Occupational Profile and Intervention Plan

Jaclyn Jerse

Touro University Nevada

**Occupational Profile**

The occupational profile provides a summary of the client’s history and past experiences identifying meaningful interests, values, and needs (American Occupational Therapy Association [AOTA], 2014). This allows the practitioner to collect information about the client and prioritize targeted outcomes that will support participation in life. Clients identify occupations and select the goals that provide significance to their lives. Practitioners are able to guide intervention efficiently to establish client-centered outcomes through consideration of the client's values (AOTA, 2014).

**Client of Interest and History**

The client is a 93 year old female who lives in a two story home in Las Vegas, NV. She lost her husband 30 years ago to an 8 year battle with Alzheimer’s disease. Prior to her husband’s death, her son Michael moved in to her Las Vegas home to care for her husband throughout his condition. Her son was fortunate to retire at an early age and take on the caregiver responsibility to assist his father and provide support for his mother. Her son was never married or had children and continues to enjoy weight lifting at the gym to maintain his health. The client expresses how she continues to lose friends and family to disease as the year’s progress. She enjoys watching television, crocheting blankets and completing Sudoku puzzles throughout the day. The client does not have much desire to leave the home after right hip fracture and has become dependent on her son Michael, after being discharged home from surgery. The client’s son is currently the only family member that is alive, after her daughter passed away from alcoholism at age 55. Her son is now 65 years old and continues to live at her home. He is the main caregiver for the client and provides assistance with the majority of her activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

The client was admitted to Sunrise Hospital after tripping over the foot of a chair and falling on her right side. Surgery consisted of an open reduction internal fixation (ORIF) surgical to repair the fractured bone. This involves exposing the fracture site surgically to align the bony filaments **(Lawson & Murphy, 2013).** The fragments are held in place with internal fixation by pins, screws, a plate, nails, or a rod (**Lawson & Murphy, 2013).** This is a common procedure in the older adult population and the preferred procedure due to a fall. After the client was discharged from Sunrise Hospital, the physician referred the client to home health services to lessen the potential for hospital remittance. The physician indicated the client to weight bear as tolerated on the affected side and required the aid of a front wheel walker (FWW) for 6 weeks. Home health services would include treatment from a nurse practitioner, physical therapist and occupational therapist to ensure client safety in the home environment.

**Medical History**

Prior to fall and home health services, the client was diagnosed with chronic obstruction pulmonary disease (COPD) after experiencing respiratory distress 2 years ago. She currently receives 2 liters of oxygen via nasal cannula, but is able to go without oxygen to perform ADLs and during functional mobility. Physician orders required a home health evaluation to ensure client safety and eliminate further complications that require hospital remittance. Past medical history includes COPD, hypertension (HTN), hard of hearing (HOH), shortness of breath (SOB), macular degeneration (AMD) as well as bilateral weakness in the lower extremities.

**Areas of Occupation**

The client is able to perform upper body dressing, complete grooming tasks with set up, participate in bed mobility and functional transfers, as well as feed and eat independently. Although to perform these occupations the client utilizes adaptive equipment, increased time, frequent rest breaks, and needs to be seated. The client is unable to functionally ambulate safely around the house, perform lower body dressing, complete shower transfers, and participate in meal preparation, without moderate assistance from others. The client’s participation is affected in occupations due to her inability perform these activities safely within her home environment. The client continues to demonstrate lower extremity weakness, decreased balance, decreased strength, and visual deficits, inhibiting her level of performance.

**Seeking Services**

The physician ordered home health services after discharging the client from Sunrise Hospital. Provided services include a nurse practitioner to manage conditions including COPD and HTN, as well as a physical therapist to address the biomechanical deficits due to surgical procedures. As weight bear precautions are lifted, the physical therapist will decrease the number of visits and allow the occupational therapist to further evaluate the client’s occupational performance within the home.

The client is currently receiving home health occupational therapy services within her Las Vegas home. Services address client safety within the home, prevent falls with performance, and increase independence with occupations, lessening hospital remittance. This enables the client to reach success with activity performance due to the familiar environment and elimination of treatment simulations. If prevention measures are considered and home modifications are addressed, she will be able to live a meaningful life without interference. The client’s current concerns involve lower extremity weakness, decreased endurance, decreased strength, decreased balance, and decreased spatial awareness, which inhibit her from being independent. She demonstrates decreased safety and spatial awareness during functional mobility, enabling her to become disengaged in meaningful activities.

