladder.
5. Use the bathroom every 2 hours during the day, whether or not you feel the urge.
6. Don't push when urinating. This can weaken your pelvic muscles.
7. Take time to empty your bladder completely.

# Occupational Therapy TOOLKIT

## Hip Dislocation Precautions

Follow these precautions closely for the first 6-12 weeks after surgery, until your doctor instructs you otherwise. Following these hip precautions will help prevent dislocation of your new hip from your hip socket and ensure proper healing.

**DO NOT Bend Your Trunk Forward More Than 90°**

**DO NOT Lift Your Knee on the Surgery Side Higher Than Your Hip**

- Do not attempt to sit down in the bathtub. Instead use a shower chair.
- Do not lean forward past your knees to put on clothing, wash your feet, pick up something from the floor or reach for your walker. Instead use long-handled adaptive equipment.
- Be careful when getting up and down from sitting.
- Avoid sitting in low chairs/couches and chairs without armrests.



**DO NOT Bring Your Operated Leg Past the Midline of Your Body**

- Do not cross your legs or ankles.
- Keep your knees apart at all times.
- When sitting or lying down, keep a pillow or wedge between your knees.
- Keep your legs apart and pivot your whole body when getting out and in bed.



1 of 2

# Occupational Therapy TOOLKIT

## Hip Dislocation Precautions

### **DO NOT Rotate or Twist Your Operated Leg Inward**

- When sitting, do not twist to the side to reach for objects.
- When standing, do not pivot on your operated leg when turning or reaching, take small steps instead.
- When lying on your back, keep your toes pointed toward the ceiling and a pillow or wedge between your knees.





# Occupational Therapy TOOLKIT

## Home Safety and Performance Assessment

Name:

Date:

Address:

Phone:

Who was present during the home safety assessment:

Type of dwelling:  Own  Apartment/condo  One floor  
 Rent  Town/row house  Two floor  
  Single Family  Three floor

Lives with: (include pets)

Any falls in the past 6 months? Describe location, activity, what happened, consequence.

What safety needs, concerns and goals does the client have?

Assistive device used to access the home

none  cane  walker  rollator  w/c  scooter or electric w/c

Personal fall risk factors?

Low vision  Walking and balance problems  
 Uses walking device  Orthostatic hypotension  
 Risk taking behavior  Fear of falling  
 Takes 4 or more medications  Takes high-risk medications  
 Foot problems  History of prior falls  
 Chronic illnesses

# Occupational Therapy TOOLKIT

## Home Safety and Performance Assessment

### Exterior and Access to the Home

Is the lighting on stairs/ramp/sidewalk/porch/driveway good?	Yes	No
Are the pathways in safe condition and not slippery (cracks in sidewalk, moss covered)?	Yes	No
Are the pathways free of hazards (debris, leaves, garden hose, newspapers, overhanging plants/scrubs, doormat)?	Yes	No
Are there handrails on both sides of the stairs/steps?	Yes	No
Are the handrails secure and easy to grip?	Yes	No
Are exterior doors wide enough to allow walker/wheelchair through?	Yes	No
Are the thresholds for the exterior doors low and beveled?	Yes	No
House numbers visible on the home	Yes	No
Ascends and descends the outside stairs/steps	Yes	No
Locks/unlocks, opens/closes, door/screen door/sliding door	Yes	No
Carries items into house	Yes	No
Obtains mail and newspaper	Yes	No
Uses elevator timely and manage controls (if applicable)	Yes	No

### Foyer and Hallways

Is the lighting in the foyer and hallways good?	Yes	No
Is there a nightlight in the hall?	Yes	No
Are throw rugs, mats, runners are non-slip and out of traffic areas?	Yes	No
Are throw rugs removed from on top of carpeting?	Yes	No
Is the flooring or carpeting is in safe condition? (not curled or wrinkled, no loose areas or holes, flooring is non-slip)	Yes	No
Is the foyer and hallways clear of tripping hazards and furniture? (shoes, mail, cords, newspapers, umbrellas)	Yes	No
Are interior doors and pathways are wide enough for walker or wheelchair?	Yes	No
Are the thresholds for the interior doors low and beveled?	Yes	No
Opens/closes all doors and closets	Yes	No
Turns on lights before entering room	Yes	No
Manage lamp switches and changes light bulbs	Yes	No

### Kitchen

Is the lighting in the kitchen good?	Yes	No
Is the flooring in safe condition and is it non-slip?	Yes	No
Is the floor free of tripping hazards? (food storage, pet bowls, trash)	Yes	No
Is the workspace near the cooking area uncluttered?	Yes	No
Is there a low-pile, non-slip mat in front of the sink?	Yes	No
Frequently used items are stored between eye and knee level?	Yes	No
Picks up items and cleans up spills off the floor and does immediately	Yes	No
Operates the faucets and garbage disposer	Yes	No

# Occupational Therapy TOOLKIT

## Home Safety and Performance Assessment

### Kitchen

Reaches items on upper shelves of cabinets/pantry without stepstool.	Yes	No
Reaches items on lower shelves of cabinets/pantry	Yes	No
Retrieves items from refrigerator and freezer	Yes	No
Operates stove, oven, microwave	Yes	No
Moves hot items from stove, oven, microwave	Yes	No
Carries meal items from kitchen to table	Yes	No
Empties the trash and disposes of properly	Yes	No
Uses dining table and chair.	Yes	No

### Living Areas

Is the lighting in the living areas good?	Yes	No
Is the flooring or carpeting in safe condition? (not curled or wrinkled, no loose areas or holes, flooring is non-slip)	Yes	No
Are throw rugs non-slip and not on top of carpeting?	Yes	No
Are pathways clear of tripping hazards (pillows, blankets, shoes, books, newspaper, low furniture, phone and electrical cords)	Yes	No
Is the furniture sturdy and secure? (no wheels)	Yes	No
Transfers to/from upholstered chair/sofa	Yes	No
Opens/closes the windows	Yes	No
Opens/closes the blinds/curtains/shades	Yes	No
Accesses and operates thermostat and air conditioner	Yes	No

### Interior Stairways or Steps

Is the lighting on the stairs and steps good?	Yes	No
Are the stairs/steps and landings free of clutter, on both sides?	Yes	No
Is the carpet or other floor covering in good condition? (not curled or wrinkled, no loose areas or holes, flooring is non-slip)	Yes	No
Are handrails present on both sides of the stairs/steps? Are they secure and easy to grip (should measure less than 6 ¼ in.)?	Yes	No
Do the handrails extend beyond the top and bottom steps?	Yes	No
Descends and ascends stairs/steps safely	Yes	No
Carries items up and down stairs safely	Yes	No
Uses stair-chair lift safely (if present)	Yes	No

### Bedroom

Is the lighting in the bedroom good?	Yes	No
Are lights turned on before entering the bedroom?	Yes	No
Is there a lamp next to the bed?	Yes	No
Is the path to the bathroom is clear of hazards and well lit?	Yes	No
Are throw rugs non-slip and not on top of carpeting?	Yes	No

# Occupational Therapy TOOLKIT

## Home Safety and Performance Assessment

### Bedroom

Is the flooring or carpeting in safe condition? (not curled or wrinkled, no loose areas or holes, flooring is non-slip)	Yes	No
Is the floor free of tripping hazards? (shoes, dirty clothes, bed coverings)	Yes	No
Are pathways free of furniture?	Yes	No
Is the bed stable and of appropriate height and firmness?	Yes	No
Is there a chair with armrests to use for dressing?	Yes	No
Transfers in and out of bed safely	Yes	No
Manages the bed covers	Yes	No
Carries clothing to dressing area	Yes	No
Opens/closes the dresser drawers/doors	Yes	No
Opens/closes the windows	Yes	No
Opens/closes the blinds/curtains/shades	Yes	No

### Closets

Shelves and clothes poles are easy to reach	Yes	No
Closets organized so items are easy to find	Yes	No
Removes/returns items to closet rods/shelves.	Yes	No

### Bathroom

Is the lighting in the bathroom good?	Yes	No
Is there a nightlight in the bathroom?	Yes	No
Are area rugs non-slip and low pile?	Yes	No
Is the flooring or carpeting in safe condition? (not curled or wrinkled, no loose areas or holes, flooring is non-slip)	Yes	No
Is the floor free of tripping hazards? (supplies, towels, dirty clothes)	Yes	No
Have grab bars been installed in the tub/shower?	Yes	No
Is there a non-slip mat or other no-slip surface on the tub/shower floor?	Yes	No
Are supplies within the tub/shower easily reached?	Yes	No
Is the water heater thermostat is set below 120°F (49°C)?	Yes	No
Transfers to toilet safely.	Yes	No
Transfers to tub/shower safely.	Yes	No
Towel bars are not used for support.	Yes	No
Uses shower/tub faucet & set water temp.	Yes	No
Reaches toilet paper and flushes toilet	Yes	No
Reaches items in the cabinets	Yes	No
Does not rush to the bathroom	Yes	No

### Other/Basement/Laundry Area

Is the lighting good?	Yes	No
Are throw rugs non-slip and not on top of carpeting?	Yes	No
Are pathways clear of tripping hazards?	Yes	No

# Occupational Therapy TOOLKIT

## Home Safety and Performance Assessment

### Other/Basement/Laundry Area

Is the flooring or carpeting in safe condition? (not curled or wrinkled, no loose areas or holes, flooring is non-slip)	Yes	No
Transport clothes to and from laundry area	Yes	No
Laundry supplies easy and safe to reach	Yes	No
Gets clothes in/out of washer and dryer	Yes	No
Accesses and operates machines	Yes	No
Hand-washes and hangs clothes to dry	Yes	No
Manages the ironing board and iron clothes	Yes	No

### Telephone

Are there phones located on each level and in the bedroom?	Yes	No
Can they be reached from the floor?	Yes	No
Are emergency numbers posted by each telephone?	Yes	No
Answers the phone without rushing	Yes	No
Has a personal emergency response system and wears all the time	Yes	No

### Fire Safety

Is there a fire escape plan and emergency plan?	Yes	No
Are smoke detectors in working order? Are batteries changed every 12 m?	Yes	No
Are flammables stored outside the oven or away from the stovetop?	Yes	No
Are fire sources (candles, heaters, smoking) located away from upholstered furniture and bedding?	Yes	No

Recommendations:

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# Occupational Therapy **TOOLKIT**

## Home Safety and Performance Assessment

### Recommendations:

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# Occupational Therapy TOOLKIT

## Joint Protection

### Respect Pain

- Stop activities before the point of discomfort
- Avoid or modify activities that that put strain on painful or stiff joints.
- Pain that last more than 1 hour after an activity indicates that the activity was too stressful for your joints.
- Wear splints and/or braces as recommended by your therapist.

### Balance Rest and Activity

- Take frequent breaks or change activities.
- Rest before you become fatigued or sore.
- Avoid activities that cannot be stopped
- Avoid staying in one position for a long time.
- Sit if the task takes more than 10 minutes.
- Stand up after sitting for 20 to 30 minutes.
- Allow extra time for activities, avoid rushing
- Plan your day ahead of time and alternate light and moderate activities throughout the day.

### Use Your Stronger, Larger Muscles and Joints

- Push open a door using your body weight rather than the fingertips.
- Lift objects by scooping them with both hands, palms up.
- Instead of using a pinch, use a grip.
- Instead of lifting objects, slide them.
- Place a loop on the refrigerator door and use your elbow to open.
- Close cabinets using the palm of the hand with fingers straight
- Close drawers with the side of your hand or your hip.



1 of 4

# Occupational Therapy TOOLKIT

## Joint Protection

### Maintain Strength and Range of Motion

- Loss of range of motion and strength result in loss of function.
- Performing self-care tasks will help maintain your range of motion.
- Exercises daily to help maintain your strength and range of motion.
- Exercise in a pain free range

### Use Good Body Mechanics

- To pick up items from the floor, stoop by bending your knees and hips, or sit in a chair and bend over at your hips or use a reacher.
- Carry heavy objects close to your chest, supporting the weight on your forearms.
- Maintain good posture.



### Reduce the Effort Needed to Do the Job

- Ask for help
- Add leverage to items to reduce the force to operate them, such as levered faucets and door handles.
- Sit to bathe on a shower chair.
- Use long-handled dressing equipment.
- Eat with lightweight utensils and dishes.
- Use a lazy Susan to keep desktops/countertops clear and tools within easy reach.
- Use electric appliances (toothbrush, razor, jar opener).
- Use prepared foods and freeze leftovers for an easy meal



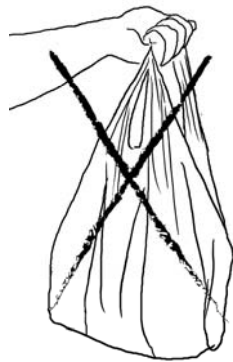


# Occupational Therapy TOOLKIT

## Joint Protection

### Avoid Using a Tight Grip

- Hold everything no tighter than necessary.
- Release tight grasp frequently if you have to use it.
- Don't carry heavy handbags, pails, and bags by the handle.
- Use built-up handles on writing utensils, pot handles and tools.
- Use adaptive equipment such as jar openers.
- Instead of wringing out a washcloth, press out the water with your palms.



### Avoid Positions That Push Your Other Fingers Towards Your Little Finger

- Finger motions should be in the direction of your thumb whenever possible.
- Don't rest your chin on the side of your fingers.
- Add levers to keys, handles, and knobs.
- Hold toothbrush and hairbrush straight across the palm.
- Use a cardholder when playing cards.

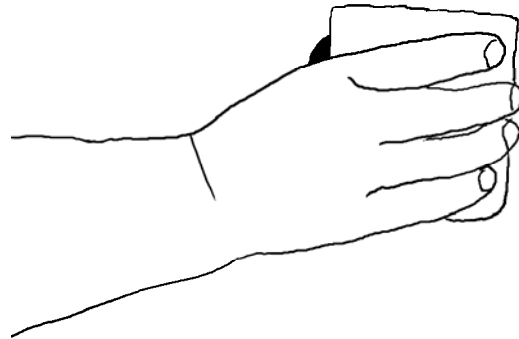
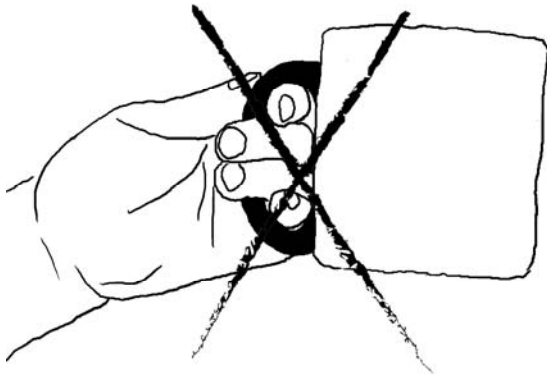


# Occupational Therapy TOOLKIT

## Joint Protection

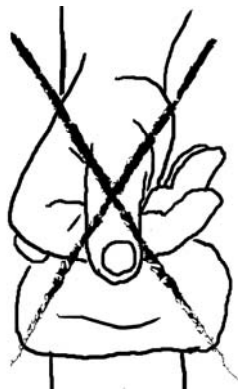
### **Avoid Pinching Items Between Your Thumb and Your Fingers**

- Hold a book, plate or mug in the palms of your hands.
- If you're reading for long periods, use a book holder.
- Instead of a clutch-style purse, select one with a shoulder strap.
- Squeeze out toothpaste using your palms.



### **Avoid Pressure Against the Backs of Your Fingers.**

- This occurs when you push up from a chair using a closed fist or rest your chin on the backs of your fingers.
- Use your palms while holding your fingers straight.



# Occupational Therapy TOOLKIT

## Leisure Activities

### **Cooking**

Making lemonade; a fruit salad; a full meal; baking cookies, breads, pies or cupcakes; canning vegetables.

### **Crafts and Hobbies**

Stringing beads; sorting trading cards; stamps or coins; coloring pictures; making a scrapbook; knitting; crocheting; drawing; painting; woodworking; quilting; leatherwork; needlework; mosaics; ceramics; weaving; latch hook; macramé; car repair; model building; wood carving; photography; wine making; genealogy.

### **Educational**

Adult education classes; foreign languages; history; politics; science; lectures; museums; art galleries.

### **Exercise and Physical Activities**

Ball tossing; balloon volley; exercise videos; walking a dog; horseshoes; swimming; yoga; Tai Chi; bicycling; mall walking; swimming; aerobics; community exercise programs.

### **Garden Activities**

Raking; moving; sweeping; planting flowers; watering indoor and outdoor plants.

### **Housekeeping Chores**

Emptying dishwasher; folding laundry; wiping countertops; sweeping floor; washing windows; vacuuming; setting the table.

### **Music and Dancing**

Playing CDs, tapes, or records; singing or dancing to well-known songs; playing a musical instrument; playing musical games like 'Name That Tune.'

### **Out and About / Entertainment**

Bingo; cinema; concerts; theatre; driving; shopping; traveling; festivals.

### **Outdoor Pursuits**

Bird watching; fishing; hiking; boating.

### **Pets**

Caring for, feeding, grooming and exercising the pet.

### **Quiet Activities**

Listening to books on tape; the radio; watching TV or videos; reading out loud; reminiscing; looking at photo albums; meditation.

### **Social**

Clubs; card games; eating out; congregate meals; senior centers; attending church; bible study; book discussions; visiting friends and family; volunteering

### **Sports (active or spectator)**

Bowling; golf; miniature golf; team sports; tennis.

### **Tabletop Activities**

Clipping coupons; writing letters or cards; playing games (dominoes, card games, board games); jigsaw puzzles; computer games; using the internet.

# Occupational Therapy TOOLKIT

## Levels of Shortness of Breath

Inhale, then count out loud to fifteen

### **Level 0:**

Counts to fifteen easily without taking an additional breath  
Unaware of the need to breathe

### **Level 1:**

Counts to fifteen with 1 additional breath  
Slight awareness of the need to breathe  
Able to carry on a conversation without shortness of breath.  
Beginning to use upper chest muscles

### **Level 2:**

Counts to fifteen with 2 additional breaths  
Only able to converse in short sentences. Must breathe after each sentence  
Using upper chest muscles

### **Level 3:**

Counts to fifteen with 3 additional breaths  
Breathing is rapid and shallow  
Upper chest muscles are prominently functioning  
Only able to speak in very short phrases of three to four words

### **Level 4:**

Unable to count  
Very short of breath, not talking, just concentrating on breathing

This technique can be used to monitor if an activity is too taxing for you. If you need more than one additional breath to count to 15 (level 1) then the activity is consuming too much energy. Slow down and apply your energy conservation techniques and pursed lip breathing to the activity.

# *Occupational Therapy* TOOLKIT

## **Low Vision - Communication Tasks**

### **Reading**

Learn eccentric viewing, scanning and page-orientation techniques.

Use magnifiers.

Place a transparent yellow acetate overlay on pages to improve reading.

Obtain large print items such as books, monthly bills, checks and transaction registers.

Use talking books.

### **Writing**

Increase task lighting.

Use contrast - Black or navy ink on ivory paper is best (bright white paper may cause glare)  
Place paper on a dark colored mat to avoid writing off the page.

# Occupational Therapy TOOLKIT

## Low Vision - Communication Tasks

### Writing

Use writing guides, bold-line or raised-line paper and bold-line pens.

Use screen magnifiers on the computer, screen reading software, video magnifiers, electronic note takers.

### Telephone Use

To make it easier to dial:

Obtain a large button phone.

Mark the buttons with raised dots.

Obtain telephone directory exemption.

To maintain a list of phone numbers.

Use a large print address book.

Create a large print list of important numbers.

Use a phone with memory function for storing numbers.

### Telling Time

Obtain large print calendars and talking clocks.

*Occupational Therapy* **TOOLKIT**  
**Low Vision - Reduce Glare**

**Reduce Glare**

Hang sheer curtains, blinds, or light filtering shades that allow light through.

Use only matte, not polished, finishes on furniture or floors.

Use shades on all lamps.

When outdoors, wear a visor or a hat with a wide brim. Wear UV fit-overs on eyeglasses.

*Occupational Therapy* **TOOLKIT**  
**Low Vision - Eating Techniques**

**Eating Techniques**

Ask a sighted person to describe the location of the food on the plate using a clock method.

Use the "clock" method to locate items on the tabletop.

Slide hands across table to locate dishes.

Use a piece of bread or a commercially available plate guard as a "pusher".

To pour liquids, put one finger in the container and pour until the liquid reaches it.



# Occupational Therapy TOOLKIT

## Low Vision - Functional Reading

<b>Reading Task</b>	<b>Font Size</b>	<b>Visual Acuity Notation</b>	<b>Classification of Visual Impairment</b>
Footnotes	4-point type	20/20 - 20/25	Range of normal vision
Newsprint	8-point type	20/30 - 20/60	Near normal vision
Large Print	16-point type	20/80 - 20/160	Moderate impairment
Headlines	40 point type	20/200 - 20/400	Severe impairment (20/200 = legal blindness)
Some Ad Copy	>80-point type	20/500 - 20/1000	Profound impairment

# Occupational Therapy TOOLKIT

## Low Vision - Functional Vision

**Hardest to see**



Using the telephone book  
Driving at night  
Reading a newspaper, medication label, mail, church bulletin  
Matching clothes  
Recognizing faces and expressions  
Writing a check  
Shopping for groceries or clothes  
Telling the time on a wrist watch  
Managing housework  
Identifying coins  
Reading street signs  
Seeing steps, stairs or curbs  
Noticing objects off to the side while walking (peripheral vision)  
Reading labels on food and sundries  
Finding something on a crowded shelf  
Reading newspaper headlines  
Pouring liquids  
Playing board or card games  
Using appliances  
Using a telephone  
Preparing meals  
Managing medication  
Grooming (shaving, styling your hair, or putting on makeup)  
Watching television  
Driving during the day  
Reading large print books  
Participating in sports like bowling, golfing or walking  
Going out to see movies, plays, or sports events  
Dressing, bathing, eating

**Easiest to see**

# *Occupational Therapy* TOOLKIT

## **Low Vision - Improving Your Other Senses**

### **Improve Your Sense of Touch**

Determine the various types and textures of materials such as wool, silk, cotton, plastic.

Identify small objects, coins

Sort sizes of screws, nuts.

Practice using electrical cords.

Peel and slice fruits and vegetables.

Identify changes in floor coverings.

### **Improve Your Sense of Hearing**

Identify people by their voice and walk.

Identify the sounds in your environment. The direction and distance of the specific sounds.

Determine the location of dropped items.

# *Occupational Therapy* TOOLKIT

## **Low Vision - Improving Your Other Senses**

### **Improve Your Sense of Taste**

Identify kitchen items such as salt, spices, sugar, vinegar and coffee.

### **Improve Your Sense of Smell**

Identify common household spices and foods.

Identify perfumes and toiletries.

Learn the scents associated with various types of stores and businesses.

### **Develop Your Memory Skills**

Memorize telephone numbers, addresses, birthdays, anniversaries.

Use games that requiring recall of letters, numbers or musical series (Simon game).

Practice mental arithmetic.

Remember stories, current events.

# *Occupational Therapy* TOOLKIT

## **Low Vision - Kitchen Management**

### **Organize**

Try to put away items in the same place.

Organize utensils in drawers with a method that makes sense to you (for example, forks on the left, spoons to the immediate right).

Develop a system to organize foods on cupboard shelves and in the refrigerator so that every type of food has its designated place.

### **Cutting and Chopping**

Use cutting boards in colors that contrast with your food. For example, a white cutting board for slicing red apples or carrots, a dark colored board for onions.

### **Measuring Ingredients**

To measure boiling water, measure the water before heating it.

Use a large print measuring cup.

# *Occupational Therapy* TOOLKIT

## **Low Vision - Kitchen Management**

### **Adapting Cookbooks and Recipes**

Cookbooks are available in Braille, large print, and recorded versions.

Type and print your own recipes or handwrite using large bold print.

### **Pouring, Draining, and Mixing**

Place a tray or cookie sheet underneath the bowl while pouring and mixing.

Mix and pour in the sink to catch spills.

Use a tray when carrying things that might spill.

### **Using the Stove, Oven, or Electric Frying Pan**

Place food in a pan, and the pan on a burner, before the heat is turned on.

Use long sleeve oven mitt.

# *Occupational Therapy* TOOLKIT

## **Low Vision - Labeling and Marking**

### **Labeling Clothes**

Using safety pins - For example, put a safety pin on the inside label of the black pants pointing horizontally, a safety pin pointing vertically on the brown pair, and nothing on the blue pair.

Use a colored marker on the clothing tags.

Remove the labels from some clothes and not the others.

Have matching clothes hung together on the same hanger.

Learn to identify your clothes by the feel of the fabric, the style, buttons or other features.

Purchase a clothing identifier product to label clothing with tags of different colors and shapes

### **Labeling Food**

Rubber band around milk carton to distinguish from juice carton.

1 of 2

# Occupational Therapy TOOLKIT

## Low Vision - Labeling and Marking

### Labeling Food

Place labels marked with bold writing or color-coded around food items with a rubber band.

Arrange food items in a certain order and location.

Use varying numbers of rubber bands to distinguish one type of product from another—two bands for mixed fruits, three for green vegetables, four for sauces, etc.

Use magnetic letters on canned goods.

### Marking Appliances

Use raised plastic dots with adhesive backing to mark the settings on appliances, computers and keyboards.



# *Occupational Therapy* TOOLKIT

## **Low Vision - Lighting Suggestions**

### **Lighting Suggestions**

People with macular degeneration almost always require much higher light levels, especially for reading and close-up work.

People with glaucoma usually benefit from higher light levels.

Less light may work better for those with central cataracts.

### **Increase General Lighting**

Use several lamps to light a room to create even light levels. Consider the type of light bulb, the strength of light bulb and placement of the light in a room.

Choose warm white Compact Fluorescent Bulbs (CFB's) or standard incandescent bulbs with soft white or pink finish.

Make sure lighting is adequate at night.

*Occupational Therapy* **TOOLKIT**  
**Low Vision - Lighting Suggestions**

**Increase General Lighting**

Use tall table lamps with light-colored shades and wide brims at the bottom.

Use floor lamps that direct light toward the ceiling with fluorescent bulbs.

Consider installing motion-sensing lighting.

**Increase Task Lighting**

Try a lamp with a flexible neck so you can direct the light exactly where you need it.

Experiment with a full-spectrum bulb (the “Ott Light”, “Ultralux) or a Chromalux incandescent bulb.

Aim the light directly on the object. To reduce glare make sure the bulb is below eye level.

# *Occupational Therapy* TOOLKIT

## **Low Vision - Medication Tips**

### **Medication Tips**

Have your pharmacy put large-print labels on your medications.

Use a dark-colored tray or box lid when organizing medications. The contrast with the medication containers will help with identifying them. The tray's raised edge can prevent dropped pills from rolling onto the floor.

Store medicines in different places that serve as reminders, such as the nightstand if it's to be taken at night, or in kitchen if it should be taken three times a day.

Use a weekly or daily pill organizer.

Use a magnifier to read labels. Keep one in the medicine cabinet.

# *Occupational Therapy* TOOLKIT

## **Low Vision - Medication Tips**

### **Medication Tips**

The first letter of the medication name can be written in bold marker or Hi-Marks on the lid. The size and shape of some containers may be enough of a clue to help you recognize them.

Some over-the-counter medications, certain brand cough syrups and topical creams, for example, are recognizable by their unique shape, size, texture or smell.

Rubber bands can also be used to tell bottles apart or to provide dosage information.

For diabetic management there are talking glucometers, insulin needle magnifiers and large print diabetes registers.

Talking scale and talking blood pressure meters are also available.

# *Occupational Therapy* TOOLKIT

## **Low Vision - Mobility Tips**

### **Mobility**

Practice counting the number of steps it takes to walk from one area to another.

Count doorways or other obstructions in the path from one area to another.

For self-protection when walking, extend free arm parallel to the floor, with elbow flexed slightly less than 90 and fingertips extended.

When an object is dropped, localize sound to determine where the object fell, then stoop and use a fan-like motion to sweep the floor with one hand.

Ask sighted people to describe the environment.

Ask sighted people to walk you around the perimeter of the room to determine size.

Ask a sighted person to draw with their finger on your back to show relationships of objects in a room.

# *Occupational Therapy* TOOLKIT

## **Low Vision - Money Management**

### **Identifying Money**

**Coins** - Focus on the differences in size, thickness and edge. The dime is the smallest coin and the half-dollar is the largest. The penny and the nickel have a smooth edge. The dime, quarter, and half-dollar have a ridged edge. The nickel is the thickest coin.

**Bills** - Fold bills in different ways. Leave \$1 bills unfolded. Fold \$5 lengthwise. Fold \$10 by width. Fold \$20 lengthwise and then by width.

### **Managing Bank Account**

Statements are available in large print.

Use large-print checks and registers.

Calculators are available with large buttons.

### **Paying Bills**

Ask a family member or friend to help.

Pay your bills on-line with electronic banking or by phone.

# *Occupational Therapy* TOOLKIT

## **Low Vision - Recreational Ideas**

### **Recreation**

Use large print playing cards.

Play games such as checkers, chess, dominoes, bingo, Parcheesi, or Braille Scrabble.

Listen to the radio, TV or music.

Enjoy books and magazines on tape, in large print or in Braille. They are available from the National Library Service for the Blind and Physically Handicapped.

Participate in community programs for senior citizens, such as weekly meals or entertainment programs.

Go bowling, swimming, hiking, fishing, tandem bike riding and dancing.

Learn a new craft, such as clay sculpture, tile or mosaics.

# *Occupational Therapy* TOOLKIT

## **Low Vision - Safety Tips**

### **Safety Tips**

Establish and maintain a safe arrangement of furniture and personal belongings.

Keep items in consistent places.

Keep doors open completely.

Keep chairs tight up against table.

Keep cupboard drawers and doors closed.

Remove throw rugs or secure with backing.

Keep hallways and stairs free and clear of hazards.

Attach small piece of sandpaper to handrail near top and bottom of steps to warn of end.

Install a safety gate or door on open stairways.



# *Occupational Therapy* TOOLKIT

## **Low Vision - Using Contrast**

### **Use Contrasting Colors to Distinguish Items From the Background**

Select a toilet seat that is a different color than that of the floor color.

Choose a colored tub mat for a white tub. Place one on the bottom of the tub and drape one over the tub edge to make it easier to see.

Choose soap and shampoo that have colors that contrast from those of the tub and sink areas.

Choose a bright bedspread that contrasts with the floor.

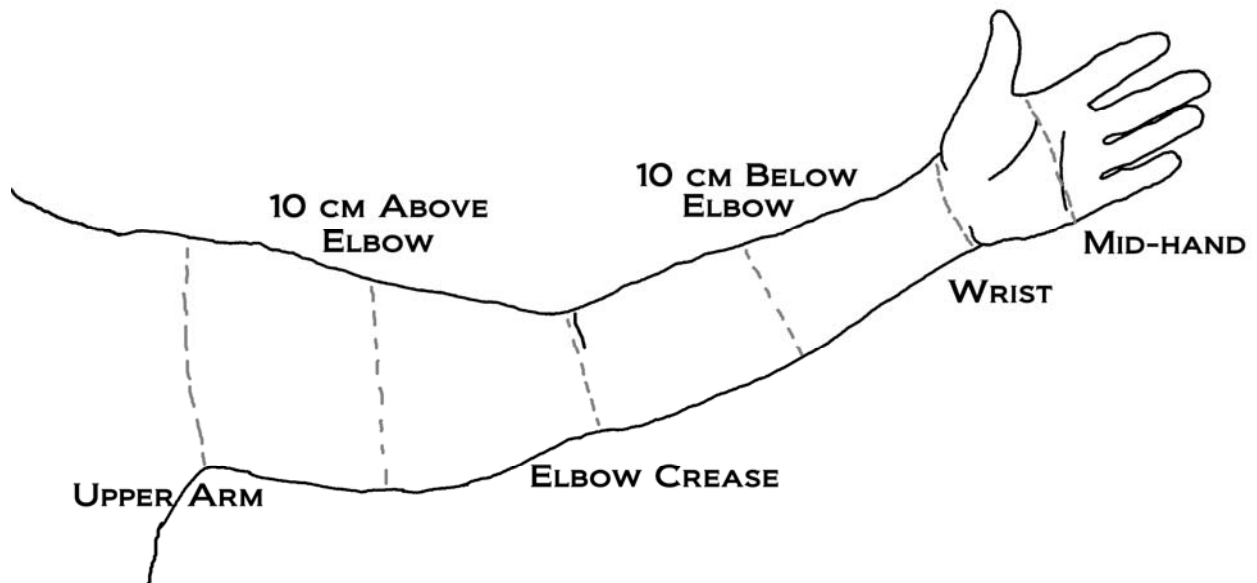
Choose the colors of your kitchenware to contrast against the background color.

Outline the edges of countertops, steps, coffee tables, doorways, doorsills, switch plates and bathtubs with colored plumbers tape.

# Occupational Therapy TOOLKIT

## Measuring Your Arm Following Mastectomy

Date							
Upper arm just below the axilla							
10 cm above elbow crease							
Elbow crease							
10 cm below elbow crease							
Wrist							
Mid-hand							



# Occupational Therapy TOOLKIT

## Pain Diary

Date:		Time:	
Location of pain:	Pain Score: 1-10	Duration of pain:	
What factors (activity, situation, emotion) caused the pain episode?			
What medication or techniques were used to reduce the pain and what was the result?			

Date:		Time:	
Location of pain:	Pain Score: 1-10	Duration of pain:	
What factors (activity, situation, emotion) caused the pain episode?			
What medication or techniques were used to reduce the pain and what was the result?			

Date:		Time:	
Location of pain:	Pain Score: 1-10	Duration of pain:	
What factors (activity, situation, emotion) caused the pain episode?			
What medication or techniques were used to reduce the pain and what was the result?			

# Occupational Therapy TOOLKIT

## Personal Emergency Response Systems (PERS)

Personal Emergency Response Systems (PERS) let you call for help in an emergency by pushing a button. There are three components: a small radio transmitter, a console connected to your telephone, and an emergency response center that monitors calls.

You can wear the transmitter around your neck, on a wristband, or on a belt. When you need help, you press the help button, which sends a signal to the console. The console automatically dials one or more emergency telephone numbers.

They may be available through your local hospital, your existing burglar alarm system or various companies. Your local Area Agency on Aging may be able to tell you what systems are available in your area.



# Occupational Therapy TOOLKIT

## Phantom Limb Pain

Keep a diary of your pain. This can help you identify recurring causes.

Exercise your limb to increase the circulation. Tighten the muscles in your residual limb, and then slowly release them.

Change positions. If you're sitting, move around in your chair or stand to let the blood get down into your limb.

Practice relaxation techniques such as deep breathing, progressive muscle relaxation or imagery.

Distract yourself by watching television or listening to the radio.

Soak in a warm bath or use a shower massage on your residual limb.

Wrap your residual limb in a warm blanket or towel.

Gently massage your residual limb to increase the circulation.

Increase the pressure around the residual limb by putting on a wrap or shrinker sock. If you have your prosthesis, put it on and take a short walk.

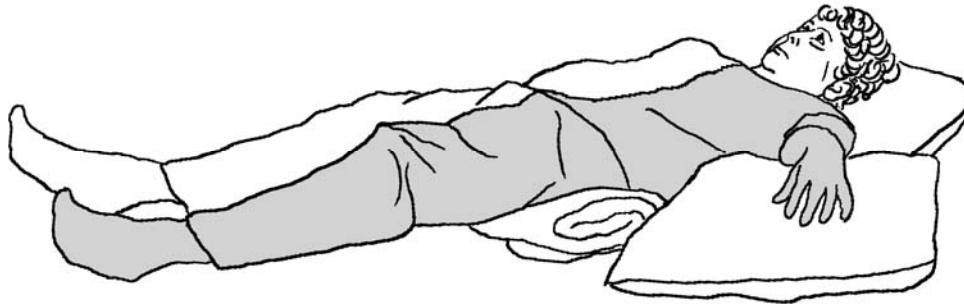
Decrease the pressure around the residual limb by taking off your prosthesis for a few minutes.

# Occupational Therapy TOOLKIT

## Positioning in Bed – Left Hemiparesis

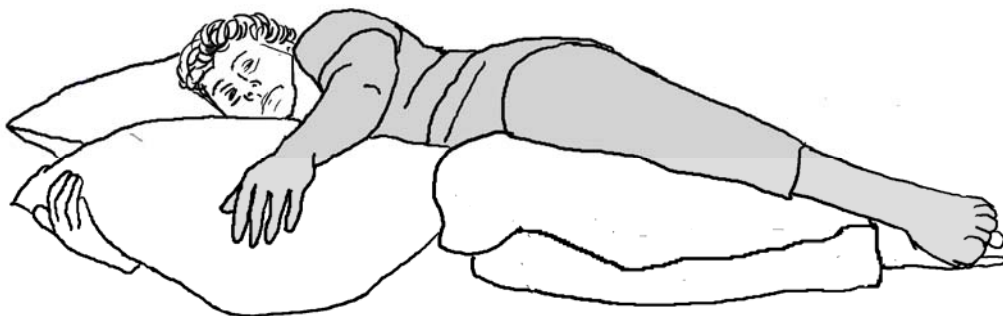
### Lying on the Back

Place a pillow under the left shoulder. Position the left arm out to the side and extended on the pillow. Place a rolled towel under the left hip.



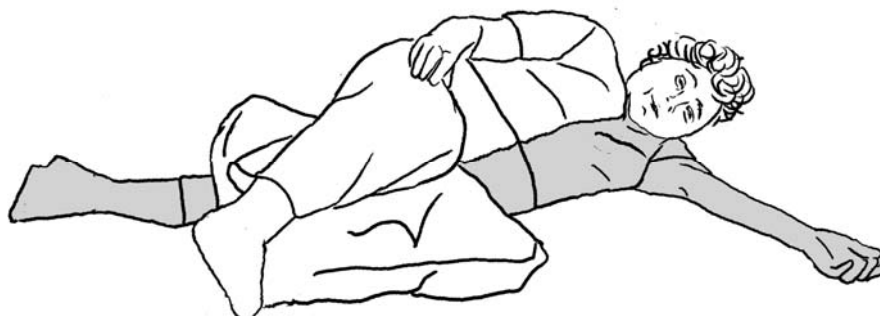
### Side Lying on the Right or Unaffected Side

Position the left arm on a pillow with the shoulder forward. Roll the left hip forward and place the left knee and ankle on a pillow.



### Side Lying on the Left or Affected Side

Protract the left shoulder and extend the arm out to the side. Support the right leg on a pillow.

