# Therapy: Friend or Foe?

Alison Starkey PT MBA/MHA CAPS CDP

Jenise Berning OTR/L

Jessica Davis MS,CCC- SLP

Gaitway of Charlotte LLC Certified Aging in Place Specialists Home Safety Consultants



### Objectives

- Participants will understand the difference between Physical, Occupational and Speech Therapy.
- •Learn the scope and practice areas of each Therapy.
- •Highlight the role of Therapy for community dwelling adults suffering from dementia, and locations for care delivery.
- •Review how to access therapy and the best time to consult a therapist.



#### Jenise Berning, MOT, OTR/L

- •Graduated from The University of Findlay with Master's in Occupational Therapy in 2016
- •Home-based Occupational Therapy with Gaitway of Charlotte
- Acute care Occupational Therapy
- •Co-coordinator of critical care OT fellowship
- •Volunteer, educator, traveler

#### Introduction

#### Alison Starkey PT MBA/MHA, CAPS CDP

- Owner- Gaitway of Charlotte LLC
- Certified Aging in Place Specialist
- Certified Dementia Professional
- •Over 30 years of clinical experience from trauma ICU to home care.
- •Home based therapy consultant, specializing in fall prevention, cognitive staging, independent living, home safety, driving screens, medication compliance and nutrition screening.
- •Community Volunteer, speaker and educator for Physical Therapy Community.
- •Lives in South Charlotte with husband and 3 school age children.



#### Jessica Davis, MS, CCC-SLP

MBS-IMP certified clinician

Practicing speech therapist for 16 years

Worked primarily in adult acute care and adult inpatient rehabilitation

Worked PRN (as needed) in various skilled nursing facilities

Have conducted research in areas of dysphagia related to CVA, Trauma

Presented at American Speech-Language and Hearing Conference

twice

Areas of interest: dysphagia in adults, progressive and acquired cognitive deficits in adults.

Competencies to perform Bedside Swallow Studies, Modified Barium Swallow Studies, FEES and assessments with trach/vent patients.

## What is Occupational Therapy?









## Areas of Occupation

#### **ADLs**

Feeding, Grooming, Dressing, Bathing, Toileting

#### Work

Employment, Job Performance, Retirement, Volunteer

#### **IADLs**

Cooking, Cleaning, Finances, Medications, Driving, Child Care, Functional Mobility

#### Leisure

Exploration and Participation

#### **Education**

Education Participation

#### **Play**

Exploration and Participation

#### Sleep

Rest, Sleep Preparation, Sleep participation

# Social Participation

Community, Family,
Friends, Peers



# When should you see a OT if you have dementia

- Difficulty in daily activities
  - \* "areas of occupation"
- \* Difficult behavior, vision loss, caregiver education



#### Clothes

- Buttons
- Texture
- Shirt
- Shoes



#### Person

- Likes
- Dislikes



#### Dressing



#### Skills

- Vision
- Balance
- Organizing thoughts



Environment

Closet



## Cognitive Retraining: Dementia Care

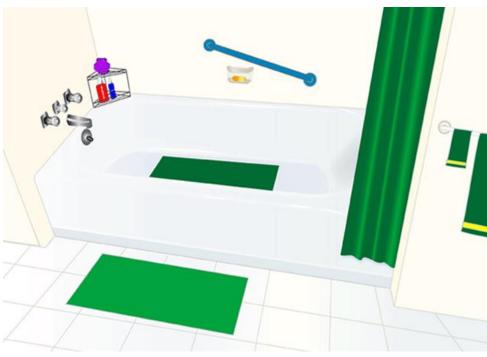
Common Behaviors/ Issues:	Occupational Therapy Interventions:
Difficulty Dressing	<ul> <li>Limit and or organize clothing selection</li> <li>Create large, clearly written signs with step-by-step directions</li> </ul>
Wandering and Disorientation	<ul> <li>Provide mental stimulation during times when wandering may be a concern</li> <li>Place a "STOP" sign at door, purchase GPS tracker, door alarms</li> </ul>
Trouble Communicating, Behavior Outbursts	<ul> <li>Help caregivers identify nonverbal cues. Teach non-defensive responding techniques</li> <li>Determine the underlying trigger</li> <li>Avoid correcting factual errors</li> </ul>

#### Vision

- \* Dementia is a disease of the brain and many seniors also have vision changes and age-related eye conditions like cataracts and macular degeneration, thus various kinds of visual mistakes can occur.
- \* Vision and processing can cause mistakes in perceptions

## Vision





# Adaptive Equipment and Assistive Technology

\* Any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of individuals

- \* OT services include:
  - \* evaluation of need
  - \* process of acquiring the device
  - fitting or customizing the device
  - \* provide training to the user and caregiver

# Adaptive Equipment











## Adaptive Equipment













## What is Physical Therapy?



MOVEMENT IS A
MEDICINE FOR CREATING
CHANGE IN A PERSON'S
PHYSICAL, EMOTIONAL,
& MENTAL STATES.