**Areas of Success and Areas at Risk**

The client was evaluated within her home in Las Vegas, NV to evaluate her areas of success and areas at risk to determine the need for occupational therapy services. The client safely performs bed mobility following all hip precautions when transferring from lying supine to edge of bed. She is able to stand up from edge of bed with no assistance, but has her FWW in front of her in case she loses her balance. The client completes grooming tasks seated in a chair at the bathroom sink and all items are located within reach on the countertop. She has her food prepared and served to her for each meal by her son. The client’s cognition is fully intact, although she is not very talkative. A nurse manages her hypertension and regulates her oxygen levels in regards to her COPD, but decreased visits to once a week since the client presents no signs of respiratory distress. The physical therapist also has limited the number of treatment session to one day a week to continually measure the client’s range of motion and to maintain lower extremity strength. The physical therapist feels the client would benefit from occupational therapy services to promote client participation.

The client’s son currently assists with sponge baths and LE dressing, but feels his mother has become dependent on his assistance. He states that she has the potential to be independent with these activities, but remains stubborn throughout the process. The client accepts all the help that is provided by her son, inhibiting her quality of life and potential to actively engage in meaningful occupations. The client expresses she feels more comfortable sponge bathing than showering, due to her fear of falling on a slippery wet surface. Her son would like her to shower using a shower chair, but is willing to accept her fear of falling and assist with sponge baths. The client is able to transfer to the 3:1 commode, but currently wears diapers due to frequent functional accidents. Her son states he is continuously doing several loads of laundry a day because of these accidents and is exhausted by the end of the day. The client is able to functionally ambulate from one room to the next, but usually does not leave the living room chair unless her son is standing beside her. She stated she does not feel safe when using her FWW in the kitchen after her recent fall and fracture to her right hip. She expressed her concerns of falling again and understands the possible outcomes that could occur due to her age. The client has become dependent on her son as he comforts her needs, although this prevents her ability to be independent.

**Priorities and Desired Outcomes**

The client’s main priority is to feel comfortable and safe with functional mobility around the house. This would allow her son to remain outside of the house to complete errands for an extended period of time. This would also provide relief from the continuous care he provides for his mother and reduce feelings of strain. The client expressed how she would like to be able to ambulate to the kitchen to prepare lunch, so she no longer has to wait for her son to get home. She expressed her concerns of experiencing another fall and addressed that she would like to feel assured that she can ambulate at her discretion. The client stated she would participate in lower extremity dressing, without being dependent on her son to assist with this activity. She expressed that she would like to continue sponge bathing and eliminate showers due to her decreased balance and poor stability. She feels her past medical conditions are manageable and not affecting her current level of function. Overall, the client would like to become more independent with ADLs and IADLs to increase her quality of life and alleviate caregiver burn our placed on her son.

**Environmental Effects on Participation**

 Treatment is provided for the client in her two-story home with access to all essential areas without climbing upstairs. The living room, kitchen, bedroom, bathroom, and utility room are located on the first floor, eliminating any fall risks involving stairs. The client is treated in a familiar environment that can be modified and adapted to best fit her needs. This environment provides therapist to utilize client centered compensatory techniques and strategies to individualize services to meet the demands of the home environment. This will promote participation eliminating the need for a simulated environment.

**Occupational Analysis**

**Context of Services**

The client receives home health occupational therapy services within her Las Vegas residence. After the client was discharged home, home health services began with the nurse practitioner who opened the case for home health visits. Treatment included nursing to manage her HTN and COPD as well as physical therapy to increase lower extremity strength and range of motion following all safety precautions. Occupational therapy services were provided after weight bear precautions were lifted 6 weeks post-surgical operation. The occupational therapist evaluated the client’s ADLs and IADLs to implement home modifications and compensatory strategies within the home.

