Use of Activities of Daily Living as an evaluation, as a treatment modality, or both

*Let’s get to Back to Basics*

**ADL Assessment**

“Back to Basics”
To comply with professional boards/associations standards, I declare that I do not have any financial relationship in any amount, occurring in the last 12 months with a commercial interest whose products or services are discussed in my presentation.

Use of Activities of Daily Living: As an evaluation, As a treatment modality or both

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Assessment of Performance
ADL’s

Learning Objectives

1. Weave ADL interventions into your daily therapeutic milieu or rehab program.
2. Become familiar with the various performance areas of ADL’s, BADL’s, IADL’s, Occupational Based Activities, Play and Leisure Activities.
3. Become familiar with interventional strategies that assist the patient in regaining lost function in the clinic, home or at work.
4. Fully understand why ADL’s are such an important component of the patient's daily routine.
Assessment of Performance
ADL’s

Definition of ADL [?]

- **Activities of Daily Living** ... are occupation based tasks that include personal care, functional mobility, communication, home management, and work & community reintegration.
- **ADL’s** ... that require advanced planning and more complex skill-sets are called IADL’s ...
  *(instrumental activities of daily living).*
Use of Activities of Daily Living as an evaluation, as a treatment modality, or both

Why...ADL’s?

**ADL’s** is the... ...that carries us over, under & around obstacles we encounter everyday throughout our internal & external environments.

**ADL’s** and its importance... ....is what makes up the very fabric of our everyday lives.

**ADL’s** are the most basic component of rehab and is what helps the pt. establish homeostasis throughout their functional lives...
A Comprehensive Review
ADL’s

Occupational Performance Model (OPM)
A Comprehensive Review
ADL’s
(Occupational Performance Model)

Occupational Performance Model:

- **Occupational Performance** describes the content of the OT process ... *its the domain of concern* within OT practice ... across all specialty areas (Ped’s, Adults, Geriatrics).
- **Work, play and self-care** have always been at the core of OT assessments & treatments.
- **ADL is a important category**... it is known as the “performance area” within the “occupational performance model”.
A Comprehensive Review
ADL’s
*(Occupational Performance Model)*

Performance areas & components:

The three (3) areas germane to the *Occupational Performance Model* are:

- Activities of daily living
- Work & productive activities
- Play & Leisure activities
Activities of Daily Living are considered to be the self-maintenance tasks/skills everyone does:

- Feeding, bathing, dressing, hygiene are tasks are performed every day.
- These maintenance tasks are what maintain one’s health and prevent physical and mental degradation.
- These tasks vary according to each patient; however, the act of performing them is what makes them a standardized process.
A Comprehensive Review
ADL’s
(Occupational Performance Model)

Work and Productive Activities [Occupational Based Activities]:

- Most societies engage in work or work-like chores; some of these chores are based on **subsistence chores**, some are **voluntary** in nature and some perform **traditional work tasks** for financial motives.

  (a) **Subsistence chores**...(e.g. securing shelter, collecting firewood, herding-grazing cattle or retrieving water etc...).
  (b) **Voluntary chores**...(e.g. candy striping; volunteer fire-fighter or community watch groups-or-services).
  (c) **Traditional work**...(e.g. any occupation that is performed for financial reasons or for reimbursement of their services).
A Comprehensive Review
ADL’s
*(Occupational Performance Model)*

**Play and Leisure Activities**

- Most, if not, all societies engage in leisure activities... these activities are performed individually or in organized groups.

- Play and leisure activities are fundamental in helping children develop skills needed in future growth.

