

Redefining Independence in Daily Life through Occupational Therapy

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OCCUPATIONAL THERAPY PRACTITIONERS: A long and rich history in the VHA.....

In 1917, in the Surgeon General's Office, the Division of Physical Reconstruction assigned 55 occupational therapy aides to treat and train sick and wounded soldiers here and abroad and to secure employment for them when they were discharged.



Today, nearly 100 years later over 1300 occupational therapists and occupational therapy assistants within the VHA carry on that proud tradition providing holistic, client-centered treatment to thousands of Veterans throughout the United States.

Occupational Therapy defined:

oc·cu·pa·tion | \ä-kyə-'pā-shən: an activity in which one engages; the principal business of one's life

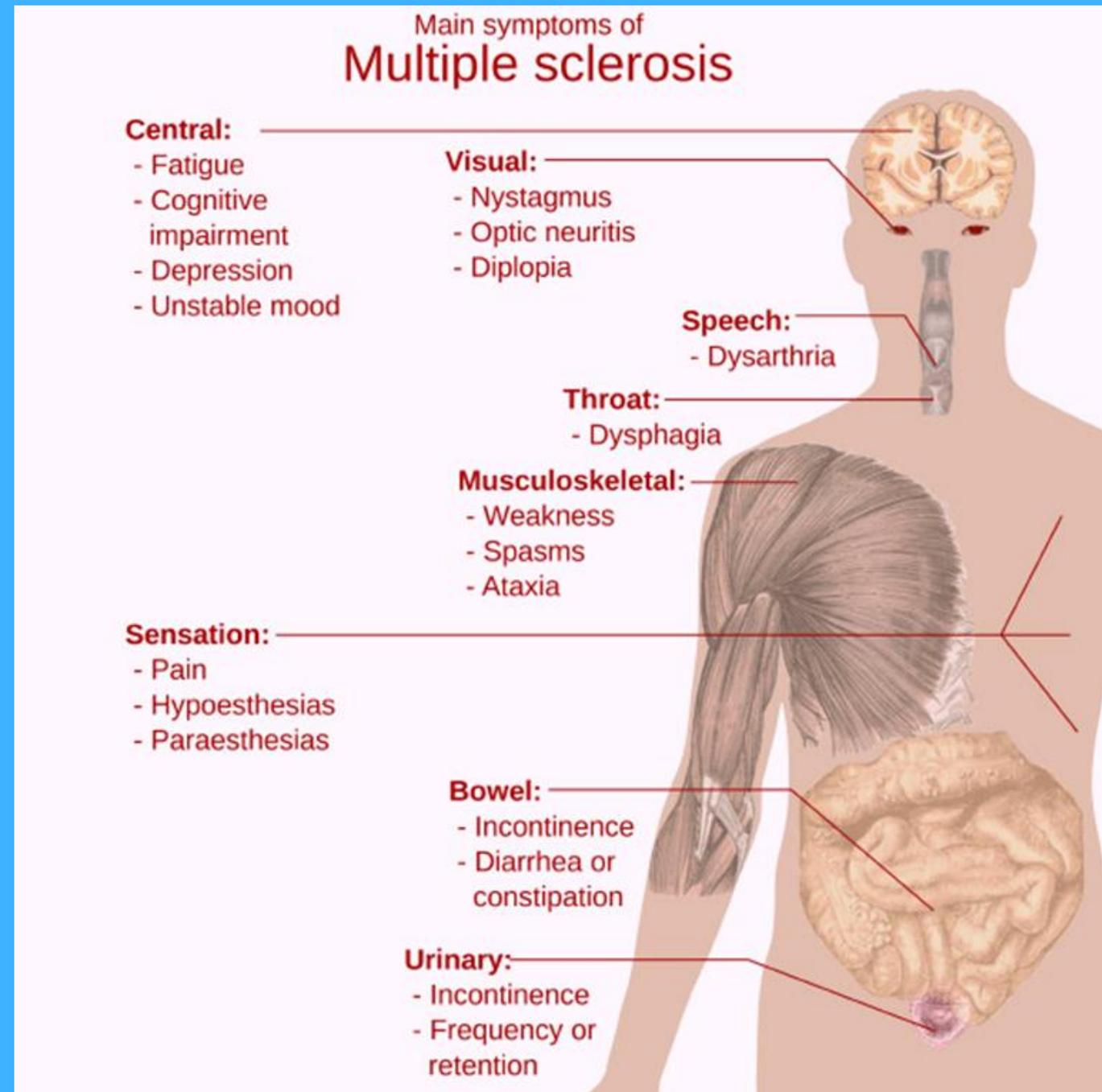
ther·a·py | \ 'ther-ə-pē\ : the use of functional and purposeful therapeutic activities with the goal of resuming participation in meaningful activities of daily life