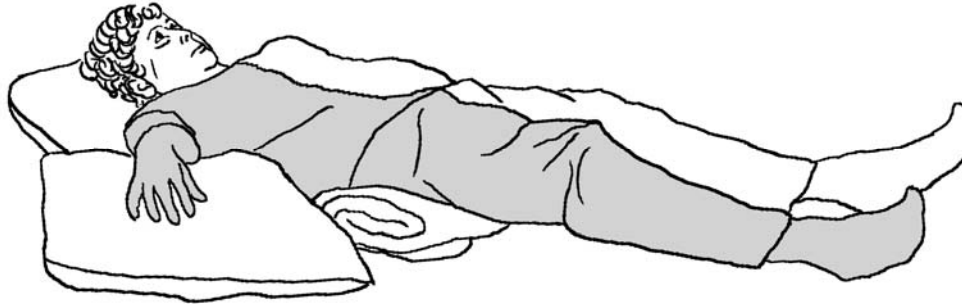


# Occupational Therapy TOOLKIT

## Positioning in Bed – Right Hemiparesis

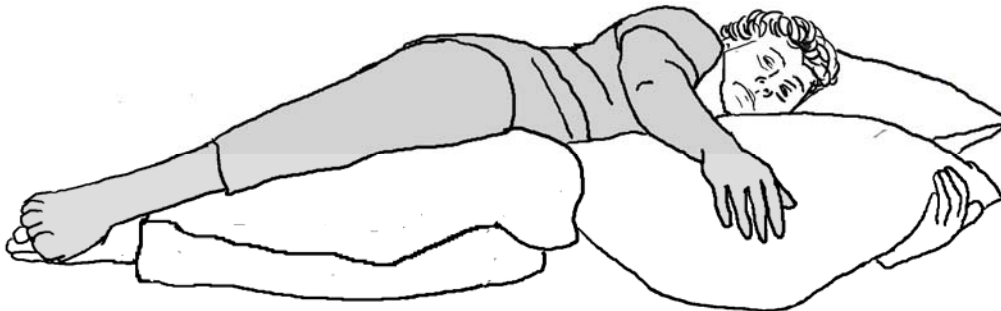
### Lying on the Back

Place a pillow under the right shoulder. Position the right arm out to the side and extended on the pillow. Place a rolled towel under the right hip.



### Side Lying on the Left or Unaffected Side

Position the right arm on a pillow with the shoulder forward. Roll the right hip forward and place the right knee and ankle on a pillow.



### Side Lying on the Right or Affected Side

Protract the right shoulder and extend the arm out to the side. Support the left leg on a pillow.



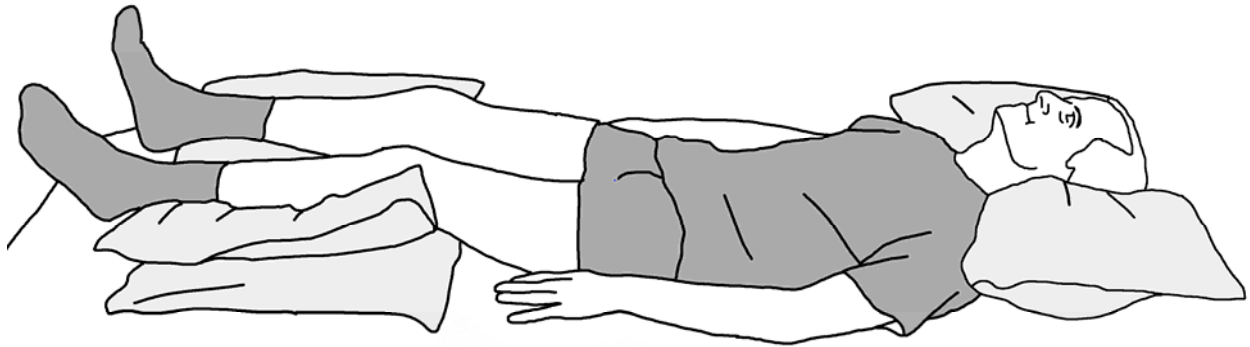
# Occupational Therapy TOOLKIT

## Positioning in Bed to Minimize Pressure

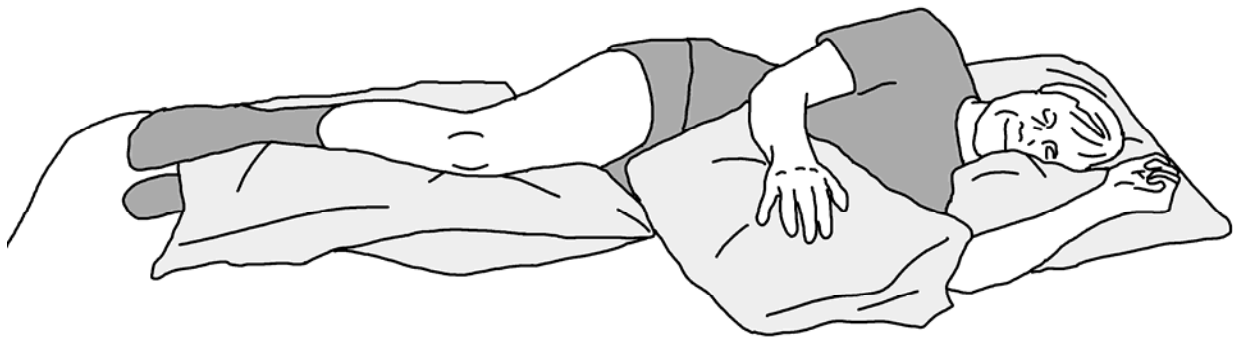
Use pillows to help keep bony areas from touching each other.

Alternate between the back, right side, and left side every two hours while you're awake.

Keep the bottom sheet free from wrinkles. Be sure to remove any crumbs and avoid placing items on the bed. Keep items on a bedside table.



When lying on the back. Place a pillow under the lower legs to keep the heels off the bed.



When lying on the side. Place a pillow between the knees and the arm on a pillow.



# Occupational Therapy TOOLKIT

## Positioning Your Residual Limb

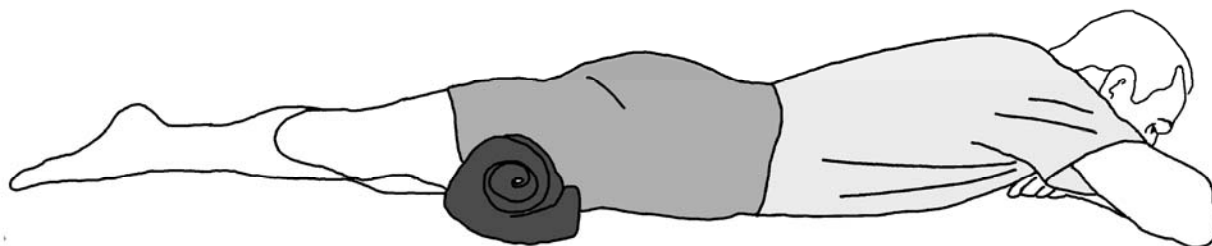
Position your residual limb to prevent contractures of the hip and/or knee.



Avoid pillows under the amputated limb; this may cause the back of the knee to tighten.



Avoid hanging your amputated limb when sitting in a chair. Position your amputated limb straight.



Lie on your stomach \_\_\_\_\_ times a day, for \_\_\_\_\_ minutes each time. This will prevent the hip muscle from tightening. Place a rolled towel under you amputated limb. Do not put a pillow under your stomach

# Occupational Therapy TOOLKIT

## Post-Fall Questionnaire

If you have a fall it is important to understand what caused it. A fall may be the first and main indication of another underlying and treatable problem. Please fill out this questionnaire if you ever have a fall. Share the information with your health care provider.

1. What was the date and time of day of the fall? \_\_\_\_\_
2. Where did the fall occur? \_\_\_\_\_
3. Did you fall backward or forward? \_\_\_\_\_
4. Did you have any symptoms before you fell? (heart palpitations, shortness of breath, chest pain, dizziness, light-headedness)  
\_\_\_\_\_  
\_\_\_\_\_
4. Did you pass out?  
\_\_\_\_\_
5. What was your mental state? (alert, sleepy, confused)  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you had any recent changes in your medications? \_\_\_\_\_  
If yes, list changes \_\_\_\_\_
7. What were you doing at the time you fell?  
\_\_\_\_\_  
\_\_\_\_\_
8. Were there any environmental or situational factors involved? (clothing, shoes, rushing, furnishings, rugs, cords, clutter)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Could you get back up without help after falling? If you could not get up, how long was it before you received help?  
\_\_\_\_\_  
\_\_\_\_\_

# Occupational Therapy TOOLKIT

## Post-Fall Questionnaire

10. Did you suffer any injuries? Did you receive any medical attention?

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11. Since this fall, have you changed your behavior in any way? (restriction of activity, changes to environment)

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12. Since this fall how do you feel? (reduced self confidence, fear of future falls, psychological distress)

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12. What could you have done to prevent this fall?

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13. Additional comments

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# Occupational Therapy TOOLKIT

## Pressure Relief

Relieve the pressure off your buttocks every \_\_\_\_\_ minutes when you are up in the wheelchair.

- Lean to the Side**  
Lock your wheels, and swing away or remove one armrest. Lean over to the side. You can rest your hand on the bed or table. Take the weight off one buttock.

Hold this position for the count of 30.

Repeat to the other side.



- Wheelchair Push-Up**  
Lock your wheels. Lift up the footrests and place both feet flat on the floor. Place your hands on the wheelchair arm rests and push yourself up off your bottom.

Hold this position for the count of 30.



# Occupational Therapy TOOLKIT

## Prevention and Control of Lower Extremity Lymphedema

Check all areas of your legs and feet everyday for signs of problems such as swelling, hardness, a rash, itching, redness, pain, areas that feel hot, sores or cuts. Report concerns to your doctor.

### **Know the Early Signs of Edema (swelling)**

Your toes, foot, ankle, leg, abdomen and/or (for men – genitals) feel tight or heavy. Your shoes feel tight.

### **Know the Signs of Cellulitis**

Redness, swelling, tenderness, pain, warmth, fever

### **Protect Your Leg from Injury and Infection**

Keep your legs and feet as clean as possible. Bath with a mild soap and water, dry gently particularly in skin folds and between your toes. See a podiatrist for nail care.

Protect your skin.

- Use a low pH lotion to keep your skin from drying or cracking.
- Use sunscreen and insect repellent when you are outside.
- If you shave your legs, use an electric razor.
- Avoid extreme hot or cold such as ice packs, heating pads and hot tubs.

Don't overtire your leg(s).

Don't cross your legs.

Elevate your affected extremity above the level of your heart whenever possible, particularly at night.

Do not allow an injection, blood draw or have your blood pressure taken in the affected leg(s).

Avoid clothes with tight bands at the waist or ankles. Wear shoes that do not constrict your feet. Avoid sandals, slippers or going barefoot

Wear a lymphedema alert bracelet, one can be ordered from the National Lymphedema Network (<http://www.lymphnet.org> or 1-800-541-3259).

# Occupational Therapy TOOLKIT

## Prevention and Control of Upper Extremity Lymphedema

Check all areas of your arm(s) everyday for signs of problems such as swelling, hardness, a rash, itching, redness, pain, areas that feel hot, sores or cuts. Report concerns to your doctor.

### Know the Early Signs of Edema

Your arm(s) feels tight and heavy.

Your jewelry and clothing feel tight.

Measure your arm(s) and compare to your baseline measurements

### Protect Your Arm from Injury and Infection

Keep your arm(s) as clean as possible. Bath with a mild soap and water and dry Gently. Take care of your fingernails and avoid cutting your cuticles.

Protect your skin.

- Use a low pH lotion to keep your skin from drying or cracking.
- Use sunscreen and insect repellent when you are outside.
- Shave with an electric razor.
- Wear gloves when gardening, doing housework or using the oven.
- Avoid extreme hot or cold such as ice packs, heating pads and hot tubs.

Don't overtire your arm(s).

- Avoid vigorous repetitive movements such as scrubbing.
- Limit lifting to no more than 5 pounds.
- Don't carry heavy over-the-shoulder bags on your affected side(s).

Elevate your arm(s) above the level of your heart whenever possible, particularly at night.

Avoid have your blood pressure taken in the affected arm(s).

Wear loose jewelry and clothes without tight bands.

Do not allow an injection, blood draw or acupuncture in the affected arm(s)

You can order a lymphedema alert bracelet from the National Lymphedema Network (<http://www.lymphnet.org> or 1-800-541-3259).

# Occupational Therapy TOOLKIT

## Proper Positioning When Sitting – Left Hemiparesis

### Proper Positioning When Sitting in a Wheelchair

Sit in the middle of the wheelchair, with your hips back into the chair. Your thighs should be parallel to the floor when your feet are on the footrests. Use your strong leg to move your wheelchair around.

Support your affected arm on an arm trough (pictured) or a lap tray.



### Proper Positioning When Sitting up in Bed

Elevate the head of the bed fully. Place a small pillow behind the elbow to position the affected arm forward and place the forearm and hand on a flat pillow propped on the thigh.



# Occupational Therapy TOOLKIT

## Proper Positioning When Sitting – Right Hemiparesis

### Proper Positioning When Sitting in a Wheelchair

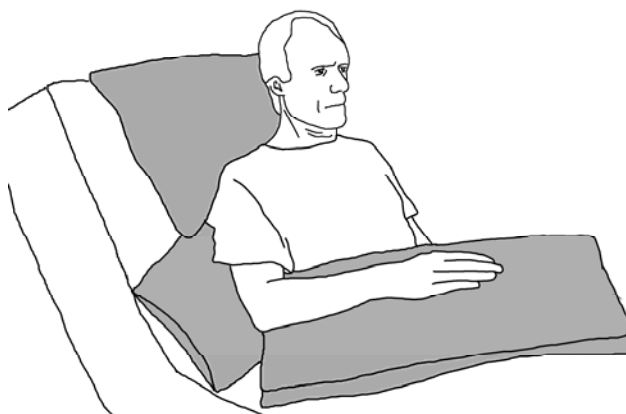
Sit in the middle of the wheelchair, with your hips back into the chair. Your thighs should be parallel to the floor when your feet are on the footrests. Use your strong leg to move your wheelchair around.

Support your affected arm on an arm trough (pictured) or a lap tray.



### Proper Positioning When Sitting up in Bed

Elevate the head of the bed fully. Place a small pillow behind the elbow to position the affected arm forward and place the forearm and hand on a flat pillow propped on the thigh.

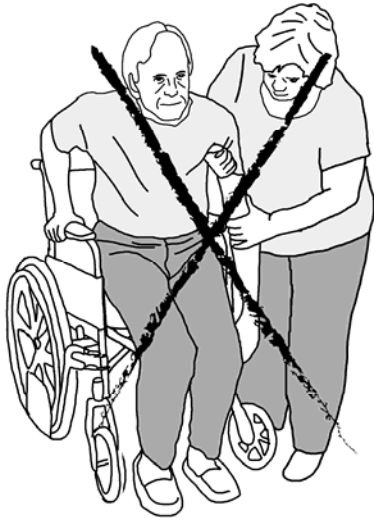




# Occupational Therapy TOOLKIT

## Protecting Your Arm – Left Hemiparesis

### Protecting Your Arm During Transfers



Avoid pulling the person up to standing using the weaker arm.



Use a support sling to position the weaker arm. Place one hand on the person's chest and the other holding the transfer belt.

### Protecting Your Arm While Walking



When walking, avoid helping the person by holding under the weaker arm.



Use a support sling to position the weaker arm. Support the person by holding onto the transfer belt.

# Occupational Therapy TOOLKIT

## Protecting Your Arm – Right Hemiparesis

### Protecting Your Arm During Transfers



Avoid pulling the person up to standing using the weaker arm.



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When walking, avoid helping the person by holding under the weaker arm.



Use a support sling to position the weaker arm. Support the person by holding onto the transfer belt.

# Occupational Therapy TOOLKIT

## Pursed Lip Breathing

Pursed lip breathing is the key to gaining control over your breathing. It will help you to empty your lungs of stale air and maximize the amount of oxygen you breathe in.

The rationale behind pursed lip breathing is that breathing into the nose warms, filters and humidifies the air and increases relaxation. Blowing out through pursed lips provides a resistance to the airflow at the level of the mouth. This increases pressure in the lungs keeping them open longer and allowing more oxygen to be used by the lungs.

Use pursed lip breathing with activities that make you short of breath, such as when exercising, bending, lifting, or climbing stairs. If you're already short of breath, use pursed lip breathing to help you regain control of your breathing.

### Instructions:

1. Relax your neck and shoulder muscles.
2. Breathe in slowly through your nose as if smelling a flower.
3. Purse your lips as if you were going to cool off a hot liquid. Let the air escape naturally. Do not force the air out of your lungs.
4. You should exhale twice as long as you inhale.

For a visual reminder to help you use this technique, use a rubber band to attach the stem of a silk flower to a spoon. Place the flower and spoon in a location where you will see it frequently.



# Occupational Therapy TOOLKIT

## Respiratory Panic and Distress Control Technique

Sometimes respiratory panic is unavoidable. Begin to apply this technique when you have the first symptoms of shortness of breath and anxiety.

### Instructions:

1. Stay calm.
2. Sit down if you can.
3. Lean forward. This will help you to relax your shoulders and expand your diaphragm.
4. Begin pursed lip breathing, try to exhale as long as possible.
5. Attempt diaphragmatic breathing and relaxation exercises.

If respiratory panic or distress does not decrease after trying these techniques, call your physician for advice.

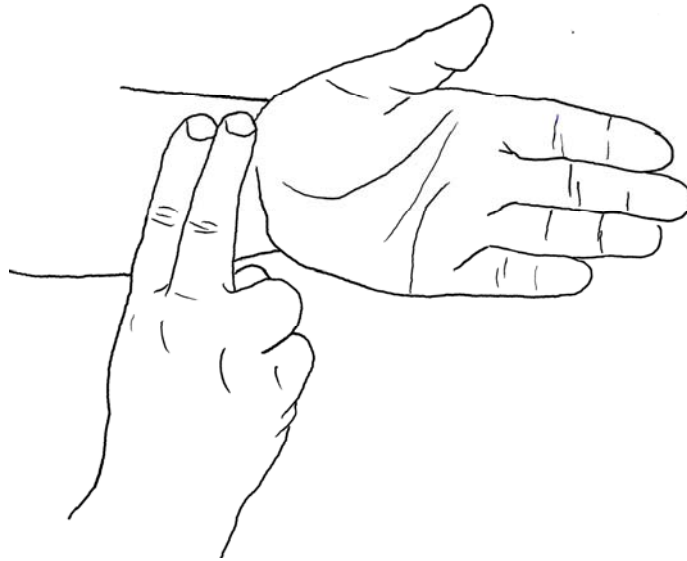


# Occupational Therapy TOOLKIT

## Self-Monitoring Your Heart Rate

### How to Take Your Pulse

Turn your hand over, palm side up. Place 2 fingers from your other hand at the base of the thumb.



Feel your pulse by pressing lightly in the little groove.

Watch a clock with a second hand. The number of times you feel your heart beat in one minute is your heart rate. Count for 15 seconds and multiply by 4 if your pulse is regular. If it is irregular, count the pulse for a full minute.

When doing aerobic or endurance conditioning, keep your heart rate between 60% and 80% for the best benefit.

Age	Target Heart Rate	
	60%	80%
60	96	128
65	93	124
70	90	120
75	87	116
80	84	112
85	81	108
90	78	104

# Occupational Therapy TOOLKIT

## Skin Inspection

Check your skin often during the day if you are in bed or in a chair most of the time. Look for areas of redness over bony places.

Back of the head

Elbows

Lower back

Tailbone

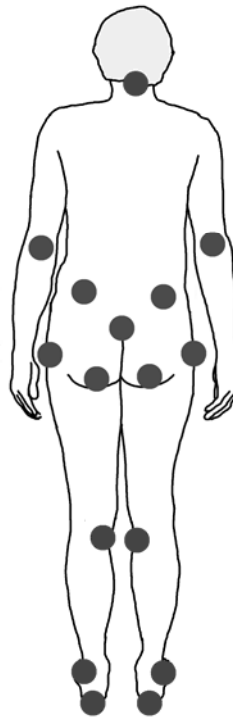
Base of the buttocks

Hips

Inner knees

Outer ankles

Heels



If you need help, have another person check your skin each day or use a long handled mirror.

Avoid massage over bony parts like the hips, tailbone, shoulders and ankles.

# Occupational Therapy TOOLKIT

## Spinal Surgery Precautions

Follow your spinal precautions every day until your surgeon tells you it's okay to stop. Usually, you will follow these precautions for 6-12 weeks after your surgery.

You may have to wear a brace, depending on your surgery. This brace must be worn at all times to prevent excessive movement in your spine.

Remember: If your doctor's instructions differ in any way from those listed here, always follow your own doctor's specific instructions.

Think "B L T" (like the sandwich) to remember your spinal precautions.

### No Bending

Do not bend at the waist.

### No Lifting

Do not lift anything weighing more than 5-10 pounds. (a gallon of milk weighs approximately 8.5 pounds)

### No Twisting

Following cervical surgery, do not twist your neck  
Keep your head up straight and keep your ears and shoulders lined up.

Following lumbar surgery, do not twist your trunk.  
Keep your shoulders and hips lined up.

### Avoid Pulling

Don't pull yourself out of bed or allow someone else to pull you up.  
Log roll when getting out of bed.  
Don't pull up on the handrail when climbing the stairs.

Change your position frequently.

Limit upright sitting to 20 minutes. Sit reclined at long as you like.

# Occupational Therapy TOOLKIT

## Splint/Orthosis Instructions

Please read these instructions to learn how to wear and care properly for your splint/orthosis. If you have any questions, please call \_\_\_\_\_ at (\_\_\_\_)\_\_\_\_\_.

Type of splint/orthosis:

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The purpose of your splint/orthosis:

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When to wear your splint/orthosis:

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How to wear your splint/orthosis:

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How to care for your splint/orthosis:

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Stop wearing your splint/orthosis and contact your therapist if you experience:

Increased pain or discomfort

Numbness

Swelling

Skin irritation

Pressure area such as sores or red marks that do not go away within one hour after removing the splint/orthosis

Additional Instructions:

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# Occupational Therapy TOOLKIT

## Splinting for Arthritis

Nighttime static, static-progressive, or dynamic extension splinting for elbow contractures.

Resting hand splint (for night use) - maintains functional position, discourages ulnar drift, and provides rest to inflamed joints.

Wrist cock-up splint - provides support to weakened or painful wrist during ADLs.

Thumb spica splint - provides support to weakened or inflamed thumb CMC and MCP joints.

Figure of eight splint - corrects swan neck deformities.

Reverse knucklebender or spring finger extension - corrects boutonniere deformities.

Ulnar deviation splint - prevents ulnar drift and encourages normal alignment of the MCP joints during pinch and grasp activities.

# Occupational Therapy TOOLKIT

## Sternal Precautions

It will take several weeks for your sternum (breastbone) to heal; therefore, it is important to prevent strain or pressure on this area by following these precautions. Please follow these precautions until your surgeon instruct you to stop.

*Remember: If your surgeon's instructions differ in any way from those listed here, always follow your own surgeon's specific instructions.*

**No driving** and no sitting in a passenger seat behind an airbag

**Avoid straining or holding your breath** during exercises, activities, or when using the toilet.

### **Avoid lifting**

Don't lift anything, regardless of weight, above shoulder level (dishes, boxes, books, clothing).

Don't pick up anything than weighs more than 10 pounds, a gallon of milk weighs 8 ½ pounds (groceries, wet laundry, garbage, children).

### **Avoid pushing**

Don't push up in bed. Cross your arms and use your trunk, use log roll technique.

Don't push up from a chair. Cross your arms and use your legs to stand.

Don't push down on the walker when walking. Use it only to steady yourself.

Don't push open heavy doors. Use your hip to push it open.

Don't push open or close a sliding glass door. Get help.

Don't push furniture such as chairs, ottomans and bedside tables. Get help.

### **Avoid pulling**

Don't use a trapeze over your hospital bed.

Don't allow others to pull on your arms to help you move.

Don't pull on the handrail when climbing the stairs. Use it only to steady yourself.

Don't pull open a heavy door. Get help.

Don't pull open a sliding glass door. Get help.

Don't pull furniture such as chairs, ottomans and bedside tables. Get help.

### **Avoid reaching back**

Don't reach back for the arms of a chair to sit down. Feel for the chair with the back of your legs, cross your arms and lower yourself using your legs.

Don't reach back to clean yourself after toileting.

# Occupational Therapy TOOLKIT

## Strategies to Reduce Action Tremors

### **Take Care of Yourself**

- Get a good night sleep
- Exercise regularly
- Reduce your stress
- Reduce or eliminate caffeine and other stimulants that may increase your tremor.

### **Brace Your Arm**

- Brace your elbows against your body.
- Support your arms on the table or countertop.
- Support your wrist with the opposite hand.

### **Use Weighted Items**

- Use 1-2 lbs. wrist weights when performing tasks.
- Use weighted utensils, heavy glasses, non slip mats under dishes, plate guards.
- Use weighted large pens.

### **Consider Alternatives**

- Use a computer or voice recorder instead of writing.
- Modify the task such as drinking soup or cereal from a mug.
- During shaving, applying makeup and teeth brushing, move your head instead of your arm.
- Use an electric razor and an electric toothbrush.
- Modify your computer accessibility functions
- Purchase an adaptive computer mouse that filters out the shaking movements of the hand.

# Occupational Therapy TOOLKIT

## Stress Management and Relaxation Techniques

### What Causes Stress?

- Major events  
Injury, illness, moving, death of someone close to you.
- Everyday life events  
Disagreements, waiting for others, not sleeping well, meeting new people, being late, feeling bored, having too much to do.

### Identify the Causes of Your Stress

- Keep a log of stressful events that occur in your life for 2 weeks.

### Recognize How Stress Affects You

- Physical signs  
Fatigue, nightmares, tightness of the neck and shoulder muscles, headaches, high blood pressure, digestive problems, chest pain, irregular heartbeat.
- Mental signs  
Memory problems, difficulty making decisions, inability to concentrate, negative thinking, racing thoughts, poor judgment, loss of objectivity.
- Emotional signs  
Restlessness, anxiety, depression, anger and resentment, easily irritated, overwhelmed, lack of confidence, apathy.
- Behavioral signs  
Eating more or less, sleeping too much or too little, nervous habits (e.g. nail biting, pacing), teeth grinding or jaw clenching, losing your temper, overreacting to unexpected problems.

### How to Cope with Stress

- Prevent or avoid the situation.
- Change as much of the situation as possible.
- Change your response to the situation.
  - Learn to accept what cannot be changed.
  - Talk about worries and frustrations.
  - Take one thing at a time; learn to prioritize and manage time.

# Occupational Therapy TOOLKIT

## Stress Management and Relaxation Techniques

### Taking Care of Yourself So You Can Handle Stress Better

- Talk to someone about your feelings.
- Eat a well-balanced diet.
- Exercise that includes stretching, strengthening and cardiovascular.
- Get enough sleep.
- Balance self-care and work with recreation.
- Do something nice for yourself every day.

### Practice Relaxation and Stress Reduction Activities

- Controlled breathing
- Progressive muscle relaxation
- Guided imagery
- Self-hypnosis
- Meditation
- Prayer
- Tai Chi
- Yoga
- Listening to music.
- Looking at a pleasant scene or piece of art.

# Occupational Therapy TOOLKIT

## Suggestions for Improving Attention

### What is Attention?

- Attention is the ability to focus on a task or a thought.

### Take Care of Yourself

- Get a good night's sleep.
- Breathe deeply.
- Exercise regularly.
- Eat a balanced diet.
- Drink water.
- Reduce your stress.
- Wear your glasses.
- Wear your hearing aids.

### Avoid Getting Tired

- Plan activities when you have the most energy.
- Take breaks during the day.

### Organize Your Home

- Organize so that all items are in consistent places.
- Return items to their place when you are finished using them.
- Schedule a weekly time to clean and organize your activity areas.

### Minimize Distractions

- Focus on one thing at a time.
- Find a quiet place.
- Close the curtains.
- Turn off the TV or radio.
- In a busy place, such as a restaurant, face away from the crowd.

### Practice Paying Attention

- Remind yourself to focus.
- Take notes.
- Say the steps out loud while you do the task.
- If distracting thoughts interfere, jot them down on a notepad.
- When talking to other people, ask them to speak slowly and clearly when they are finished summarize or repeat the key ideas back to them.

# Occupational Therapy TOOLKIT

## Suggestions for Improving Figure Ground Discrimination

### What is Figure Ground Discrimination?

- The ability to discern forms and objects from the background.
- You may have difficulty finding an item in a cluttered drawer, a white sock on a white countertop, the brakes on your wheelchair or food in the refrigerator.

### How Your Caregiver Can Help

- They can help you sort and organize your personal belongings.

### Changes to Make in Your Home

- Organize so all items are in consistent places. Return items to their place when you are finished using them.
- Keep items separated from each other, such as socks from undershirts.
- Label the contents of drawers and cabinets and keep them organized.
- Label items using a bold tip markers to make bigger letters for easy reading.
- Utilize halogen lights that minimize shadows in your environment.
- Minimize visual distractions and clutter by having only a few items as possible on the countertop, in the closet, on the table or in the refrigerator.
- Add color and contrast to assist in finding objects, use colored labels, different colored utensils, colored tape on handle of refrigerator, on doorknobs, light switches or stove controls.

### Activities to Try

- Use a ruler to help you stay on the line when writing or reading.
- Look at photos and pick out the items from the background.
- Sort the laundry, silverware or coins.
- Find objects in a cluttered room or a cluttered drawer.
- Find hidden pictures in books such as Where's Waldo, I Spy, or in the Highlights Magazines.
- Cut out shapes or coupons that have been outlined with a red marker.

# Occupational Therapy TOOLKIT

## Suggestions for Improving Form Constancy

### What is Form Constancy?

- Form constancy is the ability to see a shape and find it among other shapes, even though it may be a different size or rotated.
- You may have difficulty identifying an object if it is turned sideways or confuse items that have a similar shape such as a vase and a glass.

### Changes to Make in Your Home

- Keep frequently used items in their upright position, with the label clearly shown.
- Organize so that all items are in consistent places. Return items to their place when you are finished.
- Keep items separated from each other, such as socks from undershirts.
- Label the contents of drawers and cabinets and keep them organized.
- Label items using a bold tip marker to make bigger letters for easy reading.
- Utilize halogen lights that minimize shadows in your environment.
- Minimize visual distractions and clutter by having only a few items on the countertops, in the clothes closet, on the table during meals or in the refrigerator.
- Add color and contrast to assist in finding objects, use colored labels, different colored utensils, colored tape on the handle of refrigerator, on doorknobs, light switches or stove controls.

### Activities to Try

- Practice building block designs according to a diagram or a model.
- Put puzzles together.
- Use your sense of touch to identify different objects, such as utensils, hand tools grooming items or different sized paintbrushes.



# Occupational Therapy TOOLKIT

## Suggestions for Improving Left Side Awareness

### Daily Living Activities

- Place your grooming items on the left side, such as the washcloth, toothbrush, toothpaste, comb and razor. If you need help, your caregiver can guide your hand with theirs to help you locate and use these items.
- Place your clothes on the left side and turn your body to find the clothing.
- During mealtime, place your left arm on the table. Use a brightly colored placemat to help you locate the borders around your meal.
- Place your nightstand on your left side; put the phone, remote control, water and other items on it. Keep your call light or other alert system on your right side so you always have it available to use.
- Have your caregiver sit or stand on your left side when providing help.

### Scanning Activities

- Use brightly colored tape or Velcro to outline your work area. Trace around the edge with your finger.
- Working with your caregiver, ask them to write words or make drawings on the left side of a large dry eraser board. Copy them onto the right side of the board. Clean off the board using your left hand.
- Play board games and card games. Work crossword and word find puzzles.
- Practice reading and copying the newspaper headlines. Use a ruler to keep track of each line when reading.
- Look for pictures in a magazine, describe what you see.
- Name all the items in your room.
- On your left wrist, wear a bracelet with a bell or a watch with a timer that has been set to beep at regular intervals to remind you to attend to your left side.

### Use Your Left Arm and Hand as Much as Possible.

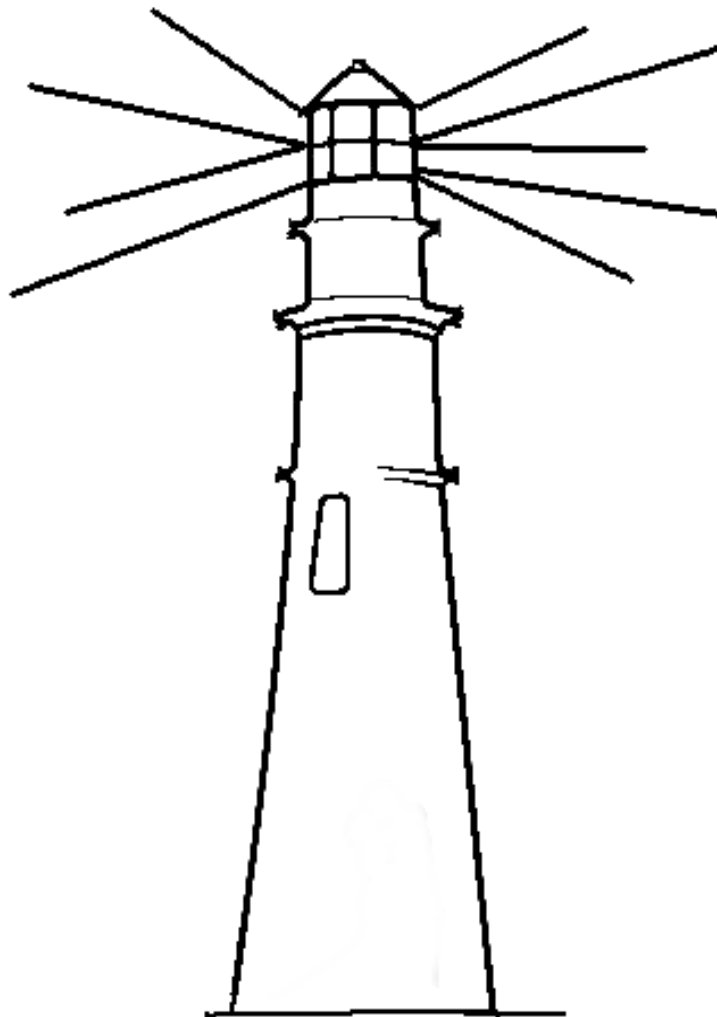
- Tap the fingers of your left hand or squeeze a soft rubber ball.
- Pick objects out of a basket and place them on the table using your left hand.

# Occupational Therapy TOOLKIT

## Suggestions for Improving Left Side Awareness

- Use the mental image of a lighthouse and a simple drawing of a lighthouse to remind you to sweep your vision to the left side. Color the light beams with a yellow highlighter.

"Imagine you are a lighthouse like this one. Imagine your eyes are like the lights inside the top, sweeping all the way to the left and right of the horizon to guide the ships at sea to safety. Use your 'lighthouse beam' to sweep and scan across the tabletop, book, newspaper and around the room. Especially remember to sweep your beam and scan to the left side." (Niemeier JP (1998) The Lighthouse Strategy)



2 of 2

# Occupational Therapy TOOLKIT

## Suggestions for Improving Memory

### What is Memory?

“Memory” is your brain taking in, storing, retrieving, and using information.

### Take Care of Yourself

- Get a good night’s sleep.
- Breathe deeply.
- Exercise regularly.
- Eat a balanced diet
- Drink water.
- Reduce your stress.

### Exercise Your Memory

- Play word puzzles (crosswords, logic, word find, and anagrams).
- Play word games (Boggle, Scrabble, Wheel of Fortune).
- Play number puzzles (Sudoku, math puzzles).
- Play card games (bridge, canasta).
- Read often and read different types of books.
- Remember and repeat groups of word, such as memorizing a grocery list.
- Learn new words from a dictionary.
- Learn a new language.
- Use your left hand if you are right-handed or your right hand if you are left-handed.

### Make Changes to Your Environment

- Keeping a notepad by the phone to make a note of phone calls and messages
- Putting essential information on a corkboard
- Deciding on a special place to keep important objects like keys, wallets or glasses and always putting them back in the same place
- Attaching important items to your person so they can’t be mislaid, for example using a neck cord for reading glasses
- Labeling cupboards as a reminder of where things are kept
- Labeling perishable food with the date it was opened
- Painting the toilet door a distinctive color so it is easier to find
- Labeling doors as a reminder of which room is which

# Occupational Therapy TOOLKIT

## Suggestions for Improving Memory

### External Memory Aides

#### Follow a Routine

- Follow a routine. Try to do the same things at the same time everyday, such as eating, taking a walk, and going to bed. Make a chart of regular events, perhaps using pictures or photographs, on a corkboard
- Keep a Daily Planning Notebook
- Look at your schedule often during the day, so you don't forget to do things.
- Set a specific time each day to focus on planning and organizing for the next day.
- Set a specific day for each of your household chores. For example, do the laundry on Mondays, go grocery shopping on Tuesdays, and clean the bathroom on Wednesdays.

#### Use Reminders

- Write down the things you need to remember. Use a dry erase board.
- Use a large calendar hung in a prominent location so you will see it frequently.
- Keep a Daily Planning Notebook to write down ideas you want to remember and thoughts you have. Keep it with you all the time and try to write in it every day
- Place photographs of your family, friends, and other people important to you near the telephone. Label the photographs with their names and phone numbers.
- Have step-by-step instructions written out and posted on how to work appliances, such as the microwave, coffeemaker, or computer.

#### Let Someone or Something Remember

- Ask your bank to automatically pay your bills.
- Set an alarm to remind you when it is time to take your medicine or use a medicine organizer with a built-in timer.
- Have a family member take notes during meetings with your doctor or health care provider.
- Use telephones that auto-dial stored numbers.

2 of 3

# Occupational Therapy TOOLKIT

## Suggestions for Improving Memory

### Internal Memory Aides

Getting information into memory more efficiently

- Pay attention to what you want to remember.
- Break down new information into small parts. Learn the small parts instead of trying to learn everything at one time.
- Repeat the new learning back in your own words.
- Discover how you learn best. Is it by seeing (reading), by hearing (listening) or by doing. To improve your memory, use a combination of these learning styles. For example: To learn how to get to a new store (1) look at a map to the store (seeing), (2) describe the route verbally (hearing), (3) have someone accompany you the first time (doing).

Use memory tricks

- Repeat information - When you meet a new person, try to repeat his/her name several times during the conversation.
- Run through the alphabet to help you think of words or names you're having trouble remembering.
- Make associations Use landmarks to help you find places, a house number of 1960 that you associate with the year your daughter was born. Associate someone you just met with a college professor with the same name.
- Form a visual image about what you want to remember. For example, someone you meet named Mike can be visualized by picturing him singing into a microphone (mic). The more vivid, colorful, and three-dimensional the images are, the easier they will be to remember.
- Chunk information - arrange a long list in smaller units or categories that are easier to remember. Your Social Security number is grouped in sets of 3, 2 and 4 digits, your phone number is grouped in sets of 3, 3 and 4 digits. A grocery list can be grouped by category. Group the names of your grandchildren by family.