**Activity Performance**

The client participated in a home health evaluation to assess her participation in ADLs. Her blood pressure was taken before the assessment due to her history of HTN. The client experienced no difficulty with upper extremity movement and was able to transfer out of her chair to standing. She removed the nasal cannula and used her FWW to ambulate through the living room, past the kitchen, down the hallway and to her bedroom. The client demonstrated shortness of breath after ambulation and asked to take a minute to sit at edge of bed to catch her breath. The client performed bed mobility independently showing no signs of distress transferring edge of bed to supine as well as supine to edge of bed. The therapist directed the client to ambulate to the 3:1 commode that is next to her bed to evaluate lower extremity dressing. The client experienced no difficulty seated, but had trouble bending at the trunk to reach her foot to don and doff a pair of socks. After lower extremity dressing was assessed, the client ambulated to the kitchen to measure the dimensions of the FFW from the kitchen counter to the island. The client then returned back to her chair in the living room to discuss the plan of care.

**Observation of Client Performance**

 During the initial evaluation of the client, observations included various factors, which inhibited the client’s ability to perform ADLs with functional independence. She experienced decreased judgment and spatial awareness when ambulating with her FWW around her house. The purpose of the FWW was to maintain the client’s balance and stability when functionally ambulating, however observations determined the device was used as a protective barrier to prevent her from bumping into walls and furniture. This may be related to her previous diagnosis of macular degeneration or due to the awkward size of the device inhibiting performance. Measurements determined that the FWW fit the dimensions corresponding to the architecture of her home, but as functional ambulation continued to evaluate performance she seemed unsure of the proper body mechanics needed to maneuver the device. The FWW seemed cumbersome to participate in ADLs effectively and inconvenient to perform functional ambulation.

The client also experienced difficulty maintaining balance and flexibility when flexing forward at the trunk to don and doff her socks. She showed no signs of respiratory distress or symptoms of pain secondary to right ORIF, however was unable to don and doff socks. The client receives assistance from her son to don and doff socks due to decreased flexibility and balance.

**Domains Impacted**

The client experiences difficulty with functional ambulation which deters her from reaching to her desired destinations. Her son explained his frustrations with having to be home for each meal, even if the meal was prepared in the refrigerator. As a caregiver for his mother, Michael stated that functional mobility around the house was the biggest concern that needs to be addressed. The client has trouble with LE dressing increasing the need for assistance from her son regularly. She requires set up with grooming activities and meal preparation tasks, needing more time for her son to meet her demands. The client discontinued showers after ORIF surgery, but feels more comfortable sponge bathing when her son is available to assist her. She wears diapers during the day and at night as a precaution to urinary incontinence, although utilizes the 3:1 commode near her bed. Functional ambulation, LE dressing, set up with grooming and sponge bathing, were problem areas that her son hoped the occupational therapist could identify strategies to assist with the daily routine.

**Problem Statements**

1. Client requires mod (A) in functional mobility due to ↓ safety awareness and poor judgment. (home modifications (move chair) compensatory strategies (side step holding counter)
2. Client requires Mod (A) in LE dressing activities due to ↓ balance & ↓ strength in trunk musculature. (compensatory techniques & adaptive equip)
3. Client requires Mod (I) in functional toilet transfers using 3:1 due to ↓ balance & ↓safety awareness (she wears diapers)
4. Client requires Mod (A) in functional shower transfers due to ↓ balance & ↓ LE extremity strength.
5. Client requires Mod (I) c set up to perform grooming due to ↓vision 2˚ AMD.

**Priority and Justification of Reasoning**

These problem areas negatively impact the client’s independence and participation to perform ADLs & IADLs affecting her overall quality of life. The client is unable to safely ambulate around her house, inhibiting her performance participation and increasing caregiver dependency. If the client is unable to be functional mobile, secondary conditions may arise from the sedentary lifestyle that she supports. The next problem involves her ability to perform LE dressing independently. Her son states that this process takes a significant amount of time each morning and inhibits her from changing her diaper when needed. This aspect places an ample amount of stress on her son because of the continuous need for assistance due to functional urinary incontinence. The client demonstrates toilet transfers using the 3:1 to eliminate excessive hip flexion, however frequently voids in her diaper before getting to the toilet. She feels safer using the 3:1 commode because of the handles on each side, which provides stability for the client when transferring. Her son feels this aspect contributes to her overall functional mobility and hopes that when her ambulating performance improves, problems with toileting will diminish. The client also requires assistance from her son to functionally transfer into the shower, however would prefer to sponge bath to eliminate the risk for falls. Because the client is able to independently sponge bath, shower transfers are not a priority to work on. Lastly, the client requires set up to complete grooming tasks, due to visual impairments that prevent her from retrieving items to complete the activity. Her son states that this activity does not place a huge burden on him and can continue to help his mother with set up. Each problem serves purpose to the client’s independence, however subsequently formulate off one another. Prioritizing the problems accordingly will confront all experienced difficulties and increase the rate of success enhancing client performance.