Occupational Therapy for MS:

- Acute management of symptoms limiting completion of ADL
- Supporting function needed for disease modifying therapies
 - i.e., one-handed syringe use; medication reminders
- Long term goals of optimum ADL – wellness, prevention of secondary symptoms
- Compensatory strategies and support through equipment, adaptation as disease progresses

Symptoms of MS:

- Fatigue, lack of energy – 88%
- Walking, balance, coordination problems – 87%
- Impaired temperature regulation – 50-75%
- Bowel and bladder problems – 65%
- Blurred vision – 58%
- Memory loss, difficulty concentrating and/or solving problems – 44%
- Numbness, tingling sensations
- Dizziness
- Slurred speech
- Depression



Primary and Secondary Causes of Symptoms

Symptom	Primary	Secondary
Fatigue/weakness	Loss of nerve pathways to muscles requiring more work to move, complete tasks.	Medication side effects; inefficient completion of ADL; deconditioning; unhealthy diet; lack of/poor sleep; increased stress; depression
Impaired temperature regulation	Impaired nerve control of the autonomic nervous system and endocrine functions (reduced sweating, higher blood flow to skin).	Extreme temperatures in the environment (hot and cold); overdoing activities – exercise and/or ADL; bath/shower too hot; stimulants – coffee and smoking.
Pain – neuropathic, central, musculoskeletal	Nerve damage in the brain and spinal cord effecting the feedback loop; response to infection	Medication side effects; other health conditions; body/muscles too cold; fatigue; muscle spasms; limited ROM; overuse of muscles
Impaired balance	Impaired/Loss of sensation in the legs; cerebellar lesions; peripheral nerve damage; muscle weakness; vision problems	Deconditioning; footwear; incorrect or lack of use of ambulatory aids; overheated body, lack of sleep; environmental factors – increase stress, terrain, lighting; incorrect glasses prescription;
Impaired vision – blurred, double, loss of areas, nystagmus (tracking), color detection, pain	Inflammation of the optic nerve (optic neuritis); lesions (damaged areas) along the nerve pathways that control eye movement; lesions in the brainstem or cerebellum	Body is overheated/fatigued/stressed; poor or inappropriate lighting; overuse of vision – reading, computer, texting;

OT and Secondary Symptoms – Potential Treatment Areas:

Symptom	Secondary	Examples of Potential Treatment
Fatigue/weakness	Medication side effects; inefficient completion of ADL; deconditioning; unhealthy diet; lack of/poor sleep; increased stress; depression	Energy conservation/work simplification techniques; adaptive equipment; exercise program; relaxation techniques
Impaired temperature regulation	Extreme temperatures in the environment (hot and cold); overdoing activities – exercise and/or ADL; bath/shower too hot; stimulants – coffee and smoking.	Cooling garments/program; energy conservation; adaptive equipment; home modifications
Pain – neuropathic, central, musculoskeletal	Medication side effects; other health conditions; body/muscles too cold; fatigue; muscle spasms; limited ROM; overuse of muscles	ROM/stretching program; orthotics; temperature regulation; activity pacing; power mobility;
Impaired balance	Deconditioning; footwear; incorrect or lack of use of ambulatory aids; overheated body, lack of sleep; environmental factors – increase stress, terrain, lighting; incorrect glasses prescription;	Adaptive equipment for transfers, task completion; home modifications; temperature regulation techniques; strengthening and ROM
Impaired vision – blurred, double, loss of areas, nystagmus (tracking), color detection, pain	Body is overheated/fatigued/stressed; poor or inappropriate lighting; overuse of vision – reading, computer, texting;	Low vision aids; home modifications – lighting; energy conservation; magnification of screens etc.

Your Occupational Therapy Evaluation:

Usually requires a prescription from your doctor (within the VA – primary care provider: MD, ARNP, or PA)

Be prepared: the more information you can give your OT, the more they can help you

- Complete a log of your symptoms for a week
- Write down what areas/tasks in your daily living skills you are having trouble with
- Write down a list of questions you have about your MS
- Write down some goals that you would like to work on

At the appointment: you will be asked how your MS impacts your activities of daily living (ADL) – this may include an assessment of your:

- Strength, range of motion, dexterity, sensation
- Functional mobility – how you move around, what equipment you use, how you transfer from one place to another, how you get around inside your home, how you get around in your community
- MS symptoms
- How the symptoms impact your ADL

You may be asked to complete some surveys that measure the severity of your symptoms so your OT can tell if the treatment is helping or not. Some examples are:

1. Activity log
2. Modified Fatigue Impact Scale (MFIS)
3. Sleep log
4. Patient Specific Functional Scale (PSFS)

Making a Plan – Work with your OT to set some goals

Prioritize your goals – what is most important to work on first? What change might have the most effect on the most areas in your life?