- Play and leisure activity are precursors for developing the skills needed for organized work or occupational tasks.
A Comprehensive Review
ADL’s

- The (7) areas of Occupational Performance are the ADL categories that have been discussed in detail earlier (*where the rubber meets the road):

1. Bathing-showering
2. Bowel-bladder management & toileting
3. Dressing
4. Eating
5. Feeding
6. Functional mobility
7. Personal hygiene
A Comprehensive Review
ADL’s

Performance areas of ADL’s
Know your ADL’s
Performance areas of ADL’s
Know your ADL’s

The various components of ADL’s

- **When selecting ADL activities**, choose simple tasks, then work towards more complex ones.
- Don’t forget to assess **ADL’s and IADL’s**; both are important.
- **ADL assessments** should not be completed in **one session**... because this approach may fatigue the patient.
- **Try not** to create artificial situations with regards to the ADL assessments (*do not spend valuable time on an ADL component that will never be performed by the patient independently*).
Performance areas of ADL’s
Know your ADL’s

The various components of ADL’s

- **ADL assessments** help identify how the patient compensates or tries to modify a given ADL or self-care task.
- **ADL assessments and treatments** assist you in identifying the common causes of patient compensation:
  - muscular weakness & decreased endurance or work tolerance
  - spasticity, rigidity & involuntary movements
  - Tremors
  - Posturing
  - Perceptual & cognitive deficits
Performance areas of ADL’s
Know your ADL’s

The various components of ADL’s

- **Privacy**: Respect the patient’s need for privacy; meaning, the patient’s feelings toward having his/her body disrobed and/or viewed by others.
- **Be prepared**: ADL dressing may be impacted by the patient’s need for privacy.
- **De-ja-vu**: You may also have to deal with similar issues when engaged in manual therapy, mat activities, as well as, ADL training.

Privacy can be overlooked in many ways; culture, gender age, stature, and so on...
Performance areas of ADL’s
Know your ADL’s

The various components of ADL’s

- Ask what **ADL task** the patient wishes to work on first (*known as, client centered approach*).
- Ask what the **patient’s feelings** are towards relearning or regaining lost **ADL tasks or abilities**.
- Ask the patient what their feelings are towards **independence** or towards **being dependent on caretakers**...spouse and other family members.
Performance areas of ADL’s
Know your ADL’s

The various components of ADL’s

- As well as evaluating ADL, BADL’s & IADL’s, make sure you evaluate the patient’s occupational [work] environment.
  (*Work/Volunteering = is considered an occupation)
- The evaluator should begin the evaluation by explaining why the ADL evaluation is being performed.
- The evaluator should invite the caretaker, family member or spouse to participate in the evaluation (*good “intel” can be gleamed from the spouse or family member).
Performance areas of ADL’s
Know your ADL’s

The various components of ADL’s

- **Simulate** the patient’s **home set up** in the gym or ADL-training-suite, as this will allow the patient to adapt to the home environment once he/she is discharged.

- However, the evaluator should **perform a home assessment** (*when possible) to identify any **barriers or safety concerns**.
Performance areas of ADL’s
Know your ADL’s

**ADL-Advisory:**

ADL evaluations performed in the clinic’s “ADL-Suite” cannot accurately predict all the environmental barriers found at the patient’s home…therefore, you should not “assume” that functional independence in the clinic will automatically carry over to the patient’s home…
Interventional Strategies
ADL’s

Activities of Daily Living can be formally *evaluated*, can be used as a *treatment* or *both*:
Interventional Strategies
ADL’s

Activities of Daily Living

- **Evaluation** ... using *formal commercial assessments* or can be performed through *informal means*... (verbal intake & clinical observations).

- **Treatment Modality** ... as a therapeutic intervention only.

- or-**BOTH** ... a combination of evaluation & treatment can be weaved together... both can occur seamlessly.
Interventional Strategies

ADL’s

Activities of Daily Living

- Standardized or Commercial Assessments:
  
a. FIM’s ...(functional independence measure) measures the degree of patient disability w/in the adult rehab setting.
b. Brain-Book Assessment for TBI patients; assesses residual function s/p TBI.
c. Fall-Risk Assessment ... assesses patient’s at risk for falls at home.
d. Klein-Bell Scale ... assesses the patient’s ADL’s & takes into account use of adaptive equip.
e. AMPS ... (Assessment of Motor Process Skills); assesses the patient’s IADL’s.
Interventional Strategies
ADL’s

Activities of Daily Living

- Standardized or Commercial Assessments:
  
  f. SOTOF ... *structural observational test of function*; assesses IADL’s and the underlying skills required to do these tasks.
  