**Intervention Plan & Outcomes**

**Long Term Goal 1** Client will demonstrate functional mobility within the home Mod (I) within 2 weeks.

**Short term goal 1.** Client will demonstrate functional mobility using home modifications Min (A) within 1 week.

***Intervention*.** The intervention will take place in the home for 60 minutes to address home modifications which contribute to client functional performance. Treatment will begin with measuring the client’s vitals to ensure the client can participate in therapy. Blood pressure and oxygen saturation will be monitored throughout the intervention due previous conditions of HTN and COPD. After vitals are documented, the therapist will assess the clients arm strength by having the client perform the bilateral upper extremity movement. Safety precautions and treatment objectives will be addressed before the intervention begins to ensure the client understands occupational therapy services.

After the client understands safety precautions, the client will perform sit to stand movement with the FWW to ensure stability and balance meet the demands that are required to perform functional ambulation. The client will ambulate to the kitchen and around the island to identify areas at risk. Dishes will be rearranged within the cabinets so the client is able to reach all items without constraints. Utensils will be moved one drawer over so the FWW does not prevent the client from gathering necessary items. A throw rug will be suggested to be removed because it serves as a fall risk rather than a purpose. The barstool will be removed from the kitchen island to increase the client’s functional ambulation around the kitchen. This will prevent the risk for falling and will open the walkway around the kitchen. Magazines, mail, and clutter will be collected and moved from the counter space to the office desk, giving the client more space to place items on the kitchen counter. Because the kitchen is where the client shows the most difficulty, this will be the focal point of home modifications. After home modifications are recognized and adapted, the client will return to the living room and discuss any difficulties experienced and areas of success to further the plan of care.

***Intervention approach***. The intervention approach focused on specific strategies to modify the environment through compensation and adaptation to maintain functional performance within the home. Modify identifies ways to revise the current context or activity demands to support performance in the natural setting (ATOA, 2014). Enhancing features in the home environment will promote occupational performance and preserve the client’s performance capabilities (AOTA, 2014). Barriers will be addressed and modified utilizing compensatory techniques within the home to reduce hospital remittance and sustain independence.

***Evidence***. *The Canadian Journal of Occupational Therapy* conducted a study to enhance current understanding of the impact of home modifications on the daily activity performance of community-dwelling older adults (Stark, Landsbaum, Palmer, Somerville, & Morris, 2009). Data supported that older adults who are aging in place can improve their functional abilities with home modifications, which will enhance the client’s performance of daily activities. Researchers were able to systematically describe and measure meaningful performance outcomes with high levels of adherence, despite the complexity of home modifications (Stark, Landsbaum, Palmer, Somerville, & Morris, 2009). The surge in the aging population will begin taxing existing healthcare services unless solutions to dealing with the functional losses associated with aging are identified (Stark, Landsbaum, Palmer, Somerville, & Morris, 2009). Compensating for functional loss by providing environmental support through intervention could forestall institutionalization and allow older adults to age in place. This justifies the needs for improvement of the home utilizing home modifications to fit the environment in relation to the client.

***Outcome***. Home modifications will enhance the client’s quality of life and well-being (AOTA, 2014).. Environment modifications matched to the performance demands will provide the client greater independence and allow active participation. This intervention will support the perceptions of the client and progress toward achievement of occupational performance considering the dynamics of the environment (AOTA, 2014).

**Short term goal 2**.Client will demonstrate functional ambulation in the home Min (A) using compensatory strategies within 1 week.

