

# Occupational Therapy TOOLKIT

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\*\* these handouts are also in the Physical Therapy Toolkit

# 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, pantyhose, nylon, 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.

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# Occupational Therapy TOOLKIT

## Dressing

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# Occupational Therapy TOOLKIT

## Breast Cancer

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

ADL, IADL, work and leisure impairment

Limited activity tolerance and endurance

Limited ROM of shoulder

Depression

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.

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# Occupational Therapy TOOLKIT

## Frail Elderly / Oldest Old 85+

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

ADL, IADL, work and leisure impairment

Functional mobility impairment

Muscle weakness

Limited activity tolerance and endurance

Impaired balance

At risk for – 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+

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# Occupational Therapy TOOLKIT

## Osteoarthritis

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

ADL, IADL, work and leisure impairment

Functional mobility impairment

Limited ROM (typically seen in shoulder abduction and external rotation, elbow extension, forearm pronation and supination wrist flexion and extension, radial ulna deviation, and thumb and finger flexion and extension).

Impaired grip and pinch strength

Hand deformities due to osteophyte formation in the DIP (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.

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# 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:**

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# Occupational Therapy TOOLKIT

## Stroke

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

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# Occupational Therapy TOOLKIT

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



1. Face the wall and hold onto the grab bar.    2. Step into the tub with your left leg.



3. Lift your right leg into the tub.    4. Sit down on the shower chair. Reverse the steps to transfer out.



# Occupational Therapy TOOLKIT

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



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



2. Gather the opening of the left 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.

# 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

## 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.



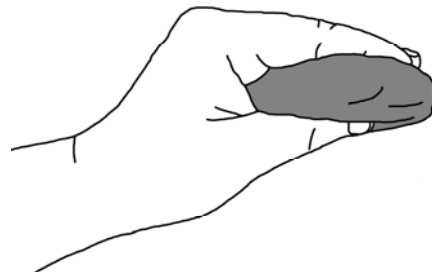
**Lateral or Key Pinch**

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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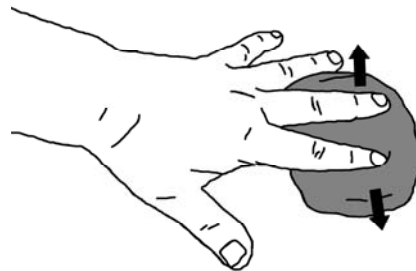
**Finger Extension**

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

## 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

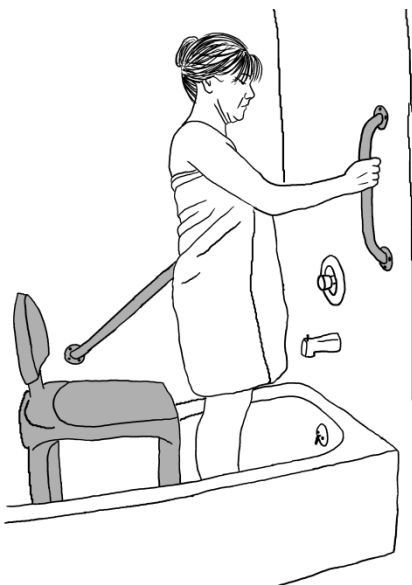
## Transferirse a la Tina Usando una Silla de Baño (pierna izquierda, derecha, sentarse)



1. Mirando la pared, agarre el asidero.



2. Entre a la tina con su pierna izquierda.



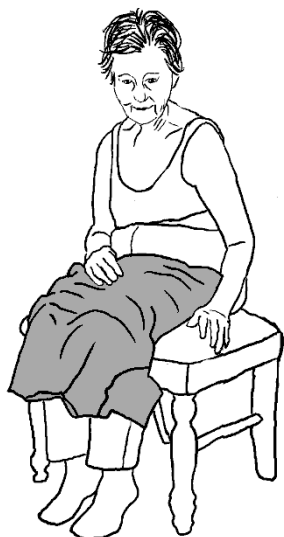
3. Suba su pierna derecha a la tina.



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

# Occupational Therapy TOOLKIT

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



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



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



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



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



# Occupational Therapy TOOLKIT

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



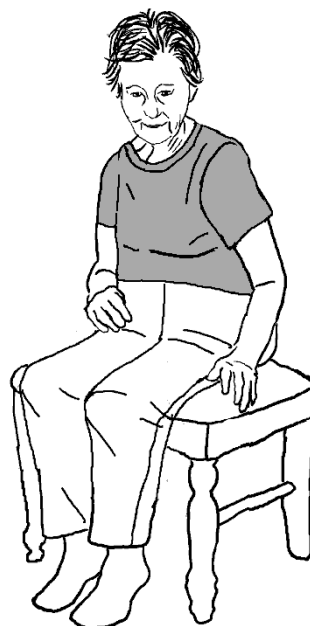
1. Coloque el brazo derecho en la manga derecha.



