

# Occupational Therapy's Distinct Value

## PRODUCTIVE AGING

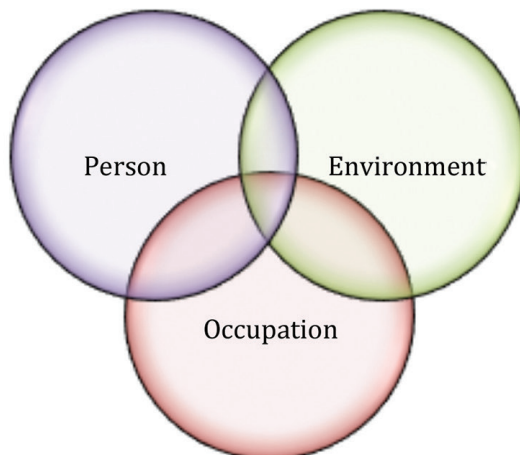
Occupational therapy's distinct value is to improve health and quality of life through facilitating participation and engagement in occupations, the meaningful, necessary, and familiar activities of everyday life. Occupational therapy is client-centered, achieves positive outcomes, and is cost-effective.

### Why is it important for occupational therapy professionals to promote productive aging?

1. By 2030, close to 20% of the U.S. population will be age 65 or over (U.S. Census Bureau, 2012).
2. Approximately 10,000 people in the United States reach age 65 every day (U.S. Department of Health and Human Services [HHS], 2015).
3. In 2009, close to 30% of Medicare beneficiaries over age 65 living at home reported difficulty in performing one or more activity of daily living (ADL), and an additional 12.7% reported difficulties with instrumental ADLs (IADLs) (HHS, 2015).
4. Older adults contributing to their own health, their homes, their families, and their communities and society as a whole has expanded with this growing population (National Institute on Aging, 2011).

### What is distinct about the approach of occupational therapy professionals?

Occupational therapy practitioners work with aging adults and their caregivers to promote safe performance of occupations (daily activities) at home and in the community.



Occupational therapy practitioners seek to understand who the person is; what occupations (activities) the person wants, needs, and is expected to do; and where the person does these activities.

Based on diagram by Law et al., 1996

Occupational therapy practitioners analyze the INTERACTION of these components to develop client-centered interventions and recommendations that promote productive aging. This approach is supported by evidence and is distinct from all other health care providers.

## How do occupational therapy professionals distinctly focus on productive aging?

- Promoting health and quality of life
  - › Supporting aging in place
  - › Preserving meaningful roles and occupations
  - › Promoting engagement in managing personal health and wellness
  - › Maintaining or increasing participation in meaningful occupations in the community
- Facilitating participation in meaningful occupations (daily activities)
  - › Maintaining or increasing engagement in ADLs and IADLs
  - › Sustaining involvement in community activities and civic engagement or volunteer work
  - › Promoting safety in driving and community mobility
  - › Recommending and teaching clients to use adaptive equipment so they can perform daily activities
  - › Recommending home adaptations and modifications in an effort to maximize independence and safety

### Meet Mrs. Pham



#### Who is the person?

Mrs. Pham lives alone since her husband died. She has had osteoarthritis for years, but recent pain in her hips and knees and difficulties moving around have caused her to be less active. She feels unsteady and has fallen two times, but she has not told her son or daughter, who both live in different states with their families. She has five grandchildren who she wishes she could visit more. She misses her friends, because she does not get out as often as she used to.

#### What are her occupations?

Mrs. Pham completes her self-care activities slowly with some pain. She assumed the responsibility for managing her finances when her husband died. She takes care of her home and does the shopping, but she becomes very tired when out in the community, as she tries to do many errands on the same day. She used to go to the Senior Center, but she stopped 2 months ago.

#### Where does she perform her occupations?

Mrs. Pham lives in a two-story home with five steps to enter from the garage. She has lived in her home for 34 years so there is a lot of “stuff,” as she calls it. She must drive within her community to do errands.

#### Occupational Therapy’s Distinct Value for Mrs. Pham

The occupational therapist evaluated Mrs. Pham’s abilities and challenges when performing the activities she needs and wants to do safely at home. The occupational therapist also completed a home safety assessment and educated Mrs. Pham on simple home modifications and fall prevention strategies that would allow her to continue to age safely in her home. For example, moving kitchen items she uses every day to the lowest shelf in the kitchen cabinet or to the counter allowed Mrs. Pham to remain safe and independent with making her meals, which she enjoyed. The occupational therapist also addressed Mrs. Pham’s arthritis by teaching her strategies for doing daily activities while protecting her joints from unnecessary pain and injury.