***Intervention***. The intervention will take place in the home for 60 minutes to address home modifications which contribute to client functional performance. Treatment will begin with measuring the client’s vitals to ensure the client can participate in therapy. Blood pressure and oxygen saturation will be monitored throughout the intervention due previous conditions of HTN and COPD. After vitals are documented, the therapist will assess the clients arm strength by having the client perform the bilateral upper extremity movement. Safety precautions and treatment objectives will be addressed before the intervention begins to ensure the client understands occupational therapy services.

The occupational therapist will have the client functionally ambulate to the kitchen with the FWW to show the client compensatory strategies in relation to the environment. This will involve simple modifications that will ensure stability and support when participating in kitchen activities. She will practice a familiar task such as grilling a prepared sandwich on the stove for lunch. The client will utilize adaptive techniques and compensatory strategies directed by the occupational therapist. This includes, placement of her FWW in relation to the refrigerator and counter space, side stepping using countertop for stability, and educating the client on adaptive equipment that may increase occupational performance. One suggested item involves a tray that attaches to her FWW to allow the client to carry all the desired items to the table, without juggling hand placement. The client will demonstrate these tasks to further suggest modifications if needed. After the client prepares lunch, ambulates to the table to eat the sandwich, the occupational therapist will discuss any concerns or problems to further modify. The client will participate in clean up with the assistance of the occupational therapist and return back to her chair in the living room concluding the treatment session.

***Grade up/down.*** To grade this activity up, the client will not be introduced to adaptive equipment such as the tray, utilizing stabilizing muscles with correct body mechanics to ambulate with food to the dining table. To grade this activity down, the client will eliminate the step of grilling the sandwich. She will retrieve the sandwich from the refrigerator and directly ambulate to the dining table.

***Intervention approach*.** The approach to intervention selected was to modify and adapt the activity using compensatory strategies (AOTA, 2014). This directly explores methods to revise the current context or activity demands to support performance. Simplifying the task with adaptive techniques and modifying performance within the environment will meet the demands of the client and encourage occupational participation (AOTA, 2014).

***Evidence*.** In the *Journal of the American Geriatrics Society*, researchers evaluated the long term mortality effects of a home-based intervention to examine the benefits and functionality (Gitlin, Hauck, Dennis, Winter, Hodgson, & Schinfeld, 2009). Findings established that home interventions extended survivorship up to 3.5 years and maintained statistically significant differences for 2 years (Gitlin, Hauck, Dennis, Winter, Hodgson, & Schinfeld, 2009). The intervention supports that instructing participants in compensatory strategies, home modifications, home safety, and fall recovery techniques is an alternative to high priced home construction. Occupational therapy services provide a low-cost clinical tool to delay functional decline and mortality (Gitlin, Hauck, Dennis, Winter, Hodgson, & Schinfeld, 2009).

***Outcome***. The outcome of this intervention encourages participation and role competence in ADLs & IADLs. If the client is able to engage in desired occupations with strategies to ease performance constraints, the client will gain independence which will enhance the quality of life. This intervention provides an opportunity to carry over learned compensatory techniques to various activities and increase the client’s well-being (AOTA, 2014).

**Long Term** **Goal 2** Client will demonstrate LE dressing activities Mod (I) sitting EOB within 2 weeks.

**Short term goal 1**. Client will demonstrate LE dressing activities Min (A) using adaptive equipment within 1 week.

***Intervention***. The intervention will take place in the home for 60 minutes to address home modifications which contribute to client functional performance. Treatment will begin with measuring the client’s vitals to ensure the client can participate in therapy. Blood pressure and oxygen saturation will be monitored throughout the intervention due previous conditions of HTN and COPD. After vitals are documented, the therapist will assess the clients arm strength by having the client perform the bilateral upper extremity movement. Safety precautions and treatment objectives will be addressed before the intervention begins to ensure the client understands occupational therapy services.

The client will ambulate to bedroom to practice dressing at edge of bed using the shoe horn, sock aide, reacher, dressing stick, and leg lift. The practitioner will educate the client on utilizing the hip kit to eliminate caregiver dependence with dressing. If the client is able to don and doff her socks, she should experience no difficulty don and doffing her diapers. The client will don and doff socks, diaper, and pants utilizing the hip kit at edge of bed. The occupational therapist will provide stand by assist and encourage the client to take frequent breaks if SOB occurs. When dressing is completed, the client will ambulate to living room chair and discuss further treatment.