If you have a big goal, break it down into smaller steps. Your OT can help you do this. You want your goal to be achievable, short term, and measurable.

How will you work on your goal: an outpatient treatment program, a home program, practicing using adaptive equipment, working with your family/friends to change your routine?

How will you know that you are making progress and have achieved your goal(s)? Keep track of your progress and give yourself a healthy reward.

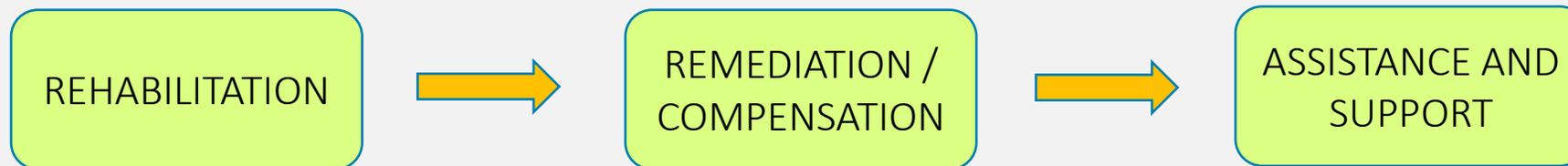
What is the plan to follow up with your OT to update your goals, address roadblocks or graduate!

Occupational Therapy Goals and Interventions

The goals:

- **Safety**: prevent falls, prevent injury, prevent increase in symptoms“
- **Independence**: “freedom from the control, influence, support, aid, or the like, of others”
*Changing how you do something or using tools to help means you are modifying your independence – **not** giving it up, making yourself “more disabled”, or becoming lazy or dependent.*
- **Symptom Management**: symptom management should be addressed first because better management of them will have the biggest effect on your daily activities

The Interventions:



Self Care Activities: basic self care, instrumental ADL: meal prep, finances, meds, transportation; functional mobility

Productive Activities: paid work, home management, caregiving, volunteer activities

Leisure Activities: social activities, recreational pursuits

OT and Rehabilitation:

- Stretching, range of motion, strengthening:
 - Low resistance, many reps to build endurance and keep core temperature low
 - Core strengthening: yoga, tai chi
- Motor relearning:
 - Practice daily routines to retrain your brain and muscles – example: transfers
- Fatigue management:
 - Energy conservation techniques – work smarter, not harder; bank of energy
- Other symptom management:
 - Healthy food choices and hydration
 - Improve sleep hygiene – bed quality, positioning, noise, light
 - Manage stress levels – balance routine/schedule, support, relaxation techniques

OT Intervention Example: Modification of Self Care

You find that by the time you have got out of bed, showered and got dressed it has taken you 2 hours to complete your self care, and you are completely fatigued for the rest of the morning.

Your OT might recommend: changing your routine, modifying your environment or using adaptive equipment

1. routine:

- a. shower at night using cooler temperature water so you can rest overnight
- b. alternate days of showering and sponge bathe seated at the sink as an alternative
- c. lay out your clothing for the next day (or have a caregiver/family member get these out)
- d. wearing clothing in layers with easier fasteners – elastic waistband pants, pullover tops, larger size, lighter weight fabrics

2. environment:

- a. store your bathing supplies in one area that is close to where you are showering
- b. store your clothing on lower closet racks, lower drawers; use dressers with easy slide drawers with handles; reduce the number of clothing items being stored to make obtaining clothes easier
- b. install bathroom safety equipment such as grab bars, shower chair, hand held shower to take a seated shower

3. equipment:

- a. get in/out of the tub/shower using grab bars, tub transfer bench
- b. take a seated shower using a shower chair or tub transfer bench
- c. using dressing aids such as a button hook, reacher, sock aid,



Putting it all Together:

Take AIM at MS

A = ASSESSMENT:

1. Review your daily routines, fatigue levels, pain levels, sleep hygiene, symptom management.
Use: Logs, self-assessments, technology - App's
2. Review your management of your symptoms: Are you following what your medical team has advised you to do?
3. Has anything changed despite you trying to manage your symptoms? If yes, do you need to do something differently? Do you need to schedule a follow up with your health care providers?
4. Are you using resources, support groups, family and friends to help?

I = INTERVENTION:

1. Did you stop doing something that was working for you – start it up again
2. If you have identified something to do differently – do it...change a habit: one or two at a time, one day at a time, 28 days
3. If you don't know what to do differently and haven't seen your health care team in a while – set up a follow up appt.

M = MAINTENANCE:

1. Healthy rewards for healthy choices
2. Tell others so they can support you
3. Ask others to help when you are having a bad day to keep you on track
4. Use your toolkit and resources available to you

Questions??



Thank you for attending this
MS Center of Excellence
Education Call