Physical Therapy...

Physical Therapy...

Makes life better.

## Physical Therapy

- \* Physical Therapists (PTs) are movement experts who optimize quality of life through prescribed exercise, hands-on care, and patient education. Physical therapists teach patients how to prevent or manage their condition so that they will achieve long-term health benefits.
- \* Physical Therapists also help with managing pain, preventing joint contracture, seating, breathing, functional mobility, cognition and "aging in place".



# When should you see a PT if you have dementia

- \* Any history of falls or near falls.
- \* Difficulty with any mobility including:
  - Getting in and out of bed
  - Moving into the bathroom / shower
  - Going up steps
  - Getting in and out of the house
  - \* Getting in and out of the car
  - Being fearful of going out of the house

## Early Stage tips

- \* Work on maintaining or improving overall fitness, endurance and balance.
- \* Work on setting up a plan that makes exercise of any kind routine and fun it will really help later on.
- \* Simple walking is the best medicine of all.
- \* Think about joining a social group to help out with adherence and encouragement.
- \* Lots of resources are available in the senior centers.
- \* Make a friend, work out buddy or find a new dance.

#### Benefits of Exercise

- \* One PROVEN method to delay onset of cognitive issues !!
- \* Stimulates all body systems at the same time ... in harmony.( balance, coordination, strength etc.)
- \* Promotes bone calcification to prevent fractures.
- Assists with kidney function and drainage to inhibit bladder infections.
- \* Aids digestion and reduces reflux.
- \* Skin pressure relief and vitamin D from sun rays.
- \* Cardiovascular benefits
- \* Mood enhancement, biorhythms and sleep quality.
- \* Reduces "sun downing" in patients with dementia.

## Middle Stage Tips

- \* Really focus on fall prevention
- \* Eliminate trip hazards in the home.
  - Think about pulling up rugs.
  - \* Managing cords.
  - Think about bathroom safety
    - \* Zero threshold showers
    - \* Comfort height commodes.
    - \* Grab bars around the bathroom and close to steps in and out of the home.



## A Great Bathroom set up



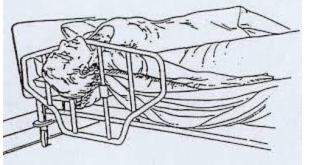
#### Bedroom "fallers"

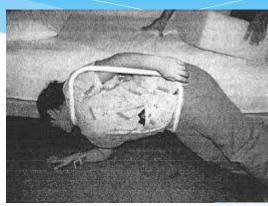
- \* Consider one side of bed against the wall.
- Lower bed to lowest setting ( makes getting up very difficult)
- \* Consider a "crash mat" beside the bed.
- \* Consider a bed alarm to alert caregivers that client is trying to get up.
- \* Baby monitor or Cow bell if able to call out for help.
- \* Avoid bedrails strangulation risk.

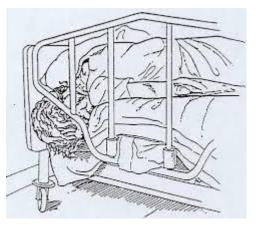


# This is why...











#### Better solutions



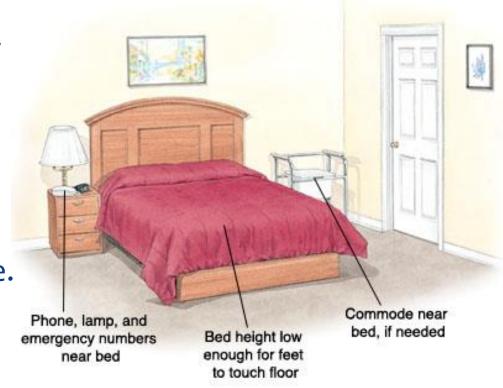




\* Bed alarms

### **Bedroom Safety**

- \* Lighting is key consider night lights in all your outlets.
- \* Avoid trip hazards phone and lamp wires.
- \* Place commode and phone on the "easy" side.
- \* Avoid rails unless on a hospital bed.