# Occupational Therapy TOOLKIT

## Suggestions for Improving Motor Planning

### What is Motor Planning?

- Motor planning or apraxia is the inability to carry out routine motor acts, use gestures or use common objects, despite having the physical ability to do so.
- You may have difficulty getting dressed, tying your shoes, throwing a ball and using common objects such as a comb or spoon.

### How Your Caregivers Can Help

- They can encourage you to work slowly and safely.
- Provide visual demonstration of a task by sitting next to you instead of in front.
- Guide your hands to help you perform a task.
- Encourage you to verbally explain what you are doing for each step.

### Activities to Try

- Practice activities that you have an interest in and that are part of your daily routine.

# Occupational Therapy TOOLKIT

## Suggestions for Improving Right Side Awareness

### Daily Living Activities

- Place your grooming items on the right side, such as the washcloth, toothbrush, toothpaste, comb and razor. If you need help, your caregiver can guide your hand with theirs to help you locate and use these items.
- Place your clothes on the right side and turn your body to find the clothing.
- During mealtime, place your right arm on the table. Use a brightly colored placemat to help you locate the borders around your meal.
- Place your nightstand on your right side; put the phone, remote control, water and other items on it. Keep your call light or other alert system on your left side so you always have it available to use.
- Have your caregiver sit or stand on your right side when providing help.
- On your right wrist, wear a bracelet with a bell or a watch with a timer that has been set to beep at regular intervals to remind you to attend to your right side.

### Scanning Activities

- Use brightly colored tape or Velcro to outline your work area. Trace around the edge with your finger.
- Working with your caregiver, ask them to write words or make drawings on the right side of a large dry eraser board. Copy them onto the left side of the board. Clean off the board using your right hand.
- Play board games and card games. Work crossword and word find puzzles.
- Practice reading and copying the newspaper headlines. Use a ruler to keep track of each line when reading.
- Look for pictures in a magazine, describe what you see.
- Locate and name all the items in your room.

### Use Your Right Arm and Hand as Much as Possible.

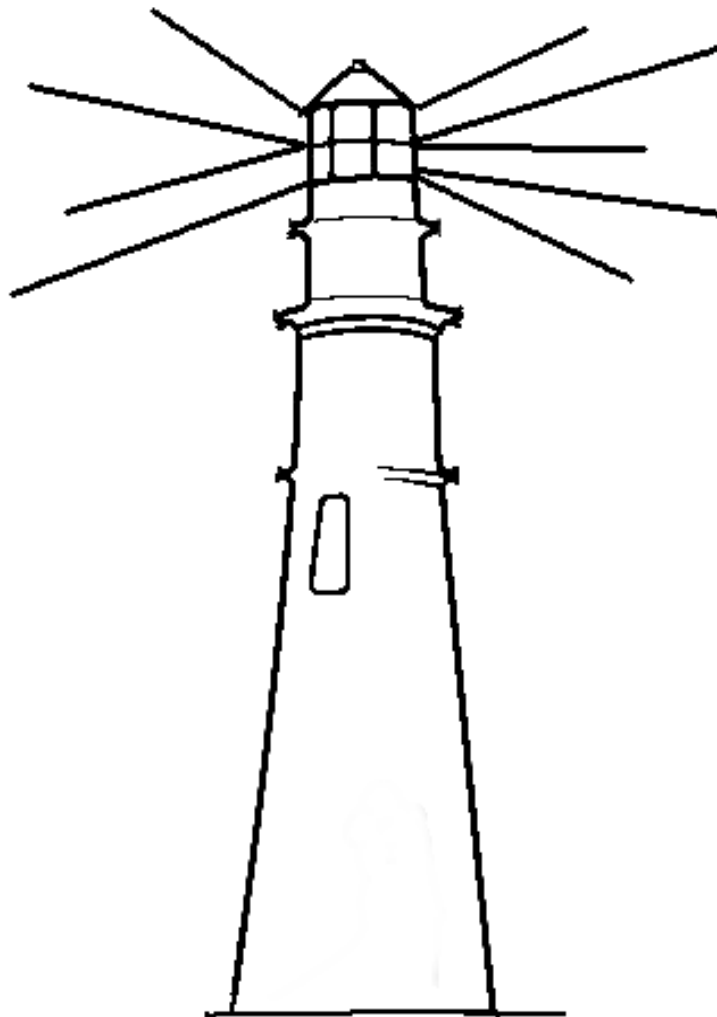
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- Pick objects out of a basket and place them on the table using your right hand.

# Occupational Therapy TOOLKIT

## Suggestions for Improving Right Side Awareness

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2 of 2



# Occupational Therapy TOOLKIT

## Suggestions for Improving Thinking Skills

### Take Care of Yourself

- Get a good night's sleep.
- Breathe deeply.
- Exercise regularly.
- Eat a balanced diet
- Drink water.
- Reduce your stress.
- Wear your glasses and/or hearing aids.

### Avoid Getting Tired

- Plan activities when you have the most energy.
- Take breaks during the day.

### Minimize Distractions

- Focus on one thing at a time
- Find a quiet place.
- Close the curtains.
- Turn off the TV or radio.

### Get Organized

- Create step by step checklists to follow.
- Organize so that all items are in consistent places.
- Return items to their place when you are finished.
- Items that are often used together are placed beside each other.
- Schedule a weekly time to clean and organize your activity areas.
- Allow yourself plenty of time to plan activities and record your plans, using as many aids as you find helpful (such as calendars, diaries, electronic timing devices, mobile phones and pagers).

### Ask for Help

- Set a timer or alarm to remind you of important things to do in the day, such as starting to cook a meal.
- Have other people verbally remind you to start tasks.
- Ask other to give you clear step-by-step instructions verbally and in writing and if possible, to include pictures or drawing.
- Step-by-step checklists can be placed in key locations in the house in order to remind you of the different sequences to go through to do a task, such as getting ready in the morning or preparing a meal.
- Discussing your plans with others will make you more likely to remember and the other person can remind you of things if necessary.

# Occupational Therapy TOOLKIT

## Suggestions for Improving Thinking Skills

### Follow a Routine

- Keep a Daily Planning Notebook
- Look at your schedule often during the day, so you don't forget to do things.
- Check off each activity that you have accomplished. This will help you to stay on track.
- Set a specific time each day to focus on planning and organizing for the next day.
- Set a specific day for each of your household chores. For example, do the laundry on Mondays, go grocery shopping on Tuesdays, and clean the bathroom on Wednesdays.
- Make a chart of regular events, perhaps using pictures or photographs, on a corkboard

# Occupational Therapy TOOLKIT

## Suggestions for Improving Vision

### Reduced Visual Acuity

- See a vision specialist for corrective lenses.
- Wear corrective lenses during activities.
- Modify the environment and tasks by using large print items, magnifiers; you can also increase lighting, use contrast, decrease clutter.
- Learn to compensate by using your remaining senses (hearing, touch).

### Visual Field Loss

- See a vision specialist for prism lenses and ocular exercises.
- Place all items within your blind field.
- Learn to compensation by turning your head.
- Outline your work areas. Use a colored placemat at mealtime, a ribbon to mark the edge of a book or tape to outline the border of the bathroom countertop.
- Add color and contrast to doorways and furniture so you can see them better.
- When writing fix your vision on the tip of the pen.
- Play board games and card games. Work crossword and word find puzzles.
- Practice reading and copying the newspaper headlines. Use a ruler to keep track of each line when reading.
- Avoid crowds or busy environments.

### Double Vision

- See a vision specialist for patching (complete or partial), prism lenses and ocular exercises.

# Occupational Therapy TOOLKIT

## Suggestions for Improving Visual-Motor Integration

### What is Visual-Motor Integration?

- Visual-motor integration is also called eye-hand coordination, eye-foot coordination and eye-body coordination. It is when you use visual information in order to do a certain activity with your hands, feet or body.

### Activities to Try

- String beads of different sizes ( $\frac{1}{4}$  inch to  $1\frac{1}{2}$  inches).
- Use salad or bread tongs to pick up small objects.
- Practice dialing a phone.
- Sort various small objects (coins, buttons, etc.).
- Enjoy sewing projects (needlepoint or rug hooking).
- Play catch with a soft ball, or rolled-up socks.
- Play balloon or beach ball volley.
- Toss rolled-up socks or paper balls into laundry baskets or trashcans.
- Trace and/or cut out shapes or pictures from a magazine or the newspaper.
- Cut out grocery coupons.
- Measure out pasta, flour, beans, rice, sugar or spices.
- Lace shoes and tie shoes. Button, zip, or snap fasteners.
- Games such as Jenga, cribbage and Scrabble
- Craft projects (paint by number, coloring pictures, origami)
- Kick a beach ball back and forth.
- Tap your feet and clap your hands in time with the music.
- Move through an obstacle course

# Occupational Therapy TOOLKIT

## Suggestions for Improving Visual Spatial Relations

### What are Visual Spatial Relations?

- The ability to know where you are in relation to objects and the space around you and to know where objects are in relation to one another
- You may have difficulty with orienting your clothes correctly for dressing, putting toothpaste onto the toothbrush or positioning yourself to transfer.

### How Your Caregiver Can Help

- They can avoid using terms that describe positions such as up, down, over, under, above, below, behind, in front, in, out, on, next to, left and right.

### Changes to Make in Your Home

- Organize so all items are in consistent places. Return items to their place when finished.
- Minimize visual distractions and clutter by having only a few items as possible on the countertops, in the clothes closet, on the table during meals or in the refrigerator.
- Add color and contrast to assist in finding objects, use colored labels, different colored utensils, colored tape on handle of refrigerator, on doorknobs, light switches or stove controls.

### Activities to Try

- Practice navigating around the furniture and through doorways.
- Copy 3-D block designs.
- Use graph paper to help with space your letters when writing.
- Use your sense of touch to locate surfaces before transferring and to locate where items are placed.
- Reach for cans in the cupboard.
- Set the table.
- Water the plants.

# Occupational Therapy TOOLKIT

## Superficial Cold

### Superficial Cold

Using cold is good for acute pain and swelling and for arthritic flare-ups. Cold will decrease post-exercise soreness.

Apply cold to \_\_\_\_\_ for \_\_\_\_\_ minutes \_\_\_\_\_ times a day.

- Crushed ice in a plastic bag, placed on top of a wet cloth.
- Cold gel compresses (available for purchase at drug stores or make your own using a leak-proof freezer bag with 1 part alcohol to 3 parts water).
- Frozen bag of corn or peas (mark the bag “for therapy” and do not eat once the corn or peas have been thawed and refrozen).
- Ice blocks (freeze water in Styrofoam cups, peel off cup once frozen).
- Contrast bath - alternate dipping hands in hot, but not burning (100° F, 43° C) and cold water but not freezing (65° F, 18° C), dip for 3 minutes in the hot followed by 1 minute in the cold. Repeat 4-5 times, always ending with cold.

### Cautions

- Do not hold an ice block in any one spot for more than 3 minutes or your hands in ice water for more than 3 minutes because of the risk for frostbite.
- Never use cold on any area of the body for more than 10 minutes.
- Always put a cloth or towel between your skin and any type of cold pack.
- Do not use applications of cold if you have poor circulation.
- Because cold decreases flexibility, let the tissues warm up for about 20 minutes before performing exercises or intensive hand activity.

### Recommendations for you

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# Occupational Therapy TOOLKIT

## Superficial Heat

### Superficial Heat

Using heat is good for chronic pain and for use before exercising. . Heat will increase circulation, reduce stiffness and relax muscles.

Apply heat to \_\_\_\_\_ for \_\_\_\_\_ minutes \_\_\_\_\_ times a day.

- Warm bath or shower.
- Heating pads (limit to 20 minutes on low, place a towel between pad and skin).
- Electric blanket or mattress pad.
- Hot water bottle.
- Paraffin bath (especially good for arthritic hands).
- Soak your hands in warm water.
- Gel mitts that are heated in the microwave.
- Disposable heat wraps.

### Cautions

- Never use heat for more than 20 minutes.
- Heat should not be applied to an acute injury or swelling.
- Heat should not be applied if you have trouble feeling heat.
- If you use a menthol gel, always remove it before using heat.

### Recommendations for you

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# Occupational Therapy TOOLKIT

## Surgical Intervention in Arthritis

**Synovectomy** - surgical removal of inflamed joint tissue to relieve pain and inflammation that are uncontrolled by medication. Performed to slow the process of bone destruction and to prevent tendon rupture. May be done on the knee, hip, ankle, wrist, MCP joint, shoulder, elbow.

**Arthrodesis** - surgical fusion of a joint - performed to relieve pain, provide stability when there has been mechanical destruction of a bone, and to slow the progress of the disease. Ankle, first MCP joint, PIP joint, wrist and knee.

**Joint replacement** - performed for persistent pain even after medical and rehab intervention and for loss of significant range or functional status. Hips, knees and MCP joint may be replaced.

**Tendon surgery** - performed to repair ruptured extensor tendons to the fingers; ruptured central slip tendon to corrects a boutonniere deformity; long extensor tendon of the thumb; extensor tendon realignment when tendons have slipped in an ulnar direction over the MCP's of the hand.

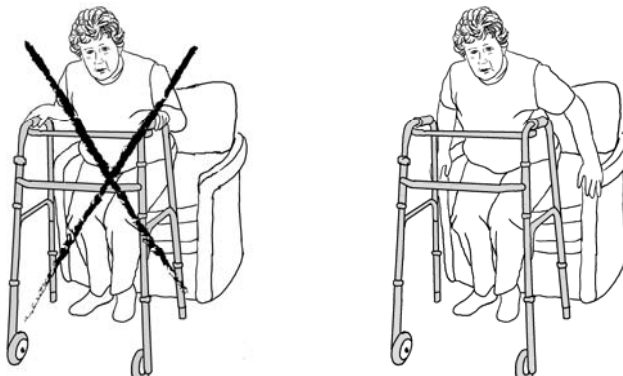


# Occupational Therapy TOOLKIT

## Using Your Walker Safely

### General Safety Tips

- Don't lean on your walker when getting up or sitting down, because it could tip over. Instead place your hands on the chair arms and push up to a standing position before you grab the walker.



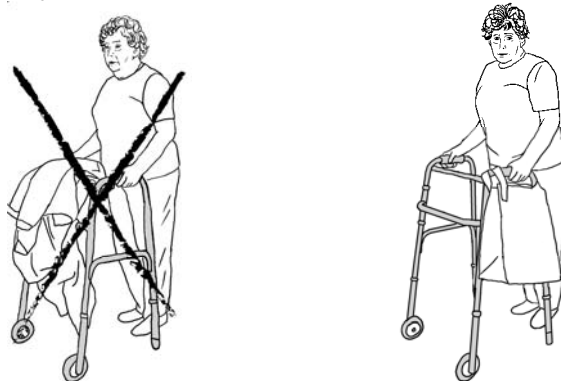
- Keep your walker close to you at all times.
- When using a rolling walker, place the wheels to the inside. You will have an easier time navigating through doorways and near furniture.
- Replace the walker's rubber tips when they show signs of wear.

### Safe Pathways

- Keep the pathways in your home clear of throw rugs, clutter and cords. They could catch on the walker and cause you to trip.
- Arrange your furniture to allow you to move freely with the walker.
- Avoid walking on rugs that have been placed on top of carpeting.

### Carrying Items

- When walking, keep both hands on your walker at all time for balance. If you need to carry items, use your pockets, hang a small purse or shoulder bag over one side or purchase a basket, tray or bag designed for a walker.
- Try not to overload your walker, because it could tip forward.



# Occupational Therapy TOOLKIT

## Using Your Walker Safely

### Reaching Safely

When reaching for an item located in front of your walker, get as close as possible or use a reacher to get it.



Avoid reaching to the side from your walker; instead turn yourself and the walker to face what you need to reach.



Avoid bending over to pick something up from the floor, instead use a reacher.



# Occupational Therapy TOOLKIT

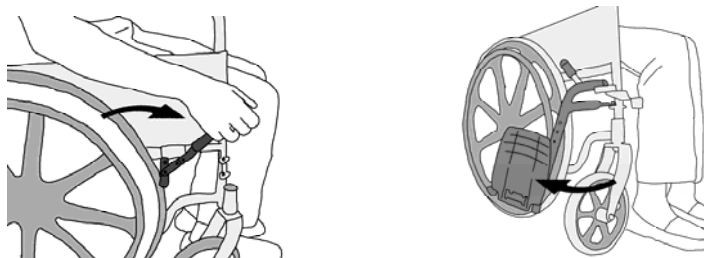
## Using Your Wheelchair Safely

### General Safety Tips

Apply the brakes when sitting in your wheelchair, and when transferring. If the brakes are too difficult to lock completely then purchase brake extensions or use a piece of PVC pipe for a lever. If your brakes are not holding strongly, then have them repaired.

Wear the seatbelt when you are in the wheelchair.

Before you transfer or stand up from your wheelchair, move the footrest to the side or remove them completely. Don't just flip up the footplate as they can trip you.



### Safe Pathways

Keep the pathways in your home clear of throw rugs, clutter and cords. Arrange your furniture to allow you to move freely with the wheelchair.

### Carrying Items

If you need to carry items, tuck a small purse or shoulder bag at your side or purchase a bag designed for a wheelchair.

Keep loose objects or lap cover away from the wheel spokes.

Don't put heavy loads on the back of a your wheelchair. It may make the wheelchair tip over backwards when you stand up.



1 of 2

# Occupational Therapy TOOLKIT

## Using Your Wheelchair Safely

### Reaching Safely

Position your wheelchair as close as possible to the desired object. Lock the brakes and position the front wheels forward. Reach only as far as your arm will extend without changing your sitting position.



Never pick up an object from the floor by reaching between your knees. Do not lean over the top of the back upholstery as this may cause you to tip over. Use a reacher to pick up objects from the floor.



# Occupational Therapy TOOLKIT

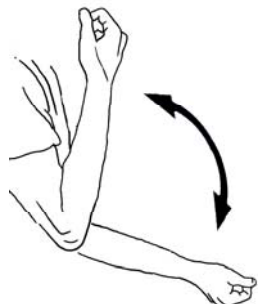
## Active Movement of the Elbow, Wrist and Hand

Perform the checked exercises \_\_\_\_\_ time(s) per day

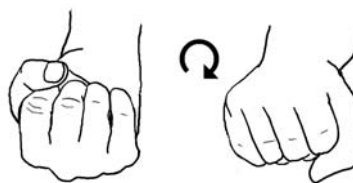
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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Bend and straighten your elbow



Turn your palm up and down



Bend your hand back and forth



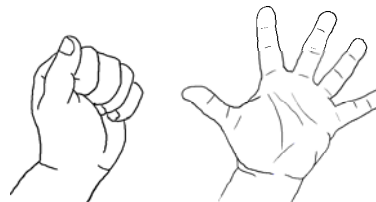
Move your hand side to side



Move your hand in a circle



Open and close your hand



Squeeze and release a soft ball



# Occupational Therapy TOOLKIT

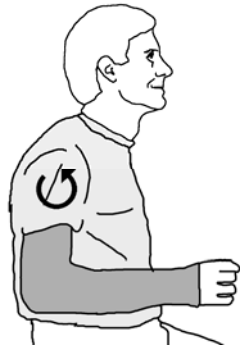
## Active Movement of the Shoulder and Hand

Perform the checked exercises \_\_\_\_\_ time(s) per day

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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Roll your shoulder



Reach overhead



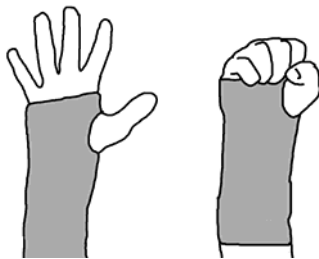
Reach back



Reach across to opposite shoulder



Open and close your hand



Squeeze and release a soft ball



# Occupational Therapy TOOLKIT

## Active Movement of the Shoulder, Elbow and Hand

Perform the checked exercises \_\_\_\_\_ time(s) per day

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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Roll your shoulder



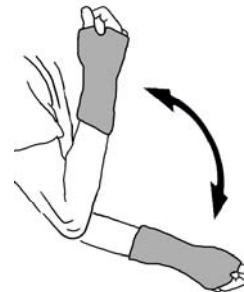
Reach behind your neck



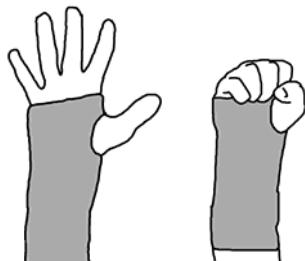
Reach behind your low back



Bend and straighten your elbow



Open and close your hand



Squeeze and release a soft ball



# Occupational Therapy TOOLKIT

## Arm Cycle Guidelines

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

Exercise \_\_\_\_\_ times a week for \_\_\_\_\_ minutes.

Drink water as needed while you are exercising

Maintain proper posture:

Hold your head high.

Keep your back and neck as straight as possible.

Gently tighten your abdominal muscles.

Before starting your arm cycling, spend some time warming up your body. Warming up will help to loosen your muscles. See the handout “Warm-Up Exercises”

Start cycling slowly, breathing in and out normally. Gradually increase to a moderate intensity (5 to 6 on a 10 point scale) you should be able to carry on a conversation while exercising.

When finished, do some stretching exercises. See “Cool-Down Stretches”.



**Additional Instructions:**

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# Occupational Therapy TOOLKIT

## Arm Exercises

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

Exercise slowly and gently.

Exercise \_\_\_\_\_ time(s) a day.

Perform these exercises while sitting or standing. (circle one).

Perform all exercises in sequence unless instructed otherwise.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising.

Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Arm Exercises

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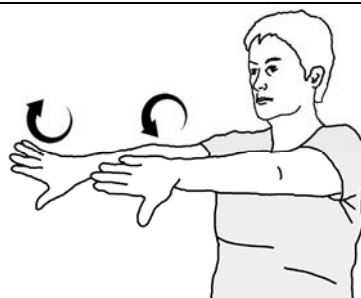
- Warm-Up**  
Roll your shoulders in a circle

Repeat \_\_\_\_\_ times



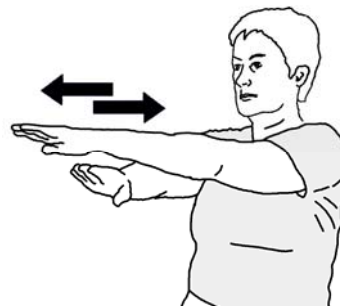
- 
- Warm-Up**  
Reach out in front and twist your arms.

Repeat \_\_\_\_\_ times



- 
- Warm-Up**  
Reach out in front and cross your arms back and forth.

Repeat \_\_\_\_\_ times



- 
- Warm-Up**  
Reach out in front and move your arms up and down.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Arm Exercises

Hold a \_\_\_\_\_ weight in the right hand, and a \_\_\_\_\_ weight in the left hand

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- Shoulder Press**  
Press the weights up from your shoulders.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



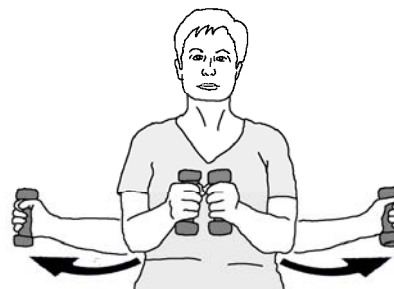
- Shoulder Flexion**  
Holding your elbows straight, lift the weights up over your head.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- Shoulder Rotation**  
Tuck your elbows into your sides. Rotate your arms out.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- Shoulder Abduction**  
Raise your arms up from the side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



# Occupational Therapy TOOLKIT

## Arm Exercises

Hold a \_\_\_\_\_ weight in the right hand, and a \_\_\_\_\_ weight in the left hand

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**Elbow Flexion**

With your palms up, bend and straighten your elbows.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



**Elbow Extension**

Hold the weight behind your neck, and then straighten your arm up. Repeat with the other arm.

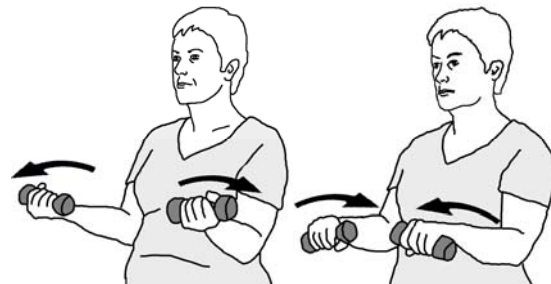
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



**Forearm**

Holding your arms at your sides, turn your palms up, and turn your palms down.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

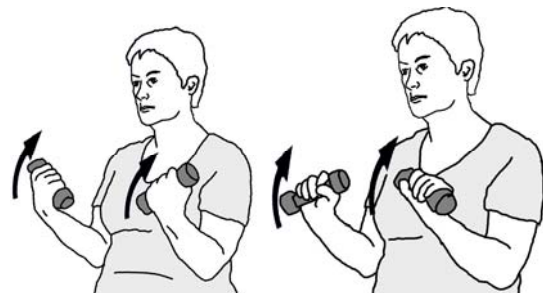


**Wrist Flexion and Extension**

Hold your elbows against your sides. Turn your palms up. Raise and lower your hands at the wrist.

Turn your palms down. Raise and lower your hands at the wrist.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



# Occupational Therapy TOOLKIT

## Arm Exercises

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- Stretching**  
Reach behind your neck. Repeat with the other arm.

Hold this stretch for \_\_\_\_\_ seconds.

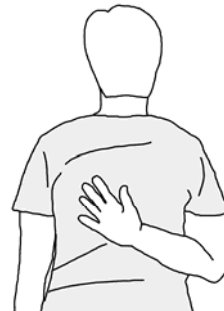
Repeat \_\_\_\_\_ times.



- Stretching**  
Reach behind your lower back. Repeat with the other arm.

Hold this stretch for \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times.



- Stretching**  
Place one hand on your opposite shoulder. Use your other hand to push the elbow. Repeat with the other arm.

Hold this stretch for \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times.



- Stretching**  
Lace your fingers together and reach up.

Hold this stretch for \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times.



# Occupational Therapy TOOLKIT

## Balance Exercise Guidelines

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

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

Remember to maintain proper posture with each exercise. Your chin should be slightly tucked, your shoulders slightly back and level. Your pelvis is shifted forward allowing the hips to align with the ankles.

Practice your balance throughout the day by standing on one foot or standing with one foot in front of the other. You can do this when you're brushing your teeth, washing the dishes or waiting in line.



Throughout the day stand up and sit down from a chair without using the armrests.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising. Exhaustion, sore joints, and painful muscle pulls are not normal. Do not resume these exercises until you talk with your therapist.

# Occupational Therapy TOOLKIT

## Ball Exercises

Hold a (12-inch/30 cm) lightweight ball between both hands

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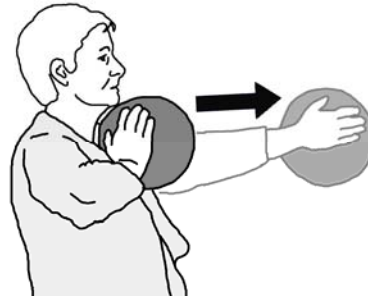
- Raise the ball over head

Repeat \_\_\_\_\_ times



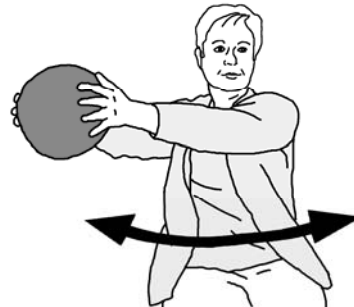
- Push the ball out from your chest

Repeat \_\_\_\_\_ times



- Reach with the ball, side to side

Repeat \_\_\_\_\_ times



- Circle the ball forward

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Ball Exercises

Hold a 12-inch lightweight ball between both hands

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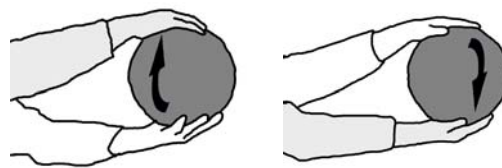
- Move the ball from your chin to the right knee, then from your chin to the left knee.

Repeat \_\_\_\_\_ times



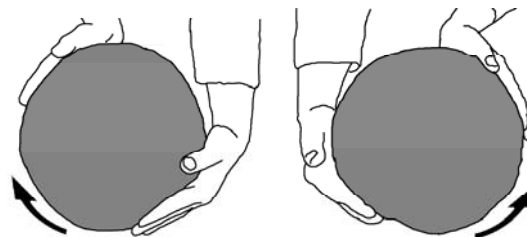
- Hold the ball with the right hand on top, and your left hand on the bottom. Turn the ball so your left hand is on top.

Repeat \_\_\_\_\_ times



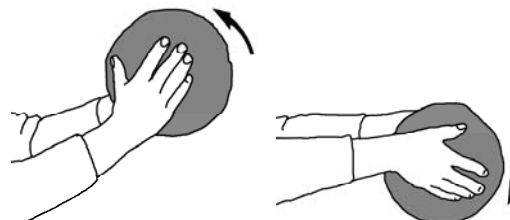
- Hold the ball between you hands and bend your wrists side to side

Repeat \_\_\_\_\_ times



- Hold the ball between you hands and bend your wrists up and down

Repeat \_\_\_\_\_ times





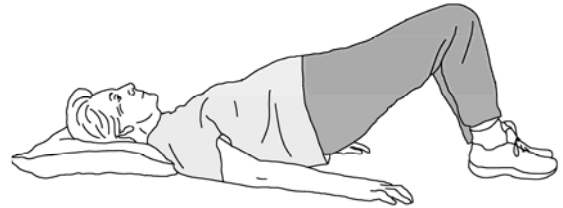
# Occupational Therapy TOOLKIT

## Core Exercises – Back Muscles

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

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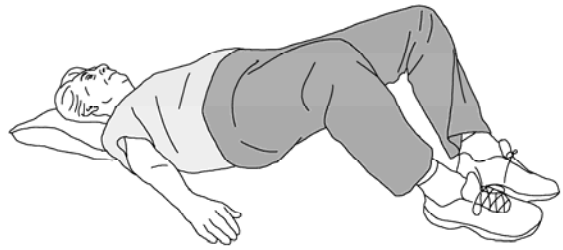
- Bridging**  
Bend both knees and place feet flat.  
Tighten stomach muscle and raise your  
hips off the bed/floor. Hold position for  
\_\_\_\_\_ seconds. Do not hold your breath.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

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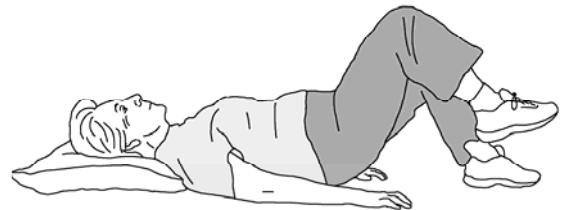
- Bridging with Hip Rotation**  
While bridging, slowly spread your knees  
apart and then bring them back together.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

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- Bridging with Marching**  
While bridging, slowly lift your feet up  
and down.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

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- Bridging with Straight Leg Raise**  
While bridging, slowly extend one leg.  
Hold for \_\_\_\_\_ seconds. Lower leg back  
and repeat on the other leg



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

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# Occupational Therapy TOOLKIT

## Core Exercise – Back Muscles

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

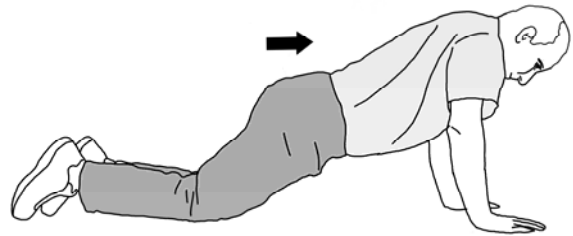
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**Weight Shift – Forward And Backward**

Shift your body forward toward your hands. Shift back on your knees. Return to the starting position.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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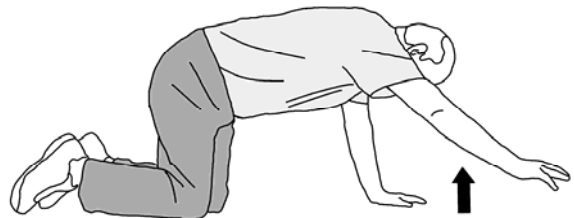


**Alternating Arm Raises**

Raise your right arm out straight. Repeat with left arm.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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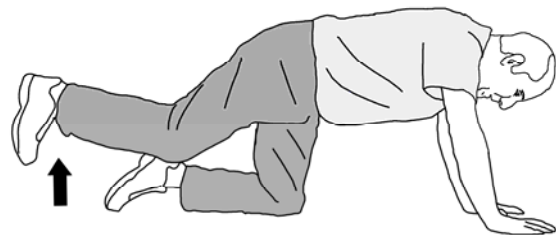


**Alternating Leg Raises**

Raise your left leg out behind you. Repeat with right leg.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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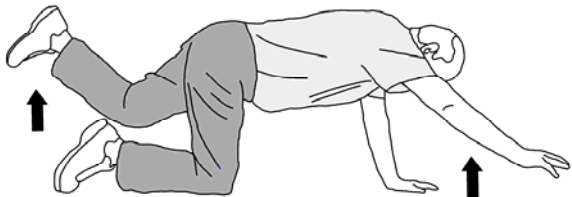


**Alternating Arm and Leg Raises**

Raise your right arm and left leg. Repeat with your left arm and right leg.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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# Occupational Therapy TOOLKIT

## Core Exercise – Back Muscles

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

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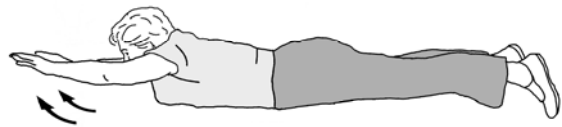
- Alternating Arm Raises**  
Raise your right arm up, then lower. Raise your left arm up, then lower.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

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- Arm Raises**  
Raise both your arms up.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

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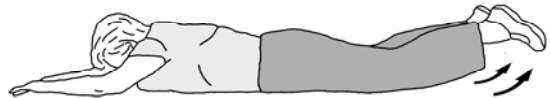
- Alternating Leg Raises**  
Raise your right leg up, then lower. Raise your left leg up, then lower.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

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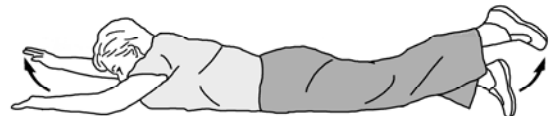
- Leg Raises**  
Lift both legs up.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

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- Alternating Arm and Leg Raises**  
Raise your right arm and left leg up, then lower. Raise your left arm and right leg up, then lower.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

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# Occupational Therapy TOOLKIT

## Core Exercise Guidelines

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

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

Exercise slowly and gently.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

Remember to maintain proper posture with each exercise. These exercises should not cause back pain.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising.

Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Core Exercises – Pelvic Muscles

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

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**Pelvic Tilt**

Bend both knees and place feet flat. Flatten your back into the mat by tightening the muscle of your stomach and buttocks. Do not hold your breath. Hold position for \_\_\_\_\_ seconds.

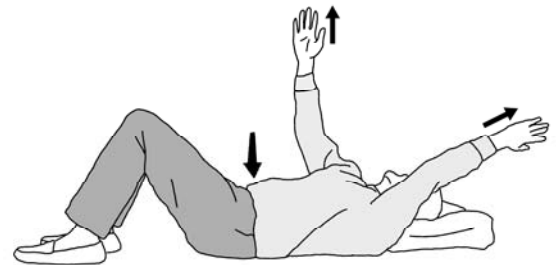


Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

---

**Pelvic Tilt Raising Arms**

Perform a pelvic tilt. Hold arms straight up from your body. Slowly raise one arm overhead. Relax. Repeat with the other arm.

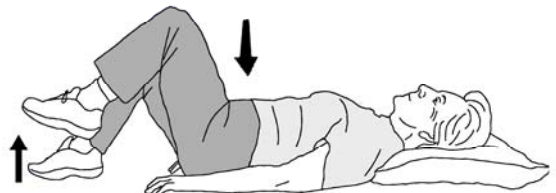


Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

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**Pelvic Tilt Raising Legs**

Perform a pelvic tilt. Slowly lift one foot off the floor. Relax. Repeat with the other leg.

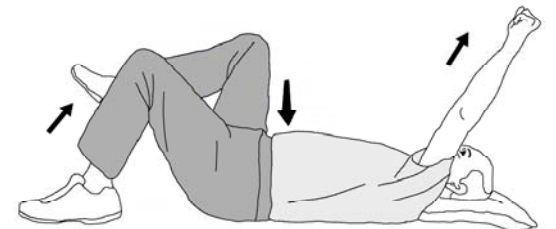


Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

---

**Pelvic Tilt Raising Arms and Legs**

Perform a pelvic tilt. Slowly lift one foot off the floor and raise the opposite arm overhead. Relax. Repeat with the other leg and arm.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

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# Occupational Therapy TOOLKIT

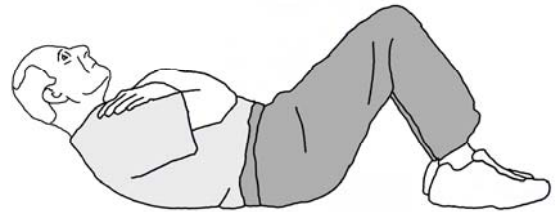
## Core Exercise – Stomach Muscles

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

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**Abdominal Crunches**

Cross arms in front of chest and lift back off the mat while exhaling. Return to floor while inhaling.

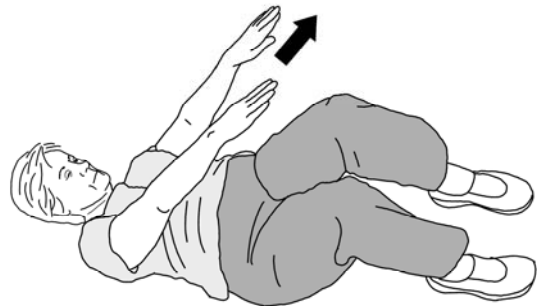


Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

---

**Diagonal Crunches**

Extend your arms and reach to one side, lift your back off the mat while exhaling. Return to floor while inhaling. Repeat to the other side.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

---

**Double Knee Lift**

Slowly bring your knees towards your chest keeping the stomach muscles tight. Then straighten your legs, without touching the mat.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

---

**Advanced Straight Leg Raise**

Slowly bring your knees towards your chest keeping the stomach muscles tight. Straighten one leg without touching the mat. Bring the first leg towards your chest while straightening the other leg.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

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# Occupational Therapy TOOLKIT

## Dowel Exercises Lying

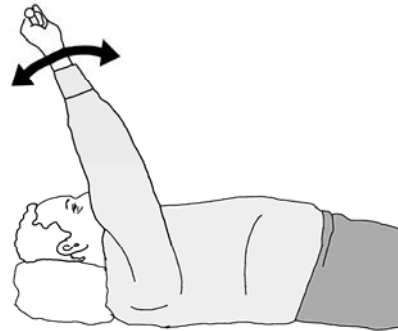
Perform the checked exercises \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

---

**Shoulder Flexion**

Lie on your back. Hold the dowel with hands shoulder width apart. Keep your elbows straight. Raise the dowel over your head.

