

# Occupational Therapy TOOLKIT

## Breast Cancer - Pre and Postoperative Management

Surgical procedures include radical, modified or simple mastectomies, lymph node dissection, and breast reconstruction.

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

ADL, IADL, productivity and leisure impairment

Impaired ROM and strength of trunk and upper extremity

Post-op pain and edema

Potential secondary complications - nerve damage, lymphedema

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

- Baseline measurements (ROM, strength, sensation, and limb measurements)
- Provide education about post-operative activity limitations, precautions and exercise.
- Instruct in good posture during activities.
- Educate about lymphedema prevention or risk factor reduction.
- Teach strategies to incorporate wellness and health management routines into daily activities.
- Educate about breast cancer and the availability of community resources. Encourage participation in support groups.

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

ADL, IADL, productivity and leisure training

- Treat underlying limitations to safety and independence.
- Recommend and/or provide adaptive equipment as needed. Train in lower body ADL equipment following reconstructive surgery involving abdominal muscles.
- Instruct in good posture during activities.
- Instruct in protective use of affected arm for the first 2 weeks. Avoid overuse, avoid sleeping on the same side as the surgery, avoid lifting more than 5 pounds, keep tasks below 90-degrees of shoulder motion. Instruct to elevate arm several times a day to manage post-op edema. *Unless otherwise instructed by surgeon.*

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

Pain self-management

- Coordinate medication peak with exercise and activity.
- Teach stress management and relaxation techniques.
- Use pillows to help arm and shoulder relax in sitting and lying down.
- Instruct in good posture during activities.

# Occupational Therapy TOOLKIT

## Breast Cancer - Pre and Postoperative Management

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

Provide graded UE activities and exercises. *Follow the referring surgeon's specific guidelines for ROM and progression of exercises.*

- AROM exercises starting 2-3 days after surgery. Progress exercises until full ROM restored. Begin strengthening 4-6 weeks after surgery.
- Instruct in deep (diaphragmatic) breathing exercises and lateral expansion.
- Instruct in a walking program.

Provide surgical scar management at 3-4 weeks post surgery (mobilization, massage, desensitization, stretching exercises).

Provide education about lymphedema prevention and risk factor reduction.

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

Arm Measurement

Deep (Diaphragmatic) Breathing

Edema (Swelling) Control of the Arm(s)

Good Posture

Mastectomy Exercises

Scar Massage

Tips to Prevent Lower Body Lymphedema

Walking Guidelines

### **Additional Treatment Guides:**

Cancer

Health Management

# Occupational Therapy TOOLKIT

## Dressing

Dressing includes selecting appropriate clothing for the time of day, weather, and occasion. Obtain clothing from closets and drawers. Dress and undress using open-front garments (shirt/blouse, robe, sweater, jacket, winter coat), pullover garments (sweatshirt, t-shirt, sweater), bra, pants, skirts, suspenders, necktie, scarf, gloves, underwear, socks, pantyhose, nylons, shoes, boots, slippers, support and anti-embolism stockings. Open and close fasteners, (snaps, buttons, hooks, zippers, Velcro). Managing personal devices (hearing aids, eyeglasses, contacts, AFO, hand splint, back brace, slings, and 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

Pain

Visual perceptual impairment

Cognitive impairment

### **Occupational Therapy Intervention:**

Apply different approaches for solving difficulties with dressing.

- Remediate underlying limitations to safety and independence. Physical impairments (muscle weakness, impaired hand function, limited ROM, paralysis, incoordination, impaired balance, fatigue, dyspnea, abnormal tone, tremor), sensory impairment (impaired sensation, low vision, hard of hearing, vestibular, pain), behavioral, cognition, perception.
- Train in compensatory techniques (safety techniques, one-handed techniques, pacing, energy conservation, joint protection, body mechanics, breathing techniques, low vision techniques, cognitive/perceptual compensation, step-by-step instructions, task segmentation, task sequencing, backward chaining, verbal and physical cueing, hand-over-hand guiding).
- Train in the use of adaptive equipment and assistive devices (buttonhook, Velcro closures on shoes, elastic shoelaces, long handled shoehorn, dressing stick, reacher, sock aid, zipper pull, loops on pants, loops on socks, labeling system for identifying clothes, and specialized clothing).
- Provide environmental modifications and adaptations (avoid storing items on the floor, lower closet poles, organize clothes within easy reach, and label drawers using picture or words).