#### A few words on walkers ...





#### Use with Caution





#### Tips on Exercise in Confused Patients

- Make it easy
- Ensure adequate footwear
- Offer incentives
- \* Tap into lifetime "happy" feelings e.g. use a stroller with a pet or doll whatever works for you
- Choose flat, well lit courses
- Go for time walking not speed
- \* Be in their moment "tell me about some of your favorite walks" engage the positive
- \* Avoid Conflict abort and try again later



### Late Stage

- \* Its all about comfort and safety.
- \* Don't add an assistive device (like a walker) unless it was used earlier on. Limited ability to learn makes walkers etc very dangerous and can create serious injuries.
- \* Avoid any RAILS can be very dangerous unless attached to a hospital bed.
- \* Consider a custom seating system all Medicare beneficiaries eligible must be in place before a hospice referral.

### Late Stage

- \* Custom chairs prevent skin breakdown and contractures. They offer good head control for remaining interactive and can help with feeding and aspiration risk.
- \* Positioning in bed is very important frequent turning and gentle positioning devices can be very beneficial for comfort and rest.
- \* Once in a custom chair can transport with a converted van to see family and remain interactive.



## Times to be super vigilant for falls

- \* UTI likely to present as confusion, unlikely to see fever, ? new balance problems
- \* After an acute illness especially GI upset where dehydration might be a concern
- After a hospital admission
- \* Starting on new medications
- \* With a notable change in eating and/or bowel habits
- \* Change in routine, surroundings or caregivers
- Fatigue holidays, small children etc.

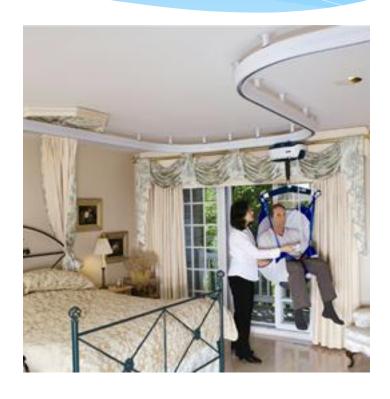
### Home Modifications/ Aging in Place

- \* The Ability to stay in your home as long as you are safe to do so.
- \* Depends on environment and support systems.
- \* Pretty much <u>any</u> home that you **OWN** can be made safe for <u>anyone</u> it's a matter of personal preference and budget.
- \* Issues are: Access, accessibility, safety, supervision, assistance, care when appropriate as well as personal wants and desires.



## Ramps and lifts





## What is Speech Therapy?

Speech Pathologists or SLP's are experts in communication. SLP's work with people of all ages, from babies to adults in a variety of settings. SLP's treat many types of communication and swallowing impairments, including impairments with:

- Speech sounds
- Language
- Literacy
- Social communication or pragmatics
- Voice
- Fluency
- Cognitive-communication
- Feeding and swallowing

# Roles and Responsibilities of the SLP

- Provide prevention information to individuals and groups known to be at risk for dementia as well as to individuals working with those at risk
- Educating other professions, third party payers and legislators on the needs of persons with dementia and the role of SLPs in diagnosing and managing cognitive, communication and swallowing disorders associated with dementia
- Screening individuals with cognitive-communication difficulties and determining the need for more comprehensive assessment.
- Diagnosing cognitive-communication disorders associated with dementia
- Assessing, diagnosing and treating swallowing disorders associated with dementia.



# Roles and Responsibilities of the SLP

- Counseling persons with dementia and their families regarding communication and swallow related issues and providing information about the nature of dementia
- Referring to other professions as appropriate
- Developing treatment plans and providing treatment to maintain cognitive-communication and swallow abilities at the highest level throughout the course of the disease
- Serving as an integral member of the interdisciplinary team
- Monitoring cognitive-communication and swallow status to ensure appropriate intervention and support throughout the course of the disease
- Providing indirect intervention through caregivers and environmental modifications

### Dementia and Dysphagia

- \* Dysphagia is difficulty swallowing. It is very common for individuals with dementia to have difficulties with feeding, eating, drinking and swallowing. Management of patient's with dementia can be very complex.
- \* Problems with swallowing can be a result of changes that occur in the brain as well as environmental changes (noisy dining room, distractions, etc.)
- \* Risks associated with dysphagia include aspiration, poor nutrition and reduced quality of life.