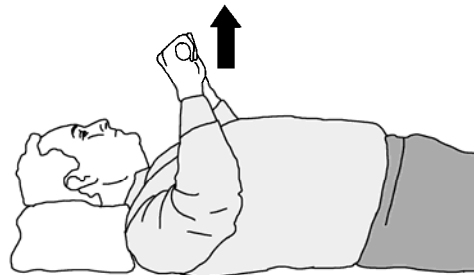
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Shoulder Press**

Lie on your back. Hold the dowel with hands shoulder width apart. Push the dowel up from your chest.

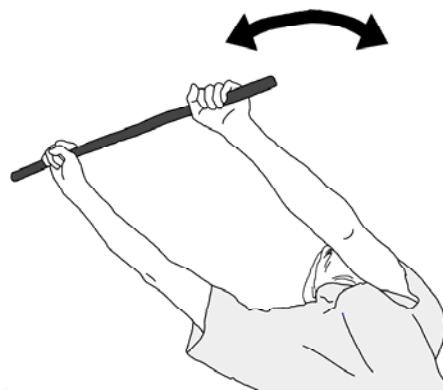
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Shoulder Horizontal Movement**

Hold the dowel with hands shoulder width apart. Move the dowel side to side. Keeping your arms at shoulder height.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



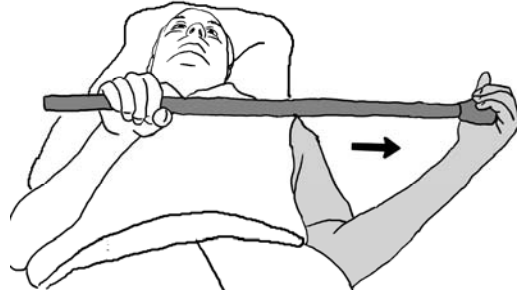
# Occupational Therapy TOOLKIT

## Dowel Exercises Lying

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

---

- Shoulder External Rotation**  
Keep your elbow tucked against your body. Hold a dowel as shown. Assist to rotate your arm away from your body. Repeat to the other side.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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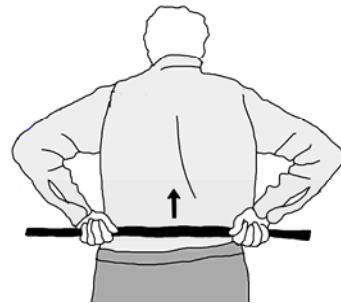
- Shoulder Abduction**  
Hold your elbow straight with your arm to your side. Use the cane to move your arm away from your side. Repeat to the other side.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

---

- Shoulder Internal Rotation**  
Lie on your stomach or sit on the edge of the bed. Hold the dowel behind your back. Bending the elbows move the dowel up your spine.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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# Occupational Therapy TOOLKIT

## Dowel Exercises Seated

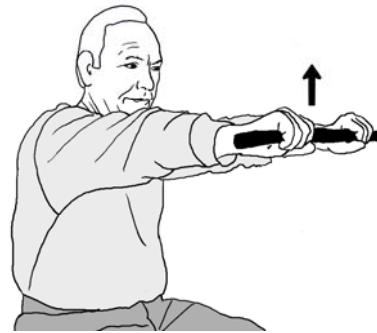
Perform the checked exercises \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

---

**Shoulder Flexion**

Hold the dowel with hands shoulder width apart. Raise the dowel up in front as high as possible.

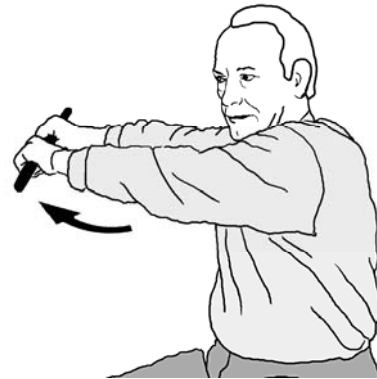
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Shoulder Horizontal Movement**

Hold the dowel with hands shoulder width apart. Move the dowel to the right then to the left. Keeping your arms at shoulder height.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Shoulder Abduction**

Hold the dowel with hands shoulder width apart. Raise the dowel up to the right side. Then raise the dowel up to the left side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Dowel Exercises Seated

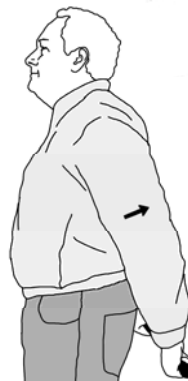
Perform the checked exercises \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

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**Shoulder Extension**

Hold the dowel behind your back, lift the dowel away from your body. Keep the elbows straight.

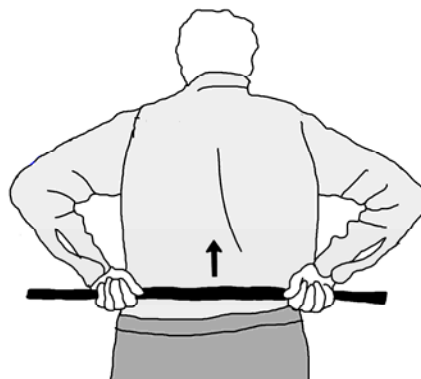
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Shoulder Internal Rotation**

Hold the dowel behind your back. Bending your elbows, move the dowel up your spine.

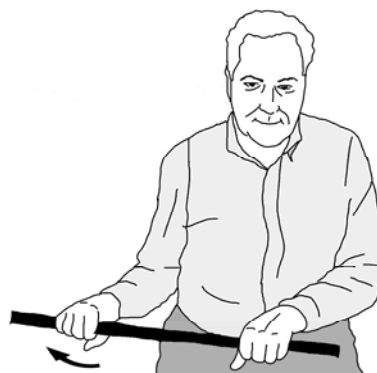
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**External Rotation**

Keep your elbow tucked into your side. Use the dowel to rotate your right arm away. Repeat on the left side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Dynamic Balance Exercises

Perform the following exercises while holding .... (circle one)



a countertop or wall.



arms out to sides.



arms across chest.

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- Half Turns**  
Turn one half-circle (180 degrees) to the right. Then turn one half-circle to the left.

Repeat \_\_\_\_\_ time(s).



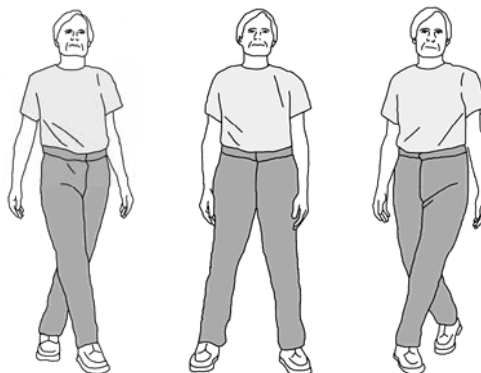
- Heel-to-Toe**  
Walk forward heel to toe, then walk backwards heel to toe.

Repeat \_\_\_\_\_ time(s).



- Cross Over Walking**  
Stand with your feet apart. Cross the right foot in front of the left leg. Step out with the left foot. Cross the right foot in back of the left leg.

Repeat \_\_\_\_\_ time(s).



# Occupational Therapy TOOLKIT

## Dynamic Balance Exercises

Perform the following exercises while holding .... (circle one)



a countertop or wall.



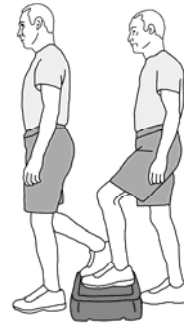
arms out to sides.



arms across chest.

- Using an aerobic step or similar. Step up onto the step and then down the off the step on the other side. Without turning around, step backwards up the step and then off backwards down the other side.

Practice for \_\_\_\_\_ seconds/minutes



Place six paper cups or similar object on the floor. Space them about 16 inches (40 cm) apart and 16 inches (40 cm) from a wall or kitchen counter.

- Step **forward** over each object.

Practice for \_\_\_\_\_ seconds/minutes



- Step **sideways** over each object.

Practice for \_\_\_\_\_ seconds/minutes



Pick the objects up off the floor.

# Occupational Therapy TOOLKIT

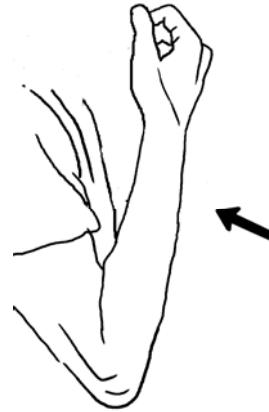
## Elbow, Forearm and Wrist Active ROM Exercises

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

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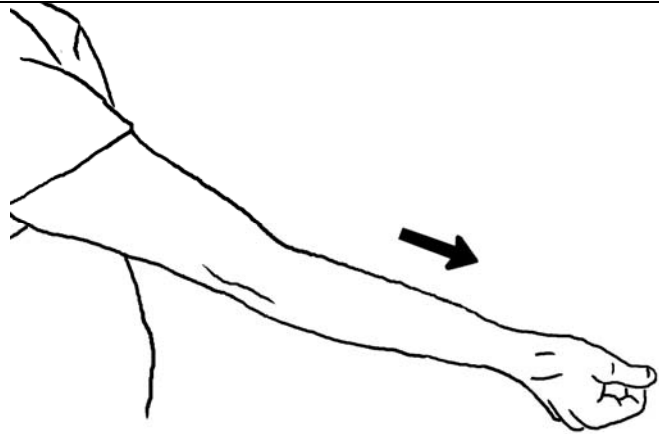
- Elbow Flexion**  
Bend your elbow. Bring your hand towards your shoulder.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



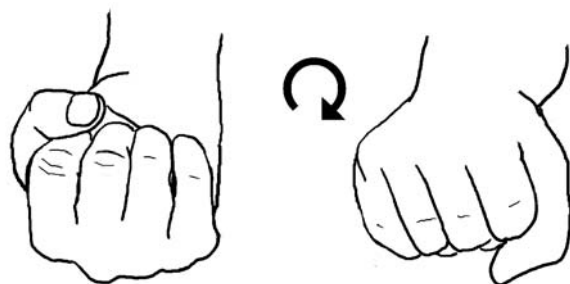
- Elbow Extension**  
Straighten your arm.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Forearm Supination and Pronation**  
Keep your elbows tucked into your sides. Turn palms up and then turn palms down.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Elbow, Forearm and Wrist Active ROM Exercises

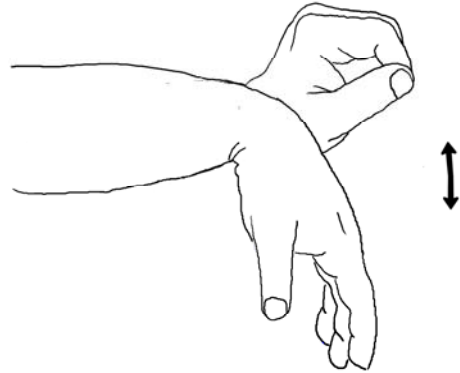
Perform the checked exercises \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

---

**Wrist Flexion and Extension**

Let your hand hang over the edge of a table. Lower and raise your hand bending at wrist.

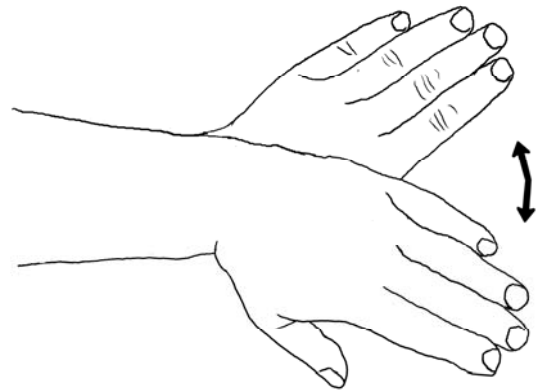
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Wrist Radial Deviation**

Place your hand flat on the table. Move your hand side to side.

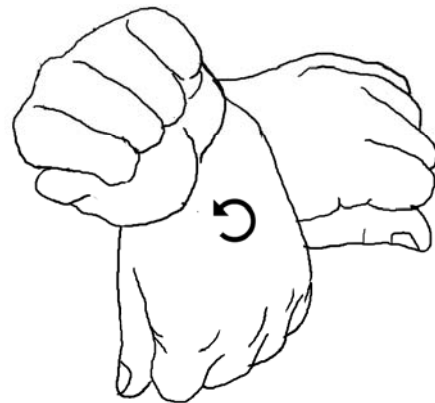
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Wrist Circles**

Circle your hand one direction and then circle in the other direction bending a the wrist.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Elbow, Forearm and Wrist Strengthening Exercises

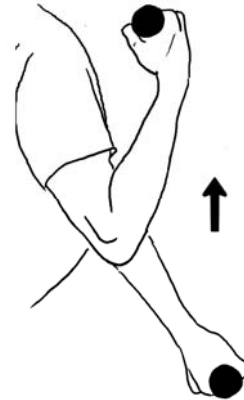
Perform the checked exercises \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

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**Elbow Flexion**

Hold a \_\_\_\_\_ lb/kg weight.  
Hold your arm at your side with your palm facing towards you. Bend and straighten your elbow. Bring your hand towards your shoulder.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Elbow Flexion**

Hold a \_\_\_\_\_ lb/kg weight.  
Hold your arm at your side with your palm facing away. Bend and straighten your elbow. Bringing the back of your hand towards your shoulder.

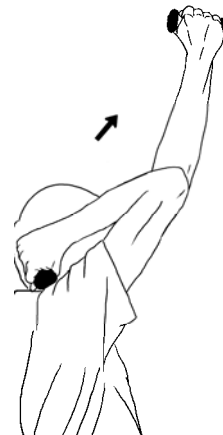
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Elbow Extension**

Hold a \_\_\_\_\_ lb/kg weight.  
Start with the weight behind your neck, pointing your elbow up. Straighten your arm over head.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Elbow, Forearm and Wrist Strengthening Exercises

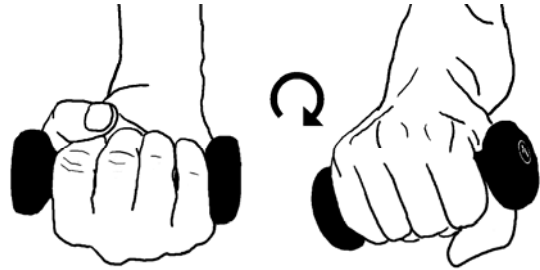
Perform the checked exercises \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

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**Forearm Supination and Pronation**

Hold a \_\_\_\_\_ lb/kg weight.  
Bend elbows keeping them tucked into your sides. Turn palms up and then turn palms down.

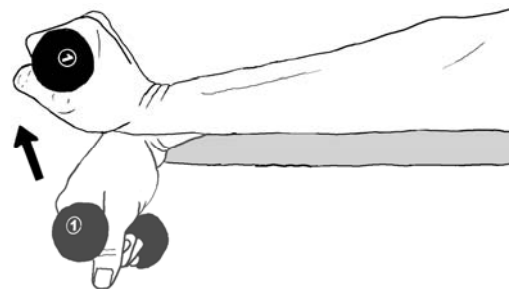
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Wrist Extension**

Hold a \_\_\_\_\_ lb/kg weight.  
Let your hand hang over the edge of a table, palm facing down. Lower and raise the weight, bending at the wrist.

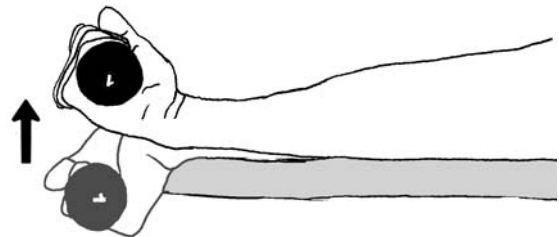
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Wrist Flexion**

Hold a \_\_\_\_\_ lb/kg weight.  
Let your hand hang over the edge of a table, palm facing up. Lower and raise the weight, bending at the wrist.

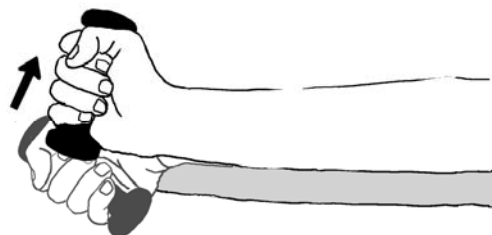
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Wrist Radial Deviation**

Hold a \_\_\_\_\_ lb/kg weight.  
Let your hand hang over the edge of a table, with your thumb pointing up. Move your hand up then down, bending at the wrist.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_





# Occupational Therapy TOOLKIT

## Elbow, Forearm and Wrist Stretching Exercises

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

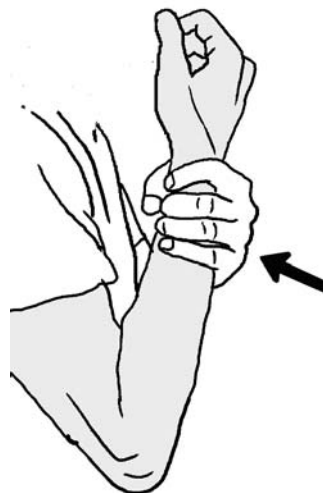
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**Elbow Flexion**

Grasp your wrist with the opposite hand. Bend your elbow, moving your hand towards your shoulder.

Hold for \_\_\_\_\_ seconds

Repeat \_\_\_\_\_ times

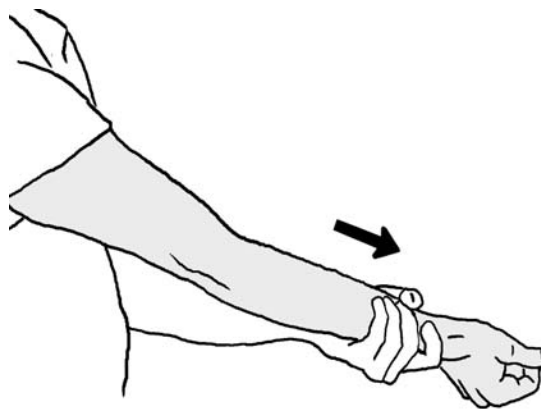


**Elbow Extension**

Grasp your wrist with the opposite hand. Straighten your arm fully.

Hold for \_\_\_\_\_ seconds

Repeat \_\_\_\_\_ times

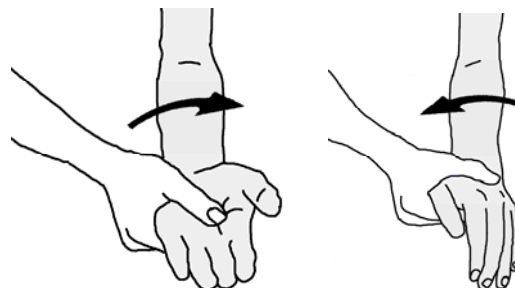


**Supination and Pronation**

Keep your elbows tucked into your sides. Turn your hand palm up and then turn your hand palm down.

Hold for \_\_\_\_\_ seconds

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Elbow, Forearm and Wrist Stretching Exercises

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

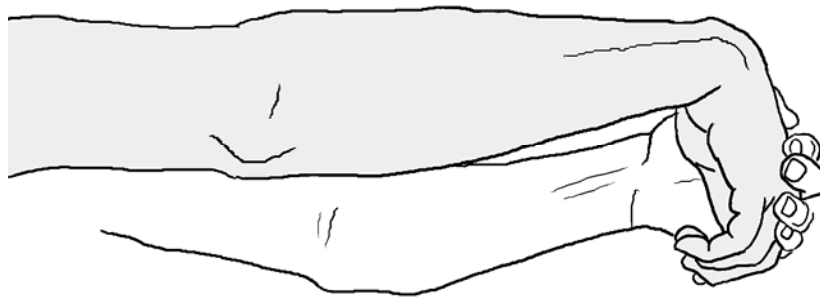
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**Forearm Extensor Stretch:**

Place your arm in front of your body with the elbow straight and the palm down. Let gravity bend the wrist forward. With your other hand, gently push the wrist further until you feel a stretch. Close your fingers gently to increase the stretch.

Hold for \_\_\_\_\_ seconds

Repeat \_\_\_\_\_ times

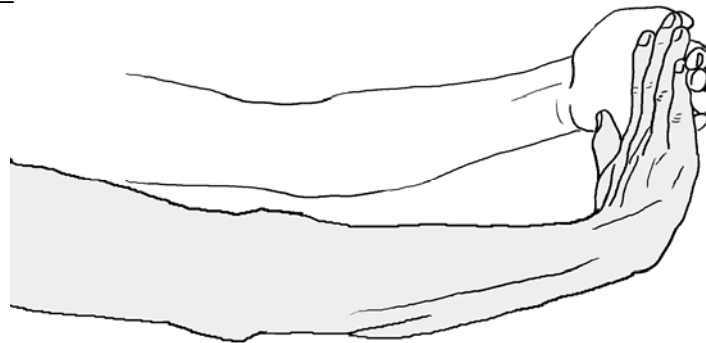


**Forearm Flexor Stretch with Pronation:**

Place your arm in front of your body with the elbow straight and palm up. Support the hand being stretched with the other hand. Relax the muscles of the arm being stretched. Gently push the wrist further with the other hand until you feel a stretch.

Hold for \_\_\_\_\_ seconds

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Exercise Guidelines for Amyotrophic Lateral Sclerosis

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

Perform the checked exercises \_\_\_\_\_ time(s) a day, \_\_\_\_\_ day(s) a week.

Exercise with a slow and steady rhythm. Avoid getting tired. Stop and rest as often as needed.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

Remember to maintain proper posture with each exercise.

If exercise produces muscle soreness or fatigue lasting longer than half an hour after exercise, it is too strenuous. Do not resume exercising until you talk with your therapist.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Exercise Guidelines for Arthritis

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Name: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

### **Choose the Best Time to Exercise.**

When you have the least amount of pain and stiffness.

When you are not tired.

When your medication is having the most effect.

### **Prepare Yourself for Exercising.**

Do some gentle warm-up stretches.

Massage your joints.

Warm up your joints with a warm shower or a heating pad.

### **Exercise Guidelines:**

Perform the checked exercises \_\_\_\_\_ times per day.

Exercise with a slow and steady rhythm.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

Exercise even if your joints are hot and inflamed. Just move them gently through their available range.

Don't over do it. If you still have pain two hours after exercising or your symptoms are worse the next day, then you've done too much. Make changes the next time by reducing the repetitions or resistance.

### **Cautions:**

Stop exercising immediately if you have any chest tightness or chest pain, severe shortness of breath, or feel dizzy, faint, or sick to your stomach.

Follow the precautions given to you regarding exercises you can't do because of hip replacement, compression fractures or osteoporosis.

# Occupational Therapy TOOLKIT

## Exercise Guidelines for Diabetes

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

Perform the checked exercises \_\_\_\_\_ time(s) a day, \_\_\_\_\_ day(s) a week.

Exercise slowly and gently.

Monitor your blood sugar levels before, during and after exercising, avoid exercise if glucose levels are above 250 mg/dL or under 100 mg/dL.

Have a small carbohydrate snack available in case of low blood sugar during or after exercise.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

Remember to maintain proper posture with each exercise.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising.

Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Exercise Guidelines for Multiple Sclerosis

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (____) _____

### Exercise Guidelines:

Perform the checked exercises \_\_\_\_\_ time(s) a day, \_\_\_\_\_ day(s) a week.

Exercise with a slow and steady rhythm. Avoid getting tired. Stop and rest as often as you need to.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

Remember to maintain proper posture with each exercise.

Avoid increasing your core body temperature. Don't exercise during the hottest time of the day, and drink plenty of cool fluids. If you notice any symptoms that you didn't have before you began exercising, then slow down or stop exercising until you cool down.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Exercise Guidelines for Orthopedic Conditions

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

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

Apply a heat pack to your \_\_\_\_\_ for \_\_\_\_\_ minutes before exercising.

Apply a cold pack to your \_\_\_\_\_ for \_\_\_\_\_ minutes after exercising.

Exercise slowly and gently.

Stretch to the point of tension, not pain. Do not jerk or bouncing when stretching

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

Remember to maintain proper posture with each exercise.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising. Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Exercise Guidelines for Post-Poliomyelitis Syndrome

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

Perform the checked exercises \_\_\_\_\_ time(s) a day, \_\_\_\_\_ day(s) a week.

Exercise with a slow and steady rhythm.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

Do not exercise to the point of muscle fatigue. Rest in between exercises and allow adequate time for your muscles to recover.

Remember to maintain proper posture with each exercise.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Exercise Guidelines for Renal Conditions

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

Perform the checked exercises \_\_\_\_\_ time(s) a day, \_\_\_\_\_ day(s) a week.

Exercise slowly and gently.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

Remember to maintain proper posture with each exercise.

Don't exercise if you have a fever, or if you have missed dialysis. Exercise on your non-dialysis days, or before dialysis. Your blood pressure may be too low after dialysis to exercise.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising.

Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Face and Neck Active Range of Motion Exercises

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

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- Raise your eyebrows, and then frown.

Repeat \_\_\_\_\_ times



- Close your eyes tight, and then open your eyes wide.

Repeat \_\_\_\_\_ times



- Smile without showing your teeth, then pucker.

Repeat \_\_\_\_\_ times



- Stick out your tongue, move it side to side, then move it up and down.

Repeat \_\_\_\_\_ times



- Open your mouth as wide as possible, then close.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Face and Neck Active Range of Motion Exercises

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

---

- Push your bottom jaw forward, and then pull it back.

Repeat \_\_\_\_\_ times



- Move your jaw side to side.

Repeat \_\_\_\_\_ times



- Turn your head side to side.

Repeat \_\_\_\_\_ times



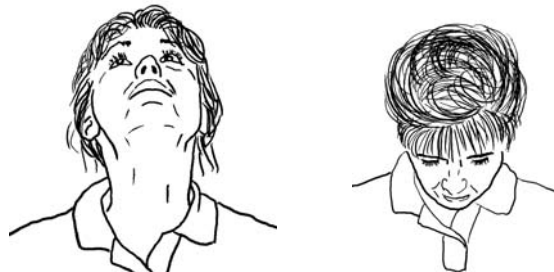
- Tilt your head, bringing your ear towards your shoulder. Repeat on the other side.

Repeat \_\_\_\_\_ times



- Look up and then look down.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Fine Motor Activities

### **Pinch and grip strengthening**

- Clip clothespins
- Practice opening cans, bottles, Ziploc baggies
- Craft projects (cooper tooling, basket weaving, polymer clay, using hand tools)
- Putty exercises
- Cut out coupons
- Kitchen activities (cake decorating, kneading bread dough, squeezing citrus for juice, peeling and grating vegetables)

### **Fine motor**

- Pick up beans, buttons and nails
- Screw and unscrew nuts and bolts
- Place pegs into a pegboard
- Snap together pop beads
- Tie and untie a length of rope
- String beads, macaroni, or straw pieces. Lacing shoes.
- Use the computer keyboard for games and email.
- Practice fastening buttons, shoelaces, zippers, buckles and snaps.
- Trace around a stencil
- Craft projects (paint by number, coloring pictures, origami)
- Leisure games (cribbage, Connect Four, dominos, Scrabble)

### **In-hand manipulation**

- Leisure games (HiQ, playing card games, bingo)
- Craft projects (crochet, knitting, rug hook, macramé, mosaic tile boxes, sewing)
- Pick up coins, beans or buttons, one at a time and move them in to the palm of the hand. Once all the items are in the palm, use the thumb to help move the items one at a time back to the fingertips.
- Flip the pencil from tip to eraser (like a baton)
- Grasp pencil near the eraser; manipulate your fingers to move the pencil down to the tip
- Roll a pencil with the tips of your fingers

### **Functional writing activities**

- Write letters or cards
- Update an address book
- Make a shopping list
- Write checks
- Write recipes on cards
- Word puzzles

# Occupational Therapy TOOLKIT

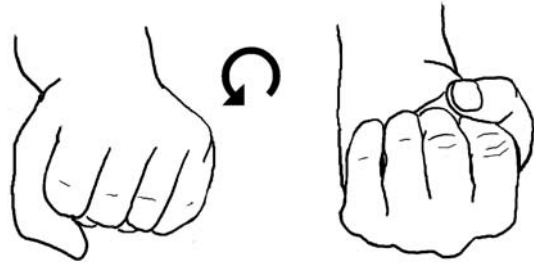
## Forearm and Wrist Active Range of Motion Exercises

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

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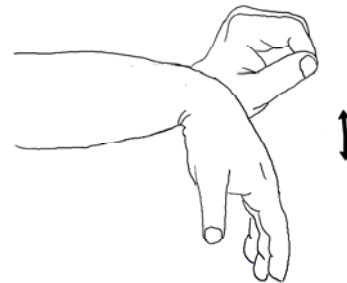
- Forearm Pronation and Supination**  
Bend elbows keeping them tucked into your sides. Turn palms up and then turn palms down.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Wrist Flexion and Extension**  
Let your wrist hand hang over the edge of a table. Lower and raise your hand bending at the wrist.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



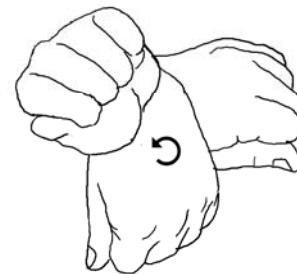
- Wrist Side to Side**  
Place your hand flat on the table. Move your hand side to side bending at the wrist.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Wrist Circles**  
Circle your hand one direction and then circle in the other direction.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Forearm and Wrist Strengthening Exercises

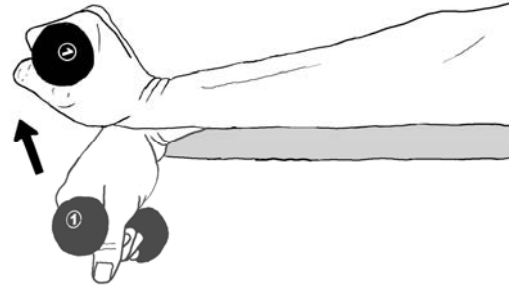
Perform the checked exercises \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

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**Wrist Extension**

Hold a \_\_\_\_\_ lb/kg weight. Let your hand hang over the edge of a table with your palm face down. Raise and lower your hand bending at the wrist.

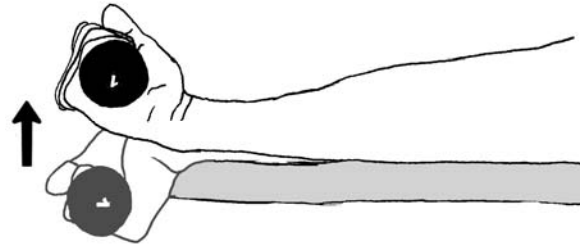
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Wrist Flexion**

Hold a \_\_\_\_\_ lb/kg weight. Let your hand hang over the edge of a table with your palm face up. Raise and lower your hand bending at the wrist.

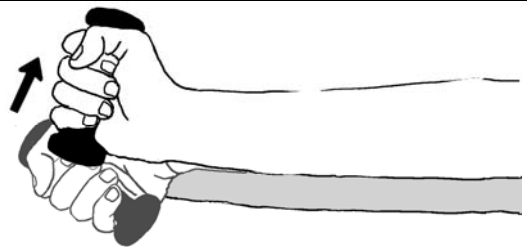
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Wrist Radial Deviation**

Hold a \_\_\_\_\_ lb/kg weight. Let your hand hang over the edge of a table with your thumb pointing up. Move your hand up then down bending at the wrist.

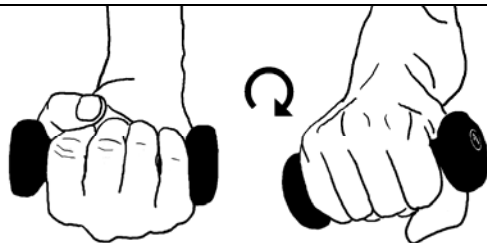
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Forearm Supination and Pronation**

Hold a \_\_\_\_\_ lb/kg weight. Bend your arms at the elbows keeping them tucked at your sides. Turn palms up and then turn palms down.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Forearm and Wrist Stretching Exercises

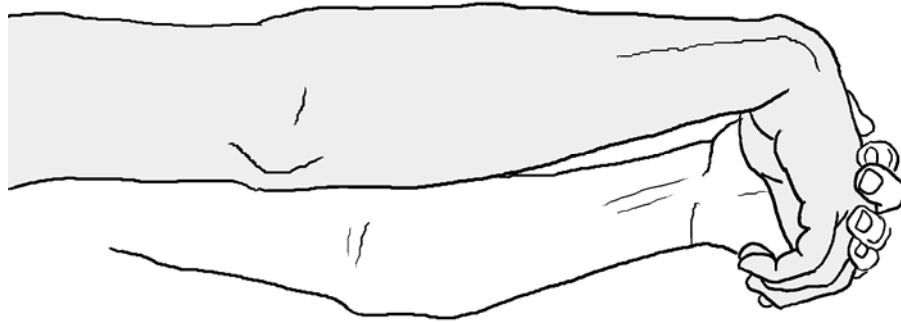
Perform the checked exercises \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

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**Forearm Extensor Stretch**

Place your arm in front of your body with the elbow straight and the palm down. Let gravity bend the wrist forward. With your other hand, gently push the wrist further until you feel a stretch. Close your fingers gently to increase the stretch.

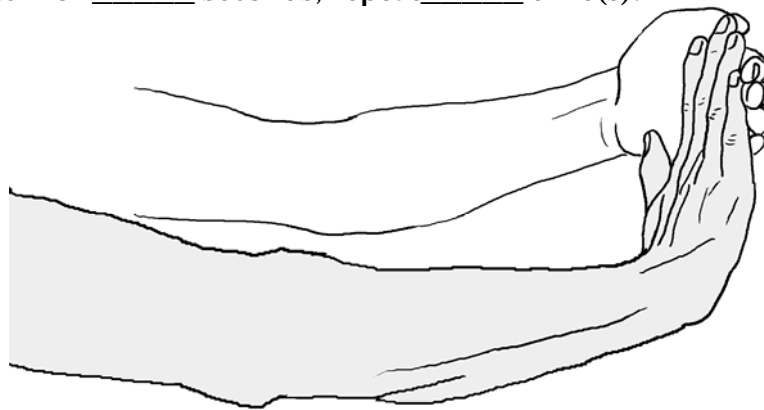
Hold this stretch for \_\_\_\_\_ seconds, repeat \_\_\_\_\_ time(s).



**Forearm Flexor Stretch with Pronation**

Place your arm in front of your body with the elbow straight and palm up. Support the hand being stretched with the other hand. Relax the muscles of the arm being stretched. Gently push the wrist further with the other hand until you feel a stretch.

Hold this stretch for \_\_\_\_\_ seconds, repeat \_\_\_\_\_ time(s).



# Occupational Therapy TOOLKIT

## Gross Motor Activities

Practice the checked items everyday

- Arm chair pushups
- Throw a ball.
- Balloon volley
- Drink from mug.
- Eat with a built-up spoon.
- Wash body parts.
- Apply body lotion.
- Brush hair.
- Assist with dressing.
- Hold a dish while unaffected hand washes.
- Assist in wringing a rag or sponge.
- Assist with folding laundry.
- Wipe down the tabletop.
- Reach into cupboard.
- Stack cups.
- Use the telephone.
- Wash mirrors and windows
- Cooking tasks (kneading, stirring, rolling, whisking)



# Occupational Therapy TOOLKIT

## Hand Strengthening Putty Exercises

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

Repeat \_\_\_\_\_ times

Perform these exercises with **right** **left** **both** hands (circle one)

---

**Finger Flexion**

Shape the putty into a ball. Squeeze the putty with your whole hand.



**Thumb Flexion**

Shape the putty into a ball. Hold the putty in your closed hand. Press your thumb into the putty.



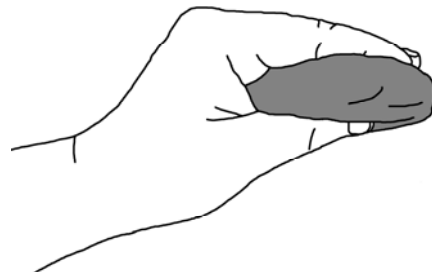
**Lateral or Key Pinch**

Shape the putty into a ball. Pinch the putty between your thumb and the side of your index finger.



**Lumbrical Pinch**

Shape the putty into a ball. Hold your fingers straight and your knuckles bent. Squeeze the putty between your fingers and thumb.



# Occupational Therapy TOOLKIT

## Hand Strengthening Putty Exercises

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

Repeat \_\_\_\_\_ times

Perform these exercises with **right** **left** **both** hands (circle one)

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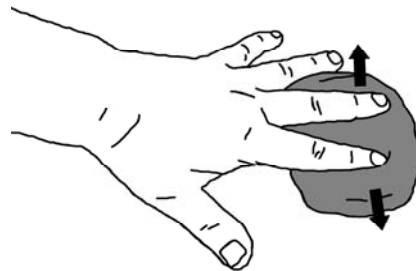
**Finger Extension**

Flatten the putty into a pancake. Place your fingertips together on the putty and spread the putty outward.



**Finger Abduction**

Flatten the putty into a pancake. Spread the putty apart using two fingers at a time.



**Finger Adduction**

Reshape the putty into a sausage. Squeeze the putty between the insides of your fingers.



**Finger Tip Pinch**

Reshape the putty into a sausage. Pinch the putty between your thumb and each of fingers individually.



# Occupational Therapy TOOLKIT

## Hand Stretching and Active ROM

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

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

Apply a heat pack to your \_\_\_\_\_ for \_\_\_\_\_ minutes before exercising.

Apply a cold pack to your \_\_\_\_\_ for \_\_\_\_\_ minutes after exercising.

Exercise slowly and gently.

