

# SKILLS FOR THE JOB OF LIVING

OCCUPATIONAL THERAPY

# Returning Home

- How will I move about my house safely?
- Physical modifications to your home may be necessary such as widening of doorways and installation of ramps.
- These aren't always necessary and greater access may be gained simply with the use of adaptive equipment.
- Please do NOT make changes to your home until you discuss them with your therapists.

# Simple Modifications

- Removing throw rugs and increasing lighting can reduce your risk of falls.
- A tub transfer bench can be useful if you can't step over your tub.
- A raised toilet seat can make up for a low toilet height.
- A bedside commode can eliminate need to walk to the bathroom at night, and can be used incase you can't access a bathroom.

# Adaptive Equipment for the Home



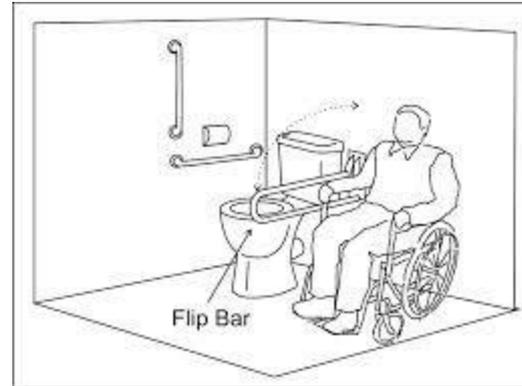
- Discuss the best options for you and your home with your therapist.
- Let us know if you have concerns about affording equipment.
- Depending on your insurance and home setup, some bathroom equipment may be covered. Discuss this with your therapist and insurance company.

# How will I take care of myself?

- Depending on how you have been affected by your stroke, there are a number of adaptive techniques and equipment to enable you to dress, bath, toilet and feed yourself.
- Your therapists can help teach you to be as independent as possible again.

# Transfers

- Everyone moves in different ways, we will teach you and caregivers the safest method to use the toilet and bath and recommend equipment to make it safer and easier.



# Getting Dressed

- Self care is an important aspect of our independence.
- There are many ways to minimize the difficulties of getting dressed including modifications of clothing like elastic shoe laces, velcro instead of buttons, and certain devices.
- It's easy to have someone else dress you, but the more you can do for yourself the more opportunities you have to become more independent.
- You should be safely seated and permitted to dress yourself to the extent possible. Allow yourself enough time to do it right and safely.

# Tools to Help You Dress



# Tools to Help you Feed Yourself



# Your Health

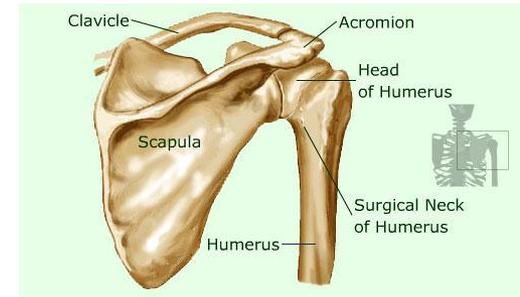
- Regular oral hygiene is important for reducing the risk of serious illnesses such as pneumonia.
- Clean your mouth after every meal.
- Bowel and bladder incontinence can be a distressing condition caused by stroke and can lead to skin breakdown and poor self image.
- It can be difficult to complete your oral care and hygiene when you have weakness in your arms.
- Talk with your therapist if you have concerns about your hygiene. We can problem solve how to help you be more independent.

# Your Arm After Stroke

- Weakness on one side of the body is called **hemiplegia and it is common after a stroke.**
- This can make it difficult to reach for things and pick them up.
- You can have difficulty planning or coordinating movements of your arm. It might not move in the way you want it to.
- You may have high tone or spasticity which can make your arm tight and hard to move.
- You may have low tone which can make your arm floppy.

# Risks to Your Arm and Hand

- If your weak arm is raised above your
- shoulder, the humerus can get pushed
- into the scapula and pinch the muscles
- in between. This injury is called
- **impingement, which can lead to damage and pain.**
- Weakness in your shoulder muscles may allow the top of your arm to drop out of the shoulder socket slightly. This is called **subluxation.**
- Tightness or high tone in muscles can make your muscles shorter or joints less flexible. This is called **contracture.**
- Lack of movement can cause **edema (swelling) in your hand.**
- **This can lead to loss of range of motion and pain.**



# Protect Your Arm from Injury

- You need to protect your arm and shoulder to prevent injuries and pain.
- **Do not pull on your arm or let others do it either.**
- **Do not raise your weak arm above the level of your shoulder with your other hand.**
- **Do not let anyone else lift it higher than your shoulder unless your therapist instructs otherwise.**
- Keep your arm supported. Use of a lap tray on a wheelchair can keep your arm supported to prevent further shoulder problems and swelling in the hand.
- Elevate your arm on pillows when in bed.