# Occupational Therapy TOOLKIT

## Dressing

### Occupational Therapy Intervention:

Apply different approaches for solving difficulties with dressing (continued)..

- Instruct in activity modification.
  - Change the task (place the weaker extremity into the garment first, dress in a supine position).
  - 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 shoes, slip on shoes, front hook bra, sports bra, camisole).
  - Have someone else do part or the entire task.

Train in safe and efficient functional mobility (sit to stand, bed mobility skills, transfers, standing, ambulation, and wheelchair mobility) during dressing tasks.

Provide caregiver/family education and training.

### Patient and Caregiver Handouts:

Adaptive Equipment for Dressing

Dressing Tips

Tips to Conserve Energy with Self Care Tasks

#### Dressing Techniques - Lower Body

Put On and Take Off an Ankle-Foot Brace - Method 1 - Left Leg

Put On and Take Off an Ankle-Foot Brace - Method 1 - Right Leg

Put On and Take Off an Ankle-Foot Brace - Method 2 - Left Leg

Put On and Take Off an Ankle-Foot Brace - Method 2 - Right Leg

Put On and Take Off Pants - Method 1

Put On and Take Off Pants - Method 2

Put On and Take Off Pants, Socks, and Shoes Lying Down

Put On and Take Off Pants, Socks, and Shoes Using a Stool

Put On and Take Off Pants Using a Dressing Stick or Reacher

Put On and Take Off Socks and Shoes Using Dressing Tools

Put On and Take Off Support Stockings

#### Dressing Techniques - One Handed

Put On a T-shirt with One Hand - Left Side Weakness

Put On a T-shirt with One Hand - Right Side Weakness

Put On an Open Front Shirt with One Hand - Left Side Weakness

Put On an Open Front Shirt with One Hand - Right Side Weakness

Put On and Take Off a Bra with One Hand - Left Side Weakness

Put On and Take Off a Bra with One Hand - Right Side Weakness

Put On Pants with One Hand - Left Side Weakness

Put On Pants with One Hand - Right Side Weakness

Put On Socks and Shoes with One Hand - Left Side Weakness

# Occupational Therapy TOOLKIT

## Dressing

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

#### Dressing Techniques - One Handed

- Put On Socks and Shoes with One Hand - Right Side Weakness
- Take Off a T-shirt with One Hand - Left Side Weakness
- Take Off a T-shirt with One Hand - Right Side Weakness
- Take Off an Open Front Shirt One Hand - Left Side Weakness
- Take Off an Open Front Shirt One Hand - Right Side Weakness
- Take Off Pants with One Hand - Left Side Weakness
- Take Off Pants with One Hand - Right Side Weakness
- Tie Shoes with One Hand - Left Side Weakness
- Tie Shoes with One Hand - Right Side Weakness

#### Dressing Techniques - Upper Body

- Put On and Take Off a T-shirt - Arm-Head-Arm
- Put On and Take Off a T-shirt - Head-Arm-Arm
- Put On and Take Off a T-shirt Using a Dressing Stick
- Put On and Take Off an Open Front Shirt - One Shoulder Drape
- Put On and Take Off an Open Front Shirt - Two Shoulder Drape
- Put On and Take Off an Open Front Shirt Using a Dressing Stick
- Using a Buttonhook

# Occupational Therapy TOOLKIT

## Frailty and Debility

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

ADL, IADL, productivity and leisure impairment

Functional mobility impairment

Slow walking speed

Muscle weakness

Limited activity tolerance and endurance

Impaired balance

Impaired vision and hearing

Chronic pain

Advanced age, 80+

Co-occurring conditions - functional decline, falls, fear of falling, delirium, dementia, dizziness, depression, incontinence, sleep disorders, malnutrition, dehydration, pressure ulcers, sarcopenia, hypothermia, and hyperthermia