Stretch to the point of tension, not pain. Do not jerk or bouncing when stretching

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

Remember to maintain proper posture with each exercise.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising. Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

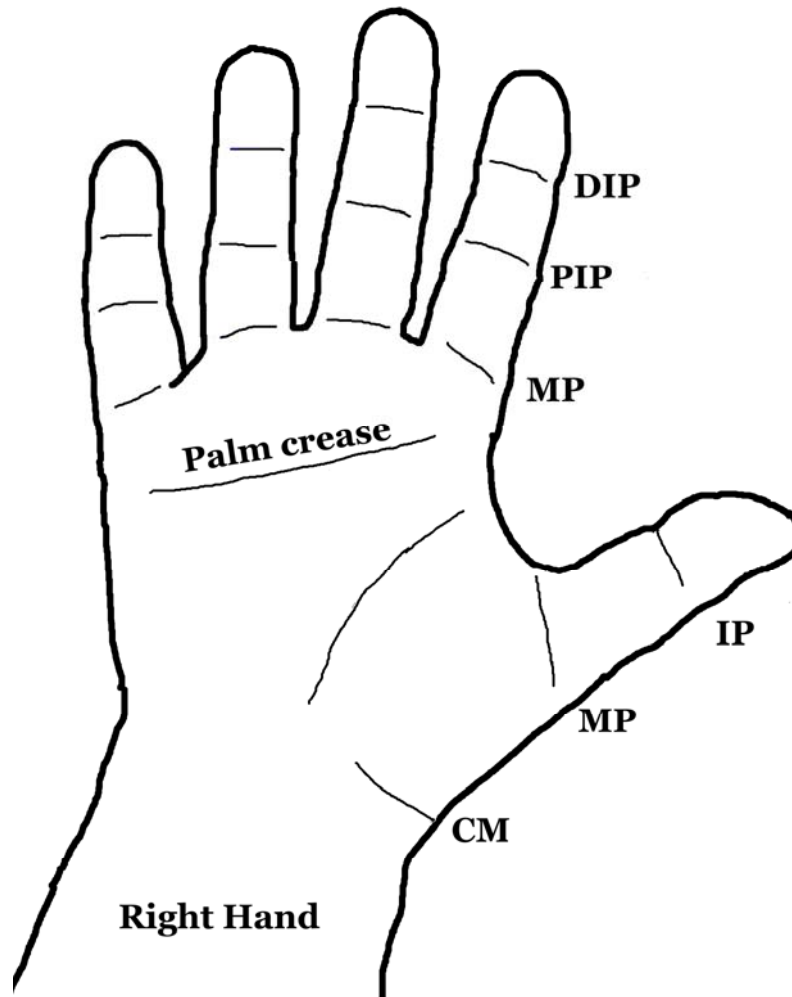
## Hand Anatomy

### Thumb Joints

First	IP	Inter Phalangeal
Middle	MP	Metacarpal Phalangeal
Base	CM	Carpo Metacarpal

### Finger Joints

First	DIP	Distal Inter Phalangeal
Middle	PIP	Proximal Inter Phalangeal
Base	MP	Metacarpal Phalangeal



# Occupational Therapy TOOLKIT

## Hand Stretching and Active ROM

### Stretching

### Active ROM



- Thumb IP Flexion/Extension**  
Hold the tip of the thumb. Bend the first (IP) joint. Hold \_\_\_\_\_ seconds. Straighten the first (IP) joint. Hold the stretch for \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times.



- Thumb IP Flexion/Extension**  
Support the thumb below the first (IP) joint. Actively bend and straighten the first joint.

Repeat \_\_\_\_\_ times.



- Thumb MP Flexion/Extension**  
Hold the thumb at the first (IP) joint. Bend the middle (MP) joint. Hold \_\_\_\_\_ seconds. Straighten the middle (MP) joint. Hold the stretch for \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times.



- Thumb MP Flexion/Extension**  
Support the thumb below the middle (MP) joint. Actively bend and straighten the middle (MP) joint.

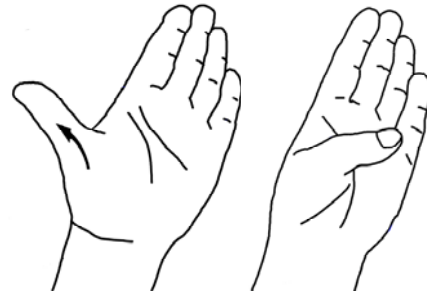
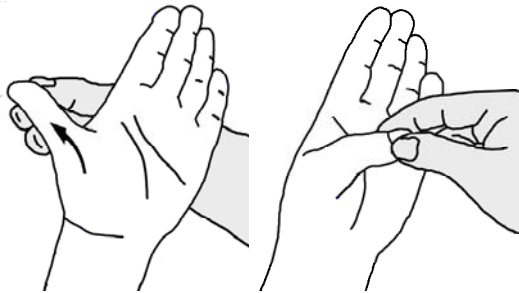
Repeat \_\_\_\_\_ times.

# Occupational Therapy TOOLKIT

## Hand Stretching and Active ROM

### Stretching

### Active ROM



- Thumb CM Extension/Flexion**  
Hold the thumb. Bend the (CM) joint at the base of the thumb. Hold \_\_\_\_\_ seconds. Extend the (CM) joint. Hold the stretch for \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times.

- Thumb CM Extension/Flexion**  
Actively bend and straighten the base (CM) joint.

Repeat \_\_\_\_\_ times.



- Combined Thumb Flexion**  
Hold the thumb. Bend the thumb so the tip is touching the palm. Hold the stretch for \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times.

- Combined Thumb Flexion**  
Actively bend the thumb so the tip is touching the palm. Hold \_\_\_\_\_ seconds.

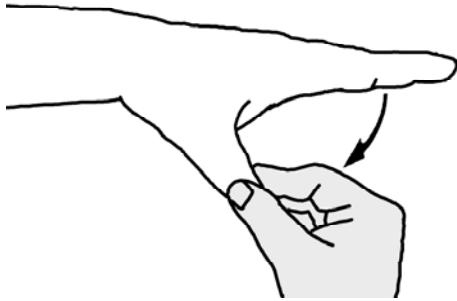
Repeat \_\_\_\_\_ times.

# Occupational Therapy TOOLKIT

## Hand Stretching and Active ROM

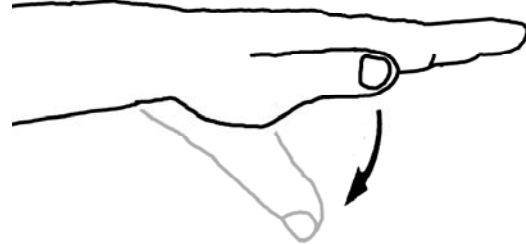
### Stretching

### Active ROM



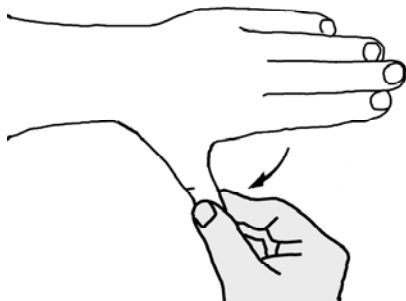
- Thumb CM Palmar Abduction**  
Place your hand on the end of the table with your thumb over the side. Stretch your thumb downward, pointing to the floor. Hold the stretch for \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times.



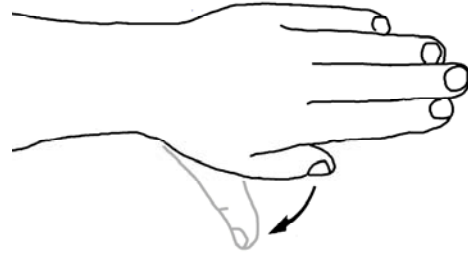
- Thumb CM Palmar Abduction**  
Place your hand on the end of the table with your thumb over the side. Actively move your thumb downward, pointing to the floor.

Repeat \_\_\_\_\_ times.



- Thumb CM Radial Abduction**  
Place your hand flat on the table. Stretch the thumb away from your hand. Hold the stretch for \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times.



- Thumb CM Radial Abduction**  
Place your hand flat on the table. Actively move the thumb away from your hand.

Repeat \_\_\_\_\_ times.

# Occupational Therapy TOOLKIT

## Hand Stretching and Active ROM

### Stretching

### Active ROM



- Finger DIP Flexion/Extension**  
Hold the tip of the finger. Bend the first (DIP) joint. Hold \_\_\_\_\_ seconds. Straighten the first (DIP) joint. Hold the stretch for \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times with each finger.



- Finger DIP Flexion/Extension**  
Support the finger below the first (DIP) joint. Actively bend and straighten the first (DIP) joint.

Repeat \_\_\_\_\_ times with each finger.



- Finger PIP Flexion/Extension**  
Hold the finger at the first (DIP) joint. Bend the middle (PIP) joint. Hold \_\_\_\_\_ seconds. Straighten the middle (PIP) joint. Hold the stretch for \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times with each finger.



- Finger PIP Flexion/Extension**  
Support the finger below the middle (PIP) joint. Actively bend and straighten the middle (PIP) joint.

Repeat \_\_\_\_\_ times with each finger.

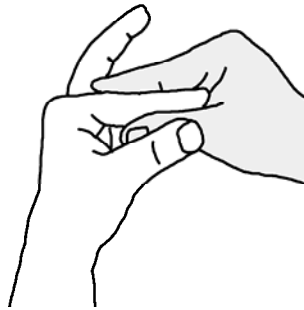


# Occupational Therapy TOOLKIT

## Hand Stretching and Active ROM

### Stretching

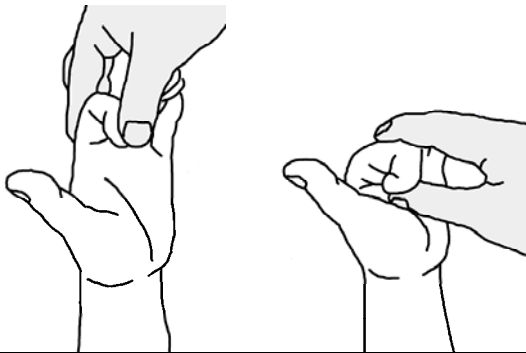
### Active ROM



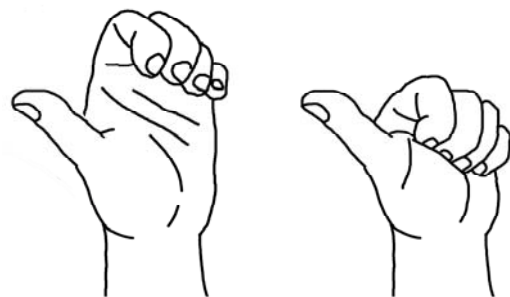
- Finger MP Flexion**  
Hold the finger straight at the first (DIP) and middle (PIP) joints. Bend the base (MP) joint to form a 90 degree angle. Hold the stretch for \_\_\_\_\_ seconds.  
Repeat \_\_\_\_\_ times with each finger.



- Finger MP Flexion**  
Hold your finger straight at the first (DIP) and middle (PIP) joints. Actively bend the base (MP) joint to form a 90 degree angle.  
Repeat \_\_\_\_\_ times with each finger.



- Combined Finger Flexion**  
Bend the finger at the first (DIP) and middle (PIP) joints. Now bend the base (MP) joint to form a box. Hold the stretch for \_\_\_\_\_ seconds.  
Repeat \_\_\_\_\_ times with each finger.



- Combined Finger Flexion**  
Actively bend the finger at the first (DIP) and middle (PIP) joints. Now bend the base (MP) joint to form a box.  
Repeat \_\_\_\_\_ times with each finger.

# Occupational Therapy TOOLKIT

## Hand Stretching and Active ROM

### Stretching

### Active ROM



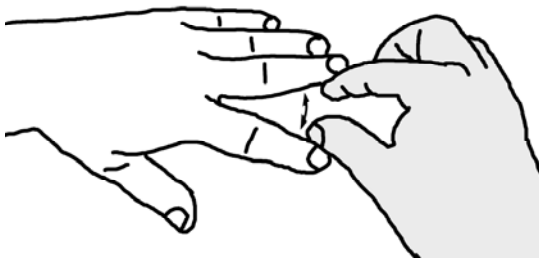
- Finger MP Extension**  
Place your hand flat on the table. Hold the tip of the finger. Lift the finger off the table. Hold the stretch for \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times with each finger.



- Finger MP Extension**  
Place your hand flat on the table. Actively lift the finger off the table.

Repeat \_\_\_\_\_ times with each finger.



- Finger MP Abduction**  
Place your hand flat on the table. Spread two fingers apart. Hold the stretch for \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times with each set of fingers.



- Finger MP Abduction**  
Place your hand flat on the table. Actively spread two fingers apart.

Repeat \_\_\_\_\_ times with each set of fingers.

# Occupational Therapy TOOLKIT

## Level 1 Activities Getting Your Weaker Arm to Move

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

This packet includes the checked handouts

- Passive ROM Exercises
- Positioning in Bed
- Proper Positioning When Sitting
- Protecting Your Arm
- Self Range of Motion
- Using Your Arm with Caregiver Assisted Guiding
- Weight Bearing Exercises

These activities and exercises will help protect your arm from injury and also to help your arm to start moving again.

Ask your family or friends to help you with your program

The exercises should not cause any pain, if they do, discontinue and contact your therapist

# Occupational Therapy TOOLKIT

## Level 2 Activities

### Using Your Weaker Arm as a Passive Stabilizer

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

This packet includes the checked handouts

- Positioning in Bed
- Proper Positioning When Sitting
- Protecting Your Arm
- Passive ROM Exercises
- Self Range of Motion
- Using Your Arm with Caregiver Assisted Guiding
- Using Your Arm with Self-Guiding
- Using Your Arm as a Passive Stabilizer
- Weight Bearing Exercises

These exercises will help strengthen your weaker arm and improve your ability to use your weaker arm with daily activities.

Ask your family or friends to help you with your program

Try to do these exercises throughout the day, everyday.

Exercise slowly and gently. Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

Muscle soreness lasting a few days and slight fatigue are normal after exercising. Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

# Occupational Therapy TOOLKIT

## Level 3 Activities

### Using Your Weaker Arm as an Active Stabilizer

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

#### Exercise Guidelines:

This packet includes the checked handouts

- Self Range of Motion
- Scapular Mobilization and Strengthening
- Using Your Arm as an Active Stabilizer
- Using Your Arm with Self-Guiding
- Using Your Arm with Caregiver Assisted Guiding
- Weight Bearing Exercises

These exercises will help strengthen your weaker arm and improve your ability to use your weaker arm with daily activities.

Ask your family or friends to help you with your program

Try to do these exercises throughout the day, everyday.

Exercise slowly and gently. Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

Muscle soreness lasting a few days and slight fatigue are normal after exercising. Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

# Occupational Therapy TOOLKIT

## Level 4 Activities

### Using Your Weaker Arm as a Gross Motor Assist

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

This packet includes the checked handouts

- Ball Exercises
- Gross Motor Activities
- Hand Strengthening Exercises (soft resistance)
- Scapular Mobilization and Strengthening
- Arm Exercises
- Using Your Arm as a Gross Motor Assist
- Weight Bearing Exercises

You will also need

- Wrist weights \_\_\_\_\_ pound
- Exercise putty \_\_\_\_\_ color
- 12 inch ball
- Cups to stack
- Inflated balloon

These exercises will help strengthen your weaker arm and improve your ability to use your weaker arm with daily activities.

Ask your family or friends to help you with your program

Try to do these exercises throughout the day, everyday.

Exercise slowly and gently. Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

Muscle soreness lasting a few days and slight fatigue are normal after exercising. Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

# Occupational Therapy TOOLKIT

## Level 5 Activities

### Using Your Weaker Arm as a Fine Motor Assist

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Name: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

This packet includes the checked handouts

- Fine Motor Activities
- Hand Strengthening Exercises
- Upper Body Strengthening Activities
- Arm Exercises

You will also need

- Wrist weights \_\_\_\_\_ pound
- Exercise putty \_\_\_\_\_ color
- Fine motor box

These exercises will help strengthen your weaker arm and improve your ability to use your weaker arm with daily activities.

Ask your family or friends to help you with your program

Try to do these exercises throughout the day, everyday.

Exercise slowly and gently. Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

Muscle soreness lasting a few days and slight fatigue are normal after exercising. Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

# Occupational Therapy TOOLKIT

## Mastectomy Exercises

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (____) _____

### Exercise Guidelines:

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

Exercise slowly and gently.

Remember to maintain proper posture with each exercise.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising.

Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Mastectomy Exercises

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- Head Tilt**  
Tilt your head toward your shoulder.  
Repeat on the other side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Shoulder Shrug**  
Shrug your shoulders and release.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



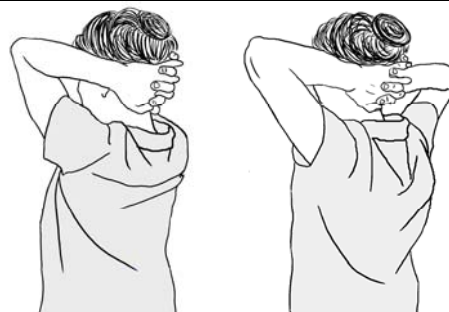
- Back Stretch**  
Grasp your hands together behind your back. Pull your shoulder blades together and release.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Elbow Spread**  
Clasp your hands behind your neck. Bring your elbows together and then spread your elbows apart.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Mastectomy Exercises

**Corner Stretch**

Stand facing a corner. Bend your elbows and put your forearms on the wall. Your elbows should be as close to shoulder height as possible. Move your chest toward the corner.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Wall Walk - Forward**

Stand with your involved arm facing the wall. Walk your fingers up the wall, and then wall them down the wall.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Wall Walk - Side**

Stand with your involved arm next to the wall. Walk your fingers up the wall, and then wall them down the wall.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Shoulder Flexion**

Hold a cane or dowel with your hands at shoulder width apart. Lift the dowel up in front as high as you can.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Mastectomy Exercises

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**Shoulder Abduction**

Hold a cane or dowel with your hands at shoulder width apart. Lift the dowel up to the side as high as you can. Repeat to opposite side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Shoulder Side to Side**

Hold a cane or dowel with your hands at shoulder width apart. Move the dowel from side to side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Shoulder Extension**

Hold the cane or dowel behind you. Keeping your elbows straight, lift the dowel away from your body.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Shoulder Internal Rotation**

Hold the cane or dowel behind you. Bend your elbows and lift the dowel up your back.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Median Nerve Gliding Exercises

Hold each position \_\_\_\_\_ seconds.  
Repeat the sequence \_\_\_\_\_ time(s).  
Perform these exercises \_\_\_\_\_ time(s) a day.

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Hold your wrist straight and your fingers and thumb in a loose fist.



Hold your wrist straight, straighten your fingers and thumb.



Bend your wrist and fingers backwards, keeping your thumb in neutral.



Bend your wrist, fingers and thumb backwards.



Fully bend your wrist, fingers and thumb back and spread your fingers apart.



# Occupational Therapy TOOLKIT

## Neck Active ROM Exercises

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

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- Flexion**  
Bend your head forward while keeping your chin tucked.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- Extension**  
Bend your head backwards.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- Side Bend**  
Bend your head towards your shoulder, keep your eyes forward.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Repeat to the other side.



- Rotation**  
Turn your head to look over your shoulder.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Repeat to the other side.



# Occupational Therapy TOOLKIT

## Neck Isometric Exercises

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

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**Flexion**

Bend your neck slightly forward and put your hand on your forehead. Continue to bend your neck forward while pushing back with your hand.

Hold for \_\_\_\_\_ seconds.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



**Extension**

Keep your head up and your neck straight and place your hands at the back of your head interlocking your fingers. Try to push your head backwards while pushing forward with your hands.

Hold for \_\_\_\_\_ seconds.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



**Side Bend**

Keep your head straight and your chin level. Put your right hand on the right side of your head. Try to bring your head down to your right shoulder while pushing up with your right hand.

Hold for \_\_\_\_\_ seconds.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

Repeat on the left side.



**Rotation**

Place the palm of your right hand against your right cheek. Try to turn your head towards the right while pushing back with your right hand.

Hold for \_\_\_\_\_ seconds.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

Repeat on the left side.



# Occupational Therapy TOOLKIT

## Neck Strengthening Exercises

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

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**Extension**

Get onto your hands and knees. Tighten your stomach muscles. Slowly lower and raise your head.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



**Flexion**

Lie on your back. Slowly lift your head, and curl your chin to your chest.

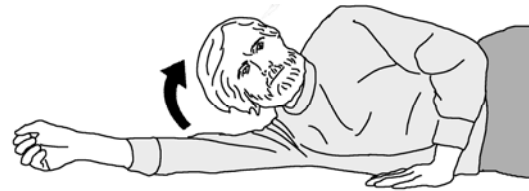
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



**Side Bend**

Lie on your side with your arm extended overhead. Rest your head on the outstretched arm. Slowly lift your head.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Repeat on the other side.

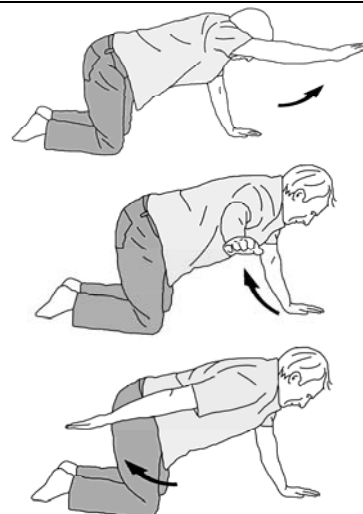


**Reach and Hold**

Get onto your hands and knees. Tighten your stomach muscles. Keep your head and neck straight.

Raise the right arm straight ahead.  
Raise the right arm to the side.  
Raise the right arm to the back.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Repeat on the other side.



# Occupational Therapy TOOLKIT

## Neck Stretches

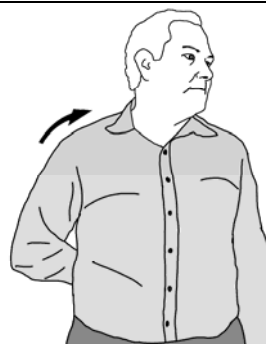
Perform the checked exercises \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

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**Scalene Stretch**

Place your right arm behind your back.  
Turn your head away to the left.  
Hold for \_\_\_\_\_ seconds.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Perform the stretch on the left side.



**Upper Trapezium Stretch**

Placing your right hand on top of your head. Gently bring your right ear towards the right shoulder.  
Hold for \_\_\_\_\_ seconds.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Perform the stretch on the left side.



**Scapular Squeeze**

Pull your shoulder blades together.  
Hold for \_\_\_\_\_ seconds.

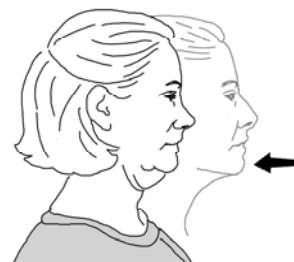
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Perform the stretch on the left side.



**Chin Tuck**

Pull your chin straight back.  
Hold for \_\_\_\_\_ seconds.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Perform the stretch on the left side.





# Occupational Therapy TOOLKIT

## Osteoporosis Extension Exercises

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

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

Exercise slowly and gently.

Remember to maintain proper posture with each exercise.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising.

Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Osteoporosis Extension Exercises

During the exercises, keep your back and neck straight and your stomach muscles tight.

**Wall Slide**

Stand with your back to the wall. Bend your knees and slide down the wall. Do not move lower than you would if you were sitting on a chair.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Wall Arch**

Place your palms flat on the wall at shoulder height. Place your feet 6 inches (13 cm) from the wall. Slowly move up the wall. Hold for the count of \_\_\_\_\_. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Calf Stretch**

Stand facing a stable object. Slide one foot backward, keeping it flat on the floor, until your back leg is straight. Lean your weight forward onto your bent front knee. Hold for the count of \_\_\_\_\_. Repeat with your other leg.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_  
Repeat with your other leg.



**Shoulder Strengthening**

Hold onto a stable object. Hold a 1-2 lb/kg weight and straighten your arm behind you.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_  
Repeat with your other arm.



# Occupational Therapy TOOLKIT

## Osteoporosis Extension Exercises

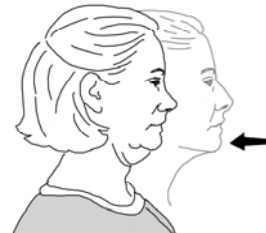
During the exercises, keep your back and neck straight and your stomach muscles tight.

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**Chin Tuck**

Pull your chin straight back and release.

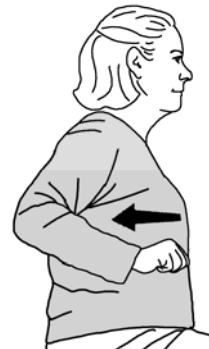
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Upper Back Stretch**

Pull your elbows back bringing your shoulder blades together. Hold for the count of \_\_\_\_\_. Release. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Chest Stretch**

Place your hands behind your neck. Slowly move your elbows back. Hold for the count of \_\_\_\_\_. Release. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Stand Up and Sit Down**

Keep your back straight and your arms extended out in front. Stand up and sit down without using your arms.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Osteoporosis Extension Exercises

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**Pelvic Tilt**

Lie on your back. Bend your knees. Tilt your hips up and push your low back into the bed. Hold for the count of \_\_\_\_\_. Do not hold your breath.

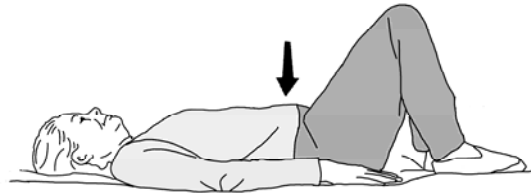


Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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**Abdominal Bracing**

Lie on your back. Bend your knees. Draw your belly button in and then bear down and brace your stomach muscles. Hold for the count of \_\_\_\_\_. Do not hold your breath.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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**Back and Shoulder Stretch**

Lie on your back. Bend your knees. Tighten your stomach muscles and slowly stretch your arms above your head.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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**Upper Back Lift**

Lie on your stomach with a pillow under your hips. Keep your arms at your sides. Tighten your abdominal muscles and raise your head and chest up. Hold for the count of \_\_\_\_\_. Do not hold your breath.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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# Occupational Therapy TOOLKIT

## Parkinson's Exercises

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

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

Exercise slowly and gently.

Remember to maintain good posture with each exercise.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising.

Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Parkinson's Exercises Face

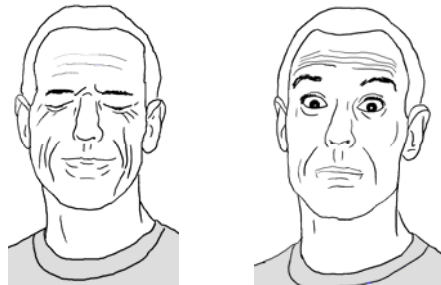
- 
- Raise your eyebrows, and then frown.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



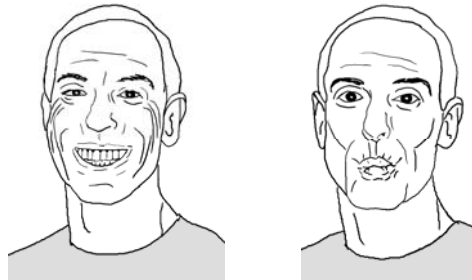
- 
- Close your eyes tight, and then open wide.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



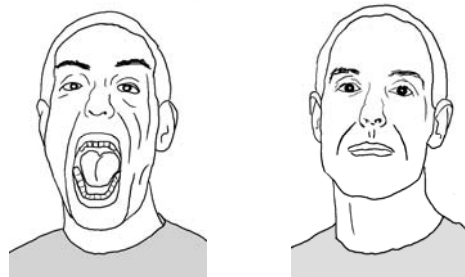
- 
- Smile, and then pucker your lips.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- 
- Open your mouth wide, and then close.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- 
- Lick your lips.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



# Occupational Therapy TOOLKIT

## Parkinson's Exercises Neck and Shoulders

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- Turn your head side to side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Look up and then look forward.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- Pull your shoulder back. Hold to the count of \_\_\_\_\_. Release. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Clasp your hands together and raise them up over your head.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.

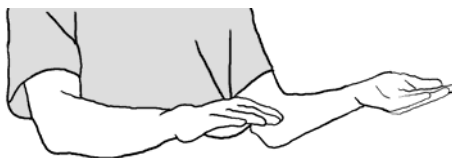


# Occupational Therapy TOOLKIT

## Parkinson's Exercises Hand and Wrist

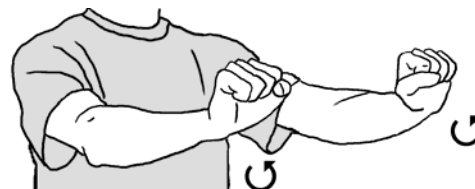
- 
- Alternately turn your hands palm up, then palm down on your lap.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- 
- Rotate your wrists in one direction, and then repeat in the other direction.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- 
- Alternately bend one hand up towards the ceiling and the other down towards the floor.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- 
- Alternately open one hand as the other hand is in a fist.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- 
- Touch your thumb to each finger, individually.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.





# Occupational Therapy TOOLKIT

## Parkinson's Exercises Trunk and Hips - Sitting

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- Cross your arms and raise them to shoulder height. Twist to the right and then twist to the left.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Bend sideways. Repeat to the other side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- Sit in chair and extend the right leg forward. Keep knee straight and gently lean forward toward your toes. Hold to the count of \_\_\_\_\_.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_  
Repeat with the left leg.



- Bring one ankle up to your opposite knee. Repeat with other ankle.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



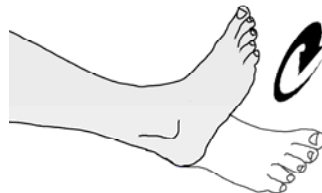
# Occupational Therapy TOOLKIT

## Parkinson's Exercises

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- Make circles with your right foot. Go clock-wise then repeat counter clockwise.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_  
Repeat with the left foot.



- Sit with feet flat on the floor and hands on the armrests of a sturdy chair. Straighten elbows to lift buttocks off the chair. Keep most of your body weight on your arms.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



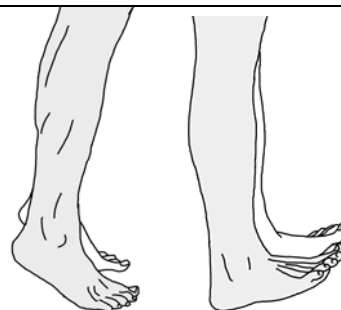
- Stand facing a stable object. Slide one foot backward, keeping it flat on the floor, until your back leg is straight. Lean your weight forward onto your bent front knee. Hold for the count of \_\_\_\_\_.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_  
Repeat with your other leg.



- Stand and hold onto a stable object. Rise up on your toes, lifting your heels off the floor. Then rock back onto your heels, lifting your toes off the floor.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



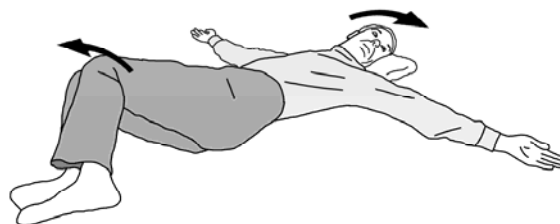
# Occupational Therapy TOOLKIT

## Parkinson's Exercises Trunk and Hips - Lying

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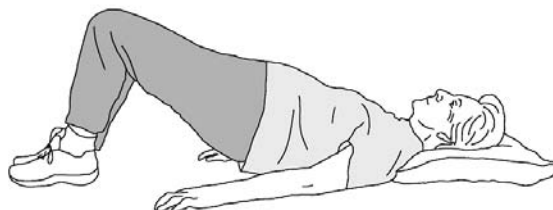
- Lie on your back with your knees bent. Place arms out to your sides. Turn your head to the right as you allow both legs to fall over to the left. Hold for 3-5 seconds.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_  
Repeat to the other side



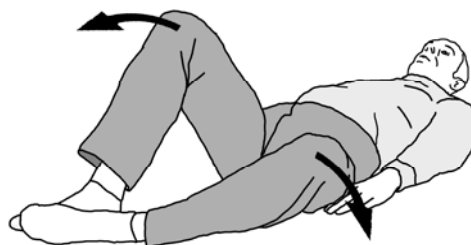
- Bend both knees and place feet flat. Tighten stomach muscle and raise your hips off the bed/floor. Hold position for \_\_\_\_\_ seconds.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



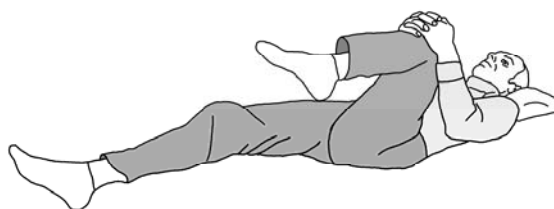
- Lie on your back with your knees bent. Allow your knees to fall out to the sides, and then bring them back together.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Lie on your back with your knees bent. Bring the right knee to the chest and push the left leg down toward the floor.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Passive ROM Exercises

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (____) _____

### Exercise Guidelines:

Do the exercises smoothly and gently. Never force, jerk, or over-stretch a muscle.

Perform all exercises in sequence unless instructed otherwise.

Stop the exercises if the person feels pain.

Make these range of motion exercises a part of the person's daily routine. Do the exercises at the same time every day. Do them while bathing the person or while the person watches TV. This will make the time go faster and help the person relax. You may want to break the exercise program into 2 or 3 sessions. You can then do the sessions at different times of the day instead of doing them all at once.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Passive ROM Exercises – Neck and Back

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- Chin-to-Chest**  
Raise the back of the person's head up from the bed. Gently tip their chin toward their chest.

Repeat \_\_\_\_\_ times



- Head Turns**  
Put one hand on each side of the person's head. Turn their head toward the right. Then slowly turn their head towards the left.

Repeat \_\_\_\_\_ times to each side.



- Low Back Flexion**  
Bend the person's knees and lift both legs together. Gently move both legs towards the person's chest.

Repeat \_\_\_\_\_ times



- Back Rotation**  
Bend the person's knees, place one hand on the opposite shoulder and one hand on the knees. Gently rotate the knees to one side, and then repeat to the other side.

Repeat \_\_\_\_\_ times to each side



# Occupational Therapy TOOLKIT

## Passive ROM Exercises – Shoulder

---

**Shoulder Flexion**

Turn the person's palm in toward their body. Move the arm upward to shoulder level, and then move the arm back down to the side.

Repeat \_\_\_\_\_ times



**Shoulder Abduction**

Bring the person's arm out to the side and move up to shoulder level.

Repeat \_\_\_\_\_ times



**Shoulder Rotation**

Bring the person's arm out to the side. Bend the elbow so the fingers are pointing up. Rotate the arm so the fingers point down toward their toes. Then rotate the arm so the fingers point up towards the head of the bed.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Passive ROM Exercises - Elbow, Forearm and Wrist

---

- Elbow Flexion and Extension**  
With the person's arm at their side. Bend the elbow and touch the fingertips to the front of the shoulder. Move the hand back down to the side.

Repeat \_\_\_\_\_ times



- Forearm Supination and Pronation**  
Keep the person's elbow and forearm on the bed and raise their hand. Gently twist the forearm so the palm is up. Then twist it so the palm is down.

Repeat \_\_\_\_\_ times



- Wrist Rotation.**  
Hold the person's hand and bend it back toward the wrist. Then bend the hand down only until you feel resistance. Rock the hand back and forth sideways. Gently rotate the hand in smooth circles.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Passive ROM Exercises - Fingers and Thumb

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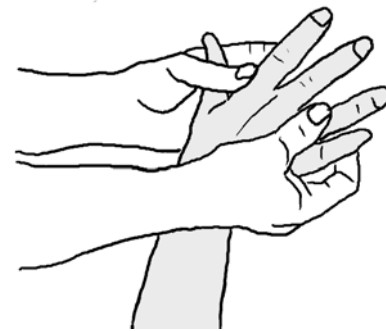
- Finger Flexion and Extension**  
Place your hand on the back of the person's fingers. Gently bend their hand into a fist. Straighten their fingers again.

Repeat \_\_\_\_\_ times



- Finger Abduction and Adduction**  
Gently straighten out the person's fingers. Spread their fingers wide apart, one at a time. Then bring their fingers back together.

Repeat \_\_\_\_\_ times



- Thumb Opposition**  
Move the person's thumb across their palm. Bring the thumb back out again.

Repeat \_\_\_\_\_ times





# Occupational Therapy TOOLKIT

## Passive ROM Exercises - Hip and Knee

---

- Hip and Knee Flexion.**  
Slowly bend the person's hip and knee  
up toward their chest.

Repeat \_\_\_\_\_ times



- Hip Abduction**  
Move the person's leg out to the side.  
Then return the leg to the middle.

Repeat \_\_\_\_\_ times



- Hip Rotation**  
Bend the person's knee and cross the leg  
over their other leg.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Passive ROM Exercises - Ankle and Foot

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- Ankle Flexion and Extension**  
Push the person's foot so their toes point up toward the ceiling. Then put your hand on top of the foot and push their foot down towards the foot of the bed.



Repeat \_\_\_\_\_ times

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- Ankle Rotation**  
Hold the person's ankle with one hand and their upper foot with your other hand. Gently turn their foot and ankle in a circle.



Repeat \_\_\_\_\_ times

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- Toe Flexion**  
With your palm on top of the person's foot, curl the toes down toward the bottom of their foot. Then straighten their toes.



Repeat \_\_\_\_\_ times

---

- Toe Abduction**  
Use your fingers to spread the person's toes apart one at a time.



Repeat \_\_\_\_\_ times

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# Occupational Therapy TOOLKIT

## Passive ROM Exercises - Left Hemiparesis

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (____) _____

### Exercise Guidelines:

Do the exercises smoothly and gently. Never force, jerk, or over-stretch a muscle.

Perform all exercises in sequence unless instructed otherwise.

Stop the exercises if the person feels pain.

Make these range of motion exercises a part of the person's daily routine. Do the exercises at the same time every day. Do them while bathing the person or while the person watches TV. This will make the time go faster and help the person relax. You may want to break the exercise program into 2 or 3 sessions. You can then do the sessions at different times of the day instead of doing them all at once.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Passive ROM Exercises – Neck and Back

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- Chin-to-Chest**  
Raise the back of the person's head up from the bed. Gently tip their chin toward their chest.

Repeat \_\_\_\_\_ times



- Head Turns**  
Put one hand on each side of the person's head. Turn their head toward the right. Then slowly turn their head towards the left.

Repeat \_\_\_\_\_ times to each side.



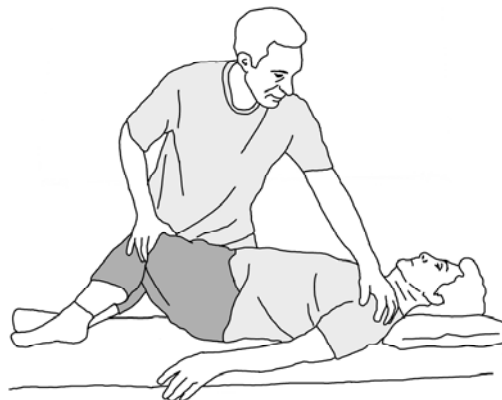
- Low Back Flexion**  
Bend the person's knees and lift both legs together. Gently move both legs towards the person's chest.