***Intervention approach***. The OTPF approach to intervention focuses on the notion to modify the current activity demands to support performance in the natural setting (AOTA, 2014). This includes practicing compensatory techniques to reduce caregiver dependence. Simplifying the task sequence and utilizing adaptive techniques will to initiate greater participation in the occupations that constitute basic values (AOTA, 2014).

***Evidence***. A study found in the*Holistic Nursing Practice*

***Outcome***. Improving or enabling skills and patterns in occupational performance leads to engagement in occupations or activities (AOTA, 2014). These outcomes reflect the development of performance skills and performance patterns that augment existing performance in life occupations utilizing adaptive techniques (AOTA, 2014). The intervention results will show improvements and enhancements amongst occupational performance, overall enhancing the client’s quality of life.

**Short term goal 2**. Client will demonstrate lower extremity dressing activities Min (A) using compensatory & energy conservation strategies within 1 week.

***Intervention***.

***Intervention approach*.** (AOTA, 2014).

***Evidence*.**

***Outcome***. The achieved outcome will improve the client’s occupational performance, quality of life, and overall well-being. (AOTA, 2014).

**Precautions and Contraindications**

**Frequency and Duration**

 Occupational therapy services will take place 2 times a week for 2 weeks, prior to initial evaluation. Each treatment session will consist of 60 minute interventions addressing relevant goals stated above. Performance will be evaluated after completion of four treatment sessions to determine discontinuation of services.

**Primary Framework Utilized**

The practice model used to guide intervention within the home health setting closely relates with the Occupational Adaptation model. This model focuses on the response to change to master the occupation desired. Practice based on occupational adaptation differs from treatment that focuses on acquisition of functional skills because the practice model directs occupational therapy interventions toward the patient’s internal processes and how such processes are facilitated to improve occupational functioning (Schkade & Schultz, 1992).

The Occupational Adaptation model closely correlates with a home health evaluation involving a 93 year old woman assessed in the home health setting. She developed a fear of falling following a hip surgery and explicitly refused to participant in ADLs, such as showering. The occupational therapist recognized her insecurities with the potential to fall and tailored ADLs to address the client’s concerns. Compensatory techniques were provided for the client within the home setting and personal limitations were accounted when developing a treatment plan. Collaboration with the client and caregiver allowed the occupational therapist to help problem solve restrictions and overcome constraints. Comfort and satisfaction was implied with the client’s reaction when the practitioner recommended sponge bathing as a substitution of showering, eliminating any distress. The occupational adaptation practice model utilizes a unique holistic approach to gain achievement with outcomes through modifications of the activity. Necessary alterations and home modifications will prevent further caregiver dependence and increase the client’s quality of life.

**Client Training and Education**

*Journal 1*

**Client Responsiveness**

References

Gitlin, L., Hauck, W., Dennis, M., Winter, L., Hodgson, N., & Schinfeld, S. (2009). Long-term

effect on mortality of a home intervention that reduces functional difficulties in older

adults: results from a randomized trial. *Journal Of The American Geriatrics Society*,

*57*(3), 476-481. doi:10.1111/j.1532-5415.2008.02147.x

Kain, H. B. (2000). Care of the older adult following hip fracture.*Holistic Nursing*

*Practice, 14*(4), 24-39. Retrieved from http://search.proquest.com/docview/232548100?accountid=14375

Lawson, S.C., Murphy, L.F. (2013). Hip Fractures and Lower Extremity Joint Replacement. In H. M. Pendleton, & W. S. Krohn (Eds.). *Pedretti’s occupational therapy: Practice skills for physical dysfunction.* (7th ed., pp. 1075-1079). St. Louis, MO: Mosby Elsevier.

Stark, S., Landsbaum, A., Palmer, J. L., Somerville, E. K., & Morris, J. C. (2009). Client-centred home modifications improve daily activity performance of older adults. *The Canadian Journal of Occupational Therapy, 76*, 235-45. Retrieved from http://search.proquest.com/docview/212956399?accountid=14375