### **Assessments:**

6 Minute Walk Test (Enright et al., 1998)

Berg Balance Scale (Berg 1989)

Geriatric Depression Scale (Parmelee & Katz 1990)

Mini Mental State Exam MMSE (Folstein 1975)

Nutrition Screening Initiative (White et al., 1992)

Physical Performance Test (Lusardi et al., 2004)

Timed 10-Meter Walk Test (Bohannon et al., 1996)

### **Occupational Therapy Intervention:**

ADL, IADL, productivity and leisure training

- 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 perceptual.
- Address nutritional health - oral health, ability to feed self, 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, standing, ambulation and wheelchair mobility) during ADL and IADL tasks.

- Train in the safe and correct use of assistive devices and adaptive equipment (walkers, canes, sliding boards, bed transfer handles, leg lifters, wheelchairs) as appropriate.

# Occupational Therapy TOOLKIT

## Frailty and Debility

### **Occupational Therapy Intervention:**

Provide an individualized exercise program that includes progressive endurance, strengthening and flexibility activities.

Recommend the use of an activity tracker.

Instruct patient and caregiver in a written home exercise program.

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

Provide pain management.

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 modifications, adaptive equipment and/or assistive technology.

Educate about the negative effects of prolonged sitting and bed rest. Educate regarding hypothermia and hyperthermia prevention.

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

Balance Exercise Guidelines

Balance Exercises - Sitting

Balance Exercises - Standing

Hip and Knee Exercises - Seated

Putty Exercises

Stretch Band Exercises - Arms

Upper Body Exercises - Hand Weights

Walking Guidelines

### **Additional Treatment Guides:**

Activities of Daily Living

Balance

Chronic/Persistent Pain Syndrome

Fall Risk Assessment and Prevention

Functional Mobility

Home Safety and Modification

Pressure Ulcers

Rest and Sleep

Therapeutic Exercise

Urinary Incontinence

# Occupational Therapy TOOLKIT

## Osteoarthritis - Conservative Management

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

ADL, IADL, productivity and leisure impairment

Functional mobility impairment

Limited UE and LE ROM

Impaired hand function

Muscle weakness

Limited activity tolerance and endurance

Joint pain, stiffness and inflammation that increase with activity

Postural changes

Impaired balance

Co-occurring conditions - joint replacements, joint contractures, fall risk

### **Assessments:**

Manual Ability Measure (MAM) (Chen & Bode 2010)

### **Occupational Therapy Intervention:**

ADL, IADL, productivity and leisure training

- 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 pacing, energy conservation, joint protection, good posture and body mechanics.
- Instruct in balancing self-care, productivity, play and rest.

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

Provide an individualized exercise program that includes low-impact, low-intensity endurance, strengthening, and flexibility activities. Goal is to maintain strength and joint mobility. Use yoga blocks, wrap foam around weights, use weight lifting gloves to improve grip.

- 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.

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



# Occupational Therapy TOOLKIT

## Osteoarthritis - Conservative Management

### **Occupational Therapy Intervention:**

Instruct in pain self-management strategies.

- Coordinate medication peak with exercise and activity.
- Apply superficial heat and cold.
- Practice deep (diaphragmatic) breathing and other relaxation techniques.
- Use self-massage techniques (foam rollers, tennis ball, rolling massage stick).
- Use positioning devices (seat cushions, back supports, pillows, splints).
- Instruct in using a pain journal.
- Utilize the problem solving process to identify ways to manage pain.

Provide pain management.

- Transcutaneous electrical nerve stimulation (TENS)
- Manual therapy techniques (massage, myofascial and soft tissue mobilization)
- Elastic therapeutic tape

Complete a comprehensive, performance-based home assessment. Recommend and/or provide modifications, adaptive equipment and/or assistive technology.

Provide education about fall risk and prevention strategies.