Repeat \_\_\_\_\_ times



- Back Rotation**  
Bend the person's knees, place one hand on the opposite shoulder and one hand on the knees. Gently rotate the knees to one side, and then repeat to the other side.

Repeat \_\_\_\_\_ times to each side



# Occupational Therapy TOOLKIT

## Passive ROM Exercises - Left Hemiparesis Shoulder

---

**Shoulder Flexion**

Turn the person's palm in toward their body. Move the arm upward to shoulder level, and then move the arm back down to the side.

Repeat \_\_\_\_\_ times



**Shoulder Abduction**

Bring the person's arm out to the side and move up to shoulder level.

Repeat \_\_\_\_\_ times



**Shoulder Rotation.**

Bring the person's arm out to the side. Bend the elbow so the fingers are pointing up. Rotate the arm so the fingers point down toward their toes. Then rotate the arm so the fingers point up towards the head of the bed.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Passive ROM Exercises - Left Hemiparesis Elbow, Forearm and Wrist

---

- Elbow Flexion and Extension**  
With the person's arm at their side.  
Bend the elbow and touch the fingertips  
to the front of the shoulder. Move the  
hand back down to the side.

Repeat \_\_\_\_\_ times



- Forearm Supination and Pronation**  
Keep the person's elbow and forearm on  
the bed and raise their hand. Gently  
twist the forearm so the palm is up.  
Then twist it so the palm is down.

Repeat \_\_\_\_\_ times



- Wrist Rotation**  
Hold the person's hand and bend it back  
toward the wrist. Then bend the hand  
down only until you feel resistance. Rock  
the hand back and forth sideways.  
Gently rotate the hand in smooth circles.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Passive ROM Exercises - Left Hemiparesis Fingers and Thumb

---

**Finger Flexion**

Place your hand on the back of the person's fingers. Gently bend their hand into a fist. Straighten their fingers again.

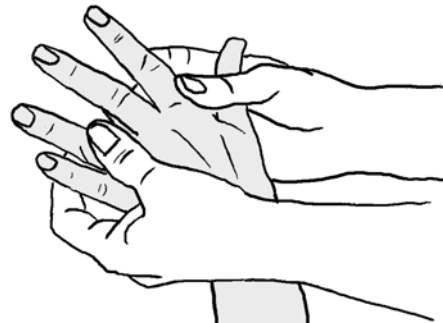
Repeat \_\_\_\_\_ times



**Finger Abduction**

Gently straighten out the person's fingers. Spread their fingers wide apart, one at a time. Then bring their fingers back together.

Repeat \_\_\_\_\_ times



**Thumb Opposition**

Move the person's thumb across their palm. Bring the thumb back out again.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Passive ROM Exercises - Left Hemiparesis Hip and Knee

---

- Hip and Knee Flexion.**  
Slowly bend the person's hip and knee  
up toward their chest.

Repeat \_\_\_\_\_ times



- Hip Abduction**  
Move the person's leg out to the side.  
Then return the leg to the middle.

Repeat \_\_\_\_\_ times



- Hip Rotation**  
Bend the person's knee and cross the leg  
over their other leg.

Repeat \_\_\_\_\_ times





# Occupational Therapy TOOLKIT

## Passive ROM Exercises - Left Hemiparesis Ankle and Foot

---

- Ankle Flexion and Extension**  
Push the person's foot so their toes point up toward the ceiling. Then put your hand on top of the foot and push their foot down towards the foot of the bed.

Repeat \_\_\_\_\_ times



- Ankle Rotation**  
Hold the person's ankle with one hand and their upper foot with your other hand. Gently turn their foot and ankle in a circle.

Repeat \_\_\_\_\_ times



- Toe Flexion**  
With your palm on top of the person's foot, curl the toes down toward the bottom of their foot. Then straighten their toes.

Repeat \_\_\_\_\_ times



- Toe Abduction**  
Use your fingers to spread the person's toes apart one at a time.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Passive ROM Exercises - Right Hemiparesis

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

Do the exercises smoothly and gently. Never force, jerk, or over-stretch a muscle.

Perform all exercises in sequence unless instructed otherwise.

Stop the exercises if the person feels pain.

Make these range of motion exercises a part of the person's daily routine. Do the exercises at the same time every day. Do them while bathing the person or while the person watches TV. This will make the time go faster and help the person relax. You may want to break the exercise program into 2 or 3 sessions. You can then do the sessions at different times of the day instead of doing them all at once.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Passive ROM Exercises – Neck and Back

---

- Chin-to-Chest**  
Raise the back of the person's head up from the bed. Gently tip their chin toward their chest.

Repeat \_\_\_\_\_ times



- Head Turns**  
Put one hand on each side of the person's head. Turn their head toward the right. Then slowly turn their head towards the left.

Repeat \_\_\_\_\_ times to each side.



- Low Back Flexion**  
Bend the person's knees and lift both legs together. Gently move both legs towards the person's chest.

Repeat \_\_\_\_\_ times



- Back Rotation**  
Bend the person's knees, place one hand on the opposite shoulder and one hand on the knees. Gently rotate the knees to one side, and then repeat to the other side.

Repeat \_\_\_\_\_ times to each side



# Occupational Therapy TOOLKIT

## Passive ROM Exercises – Right Hemiparesis Shoulder

---

**Shoulder Flexion**

Turn the person's palm in toward their body. Move the arm upward to shoulder level, and then move the arm back down to the side.

Repeat \_\_\_\_\_ times



**Shoulder Abduction**

Bring the person's arm out to the side and move up to shoulder level.

Repeat \_\_\_\_\_ times



**Shoulder Rotation**

Bring the person's arm out to the side. Bend the elbow so the fingers are pointing up. Rotate the arm so the fingers point down toward their toes. Then rotate the arm so the fingers point up towards the head of the bed.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Passive ROM Exercises – Right Hemiparesis Elbow, Forearm and Wrist

---

- Elbow Flexion and Extension**  
With the person's arm at their side.  
Bend the elbow and touch the fingertips  
to the front of the shoulder. Move the  
hand back down to the side.

Repeat \_\_\_\_\_ times



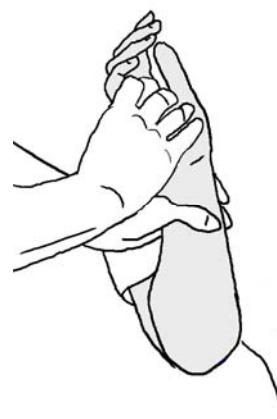
- Forearm Supination and Pronation**  
Keep the person's elbow and forearm on  
the bed and raise their hand. Gently  
twist the forearm so the palm is up.  
Then twist it so the palm is down.

Repeat \_\_\_\_\_ times



- Wrist Rotation.**  
Hold the person's hand and bend it back  
toward the wrist. Then bend the hand  
down only until you feel resistance. Rock  
the hand back and forth sideways.  
Gently rotate the hand in smooth circles.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Passive ROM Exercises - Right Hemiparesis Fingers and Thumb

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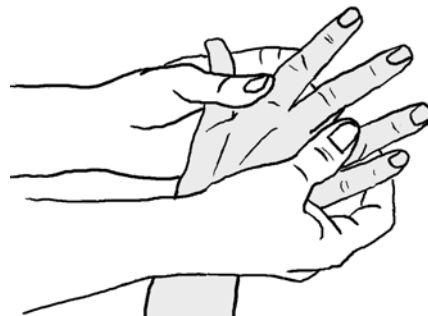
- Finger Flexion and Extension**  
Place your hand on the back of the person's fingers. Gently bend their hand into a fist. Straighten their fingers again.

Repeat \_\_\_\_\_ times



- Finger Abduction and Adduction**  
Gently straighten out the person's fingers. Spread their fingers wide apart, one at a time. Then bring their fingers back together.

Repeat \_\_\_\_\_ times



- Thumb Opposition**  
Move the person's thumb across their palm. Bring the thumb back out again.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Passive ROM Exercises - Right Hemiparesis Hip and Knee

---

- Hip and Knee Flexion.**  
Slowly bend the person's hip and knee  
up toward their chest.

Repeat \_\_\_\_\_ times



- Hip Abduction**  
Move the person's leg out to the side.  
Then return the leg to the middle.

Repeat \_\_\_\_\_ times



- Hip Rotation**  
Bend the person's knee and cross the leg  
over their other leg.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Passive ROM Exercises - Right Hemiparesis Ankle and Foot

---

- Ankle Flexion and Extension**  
Push the person's foot so their toes point up toward the ceiling. Then put your hand on top of the foot and push their foot down towards the foot of the bed.



Repeat \_\_\_\_\_ times

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- Ankle Rotation**  
Hold the person's ankle with one hand and their upper foot with your other hand. Gently turn their foot and ankle in a circle.



Repeat \_\_\_\_\_ times

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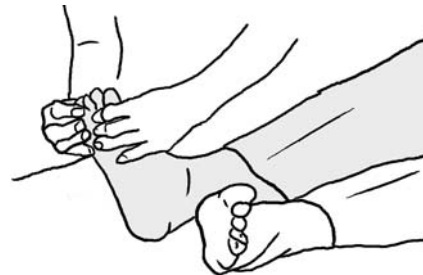
- Toe Flexion**  
With your palm on top of the person's foot, curl the toes down toward the bottom of their foot. Then straighten their toes.



Repeat \_\_\_\_\_ times

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- Toe Abduction**  
Use your fingers to spread the person's toes apart one at a time.



Repeat \_\_\_\_\_ times

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# Occupational Therapy TOOLKIT

## Pendulum Exercises - Left

Perform this exercise \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_ repetitions.

Hold onto a \_\_\_\_\_ lb/kg weight.

### **Pendulum Exercise**

Stand or sit leaning forward. Relax your shoulder muscles. Use your body to swing your left arm in a clockwise circle and then in a counterclockwise circle. Gradually increase the diameter of the movements (not to exceed 18 - 24 inches / 45 - 60 cm).



# Occupational Therapy TOOLKIT

## Pendulum Exercises - Right

Perform this exercise \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_ repetitions.

Hold onto a \_\_\_\_\_ lb/kg weight.

### **Pendulum Exercise**

Stand or sit leaning forward. Relax your shoulder muscles. Use your body to swing your right arm in a clockwise circle and then in a counterclockwise circle. Gradually increase the diameter of the movements (not to exceed 18 - 24 inches / 45 - 60 cm).



# Occupational Therapy TOOLKIT

## Pulmonary Exercises

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

Perform the checked exercises \_\_\_\_\_ time(s) a day, \_\_\_\_\_ day(s) a week.

Exercise slowly and gently.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if you need to. Use the pursed lip breathing during the exercises. Inhale through your nose and exhale through pursed lips.

If you use oxygen, then it is important that you use it during exercise.

Don't exercise if you're not feeling well or if you have a fever.

Remember to maintain proper posture with each exercise.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising.

Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Pulmonary Exercises

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**Head Circles**

Roll your head slowly from side to side. Do not roll your head back. Breathe evenly, in through your nose and out through pursed lips.

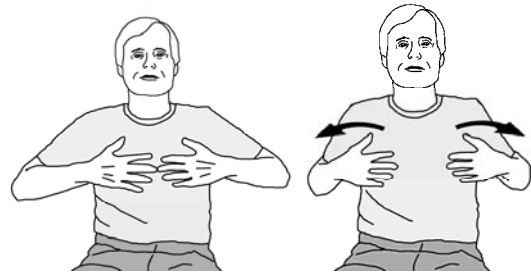
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Elbow Breathing**

Lift your elbows to shoulder level, and touch your fingertips in front of your chest. Inhale through your nose as you pull your elbows back. Exhale through pursed lips as you return to the original position.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Shoulder Shrugs**

Inhale through your nose as you shrug your shoulders. Exhale through pursed lips as you press your shoulders down.

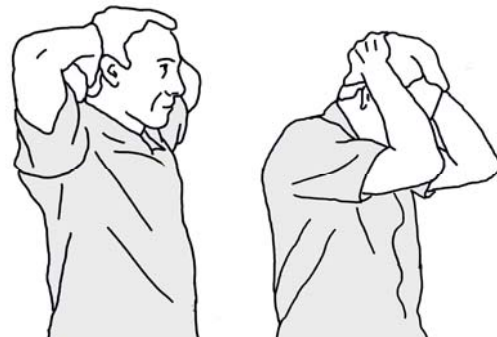
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Spread Elbows**

Place your hands behind your neck. Inhale through your nose as you spread your elbows apart. Exhale as you bring your elbows together and roll your neck and upper back down.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Pulmonary Exercises

---

- Arm Raise**  
Inhale through your nose as you raise your arms up in front. Exhale through pursed lips as you return your arms to the side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Arm Curl**  
Inhale through your nose as you bend your arms to touch the shoulders. Exhale through pursed lips as you straighten them.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Twist**  
Exhale through pursed lips as you reach across your body to the right. Inhale through your nose as you return to center.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_  
Repeat to the left side.



- Side Bend**  
Exhale through pursed lips as you bend over to the right side. Inhale through your nose as you return upright.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Repeat to the left side.



# Occupational Therapy TOOLKIT

## Pulmonary Exercises

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**Chair Push-Ups**

Sit with feet flat on the floor and hands on the armrests. Exhale through pursed lips as you push up from the chair. Inhale through your nose as you lower back down.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Stand Up and Sit Down**

Keep your back straight and your arms extended out in front. Exhale through pursed lips as you stand up. Inhale through your nose as you sit down

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Wall Push-Up**

Place two hands on the wall. Inhale through your nose as you slowly lower your body toward the wall. Exhale through pursed lips as you push out by straightening your elbows.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Quarter Squat**

Stand and hold onto a stable object. Exhale through pursed lips as you slightly bend your knees and lower down. Inhale through your nose as you straighten up.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Pulmonary Exercises

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- Knee Extension**  
Sit in a chair. Exhale through pursed lips as you straighten your right knee by tightening your thigh muscle. Inhale through your nose as you lower your leg.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_  
Repeat with the left leg.



- Knee Curl**  
Stand and hold onto a stable object. Exhale through pursed lips as you bend your right knee up behind you. Inhale through your nose as you lower your leg.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_  
Repeat with the left leg.



- Hip Abduction**  
Stand and hold onto a stable object. Exhale through pursed lips as you lift your right leg out to the side. Inhale through your nose as you lower your leg.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_  
Repeat with the left leg.



- Toe Raises**  
Stand and hold onto a stable object. Exhale through pursed lips as you rise up on your toes. Inhale through your nose as you lower down.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Resistance Band Arm Exercises

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

Perform all exercises in a slow and controlled manner. Do not allow the resistance band to snap back.

Do not overstretch the resistance band by more than 3 times its resting length.

Posture and body alignment is important. Keep your shoulders and hips aligned and tighten your stomach muscles.

Don't hold your breath during any of the exercises.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising.

Exhaustion, sore joints, and painful muscle pulls are not normal. Do not resume these exercises until you talk with your therapist.

### Caring for the Resistance Bands:

Before use, always examine the resistance band or tubing for small nicks, tears, or punctures that may cause the band to break. Replace if you find any flaws.

Store all resistance bands and tubing out of direct sunlight and away from extreme temperatures.

If the bands or tubing becomes sticky, clean with mild soap and water, dry flat, and then dust with talcum powder.



# Occupational Therapy TOOLKIT

## Resistance Band Arm Exercises

---

**Elbow Flexion**

Secure the resistance band under one foot. Grasp the band. Start with your hand at your knee. Bend your arm and pull the band up towards your shoulder.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Repeat with the other arm.



**Elbow Extension**

Secure the resistance band under one foot. Grasp the band with your hand. Start with your elbow bent. Straighten your arm, pulling the band back.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Repeat with the other arm.



**Shoulder Flexion**

Secure the resistance band under both feet. Grasp the band with both hands. Keep your elbows straight. Lift your arms pulling the band up in front.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Repeat with the other arm.



**Shoulder Extension**

Secure the resistance band under one foot. Grasp the band with your hand. Start with your hand down at your side. Keeping the elbow straight. Lift the arm back, pulling the band behind you.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Repeat with the other arm.



# Occupational Therapy TOOLKIT

## Resistance Band Arm Exercises

---

**Shoulder Abduction**

Secure the resistance band under one foot. Grasp the band with your hand. Start with your hand down at your side. Keeping the elbow straight. Pull the band up to the side.

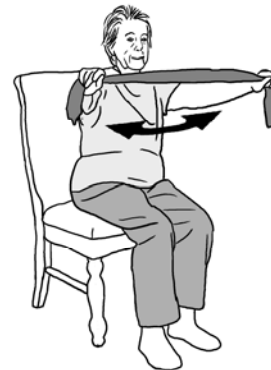
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Repeat with the other arm.



**Horizontal Abduction**

Hold the resistance band between your hands at shoulder height. Pull the band out to the sides.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Repeat with the other arm.



**Diagonal Up**

Hold the resistance band between your hands, shoulder distance apart. Hold one arm down to the side and pull the band with the other arm up with a diagonal motion.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Repeat with the other arm.



**Diagonal Down**

Hold the resistance band between your hands, shoulder distance apart. Hold one arm bent and pull the band with the other arm down with a diagonal motion.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.  
Repeat with the other arm.



# Occupational Therapy TOOLKIT

## Scapular Mobilization and Strengthening - Left Hemiparesis

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

These exercises will improve the mobility and strength of your scapula (shoulder blade). Perform these exercises with your caregiver's assistance.

Perform the checked exercises \_\_\_\_\_ time(s) a day, \_\_\_\_\_ day(s) a week.

Exercise slowly and gently.

These exercises should not cause any pain in your shoulder or arm.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Scapular Mobilization and Strengthening - Left Hemiparesis

---

Your caregiver will support the weight of your left arm by cradling it in his/her left arm.

Your caregiver will place his/her right hand on the lower boarder of your scapula.



- 
- Scapular Mobilization**  
Your caregiver will glide your left scapula and shoulder up into elevation.

Repeat \_\_\_\_\_ times.



- 
- Scapular Mobilization**  
Your caregiver will glide your left scapula forward into protraction.

Repeat \_\_\_\_\_ times.



# Occupational Therapy TOOLKIT

## Scapular Mobilization and Strengthening - Left Hemiparesis

---

- Scapular Mobilization**  
With your left palm facing up, your caregiver will lift your left arm while gliding the scapula into protraction.

Repeat \_\_\_\_\_ times.



- Scapular Strengthening**  
Actively shrug your left shoulder.

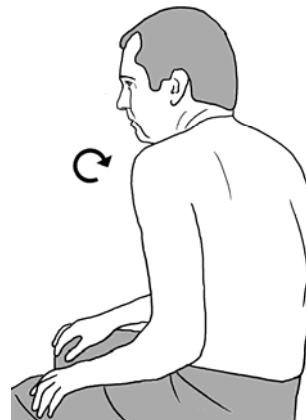
Repeat \_\_\_\_\_ times.



- Scapular Strengthening**  
Actively roll your left shoulder.

Move the shoulder forward, up, back and then down.

Repeat \_\_\_\_\_ times.



# Occupational Therapy TOOLKIT

## Scapular Mobilization and Strengthening - Left Hemiparesis

---

- Scapular Strengthening**  
Lie down. Position your left arm pointing up to the ceiling. Your caregiver will support the weight of your arm. Actively stretch your arm up.

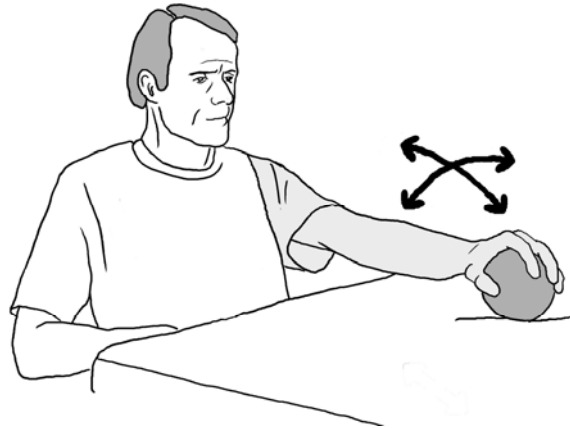
Repeat \_\_\_\_\_ times.



- Scapular Strengthening**  
Sit facing the table. Place your left arm out in front with your hand on a ball that is about 6 inches/15 cm in diameter.

Roll the ball from side to side.  
Repeat \_\_\_\_\_ times.

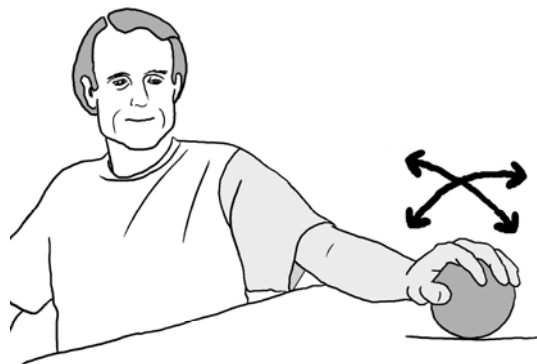
Roll the ball towards you then away.  
Repeat \_\_\_\_\_ times.



- Scapular Strengthening**  
Sit with the table to your left side. Place your left arm out to the side with your hand on a ball that is about 6 inches/15 cm in diameter.

Roll the ball from side to side.  
Repeat \_\_\_\_\_ times.

Roll the ball towards you then away.  
Repeat \_\_\_\_\_ times.



# Occupational Therapy TOOLKIT

## Scapular Mobilization and Strengthening - Right Hemiparesis

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

These exercises will improve the mobility and strength of your scapula (shoulder blade). Perform these exercises with your caregiver's assistance.

Perform the checked exercises \_\_\_\_\_ time(s) a day, \_\_\_\_\_ day(s) a week.

Exercise slowly and gently.

These exercises should not cause any pain in your shoulder or arm.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Scapular Mobilization and Strengthening - Right Hemiparesis

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Your caregiver will support the weight of your right arm by cradling it in his/her right arm.

Your caregiver will place his/her left hand on the lower boarder of your scapula.



- 
- Scapular Mobilization**  
Your caregiver will glide your right scapula and shoulder up into elevation.

Repeat \_\_\_\_\_ times.



- 
- Scapular Mobilization**  
Your caregiver will glide your right scapula forward into protraction.

Repeat \_\_\_\_\_ times.





# Occupational Therapy TOOLKIT

## Scapular Mobilization and Strengthening - Right Hemiparesis

---

- Scapular Mobilization**  
With your palm facing up, your caregiver will lift your right arm while gliding the scapula into protraction.

Repeat \_\_\_\_\_ times.



- Scapular Strengthening**  
Actively shrug your right shoulder.

Repeat \_\_\_\_\_ times.



- Scapular Strengthening**  
Actively roll your right shoulder.

Move the shoulder forward, up, back and then down.

Repeat \_\_\_\_\_ times.



# Occupational Therapy TOOLKIT

## Scapular Mobilization and Strengthening - Right Hemiparesis

---

- Scapular Strengthening**  
Lie down. Position your right arm pointing up to the ceiling. Your caregiver will support the weight of your arm. Actively stretch your arm up.

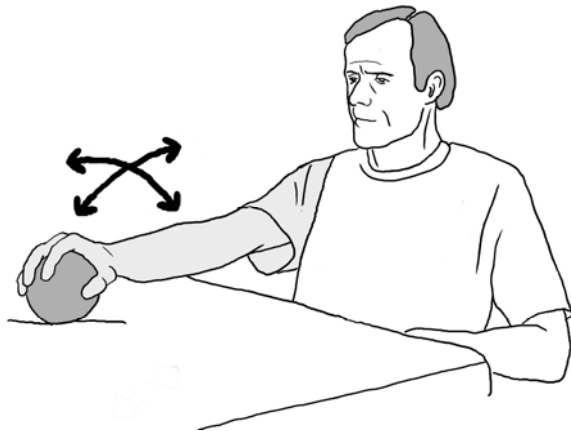
Repeat \_\_\_\_\_ times.



- Scapular Strengthening**  
Sit facing the table. Place your right arm out in front with your hand on a ball that is about 6 inches/15 cm in diameter.

Roll the ball from side to side.  
Repeat \_\_\_\_\_ times.

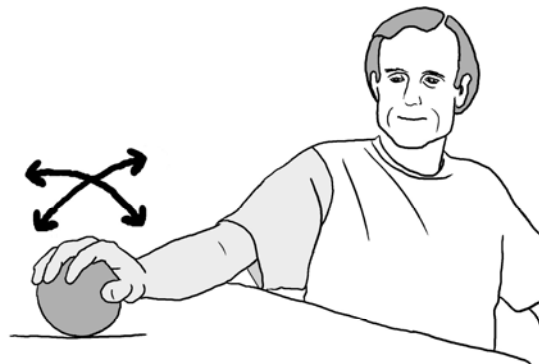
Roll the ball towards you then away.  
Repeat \_\_\_\_\_ times.



- Scapular Strengthening**  
Sit with the table to your right side. Place your right arm out to the side with your hand on a ball that is about 6 inches/15 cm in diameter.

Roll the ball from side to side.  
Repeat \_\_\_\_\_ times.

Roll the ball towards you then away.  
Repeat \_\_\_\_\_ times.



# Occupational Therapy TOOLKIT

## Self Range of Motion - Left Hemiparesis

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

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

Exercise slowly and gently. These exercises should not cause pain.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if you need to.

Remember to maintain proper posture with each exercise.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Self Range of Motion - Left Hemiparesis

- Clasp your hands together. Stretch your arms forward on the table. Return to sitting upright.

Repeat \_\_\_\_\_ times



- Place both of your arms on a towel, on the table. Place your right hand on top of your left hand. Polish the table by making large circles to the right and then large circles to the left.

Repeat \_\_\_\_\_ times



- Cradle your left arm with your right arm. Push your left shoulder up.

Repeat \_\_\_\_\_ times



- Cradle your left arm in your right arm. Lift both arms to chest level, then move both arms side to side.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Self Range of Motion - Left Hemiparesis

---

- Grasp your left forearm. Lift your left arm up as high as you can.

Repeat \_\_\_\_\_ times



- Grasp your left forearm. Straighten and bend your elbow.

Repeat \_\_\_\_\_ times



- Be certain your chair is not going to move. Lock the brakes if you are sitting in a wheelchair.

Grasp your right wrist with your left hand. Lean forward and dangle your arms in front, between your legs.

Repeat \_\_\_\_\_ times



- Turn your left palm facing up and then turn your palm over.

Repeat \_\_\_\_\_ times

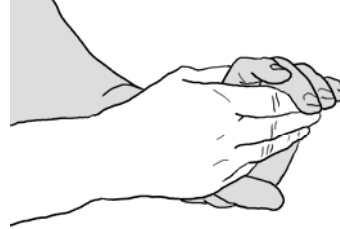


# Occupational Therapy TOOLKIT

## Self Range of Motion - Left Hemiparesis

- 
- Grasp your left hand using your right hand. Bend your wrist back. Then move your wrist from side to side.

Repeat \_\_\_\_\_ times



- 
- Using your right hand, bend each finger and your thumb down into the palm of your left hand, and then straighten each completely.

Repeat \_\_\_\_\_ times



- 
- Using your right hand spread the space between the thumb and first finger of your left hand.

Repeat \_\_\_\_\_ times



- 
- While lying down, extend your left arm out to the side. Gently roll onto your left side. You can do this exercise during rest periods.

Repeat \_\_\_\_\_ times



- 
- While lying down, clasp your hands together and place them behind your neck, relax your elbows down to the pillow. You can do this exercise during rest periods.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Self Range of Motion - Right Hemiparesis

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

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

Exercise slowly and gently. These exercises should not cause pain.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if you need to.

Remember to maintain proper posture with each exercise.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Self Range of Motion - Right Hemiparesis

---

- Clasp your hands together. Stretch your arms forward on the table. Return to sitting upright.

Repeat \_\_\_\_\_ times



- Place both of your arms on a towel, on the table. Place your left hand on top of your right hand. Polish the table by making large circles to the right and then large circles to the left.

Repeat \_\_\_\_\_ times



- Cradle your right arm with your left arm. Push your right shoulder up.

Repeat \_\_\_\_\_ times



- Cradle your right arm in your left arm. Lift both arms to chest level, then move both arms side to side.

Repeat \_\_\_\_\_ times





# Occupational Therapy TOOLKIT

## Self Range of Motion - Right Hemiparesis

---

- Grasp your right forearm. Lift your right arm up as high as you can.

Repeat \_\_\_\_\_ times



- Grasp your right forearm. Straighten and bend your elbow.

Repeat \_\_\_\_\_ times



- Be certain your chair is not going to move. Lock the brakes if you are sitting in a wheelchair.

Grasp your right wrist with your left hand. Lean forward and dangle your arms in front, between your legs.

Repeat \_\_\_\_\_ times



- Turn your right palm facing up and then turn your palm over.

Repeat \_\_\_\_\_ times

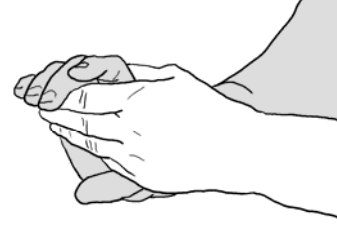


# Occupational Therapy TOOLKIT

## Self Range of Motion - Right Hemiparesis

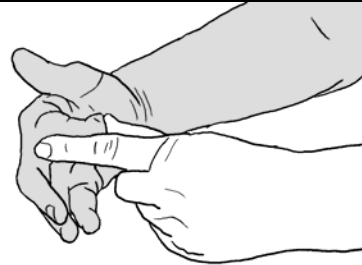
- Grasp your right hand using your left hand. Bend your wrist back.

Repeat \_\_\_\_\_ times



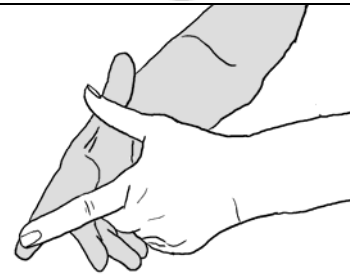
- Using your left hand, bend each finger and thumb down into the palm of your right hand, then straighten completely.

Repeat \_\_\_\_\_ times



- Using your left hand spread the space between the thumb and first finger of your right hand.

Repeat \_\_\_\_\_ times



- While lying down, extend your right arm out to the side. Gently roll onto your right side. You can do this exercise during rest periods.

Repeat \_\_\_\_\_ times



- While lying down, clasp your hands together and place them behind your neck, relax your elbows down to the pillow. You can do this exercise during rest periods.

Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Shoulder Active Exercises - Left

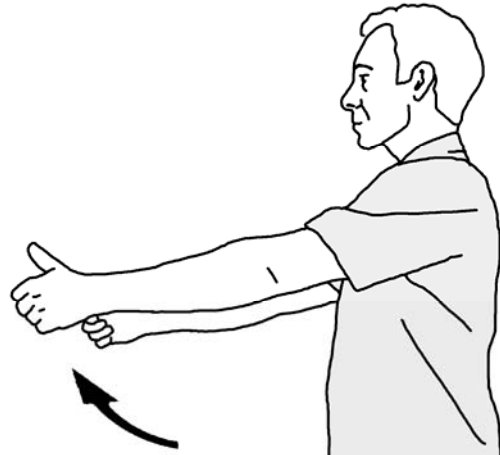
Perform the checked exercises \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

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**Forward Flexion**

Raise both arms forward; keep your thumbs pointing up and your elbows straight.

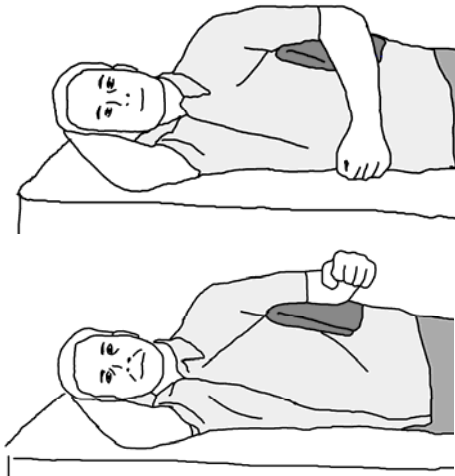
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**External Rotation**

Lie on your right side and place a rolled hand towel under the left elbow. Bend your elbow and rest it on your stomach. Rotate at the shoulder and raise your hand up, toward the ceiling.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



The starting position for the following exercises will be to lie face down on the bed with the left arm hanging off the side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Shoulder Active Exercises - Left

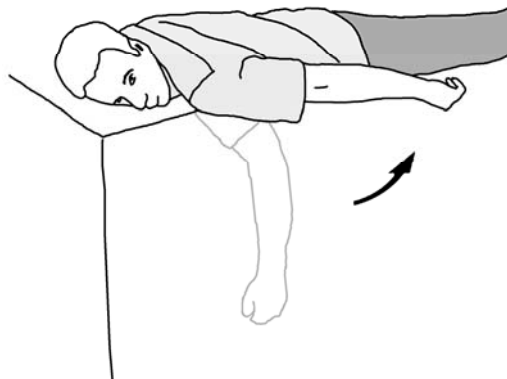
- External Rotation - Letter U**  
Raise your left arm to shoulder height at a 90° angle to the body. While holding the arm in this position, rotate the hand upward, until the hand is even with the bed.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



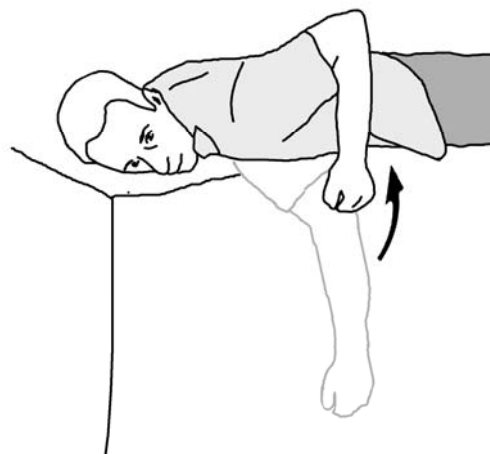
- Extension**  
Raise the left arm backward to the level of your hip

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Rowing**  
Lift the left elbow up toward the ceiling.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



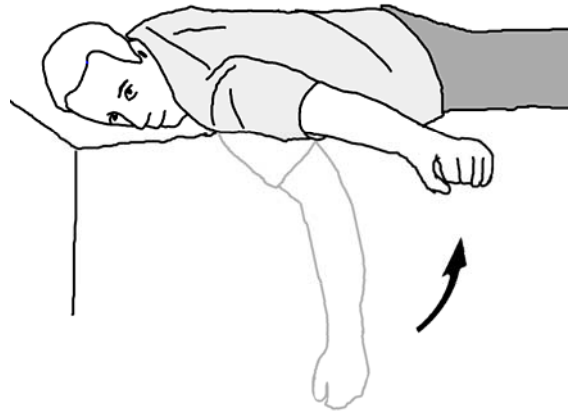
# Occupational Therapy TOOLKIT

## Shoulder Active Exercises - Left

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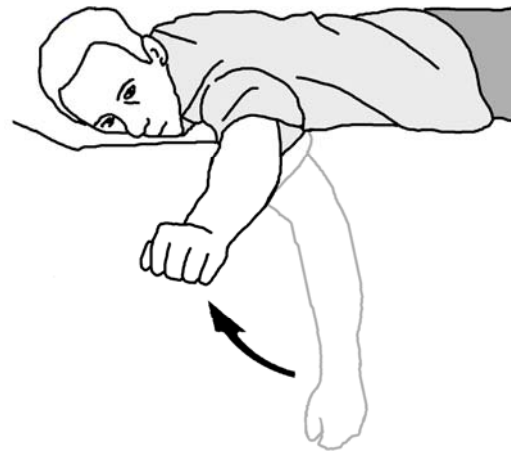
- Horizontal Abduction - Letter T**  
Raise the left arm up to the side, to shoulder height.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Scaption - Letter Y**  
Raise the left arm up from the side at a 45° angle, to shoulder height.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Shoulder Active Exercises - Right

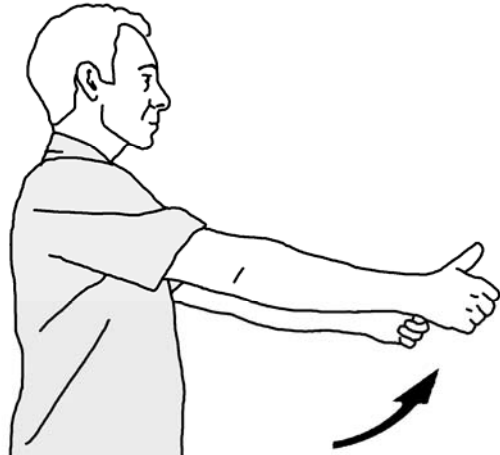
Perform the checked exercises \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

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**Forward Flexion**

Raise both arms forward; keep your thumbs pointing up and your elbows straight.

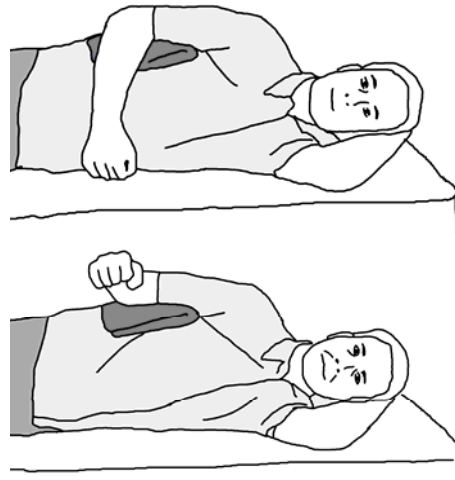
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



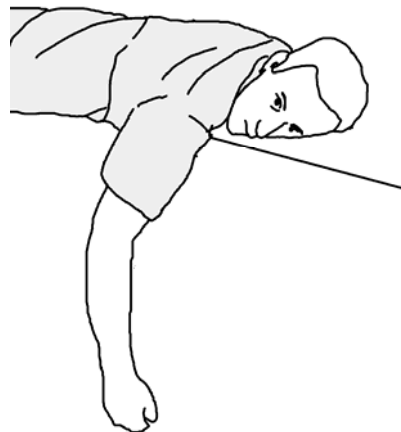
**External Rotation**

Lie on your left side and place a rolled hand towel under the right elbow. Bend your elbow and rest it on your stomach. Rotate at the shoulder and raise your hand up, toward the ceiling.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



The starting position for the following exercises will be to lie face down on the bed with the right arm hanging off the side.