  g. SAFER ... *safe assessment of function & the environment for rehabilitation*; assesses the patient’s level of safety at home.
  
  h. Self-Reporting ... the patient’s recollection of his/her ADL status (from the initial intake).
  
  i. BIADL ... *Barthel’s Index of Activities of Daily Living*; used on pts. with severe disabilities.
Interventional Strategies
ADL’s

Activities of Daily Living

- Standardized or Commercial Assessments:
  
  j. Tailor-made or custom assessments can be crafted for your special needs.
  
  a. make your own template
  b. use the commercially available assessments as a guide.
  c. ADL check-list are great for guidance and they help trigger important areas to assess or help you with documentation.
Interventional Strategies
ADL’s

Activities of Daily Living

- Informal Assessments:
  
a. Observation of the patient as the patient enters the clinic (*observe how they are dressed, how they ambulate, their body language, disposition, alertness & facial gestures).

b. Interviewing the care-giver and patient.

c. Obtaining video footage or digital pictures of the patient for future analysis.

Clinical observations go a long way...
Interventional Strategies
ADL’s

Various types of ADL Evaluations
Interventional Strategies
ADL’s

Types of ADL Evaluations

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<td>Familiarization with public transportation (IADL’s &amp; functional mobility)</td>
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Interventional Strategies
ADL’s

I. ADL’s (BADL, IADL's, Occupation or job related ADL’s):

1. Assessment of BADL’s can be performed in the acute care setting, rehab setting, SNF/ALF or the home setting.

2. Assessment of IADL’s can be performed in the rehab (PMR) setting or the home setting.

3. Assessment of the work-environment can be performed in the rehab (PMR) setting, outpatient setting, or anytime it is deemed medically necessary.
II. Home Evaluations: accessibility, safety, & special accommodations

1. Assessments of the client’s/patient’s home is performed a few days prior to his/her discharge from the hospital setting.
2. Prior planning offers the home-owner or care-giver time to make the necessary modifications & implement safeguards at the home-site.
3. Specific safety measures are taken into account and must be corrected prior to the patient’s return to their home environment (*interim life-safety measures).
Interventional Strategies
ADL’s

III. Community re-integration

1. Community reintegration is a broad area that encompasses both IADL and functional mobility.

2. Community reintegration is the area that is most often overlooked or dismissed by therapists and para-professionals (*NOT my job!!).

Interventional Strategies
ADL’s

IV. Work-site and Job Re-tooling:

1. Work-site assessments are being mandated by workers compensation case-managers.

2. Work-site assessments are also becoming part of the rehab milieu as survivors of acute illness or chronic debilitating diseases are opting to RTD.

3. Rehabilitated patients often require their job-site and/or primary job-tasks to be modified considerably for them to RTD.
Interventional Strategies

ADL’s

V. School Based ADL’s (Special Population)

1. School aged children, who are mainstreamed into regular classrooms, must be able to: see, hear & understand what is being written on the chalkboard or projector screen (**).

2. Special population children must be able to feed w/assistance or adaptive equipment.

3. Special population must be able to access handicapped bathrooms.

4. Special population children must be able to properly enter/exist their school, classroom and common areas (*fire-safety).
VI [a]. Familiarization with public transportation:

1. Assessment of the patient’s ability to gain access and become confident with use of public transportation is a daunting task.

2. The issue with this important IADL is that the clinicians from acute care settings are neither trained themselves or willing to spend 2+ hours teaching someone to navigate public transportation corridors.

3. The greatest “let-down” for our clients is that the medical model does not recognize this as being a problem, and yet, everyone is critical that patients are late or noncompliant with their f/u appointments.
VI [b]. Familiarization with public transportation:

- Public Transportation (Various types):
  a. Planes
  b. Trains
  c. Buses/cabs/automobiles
  d. Cruise Ships

- Remember, once a patient recovers from their illness they are more likely to continue to use commercial or public transportation than was customarily seen in past decades.
Interventional Strategies
ADL’s used as a Treatment Intervention

Types of ADL Evaluations

Heads Up !!!