## Signs/Symptoms of Dysphagia

- \* Difficulty chewing, moving food to the back of the mouth
- Pocketing food in cheeks
- Coughing while eating/drinking
- \* Wet vocal quality during and/or after swallowing
- Watery eyes while eating/drinking
- \* Poor oral intake, reduced interest in food/liquids



# Eating/Drinking Difficulties in patients with Dementia

- \* Poor initiation during meals
- \* Forgetting to chew, increased distractibility
- \* May repeatedly chew and not swallow the food, resulting in pocketing
- \* Eating too quickly
- \* Poor coordination of oral/pharyngeal swallow
- \* Increased aversion to certain textures, temperatures, taste
- Increased difficulty swallowing medications

### Results of Swallow Test

- \* Results of swallow test may indicate need for nonoral nutritional support, thickened liquids, mechanical soft or pureed foods.
- \* Need to take into consideration patient's wishes (if documented), potential of not meeting nutritional needs on modified diet, risk of dehydration, impact of diet/liquid consistency of patient's quality of life.



## Early stage dementia – effects on swallowing, nutrition and hydration

- \* Mild Cognitive Impairment
- \* Depression
- \* Taste and smell dysfunction
- \* Awareness of cognitive deficits
- \* Mildly impaired attention/increased distractibility throughout meal
- Decreased nutrition and hydration due to MCI and depression



## Middle Stage Dementia – effects on swallowing, nutrition and hydration

- \* Wandering
- \* Motor restlessness
- \* Assistance needed for adequate oral care
- Cognitive Based Dysphagia
- Moderately impaired attention increased distractibility during meals
- Texture aversion
- \* Decreased nutrition and hydration



# Advanced/Late Stage Dementia – effects on swallowing, nutrition, hydration

- Dependence on oral care
- \* Oral apraxia
- Oral acceptance deficits
- Oral preparatory deficits
- \* Moderate-severe attention deficits very distractible during meals
- Increased texture aversion
- Increased risk/incidence of pharyngeal phase deficits and aspiration
- \* Risk vs. Benefit??



## Dysphagia Considerations

- \* Determine presence of advance directives or wills regarding use of non-oral nutritional support
- Provide hand over hand assistance as needed
- Control environment/minimize distractions
- \* Allow increased time for meals
- Control bite size and drink amounts via pre-cut finger foods, measured drinking cups
- Determine tastes, textures and temperature preferences of foods/liquids that may stimulate swallow function
- Consult with PT/OT regarding positioning issues
- Train staff in safe feeding strategies and aspiration precautions

# Access to PT,OT and Speech Services

- In general you will need a doctors order (there are exceptions to this rule)
- \* In general you can receive services in the home, as an out patient, in a Assisted living/ Memory Center and in Nursing homes with a regular Medicare benefit.
- \* In general therapy is implemented for a time period (usually 2 weeks to 30 days). Only with demonstrable progress can therapy continue... if no progress you will be discharged.



### **Access and Costs**

- \* Once discharged from "insurance based therapy" you are able to employ therapists privately and in general this is not covered some long term insurance will cover this service.
- \* We tried to come up with more detail but IT ALL DEPENDS!!
- \* Best advice is to call your insurance company and find out how much coverage you have and how you can access the care.
- Medicaid has very limited visits.

### Final words

- If you think you need help you do
- \* SAFETY FIRST
- \* Ask for objective advice and seek professional help when appropriate. Don't rely on well meaning friends ask a professional to advise you.
- \* There is no ONE solution every one is different have a professional evaluate YOUR situation.
- \* You cannot do it all accept assistance use your network.
- \* Always remember that doing the <u>right</u> thing for your loved one is not always the <u>easiest</u> thing.
- \* This is hard !!! Its emotional and stressful remember to take care of yourself ☺

### Thank you! Any questions?









**Contact Information** 

5-STAR RATING Google

Alison Starkey PT MBA/MHA CAPS CDP

Alison.Starkey@gaitwayofcharlotte.com

Cell: 704.641.1132

See testimonials at <a href="https://www.gaitwayofcharlotte.com">www.gaitwayofcharlotte.com</a>