# Occupational Therapy TOOLKIT

## Shoulder Active Exercises - Right

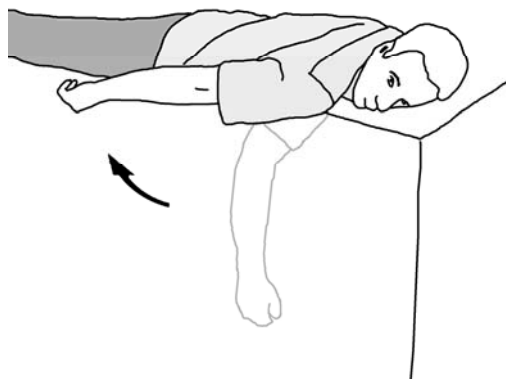
- External Rotation - Letter U**  
Raise your right arm to shoulder height at a 90° angle to the body. While holding the arm in this position, rotate the hand upward, until the hand is even with the bed.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



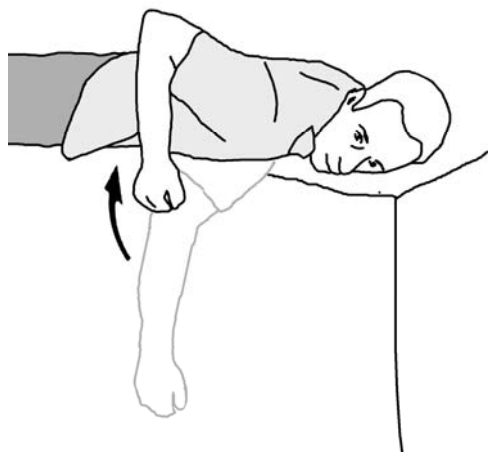
- Extension**  
Raise the right arm backward to the level of your hip

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Rowing**  
Lift the right elbow up toward the ceiling.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



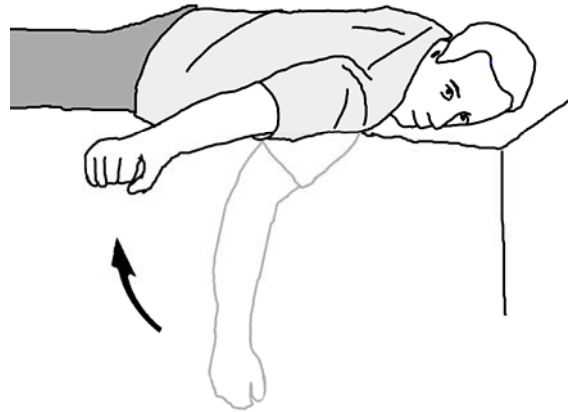
# Occupational Therapy TOOLKIT

## Shoulder Active Exercises - Right

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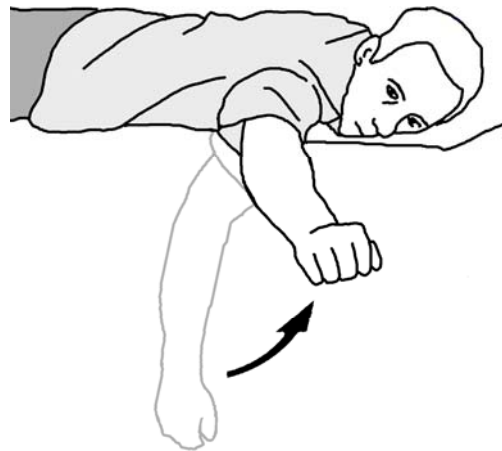
- Horizontal Abduction - Letter T**  
Raise the right arm up to the side, to shoulder height.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Scaption - Letter Y**  
Raise the right arm up from the side at a 45° angle, to shoulder height.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_





# Occupational Therapy TOOLKIT

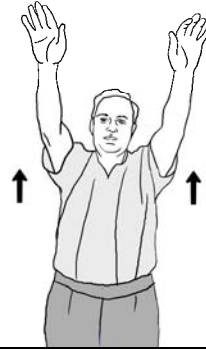
## Shoulder Active ROM Exercises

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

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- Shoulder Flexion**  
Raise your arms up in front, as high as you can.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Shoulder Abduction**  
Raise your arms up from your sides, as high as you can.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Shoulder Extension**  
Lift your arms behind your body, as far as you can.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Shoulder Horizontal Adduction and Abduction**  
Cross your arms in front and then spread your arms apart. Keep your arms at shoulder level.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Shoulder Active ROM Exercises

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

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- Shoulder Internal Rotation**  
Place your hands behind your lower back and reach up your spine as far as you can.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Shoulder External Rotation**  
Reach your hands behind your neck and reach down your spine as far as you can.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Shoulder Isometric Exercises Left - Seated

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

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

These are isometric exercises which means you are not moving the joint; you will only be contracting the muscle against light resistance.

Sit in an upholstered chair or sofa with the arm rest next to your left arm.

Remember to maintain proper posture with each exercise.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising.

Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience any of these symptoms; do not resume these exercises until you talk with your therapist.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Shoulder Isometric Exercises Left - Seated

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- Isometric Shoulder Flexion**  
Bend your elbow. Push your left hand into your right hand. Hold for the count of \_\_\_\_\_. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- Isometric Shoulder Extension**  
Bend your elbow. Push your left upper arm and elbow into the chair back. Hold for the count of \_\_\_\_\_. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- Isometric Shoulder Abduction**  
Bend your elbow. Push your left elbow into the armrest. Hold for the count of \_\_\_\_\_. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- Isometric Shoulder Adduction**  
Bend your elbow. Press your left elbow into your body. Hold for the count of \_\_\_\_\_. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



# Occupational Therapy TOOLKIT

## Shoulder Isometric Exercises Left - Seated

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- Isometric External Rotation**  
Bend your elbow. Rotate your left shoulder away from your body and push your forearm against the armrest. Hold for the count of \_\_\_\_\_. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- Isometric Internal Rotation**  
Bend your elbow. Rotate your left shoulder towards your body and push against your right hand. Hold for the count of \_\_\_\_\_. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Shoulder Isometric Exercises Right - Seated

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (____) _____

### Exercise Guidelines:

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

These are isometric exercises which means you are not moving the joint; you will only be contracting the muscle against light resistance.

Sit in an upholstered chair or sofa with the arm rest next to your right arm.

Remember to maintain proper posture with each exercise.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising.

Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience any of these symptoms; do not resume these exercises until you talk with your therapist.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Shoulder Isometric Exercises Right - Seated

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- Isometric Shoulder Flexion**  
Bend your elbow. Push your right hand into your left hand. Hold for the count of \_\_\_\_\_. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- Isometric Shoulder Extension**  
Bend your elbow. Push your right upper arm and elbow into the chair back. Hold for the count of \_\_\_\_\_. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Isometric Shoulder Abduction**  
Bend your elbow. Push your right elbow into the armrest. Hold for the count of \_\_\_\_\_. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Isometric Shoulder Adduction**  
Bend your elbow. Press your right elbow into your body. Hold for the count of \_\_\_\_\_. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



# Occupational Therapy TOOLKIT

## Shoulder Isometric Exercises Right - Seated

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- Isometric External Rotation**  
Bend your elbow. Rotate your right shoulder away from your body and push your forearm against the armrest. Hold for the count of \_\_\_\_\_. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.



- Isometric Internal Rotation**  
Bend your elbow. Rotate your right shoulder towards your body and push against your left hand. Hold for the count of \_\_\_\_\_. Do not hold your breath.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_.





# Occupational Therapy TOOLKIT

## Shoulder Isometric Exercises Left - Standing

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

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

These are isometric exercises which means you are not moving the joint; you will only be contracting the muscle against light resistance.

Stand in a corner with your left shoulder next to the wall. Place a small pillow between the wall and your shoulder for comfort.

Remember to maintain proper posture with each exercise.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising.

Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Shoulder Isometric Exercises Left - Standing

- Shoulder Flexion**  
Stand facing the wall. Make a fist with your left hand and place a pillow between the wall and your fist. Push your fist in toward the wall.

Hold for \_\_\_\_\_ seconds, relax and repeat \_\_\_\_\_ times.



- Shoulder Extension**  
Turn so your back is towards the wall. With the pillow between the wall and your left elbow. Push your elbow back into the wall.

Hold for \_\_\_\_\_ seconds, relax and repeat \_\_\_\_\_ times.



- Shoulder Abduction**  
With your left side towards the wall, place the pillow between the wall and your elbow. You can have the elbow bent or straight. Push your elbow out towards the wall.

Hold for \_\_\_\_\_ seconds, relax and repeat \_\_\_\_\_ times.



# Occupational Therapy TOOLKIT

## Shoulder Isometric Exercises Left - Standing

---

**Shoulder Adduction**

With the pillow under your left arm, use your elbow to squeeze the pillow into your body.

Hold for \_\_\_\_\_ seconds, relax and repeat \_\_\_\_\_ times.



**Shoulder External Rotation**

With your left side towards the wall, place the pillow between the wall and your elbow. Keep your arm against your side and rotate your hand out into the wall.

Hold for \_\_\_\_\_ seconds, relax and repeat \_\_\_\_\_ times.



**Shoulder Internal Rotation**

Stand sideways in a doorway. Place a pillow between the outer edge of the doorframe and your left palm. Keep your elbow against your side and rotate your hand in towards the doorframe.

Hold for \_\_\_\_\_ seconds, relax and repeat \_\_\_\_\_ times.



# Occupational Therapy TOOLKIT

## Shoulder Isometric Exercises Right - Standing

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines:

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

These are isometric exercises which means you are not moving the joint; you will only be contracting the muscle against light resistance.

Stand in a corner with your right shoulder next to the wall. Place a small pillow between the wall and your shoulder for comfort.

Remember to maintain proper posture with each exercise.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if you need to.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising.

Exhaustion, sore joints, and painful muscle pulls are not normal. Do not resume these exercises until you talk with your therapist.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Shoulder Isometric Exercises Right - Standing

- Shoulder Flexion**  
Stand facing the wall. Make a fist with your right hand and place a pillow between the wall and your fist. Push your fist in toward the wall.

Hold for \_\_\_\_\_ seconds, relax and repeat \_\_\_\_\_ times.



- Shoulder Extension**  
Turn so your back is towards the wall. With the pillow between the wall and your right elbow. Push your elbow back into the wall.

Hold for \_\_\_\_\_ seconds, relax and repeat \_\_\_\_\_ times.



- Shoulder Abduction**  
With your right side towards the wall, place the pillow between the wall and your elbow. You can have the elbow bent or straight. Push your elbow out towards the wall.

Hold for \_\_\_\_\_ seconds, relax and repeat \_\_\_\_\_ times.



# Occupational Therapy TOOLKIT

## Shoulder Isometric Exercises Right - Standing

---

**Shoulder Adduction**

With the pillow under your right arm, use your elbow to squeeze the pillow into your body.

Hold for \_\_\_\_\_ seconds, relax and repeat \_\_\_\_\_ times.



**Shoulder External Rotation**

With your right side towards the wall, place the pillow between the wall and your elbow. Keep your arm against your side and rotate your hand out into the wall.

Hold for \_\_\_\_\_ seconds, relax and repeat \_\_\_\_\_ times.



**Shoulder Internal Rotation**

Stand sideways in a doorway. Place a pillow between the outer edge of the doorframe and your right palm. Keep your elbow against your side and rotate your hand in towards the doorframe.

Hold for \_\_\_\_\_ seconds, relax and repeat \_\_\_\_\_ times.



# Occupational Therapy TOOLKIT

## Shoulder Passive and Active-Assisted Exercises – Left

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

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**Ball Squeeze**

Holding a rubber ball or tennis ball, squeeze the ball and hold for 5 seconds

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Shoulder Flexion**

Keep your left arm in line with your body and your elbow at 90 degrees. Hold your left arm as shown. Assist in lifting your left arm up over your head.

Raise arm to \_\_\_\_\_ degrees.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

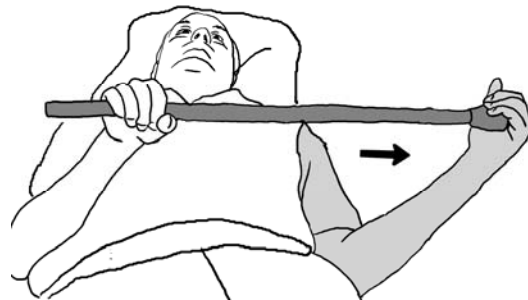


**Shoulder External Rotation**

Keep your left arm against your body. Hold a cane or dowel as shown. Assist using your right arm to rotate your left arm away from your body.

Rotate arm to \_\_\_\_\_ degrees.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Shoulder Shrug**

Shrug your shoulders up; then relax them.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



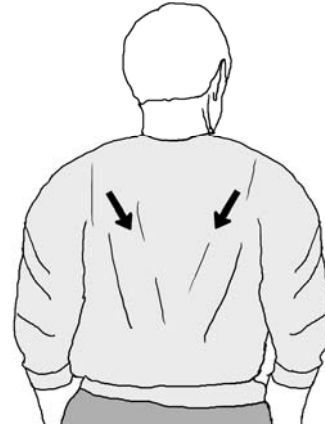
# Occupational Therapy TOOLKIT

## Shoulder Passive and Active-Assisted Exercises – Left

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- Shoulder Retraction**  
Pull your shoulders back and together.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



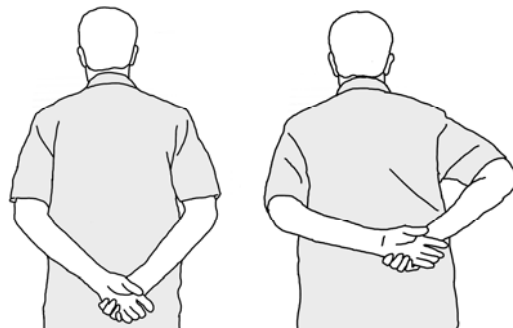
- Pendulum**  
Stand or sit leaning forward. Relax your shoulder muscles. Use your body to swing your left arm in a clockwise circle and then in a counterclockwise circle. Gradually increase the diameter of the circle (do not exceed 18 - 24 inches / 45 - 60 cm).

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Behind-the-Back Internal Rotation**  
Starting the 3rd week after surgery. Place your left hand behind your back. Use your right hand, to lift the left hand toward the shoulder blade.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



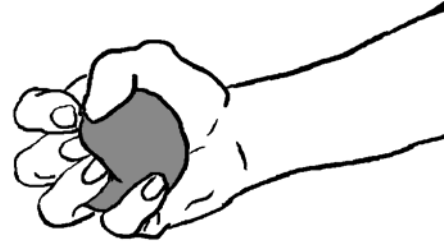


# Occupational Therapy TOOLKIT

## Shoulder Passive and Active-Assisted Exercises – Right

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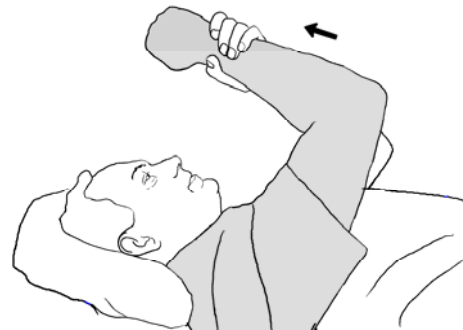
- Ball Squeeze**  
Holding a rubber ball or tennis ball, squeeze the ball and hold for 5 seconds



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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- Shoulder Flexion**  
Keep your right arm in line with your body and your elbow at 90 degrees. Hold your right arm as shown. Assist in lifting your right arm up over your head.

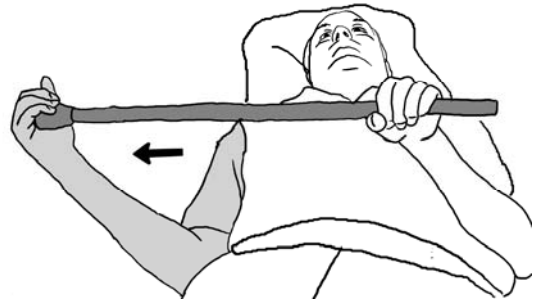


Raise arm to \_\_\_\_\_ degrees.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

---

- Shoulder External Rotation**  
Keep your right arm against your body. Hold a cane or dowel as shown. Assist using your left arm to rotate your right arm away from your body.



Rotate arm to \_\_\_\_\_ degrees.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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- Shoulder Shrug**  
Shrug your shoulders.



Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

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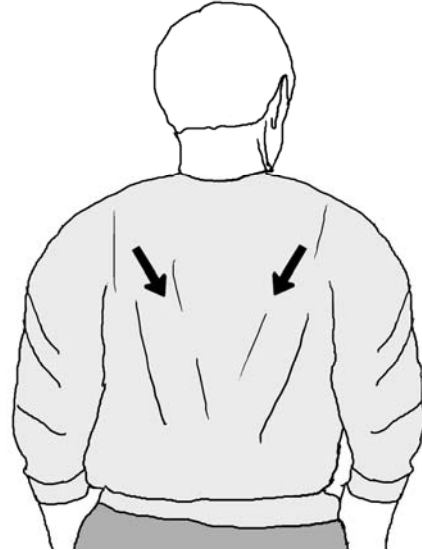
# Occupational Therapy TOOLKIT

## Shoulder Passive and Active-Assisted Exercises – Right

---

- Shoulder Retraction**  
Pull your shoulders back and together.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



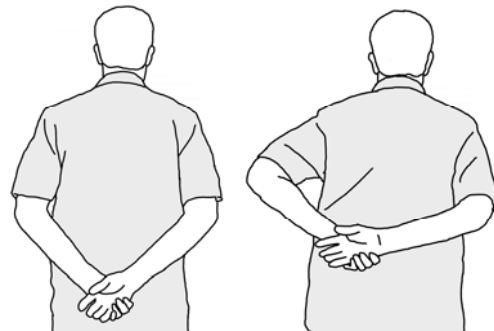
- Pendulum**  
Stand or sit leaning forward. Relax your shoulder muscles. Use your body to swing your right arm in a clockwise circle and then in a counterclockwise circle. Gradually increase the diameter of the circle (do not exceed 18 - 24 inches / 45 - 60 cm).

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Behind-the-Back Internal Rotation**  
Starting the 3rd week after surgery. Place your right hand behind your back. Use your left hand, to lift the right hand toward the shoulder blade.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Shoulder Pulley Exercises - Left

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

---

**Shoulder Flexion**

Sit with your back to the door. Gently use the right side to pull the left arm forward and up. Keep the right elbow straight and the arm directly over your leg.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Shoulder Abduction**

Sit with your back to the door. Gently use the right side to pull the left arm up from the side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Shoulder Pulley Exercises - Right

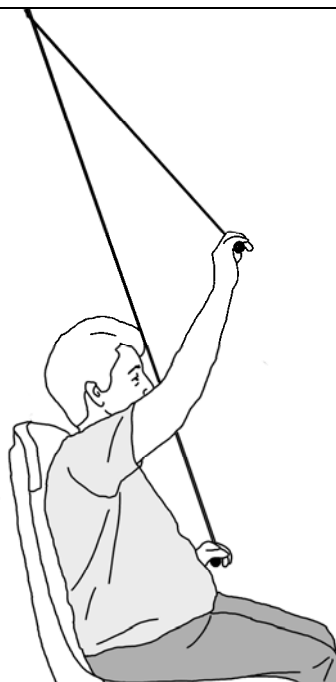
Perform the checked exercises \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

---

**Shoulder Flexion**

Sit with your back to the door. Gently use the left side to pull the right arm forward and up. Keep the right elbow straight and the arm directly over your leg.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Shoulder Abduction**

Sit with your back to the door. Gently use the left side to pull the right arm up from the side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Shoulder Strengthening Free Weights - Left

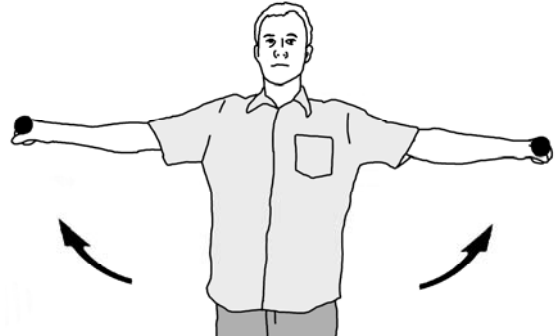
Perform the checked exercises \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

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**Lateral Raises**

Hold a \_\_\_\_\_ lb/kg weight in each hand. Keep the palms turned down and the elbows straight. Raise the arm straight up from the sides until the hands reach shoulder level.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Forward Flexion (full-can)**

Hold a \_\_\_\_\_ lb/kg weight in each hand. Keep the thumbs pointing up and the elbows straight. Raise the arm forward and up at a 30° angle. Raise the hands to shoulder level.

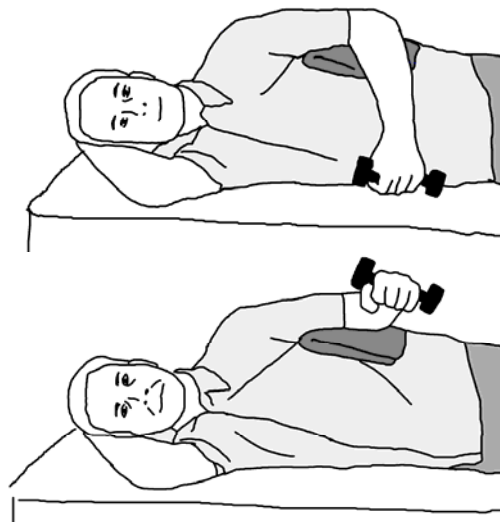
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**External Rotation**

Lie on your right side and place a rolled hand towel under the left elbow. Bend your elbow and rest it on your stomach. Hold a \_\_\_\_\_ lb/kg weight in the left hand. Rotate at the shoulder and raise your hand up, toward the ceiling.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

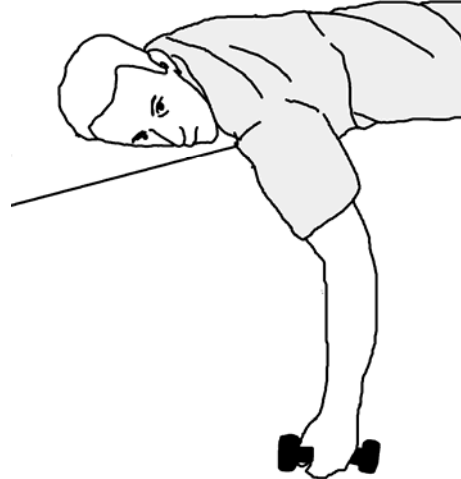


# Occupational Therapy TOOLKIT

## Shoulder Strengthening Free Weights - Left

- The starting position for the following exercises will be to lie face down on the bed with the left arm hanging off the side.

Hold a \_\_\_\_\_ lb/kg weight in the left hand.



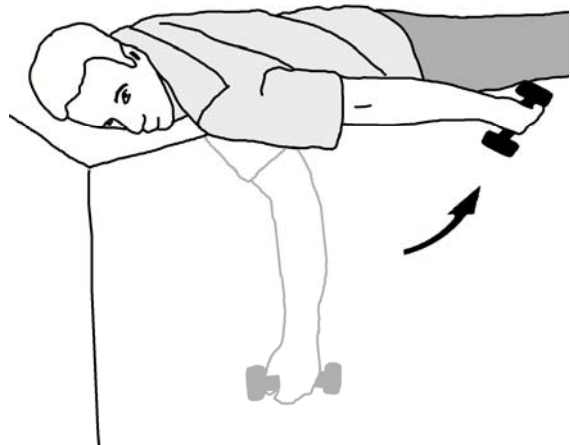
- External Rotation - Letter U**  
Raise your left arm to shoulder height at a 90° angle to the body. While holding the arm in this position, rotate the hand upward, until the hand is even with the bed.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Extension**  
Raise the left arm backward to the level of your hip

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



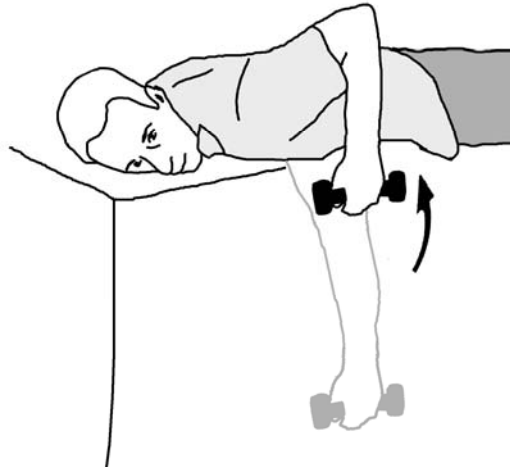
# Occupational Therapy TOOLKIT

## Shoulder Strengthening Free Weights - Left

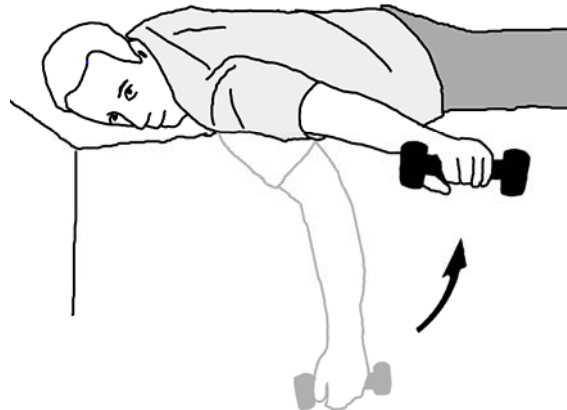
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- Rowing**  
Lift the left elbow up toward the ceiling.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

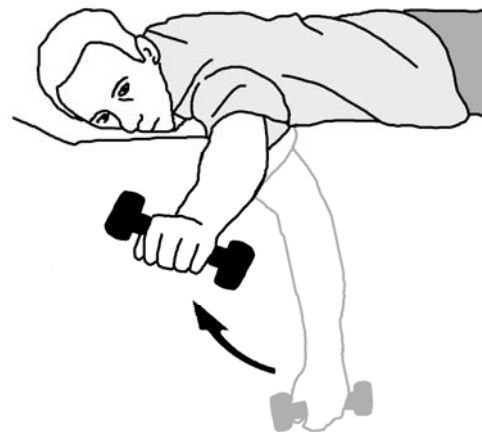


- Horizontal Abduction - Letter T**  
Raise the left arm up to the side, to shoulder height.



- Scaption - Letter Y**  
Raise the left arm up from the side at a 45° angle, to shoulder height.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Shoulder Strengthening Free Weights - Right

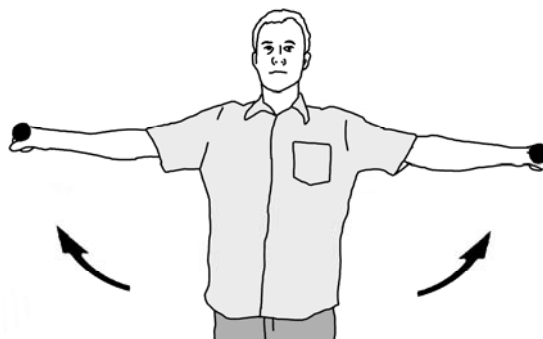
Perform the checked exercises \_\_\_\_\_ time(s) per day, \_\_\_\_\_ days a week

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**Lateral Raises**

Hold a \_\_\_\_\_ lb/kg weight in each hand. Keep the turned palms down and the elbows straight. Raise the arm straight up from the sides until the hands reach shoulder level.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Forward Flexion (full-can)**

Hold a \_\_\_\_\_ lb/kg weight in each hand. Keep the thumbs pointing up and the elbows straight. Raise the arm forward and up at a 30° angle. Raise the hands to shoulder level.

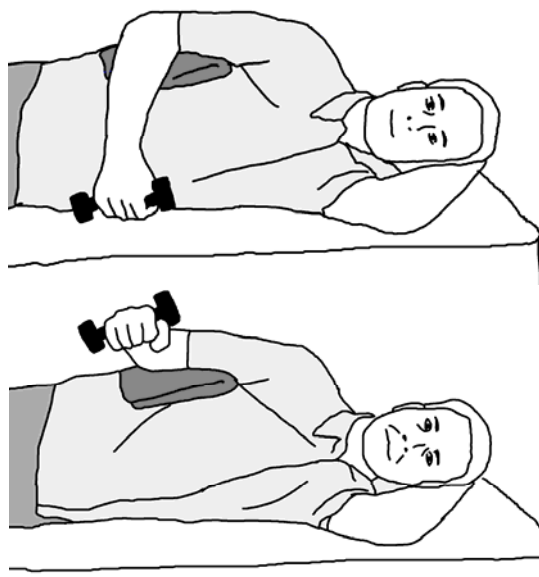
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**External Rotation**

Lie on your left side and place a rolled hand towel under the right elbow. Bend your elbow and rest it on your stomach. Hold a \_\_\_\_\_ lb/kg weight in the right hand. Rotate at the shoulder and raise your hand up, toward the ceiling.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



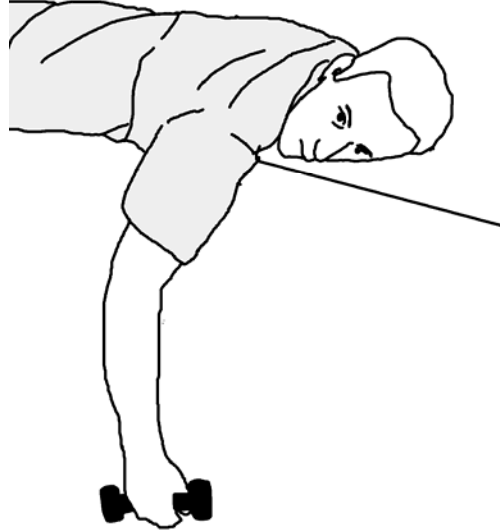


# Occupational Therapy TOOLKIT

## Shoulder Strengthening Free Weights - Right

- The starting position for the following exercises will be to lie face down on the bed with the right arm hanging off the side.

Hold a \_\_\_\_\_ lb/kg weight in the right hand.



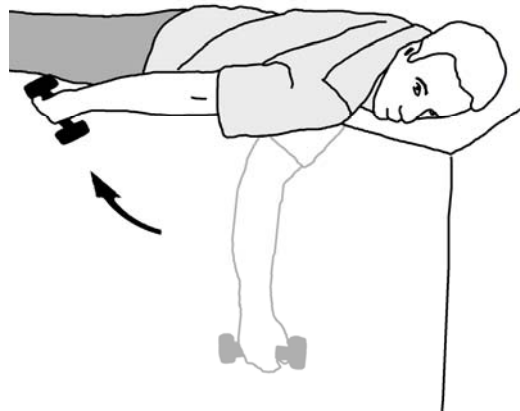
- External Rotation - Letter U**  
Raise your right arm to shoulder height at a 90° angle to the body. While holding the arm in this position, rotate the hand upward, until the hand is even with the bed.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Extension**  
Raise the right arm backward to the level of your hip

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



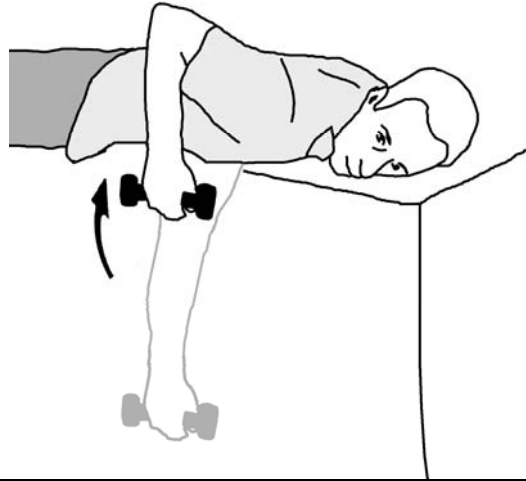
# Occupational Therapy TOOLKIT

## Shoulder Strengthening Free Weights -Right

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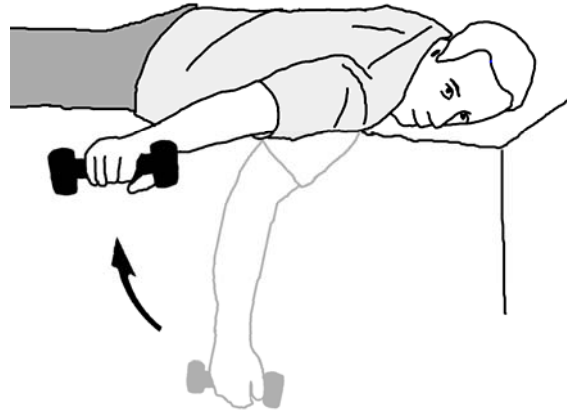
- Rowing**  
Lift the right elbow up toward the ceiling.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Horizontal Abduction - Letter T**  
Raise the right arm up to the side, to shoulder height.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Scaption - Letter Y**  
Raise the right arm up from the side at a 45° angle, to shoulder height.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

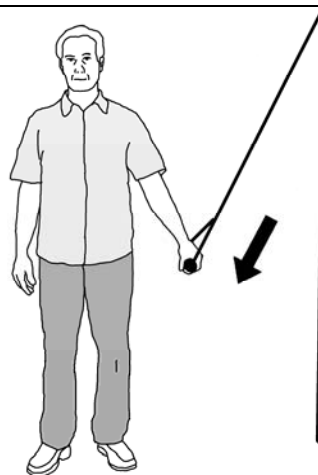
## Shoulder Strengthening Resistive Band - Left

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

**Adduction**

Secure the resistive band at the top of the door. Stand with your left side to the door. Pull the left arm to your side.

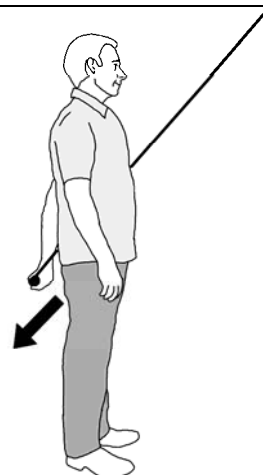
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Extension**

Secure the resistive band at the top of the door. Stand facing the door. Pull the left arm back, a little past your body.

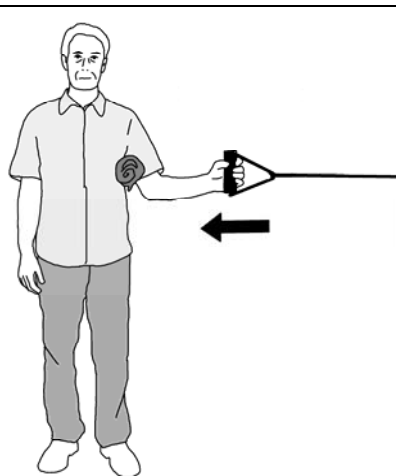
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Internal Rotation**

Secure the resistive band at elbow height. Stand with your left side to the door. Place a rolled-up hand towel under the arm. Rotate left the shoulder across your chest. Don't twist your body.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



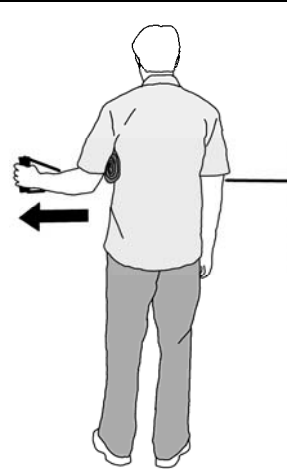
# Occupational Therapy TOOLKIT

## Shoulder Strengthening Resistive Band - Left

**External Rotation**

Secure the resistive band at elbow height. Stand with your right side to the door. Place a rolled-up hand towel under the arm. Rotate the left shoulder out to the side. Don't twist your body

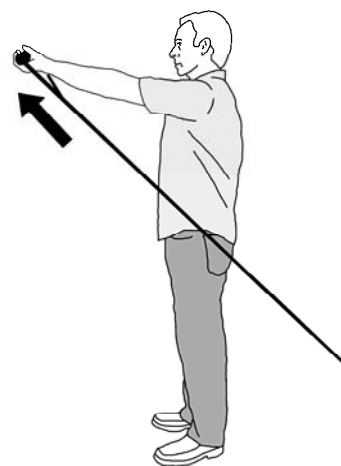
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Forward Flexion**

Secure the resistive band at mid-calf height. Stand with your back to the door. Turn the palm up. Lift the left arm up in front, keeping the elbow straight.

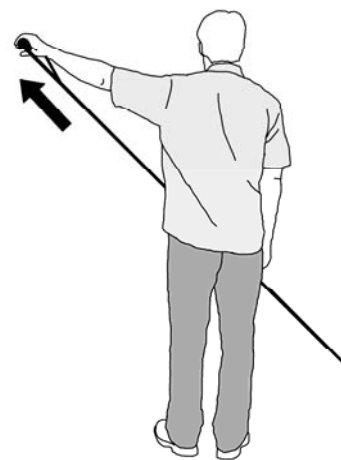
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Abduction**

Secure the resistive band at mid-calf height. Stand with your right side to the door. Raise the left arm up from your side, keeping the elbow straight

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

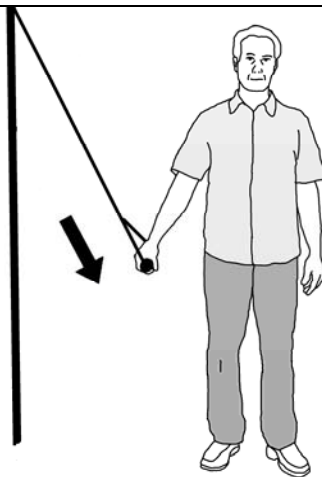
## Shoulder Strengthening Resistive Band - Right

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

**Adduction**

Secure the resistive band at the top of the door. Stand with your right side to the door. Pull the right arm into your side.

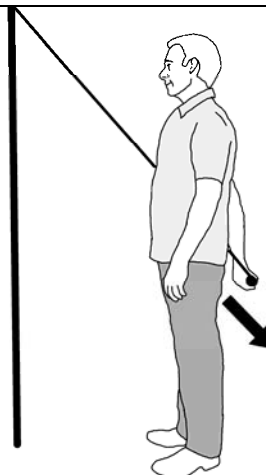
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Extension**

Secure the resistive band at the top of the door. Stand facing the door. Pull the right arm back, a little past your body.

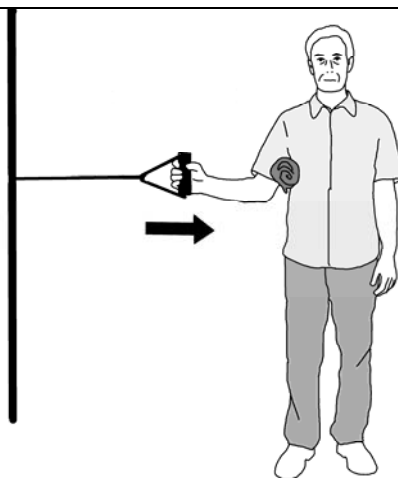
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Internal Rotation**

Secure the resistive band at elbow height. Stand with your right side to the door. Place a rolled-up hand towel under the arm. Rotate the right shoulder across your chest. Don't twist your body.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



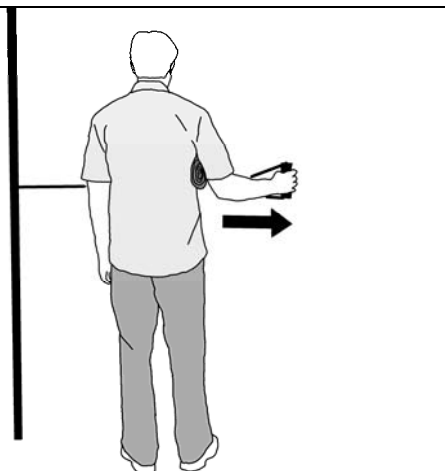
# Occupational Therapy TOOLKIT

## Shoulder Strengthening Resistive Band - Right

**External Rotation**

Secure the resistive band at elbow height. Stand with your left side to the door. Place a rolled-up hand towel under the arm. Rotate the right shoulder out to the side. Don't twist your body.