# Treatment to Protect Your Arm

- Hemiplegia of the arm is treated with:
  - Good upright posture (no slouching!) helps keep your scapula in the correct position. Your posture impacts how well the shoulder joint works.
  - Exercises help keep muscles strong and can pull the humerus back into the socket.
- The use of an **arm sling does not help the shoulder! The sling may keep the arm in poor position and cause more pain and swelling to occur.**
- Your therapists will work with you to determine the exercises most appropriate for you in your recovery process.

# Use It or lose it!

- The more you try to use your arm, the better chances you have for neurological return.
- Try to integrate your affected hand/arm into all daily tasks.
- Your therapist can help you determine how your affected hand can help at any stage of recovery.
- You may not see the effects of using your arm right away. Connections are being made in your brain every time you bring attention to your arm. This lays the framework for future use.

# What About When I Go Home?

- We will work with your doctor to arrange follow up therapy to continue your progress.
- Your therapist will design an exercise program for you to continue with at home.
- If you need a wheelchair, most insurances will cover a positioning device for your arm if needed.

# Positioning Devices

- Your OT may recommend you wear a splint on your wrist, hand, or elbow or a shoulder support.
- Splints may be worn to:
  - Stretch the muscles
  - Maintain and/or increase muscle length
  - Prevent joint deformity
  - Increase movement
  - Assist in movement

# Types of Splints



# Splint Care

- Your OT will instruct you on when and how long to wear your splint.
- Remove your splint as directed and clean with soap and lukewarm water.
- Don't forget to wash your affected hand/arm daily, especially after splint removal.
- Lack of splint and skin care can lead to odors and skin breakdown.
- You or your caregiver should monitor your splint for excessive wear. Also check your skin for red marks or indentations that could be a sign of skin damage.
- After going home, if you notice any of the above signs, let your doctor or outpatient therapist know.

# Home Management

- Meal preparation is easier with the assistance of small electric appliances such as food processors, mixers, blenders, toaster ovens, can openers and juicers.
- Consider using “Meals-on-Wheels,” a program that will deliver one meal daily.
- Make it easy at first:
  - Choose pre-washed, pre-cut fruits and vegetables from the grocery store.
  - Ask friends or family members to make healthy meals that can be stored in the refrigerator or freezer.
  - Make microwave meals

# Medication Management

- You may be on new medications when you go home.
- Not taking prescribed medications can have serious health consequences.
- Your OT will assess your ability to manage medications on your own and make recommendations to assure your safety.



# Returning to Driving

- Driving is an essential activity of daily life. Driving provides us with an easy way to get around, independence and self-assurance.
- Driving is a complicated activity, requiring multiple levels of information processing and mobility.
- In many cases, it is possible to regain the ability to drive a car safely after a stroke.
- About 80 percent of stroke survivors who learn to drive again make it back onto the road safely and successfully.
- People with perceptual problems are much less likely to regain safe driving skills.



# Driver's Evaluation

- The key to finding out if you're ready and able to drive again is to participate in a driver evaluation and specialized training.
- A driver's evaluation will usually include:
  - Assessment of functional ability
  - Reaction time testing
  - Road sign and rule knowledge
  - Cognitive assessments
  - Visual and perceptual testing
  - In-car testing if appropriate

# Solutions for Driving

- OT's are involved with providing driver evaluations, treatment, educational resources, and guidance to people who want to drive again.
- You may not have full use of your arms or legs after a stroke. Your OT can make recommendations for vehicle modifications for driving.
- Become familiar with the resources in the community such as public transportation services, volunteer ride programs, taxis, etc.
- We can provide you with recommendations on when and how to return to driving.

# Leisure

- After stroke, you can still participate in many of the hobbies you had before.
- You may need to adapt how you participate.
- You can take a supporting role in leisure activities until you are able to physically participate again.
- Talk with your OT and recreational therapist for suggestions on how to get back to doing what you love and finding new activities to love.

# Adapted Leisure



Any Questions?

You can find more information in:  
Journey Forward  
and  
Hope

Or ask your therapist at any time!