- Facilities who are Proactive & forward thinking are offering their patients what is known as “pre-surgical instruction”.
- What is PSI (pre-surgical instruction)? This is an excellent venue to provide instruction on ambulation devices, issue adaptive equipment, give tips on fall prevention at home, and review joint protection techniques before the pt. is hospitalized.
Interventional Strategies
ADL’s

ADL’s used as a Treatment
Interventional Strategies
ADL’s used as a Treatment Intervention

ADL’s used as Tx Intervention…

I. ADL’s used to address cognition & memory skills.
II. ADL’s are simulated to insure safety precautions are understood.
III. ADL’s to address gross and fine motor coordination (*bimanual dexterity)
IV. ADL’s used to address endurance, balance and work tolerance.
V. ADL’s used to improve sequencing, following commands & compensation techniques.
Interventional Strategies
ADL’s used as a Treatment Intervention

I. ADL’s used to address cognition & memory skills:

- Following multi-step commands
- Alphabetizing dummy-charts
- Activities that require some or no structure at all
- ADL & IADL … triggered with logbook or PDA
- Construct a time-line and prioritize tasks according to their importance
II. ADL’s are simulated to insure safety precautions are understood.

- Use the ADL-Suite to place obstacles in the patient’s way & watch how they navigate around them.
- Safety video’s can be viewed w/the patient & care-giver to assess the patient’s Safety-Index-Rating (SIR).
- Use of pictures to identify how well the patient understands joint replacement or post-surgical precautions.
Interventional Strategies

ADL’s used as a Treatment Intervention

III. ADL’s to address gross and fine motor skills (*bimanual dexterity)

- Performing dressing board activities.
- Needle point, sewing, calligraphy, computer use (data entry).
- Simple meal preparation & combine it with meal-planning (*memory/cognition).
- Assembly activities (VAL-PAR # 4), PVC-pipe assembly task, sorting cards, etc.
- Folding socks, folding clothes, folding letters & stuffing envelopes.
Interventional Strategies
ADL’s used as a Treatment Intervention

IV. ADL’s used to address endurance, balance and work tolerance

- Preparing a meal while standing (e.g. use if the patient has limited standing tolerance).
- Have the patient “ambulate” [traverse] greater distances when picking out clothes; then have them don/doff clothes in a separate area of the gym.
- All functional tasks...should be implemented in a manner that promotes work-tolerance (*explain to the patient why you are doing this).
Interventional Strategies
ADL’s used as a Treatment Intervention

Ⅴ. ADL’s used to improve sequencing, following commands & compensation techniques.

- **Dressing UE/LE’s** with clothes laid out in front of them (*planning, use of AE, choice of clothes, picking out the colors, matching shoes, etc).

- **Community Outing** (shopping at the supermarket)...have the patient make a list, explain the route to the store, and how they will navigate the store.

- **Balance their check-book** (IADL’s-money management skills...can be done with fake-or-monopoly money).
Functional Maintenance Program (FMP)

- **FMP’s** … are not considered “skilled” therapeutic intervention (skilled care).
- **FMP’s** … are viewed by Medicare as a restorative aide or home ex’s program.
- **FMP’s** … require less sophistication to develop and administer; therefore, skilled therapy cannot be billed under these sorts of programs.
- **FMP’s** … should not be substituted as ADL training. The former & the latter are two completely different interventions.
A Comprehensive Review of ADL’s “Back to Basics”

The Terrific Tirade of ADL’s

**ADL = Assessment**
**ADL = Treatment**
**ADL = Both**

Adaptive Equipment, Patient Advocacy & Education
ADL’s “Back to Basics”

The Terrific Tirade of ADL’s (Assessment):

1. **Engage** the patient in dressing activities using ADL dressing boards.
2. **Engage** the patient in simulated self-dressing using an ADL dressing vest.
3. **Engage** the patient in don/doffing oversized garment & note the level of assistance needed for task completion.
4. **Finally ... engage** the patient in dressing activity using their own clothing.
A Comprehensive Review of ADL’s “Back to Basics”

The Terrific Tirade of ADL’s (Treatment):

1. **(Planning)** … the patient plans & prepares for the activity; therapist reviews instructions (verbal, written or visual).