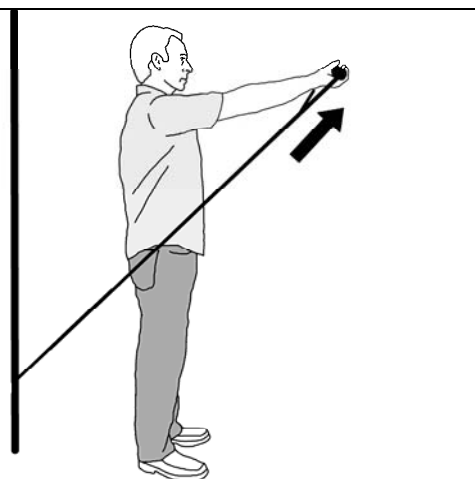
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Forward Flexion**

Secure the resistive band at mid-calf height. Stand with your back to the door. Turn the palm up. Lift the right arm up in front, keeping the elbow straight.

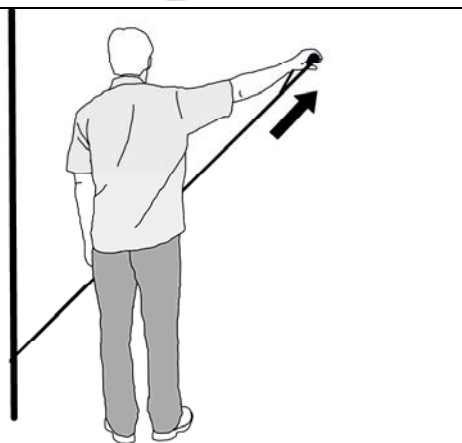
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Abduction**

Secure the resistive band at mid-calf height. Stand with your left side to the door. Raise the right arm up from your side, keeping the elbow straight.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Shoulder Stretching Exercises - Left

Perform the checked exercises \_\_\_\_\_ time(s) a day, \_\_\_\_\_ day(s) a week.

---

**Weighted Pendulum**

Relax your shoulder muscles. Hold a \_\_\_\_\_ lb/kg weight in your left hand and lean forward. Using your body, allow your left arm to swing in a circle that is less than 12 inches (30 cm) in diameter.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Forward Stretch on Tabletop**

Relax your shoulder muscles. Slide your left hand forward on the table. Hold for the count of \_\_\_\_\_.

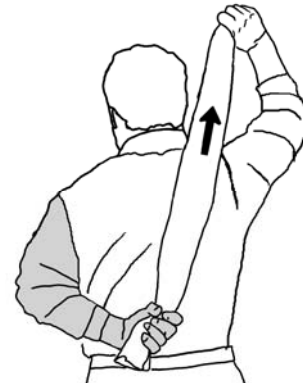
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Towel Stretch**

Place a towel over your right shoulder; grab the end from behind with your left hand. Pull the towel up as shown. Hold for the count of \_\_\_\_\_.

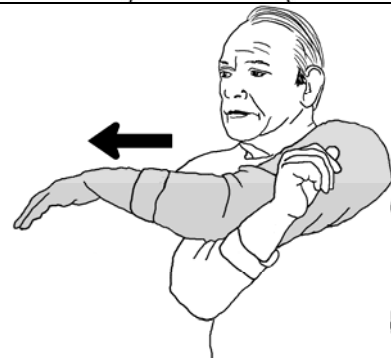
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Stretch Across Body**

Pull your left arm across your body, using your right arm. Hold for the count of \_\_\_\_\_.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Shoulder Stretching Exercises - Left

Perform the checked exercises \_\_\_\_\_ time(s) a day, \_\_\_\_\_ day(s) a week.

---

**Sleeper Stretch**

Roll onto your left side, with your arm outstretched and elbow bent. Gently push your left arm down, towards the bed. Hold for the count of \_\_\_\_\_.

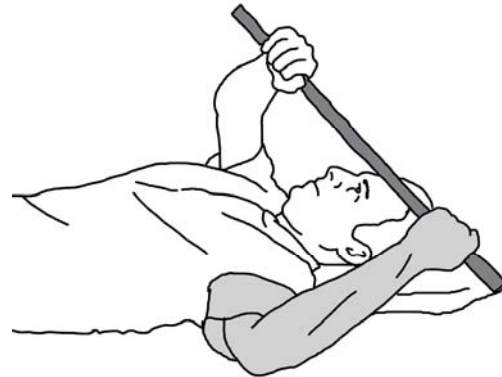
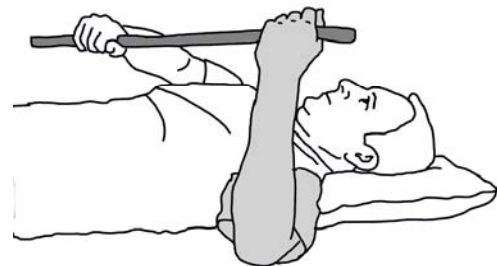
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**External Rotation @ 90° Abduction**

Keep your right arm at 90 degrees to the body and the elbow bent at 90 degrees. Use a dowel to rotate the right arm back toward the head of the bed. Hold for the count of \_\_\_\_\_.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Hands-Behind-the-Head Stretch**

Starting at 12 weeks after surgery. Clasp your hands behind your head. Slowly lower the elbows to the side. Hold for the count of \_\_\_\_\_.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_





# Occupational Therapy TOOLKIT

## Shoulder Stretching Exercises - Right

Perform the checked exercises \_\_\_\_\_ time(s) a day, \_\_\_\_\_ day(s) a week.

---

**Weighted Pendulum**

Relax your shoulder muscles. Hold a \_\_\_\_\_ lb/kg weight in your right hand and lean forward. Using your body, allow your right arm to swing in a circle that is less than 12 inches (30 cm) in diameter.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Forward Stretch on Tabletop**

Relax your shoulder muscles. Slide your right hand forward on the table. Hold for the count of \_\_\_\_\_.

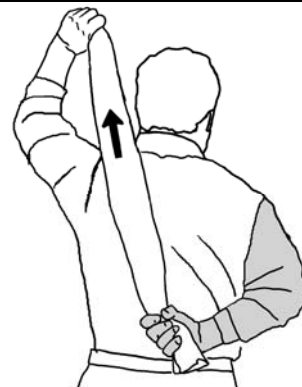
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Towel Stretch**

Place a towel over your left shoulder; grab the end from behind with your right hand. Pull the towel up as shown. Hold for the count of \_\_\_\_\_.

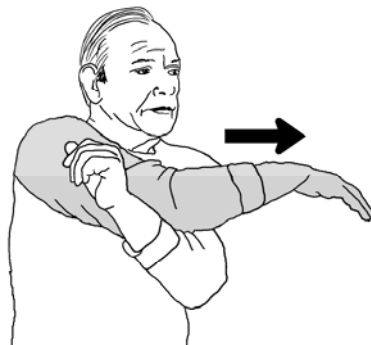
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Stretch Across Body**

Pull your right arm across your body, using your left arm. Hold for the count of \_\_\_\_\_.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Shoulder Stretching Exercises - Right

Perform the checked exercises \_\_\_\_\_ time(s) a day, \_\_\_\_\_ day(s) a week.

---

**Sleeper Stretch**

Roll onto your right side, with your arm outstretched and elbow bent. Gently push your right arm down, towards the bed. Hold for the count of \_\_\_\_\_.

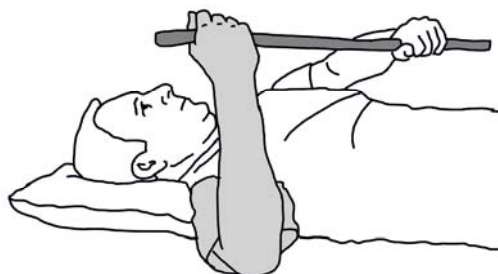
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**External Rotation @ 90° Abduction**

Keep your right arm at 90 degrees to the body and the elbow bent at 90 degrees. Use a dowel to rotate the right arm back toward the head of the bed. Hold for the count of \_\_\_\_\_.

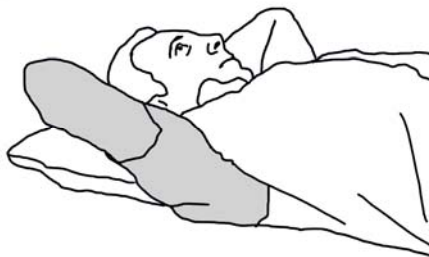
Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



**Hands-Behind-the-Head Stretch**

Starting at 12 weeks after surgery. Clasp your hands behind your head. Slowly lower the elbows to the side. Hold for the count of \_\_\_\_\_.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_

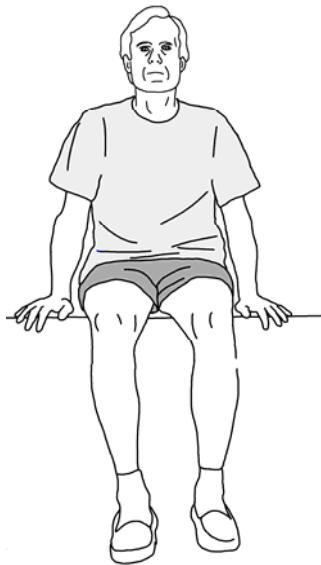


# Occupational Therapy TOOLKIT

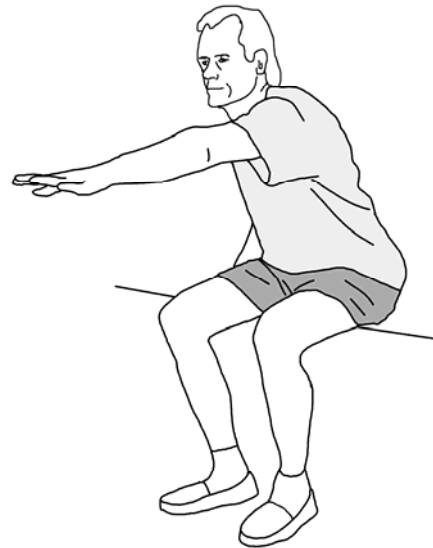
## Sitting Balance Exercises

Have someone sit next to you to help you keep your balance. Reach for objects placed around you.

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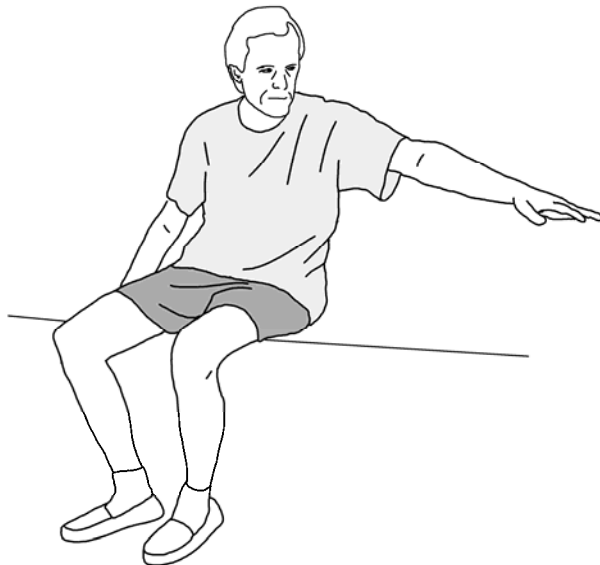


Sit at the edge of the bed or on a sofa. Your feet should be flat on the floor.

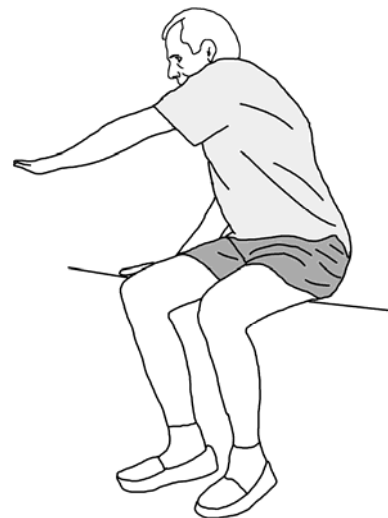


Reach forward at shoulder level.

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Reach to the same side at shoulder level.



Reach to the opposite side.

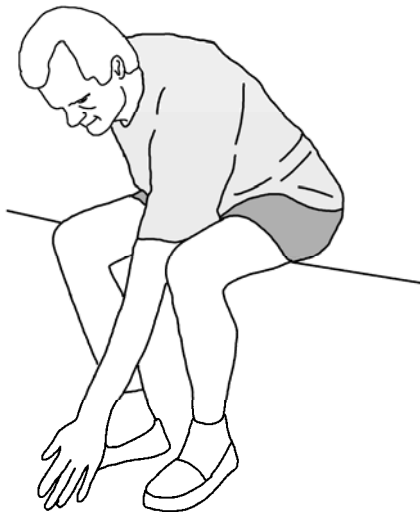
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# Occupational Therapy TOOLKIT

## Sitting Balance Exercises

Have someone sit next to you to help you keep your balance. Reach for objects placed around you.

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Reach to the floor between your feet.



Reach to the floor, and to the side

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Reach behind and over the same shoulder.



Reach behind.

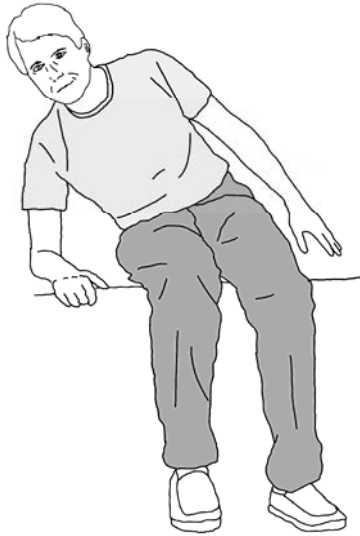
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# Occupational Therapy TOOLKIT

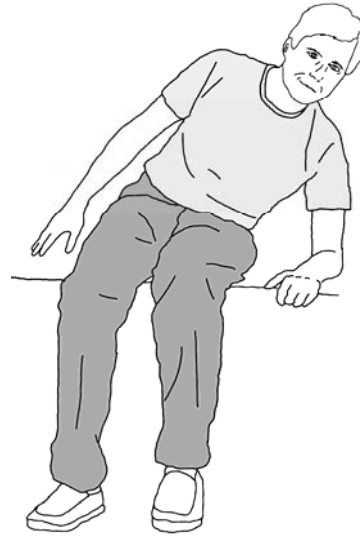
## Sitting Balance Exercises

Have someone sit next to you to help you keep your balance.

---



Lower onto the right elbow.



Lower onto the left elbow.

---



Hike up the right hip.



Hike up the left hip.

---

# Occupational Therapy TOOLKIT

## Stability Ball Exercise Guidelines

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (_____) _____

### Exercise Guidelines

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

Exercise slowly and gently.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed.

Remember to maintain proper posture with each exercise.

The correct size ball for you is: 45-cm; 55-cm; 65-cm; 75-cm; 85-cm. (circle one)

Inflate the ball enough so that when you sit on it with your feet on the floor, your knees are even with or just above your hips.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising.

Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

### Additional Instructions:

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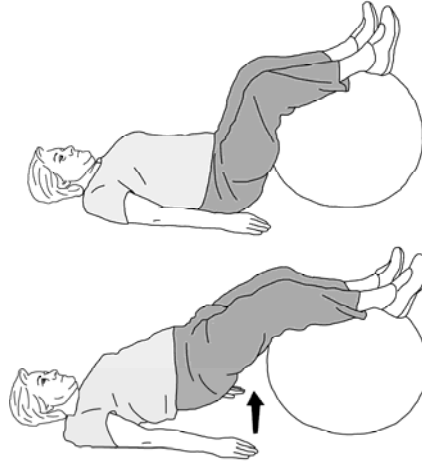
# Occupational Therapy TOOLKIT

## Stability Ball Exercises – Back Muscles

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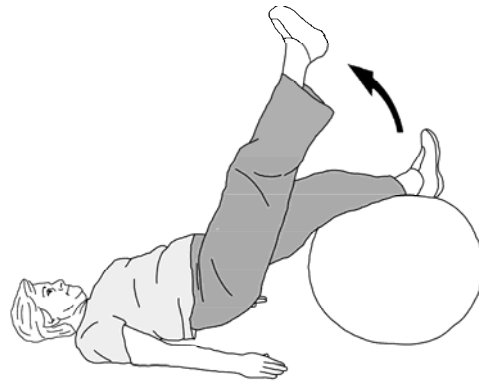
- Bridge**  
Lie on the floor with both legs on the stability ball, tighten and lift your hips up off the floor, keep your stomach muscles tight. Hold to the count of \_\_\_\_\_. Do not hold your breath.

Repeat \_\_\_\_\_ times.



- Bridge with Leg Lift**  
Lie on the floor with both legs on the stability ball, tighten and lift your hips up off the floor, keep your stomach muscles tight. Then lift your right leg off the ball. Repeat with the left leg. Hold to the count of \_\_\_\_\_. Do not hold your breath.

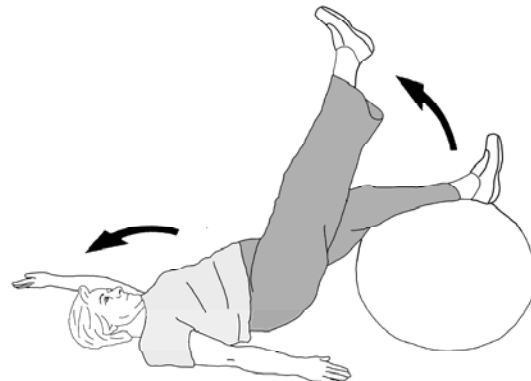
Repeat \_\_\_\_\_ times.



- Bridge with Leg and Arm Lift**  
Lie on the floor with both legs on the stability ball, tighten and lift your hips up off the floor, keep your stomach muscles tight. Then lift the right leg off the ball and raise your left arm overhead. Hold to the count of \_\_\_\_\_. Do not hold your breath.

Repeat with the left leg and right arm.

Repeat \_\_\_\_\_ times.



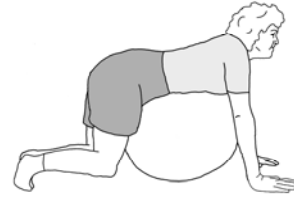
# Occupational Therapy TOOLKIT

## Stability Ball Exercises – Back Muscles

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### Position for all exercises

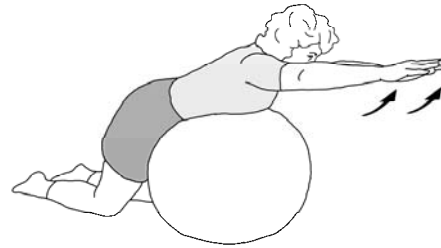
Lie on the stability ball on your stomach. Your hands and knees are on the floor. Keep your back straight and pain-free.



**Arm Raise**

Raise both arms off the floor to shoulder level. Hold to the count of \_\_\_\_\_. Do not hold your breath.

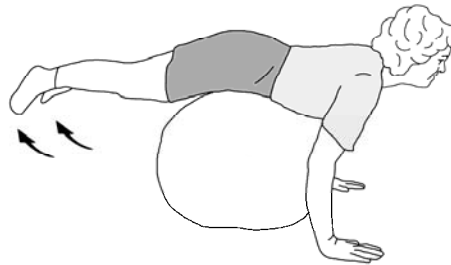
Repeat \_\_\_\_\_ times.



**Leg Raise**

Lift both legs off the floor, balancing yourself with your arms. Hold for the count of \_\_\_\_\_. Do not hold your breath.

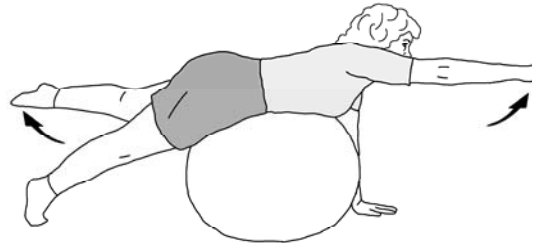
Repeat \_\_\_\_\_ times.



**Alternate Arm and Leg Raise**

Raise your right arm and left leg off the floor. Hold for the count of \_\_\_\_\_. Do not hold your breath.

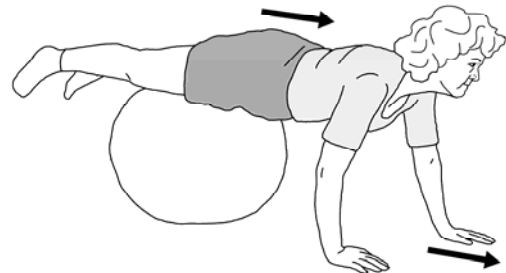
Repeat with your left arm and right leg.  
Repeat \_\_\_\_\_ times.



**Walk Out**

Support your weight with your hands. Walk your hands forward away from the ball until your thighs are resting on the ball. Hold for the count of \_\_\_\_\_. Do not hold your breath.

Repeat \_\_\_\_\_ times.





# Occupational Therapy TOOLKIT

## Stability Ball Exercises – Pelvic Muscles

---

### Position for all exercises

Sit in the center of the stability ball with both your feet on the floor. Sit up straight.



---

### Hips Side to Side

While keeping your feet flat on the floor, slowly move your hips from side to side.

Repeat \_\_\_\_\_ times.

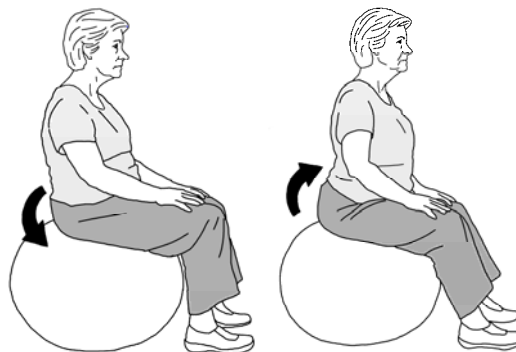


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### Hips Forward and Back

While keeping your feet flat on the floor. Roll your hips by tucking the buttocks under the pelvis. Then roll your hips forward.

Repeat \_\_\_\_\_ times.



---

### Hip Circles

Shift your weight around in a circular motion, by combining the last two exercises.

Repeat \_\_\_\_\_ times.



# Occupational Therapy TOOLKIT

## Stability Ball Exercises – Pelvic Muscles

---

### Position for all exercises

Sit in the center of the stability ball with both your feet on the floor. Sit up straight.



---

### March in Place

Raise and lower your right foot from the floor, then raise and lower your left foot from the floor.

Repeat \_\_\_\_\_ times.



---

### March in Place and Move Arms.

Raise and lower your right foot from the floor, while simultaneously raising your left arm overhead. Repeat with your left foot and right arm.

Repeat \_\_\_\_\_ times.



---

### Twist

Twist your trunk to the right and then to the left while reaching with your arms.

Repeat \_\_\_\_\_ times.



# Occupational Therapy TOOLKIT

## Stability Ball Exercises – Stomach Muscles

---

**Crunch**

Sit on exercise ball with your arms crossed. Lean back half way. Keeping your back straight and bending at your hips, use your stomach muscles to sit up. Hold to the count of \_\_\_\_\_. Do not hold your breath.



Repeat \_\_\_\_\_ times.

---

**Diagonal Crunch**

Sit on exercise ball with your hands behind your head. Lean back half way. Keeping your back straight and bending at your hips, use your stomach muscles to sit up and twist to the right. Hold to the count of \_\_\_\_\_. Do not hold your breath. Repeat to the left side.



Repeat \_\_\_\_\_ times.

---

**Reverse Curl**

Lie on your back with your legs bent and resting on the ball. Squeeze the ball between your calves and thighs. Bend at the hips and use your stomach muscles to lift the ball off the floor. Hold to the count of \_\_\_\_\_. Do not hold your breath.



Repeat \_\_\_\_\_ times.



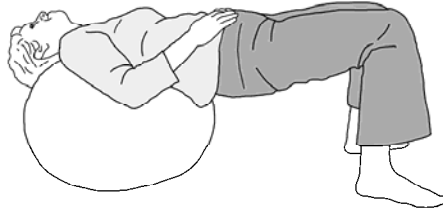
# Occupational Therapy TOOLKIT

## Stability Ball Exercises – Stomach Muscles

---

### Position for all exercises

Sit on the ball. Walk your legs away from the ball until your shoulders and upper back are resting on the ball. Keep your back straight in a pain-free position.

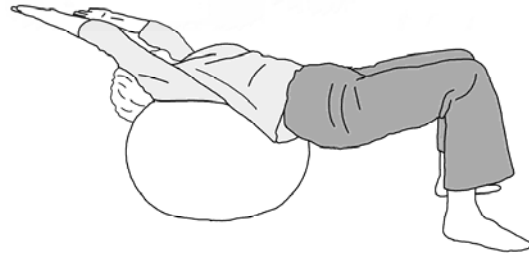


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### Arm Raise

Raise both arms overhead, keeping your elbows straight. Hold to the count of \_\_\_\_\_. Do not hold your breath.

Repeat \_\_\_\_\_ times.

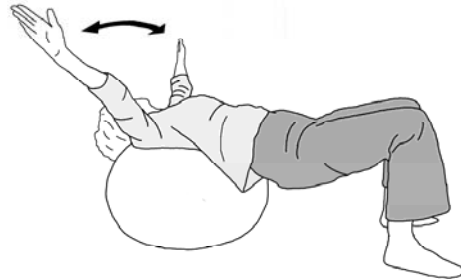


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### Arm Spread

Move your arms out from your sides at shoulder level, keep your elbows straight and bring your hands together.

Repeat \_\_\_\_\_ times.

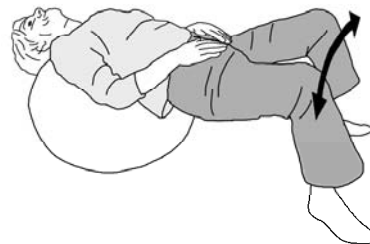


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### Knee Squeeze

Squeeze your knees together. Hold to the count of \_\_\_\_\_. Do not hold your breath.

Repeat \_\_\_\_\_ times.



---

### Buttock Tuck

Raise and lower your buttocks.

Repeat \_\_\_\_\_ times.



# Occupational Therapy TOOLKIT

## Static Balance Exercises

Perform the following exercises while holding.... (circle one)



a stable object.



arms out to sides.



arms across chest.



- Stand with your feet shoulder width apart. Shift your weight side to side and then forward and back. Practice for \_\_\_\_\_ seconds/minutes



- Stand with your feet together. Shift your weight side to side and then forward and back. Practice for \_\_\_\_\_ seconds/minutes



- Stand with one foot in front of the other. Shift your weight side to side and then forward and back. Practice for \_\_\_\_\_ seconds/minutes



- Stand on one foot. Stand on the other foot. Hold this position for \_\_\_\_\_ seconds

# Occupational Therapy TOOLKIT

## Static Balance Exercises

Perform the following exercises while holding.... (circle one)



a stable object.



arms out to sides.

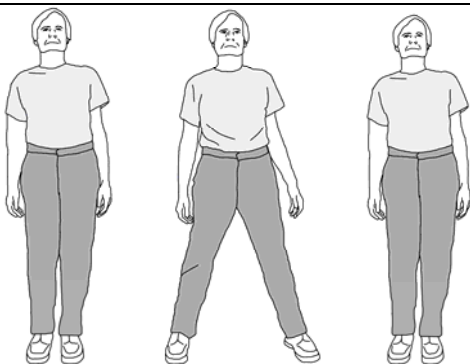


arms across chest.



- Rise up onto your toes. Repeat \_\_\_\_\_ time(s).  
Roll back up onto your heels, lifting your toes up. Repeat \_\_\_\_\_ time(s).

- Quarter Squats - Bend your knees slightly and then straighten back up.  
Repeat \_\_\_\_\_ time(s).



- Side Step - Stand with your feet shoulder width apart. Step once to the right, return to standing, then take one step to the left.

Repeat \_\_\_\_\_ time(s).

- Lunges - Step forward with your right foot, bending the knee slightly. Return to standing position. Repeat with the left leg.

Repeat \_\_\_\_\_ time(s).

# Occupational Therapy TOOLKIT

## Tendon Gliding Exercises

Hold each position \_\_\_\_\_ seconds.  
Repeat the sequence of all movements' \_\_\_\_\_ times  
Perform these exercises \_\_\_\_\_ times a day

---

Hold your wrist straight. Straighten your fingers and stretch your thumb to the side.



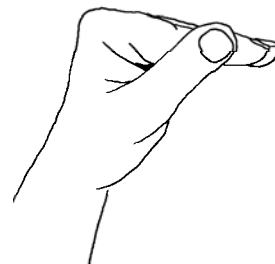
Hold your wrist straight. Keep your knuckles straight and bend your finger joints down.



Hold your wrist in neutral. Make a fist with your thumb wrapped over the front of your fingers.



Hold your wrist in neutral. Keep your knuckles bent and straighten your fingers.



Hold your wrist in neutral. Reach the tips of your fingers down towards your wrist and stretch your thumb back.



# Occupational Therapy TOOLKIT

## Upper Body Active ROM Exercises

Patient Name: _____
Date: _____
Therapist Name: _____
Phone number: (____) _____

### Exercise Guidelines:

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

Exercise slowly and gently.

Don't hold your breath during any of the exercises. This could affect your blood pressure. Count out loud if needed to.

Remember to maintain proper posture with each exercise.

If you experience chest pain, unusual shortness of breath, dizziness, nausea, blurred vision or other unusual symptoms while exercising, stop immediately and call 911.

Muscle soreness lasting a few days and slight fatigue are normal after exercising.

Exhaustion, sore joints, and painful muscle pulls are not normal. If you experience these symptoms, do not resume exercising until you talk with your therapist.

### Additional Instructions:

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# Occupational Therapy TOOLKIT

## Upper Body Active ROM Exercises Neck, Face and Jaw

- 
- Bring your chin to your chest, and then look forward.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Turn your head to look over your shoulder. Repeat to the other side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Tilt your head sideways toward your shoulder. Repeat to the other side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Open your mouth as wide as possible.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Move your lower jaw forward.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Move your lower jaw side to side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Upper Body Active ROM Exercises Shoulders

- 
- Shrug your shoulders.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Pull your shoulder blades together.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Raise your arms forward and upwards as high as comfortable.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Bring your arms back behind your body as far as comfortable.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Raise your arms up from your sides.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Upper Body Active ROM Exercises Shoulders and Elbows

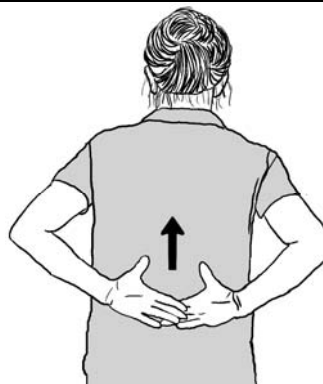
- 
- Spread your arms open then cross them in front.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Place the backs of your hands on your lower back. Slowly move them up your spine.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Place your hands behind your neck. Reach them down towards your shoulder blades.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Bend your elbows up touching your hands to your shoulders, and then straighten your arms completely.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Upper Body Active ROM Exercises Forearm and Wrist

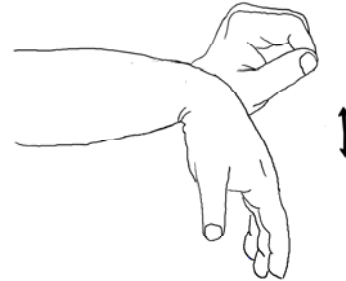
- 
- Bend your elbows and hold them into your sides, turn your palms up and then turn them down.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Support your forearm on a table with your hand over the edge. Lift your hand up then down. Repeat with your other hand.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



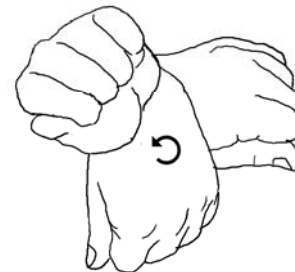
- 
- Support your forearms on a table. Move your hand side to side. Repeat with your other hand.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Move your wrist in a circular movement. Repeat with your other hand.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Upper Body Active ROM Exercises Finger and Thumb

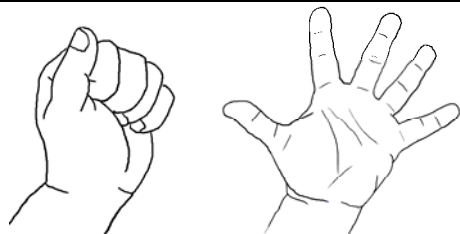
- 
- Bend your thumb over towards the base of your pinkie finger.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Make a fist, and then spread your fingers apart.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Claw your fingers

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



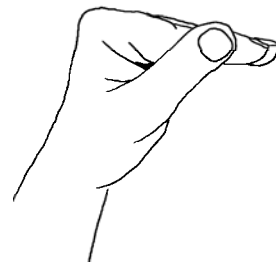
- 
- Place your hand flat on the table and lift your fingers up.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- 
- Bend your knuckles while keeping your fingers straight.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Upper Body Active ROM Exercises Trunk

---

- Raise one arm overhead. Bend over to the side. Repeat to the other side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Lean forward from your hips, keeping back straight. Reach down towards your toes.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



- Place your hands on your hips. Twist your body around to look over your shoulder. Repeat on the other side.

Complete \_\_\_\_\_ set(s) of \_\_\_\_\_



# Occupational Therapy TOOLKIT

## Upper Body Strengthening Activities

Armchair pushups

Throw ball or darts

Balloon volley

Wash mirrors and windows

Mop and sweep

Vacuum and dust

Make beds

Hang clothes

Put items on shelf

Cooking tasks (kneading, stirring, rolling, whisking)

Wash and dry dishes

Fold clothes

Rake leaves

Drive nails with hammer

Wash the car

Painting a wall

# Occupational Therapy TOOLKIT

## Using Your Arm as an Active Stabilizer

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



Move your weaker arm out of the way when dressing and bathing.



Use your weaker hand to hold a dish while washing it with the other hand.



Carry a piece of clothing under your weaker arm.



Use your weaker arm to assist during bed mobility.



# Occupational Therapy TOOLKIT

## Using Arm as a Gross Motor Assist

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

These activities can be performed with your weaker arm in an overhead sling or by supporting your weaker arm on the tabletop.



Use your weaker hand to stack cups and put them in the cupboard.



Use your weaker hand to hold a built-up spoon during meals.



Use your weaker hand to use a built-up hairbrush.



Use your weaker hand to apply lotion to your other arm.

# Occupational Therapy TOOLKIT

## Using Your Arm as a Passive Stabilizer

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



Use you weaker hand to stabilize your plate while eating.



Stabilize a sheet of paper with your weaker hand while writing with your other hand.



Stabilize a washcloth with your weaker hand while applying soap with your other hand.



Stabilize your toothbrush with the weaker hand while your other hand applies the toothpaste.

# Occupational Therapy TOOLKIT

## Using Your Arm with Caregiver Assisted Guiding

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



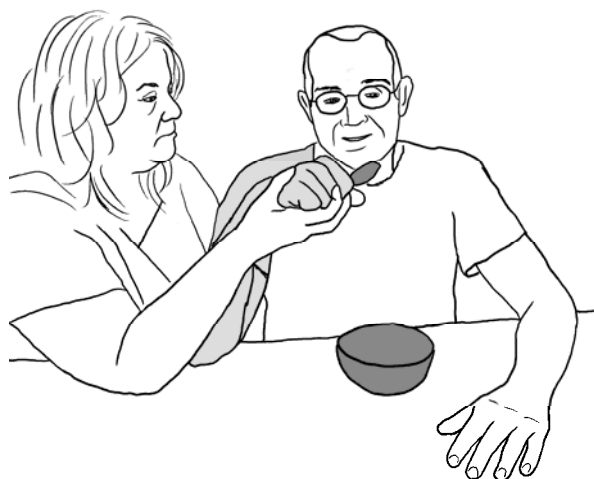
Your caregiver will place their hand over your weaker hand to assist you in holding the glass. Pour the drink with the other hand.



Your caregiver will place their hand over your weaker hand to assist you in holding the hairbrush.



Your caregiver will place their hand over your weaker hand to assist you in folding the laundry.



Your caregiver will place their hand over your weaker hand to assist you with holding the spoon.

# Occupational Therapy TOOLKIT

## Using Your Arm with Self-Guiding

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



Place your weaker hand on a washcloth. Use your other hand to guide the washcloth over the countertop.



Place a cracker, cookie or other finger food in your weaker hand. Use your other hand to guide the food up to your mouth.



Place a washcloth in your weaker hand. Use your other hand to guide the washcloth to wash your face.



Place an electric razor in your weaker hand. Use your other hand to guide the razor to your face.

# Occupational Therapy TOOLKIT

## Weight Bearing Exercises - Left Hemiparesis

Perform the checked exercises \_\_\_\_\_ time(s) a day, \_\_\_\_\_ day(s) a week.

---

- Clasp your hands together. Stretch your arms forward on the table. Rest your head on your left shoulder.

Hold for a count of \_\_\_\_\_  
Repeat \_\_\_\_\_ times



- Standing at the table. Place your left hand flat on the table. Lean your weight into your left elbow.

Hold for a count of \_\_\_\_\_  
Repeat \_\_\_\_\_ times



- Standing at the table. Place your left hand flat on the table. Keep your elbow straight (you may need someone to help you with this). Lean your weight into your left arm.

Hold for a count of \_\_\_\_\_  
Repeat \_\_\_\_\_ times



# Occupational Therapy TOOLKIT

## Weight Bearing Exercises - Right Hemiparesis

Perform the checked exercises \_\_\_\_\_ time(s) a day, \_\_\_\_\_ day(s) a week.

---

- Clasp your hands together. Stretch your arms forward on the table. Rest your head on your right shoulder.

Hold for a count of \_\_\_\_\_  
Repeat \_\_\_\_\_ times



- Stand at the table. Place your right hand flat on the table. Lean your weight into your right elbow.

Hold for a count of \_\_\_\_\_  
Repeat \_\_\_\_\_ times



- Standing at the table. Place your right hand flat on the table. Keep your elbow straight (you may need someone to help you with this). Lean your weight into your right arm.

Hold for a count of \_\_\_\_\_  
Repeat \_\_\_\_\_ times



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