Teach strategies to incorporate wellness and health management routines into daily activities.

Educate patient and caregivers about arthritis and the availability of community resources. Encourage participation in support groups. Encourage participation in community, evidence-based exercise programs: (Active Living Every Day, Arthritis Foundation Aquatic Program, Arthritis Foundation Exercise Program, Enhance Fitness, Fit and Strong, Walk with Ease).

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

Deep (Diaphragmatic) Breathing

Exercise Tips for Arthritis

Joint Protection for Arthritis

Pain Journal

Splint/Brace Instructions

Superficial Cold & Heat

Tips to Conserve Energy

Upper Body Active Range of Motion

### **Additional Treatment Guides:**

Health Management

# Occupational Therapy TOOLKIT

## Stroke

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

ADL, IADL, productivity and leisure impairment

Impaired functional mobility

Hemiparesis or hemiplegia of the upper and lower extremities

Spasticity

Impaired postural control and balance

Impaired coordination

Limited activity tolerance and endurance

Impaired sensation

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

Potential secondary complications - biomechanical shoulder pain (biceps tendonitis, rotator cuff pathology, adhesive capsulitis, complex regional pain syndrome), edema (upper and lower extremity), pressure ulcers, joint contractures, depression, DVT's, aspiration pneumonia, seizures, fall risk

### **Assessments and Rating Scales:**

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 et al., 1993)

Canadian Occupational Performance Measure (Law et al., 2014)

Modified Ashworth Scale (Bohannon & Smith 1987)

Stroke Impact Scale (Duncan et al., 1999)

### **Occupational Therapy Intervention:**

ADL, IADL, productivity and leisure training

- Safely incorporate affected extremity with all activities.
- Use 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.
- Instruct in pacing and energy conservation strategies.

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

# Occupational Therapy TOOLKIT

## Stroke

### **Occupational Therapy Intervention:**

Provide functional posture and balance activities.

- 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-release activities, in standing and sitting, with and without support.

Provide activities and exercises to uninvolved side to prevent loss of ROM and strength.

Restore function of the upper extremity. Use a variety of remedial approaches according to the needs of the patient.

- Provide early mobilization and positioning.
- Incorporate task-oriented/task specific training.
- Provide opportunities to use and move the arm throughout the day (use of ball bearing feeder, mobile arm support, overhead suspension sling, functional splinting such as wrist cock-up and dynamic finger extension splints).
- Provide modified constraint-induced movement therapy (mCIT) or constraint-induced movement therapy (CIMT).
- Instruct an arm and hand strengthening exercise program.
- Provide functional electrical stimulation (FES) for wrist extensors during functional tasks and/or shoulder subluxation.
- Instruct in a functional dynamic orthoses (SaeboFlex, SaeboReach).
- Use cognitive strategies (mirror therapy, mental imagery/practice, action observation).
- Provide sensory re-education intervention.
  - Avoid increasing spasticity.
  - Encourage use of extremity in functional tasks.
  - Provide weight-bearing activities.
  - Provide sensory stimulation activities.
  - Teach compensatory techniques and safety measures for sensory deficits. Test bath/dish water temperature using the intact extremity or a thermometer. Lower the water heater temperature to 120°F (48°C). Avoid cuts and burns in kitchen. Avoid using heating pads on impaired extremities. Wear gloves to prevent frostbite. Avoid going barefoot. Wear sunscreen to prevent sunburn. Use intact hand to handle sharp kitchen utensils. Use vision to compensate to sensory loss. Perform skin checks.

# Occupational Therapy TOOLKIT

## Stroke

### **Occupational Therapy Intervention:**

Restore function of the upper extremity. Use a variety of remedial approaches according to the needs of the patient (continued).