2. **(Coordination)** … buttoning buttons, small and large; inserting the arms through the shirt-sleeves.

3. **(Visual-Spatial Awareness)** … can the patient identify the various parts of the garment? does the patient insert the correct arm into the appropriate sleeve-proprioception? or does the patient don the garment “in-side-out?”
A Comprehensive Review of ADL’s “Back to Basics”

ADL’s “Back to Basics”

- The Terrific Tirade of ADL’s (Both):

1. **Assessment reveals** the patient has trouble following multi-step commands (**Observation/Assessment**).
2. **Memory and sequencing skills** … assist the patient in following proper sequence; can the patient follow 1-2-3 step commands? use STM-cues to assist the patient (**Treatment/Intervention**).
3. **Paraphrasing & checking for task completion** … assess whether the patient understood the instructions and assist him/her in completing the task if needed (**would be considered both assessment & treatment**).
A Comprehensive Review of ADL’s “Back to Basics”

**ADL’s & Adaptive Equipment**

**Use of Adaptive Equipment** … identify what adaptive equipment the patient needs & issue this equipment sparingly.

- **a.** Button hook
- **b.** Sock aide, dressing stick, universal cuff
- **c.** Elastic waist bands (oversized garments)
- **d.** Elastic shoe laces or Velcro fasteners
- **d.** Replace small buttons with large buttons
- **e.** Bathroom & hygiene aides
- **f.** Instruct patient or caregiver on how to modify the pt’s existing clothing
- **g.** Specialty needs equipment (reading, vision, grasping, etc.)

Issuing adaptive equipment w/o proper instruction is like not issuing the equipment altogether.
A Comprehensive Review of ADL’s “Back to Basics”

ADL’s…Advocacy & Education

Advocate and Educate…


b. Print up handouts or tri-fold brochures that provide tips on home safety, ambulation devices, inexpensive adaptive equipment, & free-or-subsidized transportation for the handicapped.
A Comprehensive Review of ADL’s
“Back to Basics”

ADL’s...Advocacy & Education

Advocate and Educate...

c. **Define & describe what adaptive equipment is and what it is used for.**

d. **Orient the patient so he/she can order needed equipment** (*reputable DME Vendors, identify pharmacies that make deliveries)*.

e. **Accept offers to be invited to stroke-support groups, Alzheimer's or caretaker support groups...it’s a great time to lecture on what ADL’s are, adaptive equip, safe-proofing the home against falls & so on.**
A Comprehensive Review of ADL’s “Back to Basics”

Become an Ambassador of your Profession:

- Be comfortable explaining to MD’s, PCP’s, MSW, & Nurse case managers why your patient needs specific ADL equipment.
- Be prepared to educate the patient, immediate family members, and-or caregivers on becoming your “depute” or “assistant”.
- Do market & delineate yourself at nursing grand-rounds, interdisciplinary rounds, intra-departmental meetings, during health-fairs and at State/ National Conferences.
- Do not under estimate the power of Activities of Daily living; understand that functional tasks and activities are often reimbursed at a higher rate than PAM’s, manual therapies, and strengthening exercises ($$$).
Use of Activities of Daily Living as an evaluation, as a treatment modality, or both

Let’s get to Back to Basics

Useful ADL websites:

http://www.patientsafety.gov/SafetyTopics/fallstoolkit/
http://www.aoa.gov/eldfam/For_Caregivers/For_Caregivers.asp
http://www.aoa.gov/eldfam/Elder_Rights/Elder_Abuse/Elder_Abuse.asp
http://www.aasa.dshs.wa.gov/default.htm
http://www1.dshs.wa.gov/dvr/aboutdvr/supported-employment.htm

Useful Articles:

Use of Activities of Daily Living as an evaluation, as a treatment modality, or both

Wrap-Up........Thank You.....................

In many things it is not well to say, "Know thyself"; it is better to say, "Know others.

Menander

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