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



3. Empuje la fábrica sobre el hombro izquierdo.



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

2 de 2

# Occupational Therapy TOOLKIT

## Conservación de Energía con Actividades de Cuidado Propio

Recuerde usar buena técnica para respirar

Descanse frecuentemente para evitar demasiado esfuerzo.

### Comer

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

### Higiene y arreglo

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

### Bañarse y tomar una ducha

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

### Vestirse

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

# Occupational Therapy TOOLKIT

## Ejercicios para Fortalecer la Mano

Haga los ejercicios \_\_\_\_\_ veces al día, \_\_\_\_\_ veces a la semana.

Repita \_\_\_\_\_ veces

Haga estos ejercicios con la mano **derecha izquierda los dos** (circula uno).

---

**Flexión de los dedos**

Apriete la masilla con la mano completa.

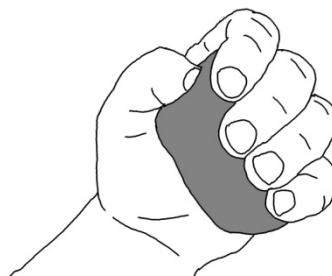


**Extensión del pulgar**

Apriete la plastilina y forme una bola.

Haga una forma con la plastilina. Agarre la plastilina en su mano cerrada.

Presione su pulgar adentro de la plastilina.



**Pellizcar lateralmente**

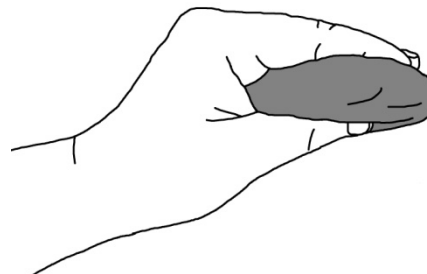
Pellizque la masilla entre el pulgar y el lado del dedo índice.



**Pellizco para los lumbricales**

Apriete la plastilina y forme una bola.

Agarre sus dedos estirados y sus nudillos doblados. Apriete la plastilina entre sus dedos y pulgar.



# Occupational Therapy TOOLKIT

## Ejercicios para Fortalecer la Mano

Haga los ejercicios \_\_\_\_\_ veces al día, \_\_\_\_\_ veces a la semana.

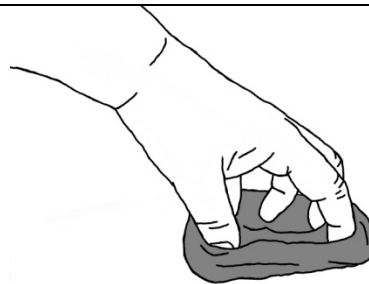
Repita \_\_\_\_\_ veces

Haga estos ejercicios con la mano **derecha izquierda los dos** (circula uno).

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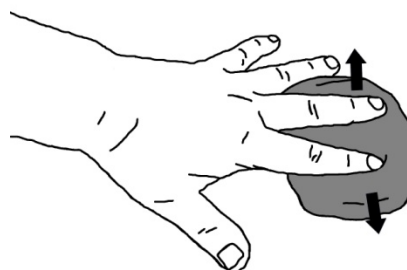
**Extensión de los dedos**

Aplana la plastilina cómo una tortita.  
Coloque la punta de los dedos juntos en la plastilina y separe la plastilina hacia fuera.



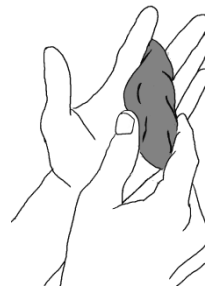
**Abducción de los dedos**

Aplana la plastilina cómo una tortita.  
Separa la plastilina usando dos dedos a la vez.



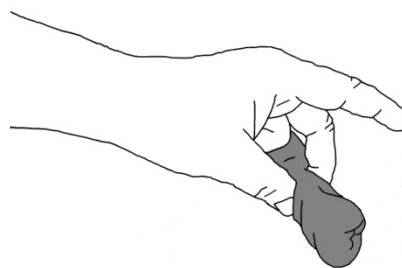
**Aducción de los dedos**

Apriete la masilla entre los dedos.



**Pellizcar desde la punta de los dedos**

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



# Occupational Therapy TOOLKIT

## Uso de la Mano Derecha como un Estabilizador Pasivo

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



Use la mano derecha para estabilizar el plato mientras come.



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



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



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