

## Being an Occupational Therapist in the Home

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### Occupational Therapy in Home Care

As I reflect back on my seven years as an occupational therapist (OT), working in a variety of settings, I consider home care as the most fulfilling job I've had so far. It has been the most rewarding and at times, the most challenging. This is due to the complexity of patient care in the home.

As part of a multidisciplinary team, it is my job to support all patient needs. I take several factors into consideration when working with patients, these include: environmental, psychological factors (i.e. anxiety), pain, side effects of medication, vision deficits, cognitive function, and availability of caregiver support. It is an important and fundamental part of an OTs work to take all these factors into consideration. Only in this way are we able to effectively treat our patients and develop appropriate care plans.

### A significant area that OTs address in the home is fall prevention.

The CDC reports \$19.2 billion is spent annually on treating elderly for adverse effect of falls! Two thirds of those falls are preventable. Further, an estimated 25% of people 75 years and older restrict their activities due to the fear of falling. This fear leads affects a patient's quality of life. Implementation of occupational therapy evidenced based interventions, continued reassessment of patient status, and modification of treatment plans can ensure progress and achievement of goals and also prevention of future falls.

OTs are thoroughly trained to evaluate intrinsic and extrinsic factors related to falls. Once we've determined these factors we then educate and train patients and families on proper safety awareness for activities of daily living (i.e. dressing, bathing, and grooming) and instrumental activities of daily living (i.e. laundry, meal preparation, and housekeeping). By structuring a patient's environment and educating patients and caregivers to prevent injury and optimize performance OTs maximize overall quality of life.

### Allow me to share a "fall risk" success story...

I recently evaluated and treated an elderly patient who lives alone in a rural area with minimal caregiver support I made several safety suggestions within the home, but the one area I was most concerned about was the bathtub. The patient was not able to get his legs over the side of the tub, his balance was unsteady, and he only had one suction cup grab bar to support him when transferring in and out of the bathtub.

I suggested a tub bench, showed him a picture and even told him how he could obtain one free of charge from the loan closer. He responded that he was "not interested" and that he would "just wait until [he was] strong enough to get back into the tub"

Being as stubborn as he was, I contracted the caregiver and gave him the information for getting a tub bench from the local loan closet. The caregiver happily agreed. However, when I arrived for a follow-up visit, and even before I could even get my bag off my shoulders, the patient said "there was no way [he was] going to be able to use 'that thing' (the tub bench)." He reluctantly agreed. After setting up the bench and training him on proper technique he tried it out. Amazingly, the first words from his lips were "Wow! I think this is going to work. I can't wait to take a shower now." The patient now has better quality of life because he can shower independently and safely, and I can sleep at night knowing he has a significantly decreased chance of falling in the shower.

posted on April 25, 2013