- Prevent or manage hand edema.
  - Teach active self-range of motion exercises in elevation.
  - Position hand in elevation
  - Use retrograde massage.
  - Use gentle grade 1-2 mobilizations for the hand and fingers.
  - Provide a compression garment.
- Manage spasticity.
  - Prevent contractures.
  - Provide PROM, SROM and stretching exercises.
  - Instruct in positioning in bed, chair and during mobility.
  - Select use of splinting to protect hand/wrist: resting hand splint for flaccid to mild tone, spasticity splint for moderate to high tone.
  - Post-Botox injections, provide strengthening/FES to antagonists, stretching and splinting
- Prevent or manage shoulder pain.
  - Avoid overaggressive therapy and overhead pulleys.
  - Mobilize and strengthen the scapula.
  - Position arm with cubital fossa facing up, 45° shoulder abduction and comfortable shoulder external rotation.
  - Provide firm support devices such as lap trays 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 acquired orthopedic conditions (biceps tendonitis, impingement syndrome, adhesive capsulitis, rotator cuff pathologies, CRPS-1).
  - Use functional electrical stimulation (FES) for shoulder subluxation.

Instruct patient and caregivers in care of the affected extremity.

- Prevent and control of edema.
- Teach passive ROM exercises.
- Teach self-ROM exercises.
- Protect and support the affected arm during bed mobility, transfers and ambulation using slings, a pocket, or hand hold and during wheelchair use by using a hemi tray or arm trough.
- Teach proper positioning in bed, chair and wheelchair.
- Instruct in care and use of positioning splints.

Teach compensatory strategies for perceptual deficits.

# Occupational Therapy TOOLKIT

## Stroke

### **Occupational Therapy Intervention:**

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

Provide education about fall risk and prevention strategies.

Community reintegration:

- Complete a comprehensive, performance-based home assessment. Recommend and/or provide modifications, adaptive equipment and/or assistive technology.
- Encourage leisure and social participation.
- Address ability to drive safely. Provide referral to driving rehab specialist and/or explore alternative transportation options.
- Recommend vocational rehabilitation strategies to assist with return to work if appropriate.

Teach strategies to incorporate wellness and health management routines into daily activities.

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

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

Edema (Swelling) Control of the Arm(s)  
Edema (Swelling) Control of the Leg(s)  
In and Out of Bed - Toward Your Weaker Left Side  
In and Out of Bed - Toward Your Weaker Right Side  
Position in Bed - Left Side Weakness  
Position in Bed - Right Side Weakness  
Position Your Arm - Left Side Weakness  
Position Your Arm - Right Side Weakness  
Protect the Arm - Left Side Weakness  
Protect the Arm - Right Side Weakness  
Splint/Brace Instructions  
Stress Management  
Tips to Conserve Energy  
Using a Front Wheel Walker (2 wheels)  
Using a Wheelchair

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

Balance Exercise Guidelines  
Balance Exercises - Sitting  
Balance Exercises - Standing  
Fine Motor Activities

# Occupational Therapy TOOLKIT

## Stroke

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

Gross Motor Tasks

Level 1 Activities - Help Your Weaker Arm Move

Level 2 Activities - Use Your Weaker Arm to Passively Hold

Level 3 Activities - Use Your Weaker Arm to Actively Move and Hold

Level 4 Activities - Use Your Weaker Arm with Gross Motor

Level 5 Activities - Use Your Weaker Arm with Fine Motor

Passive Range of Motion - One Side Weakness

Posture Exercises

Putty Exercises

Scapular Mobility and Strength Exercises

Self Range of Motion

Stretch Band Exercises - Arms

Upper Body Active Range of Motion

Upper Body Exercises - Hand Weights

Upper Body Exercises - Using a Ball

Upper Body Strength Activities

Use Your Arm to Actively Move and Hold

Use Your Arm to Passively Hold

Use Your Arm with Assisted Guiding

Use Your Arm with Gross Motor Activities

Use Your Arm with Self-Guiding

Weight Bearing Exercises

### **Additional Treatment Guides:**

Activities of Daily Living

Apraxia

Balance

Chronic/Persistent Pain Syndrome

Cognition

Depression

Fall Risk Assessment and Prevention

Functional Mobility

Handwriting

Health Management

Home Safety and Modification

Therapeutic Exercise

Visual Perception