#### Outcome

Mrs. Pham was able to remain in her home and continue to age in the place she loved and had lived in for so many years. She did not have any further falls at home, and she did not require additional hospitalizations directly related to falls or her arthritis. She was able to manage her self-care activities and return to participating in her Senior Center activities. Mrs. Pham reported improved satisfaction with her quality of life, and her involvement in her prior meaningful activities and her community.

- Achieving positive outcomes
  - › Maintaining or increasing independence, safety, and adequacy performing daily activities
  - › Preserving quality of life and life satisfaction
  - › Reducing burden of care of caregivers
  - › Reducing the effects of age-related depression or mood changes
  - › Delaying cognitive decline as it relates to daily activities in aging clients
  - › Improving physical activity through engagement in meaningful occupations
  - › Maintaining and increasing ability to age-in-place by staying in the natural home environment and participating in daily self-care and life skills for as long as safely possible
- Focusing on client-centered approaches to care for client and caregiver
  - › Identifying goals that are meaningful for the client
  - › Providing client-centered treatment interventions based on interests
  - › Identifying individualized resources while considering fixed and limited resources
  - › Expanding the vision of the health care team to consider the scope of meaningful occupations without imposing limitations due to aging
- Offering services that are cost-effective
  - › Contributing to the prevention of falls and medication errors at home
  - › Recommending cost-efficient equipment, modifications, and resources
  - › Training in equipment, modifications, and resources to be sure they're appropriate and used
  - › Encouraging health promotion to reduce the need for acute hospitalization or admission into a long-term-care facility

## Meet Mrs. Garcia



### Who is the person?

Mrs. Garcia lives in an apartment that she moved into about 5 years ago to be closer to her son and his family. For about 8 months, her son noticed she was not taking care of her house as she typically did. He also noticed she was calling him and asking the same questions over and over, like what she was doing that day or where she put her purse—sometimes she would call multiple times a day. Mrs. Garcia has low back pain (for many years) and diabetes (diagnosed 10 years ago), for which she takes daily medications. She tripped and fell in her living room and sustained a right hip fracture. After surgery, she went to a skilled nursing facility (SNF) where she has been participating in sub-acute therapy for the past 30 days. While in the hospital, she was diagnosed with vascular dementia. She has become increasingly depressed since her admission to the SNF. The plan is for Mrs. Garcia to return to her home as soon as possible.

### What are her occupations?

Mrs. Garcia is a retired elementary school teacher who continued to volunteer at the local library, reading books to schoolchildren when they visited. She stopped volunteering about a year ago. She enjoys cooking traditional Latin cuisine and gardening; however, her son noticed a reduction in activity about 3 months before she fell. At the time of her fall she was taking care of herself at home, with check-ins from her son or daughter-in-law.

### Where does she perform her occupations?

Mrs. Garcia spends most of her time at home. Her apartment is on the third floor of a large building with an elevator. She typically sits in the living room and watches TV or putters around the apartment. She used to walk to the shopping center; however, for the past year or so, her family has been taking her.

### Occupational Therapy's Distinct Value for Mrs. Garcia

The occupational therapist evaluated Mrs. Garcia's cognitive and physical capacity to live alone and safely perform daily activities. The occupational therapist talked with Mrs. Garcia's son and daughter-in-law to understand the

home situation and their involvement in Mrs. Garcia's life. The potential barriers that needed to be addressed in order for Mrs. Garcia to return home were identified.

The occupational therapist provided interventions to promote safe performance of self-care activities, meal preparation, and medication management using compensatory strategies, like visual or audio cues and checklists. Family members were included whenever possible and provided with education verbally and in writing about dementia. Home modification recommendations were made to reduce Mrs. Garcia's risk for falls within the home. The occupational therapist, in collaboration with the team, determined that Mrs. Garcia could go home with oversight from her family.

### **Outcome**

Mrs. Garcia was extremely happy to return home, following a newly established routine that included leisure activity engagement, an improved quality of life, and an improved mood. Her son felt confident in the new skills he learned to support his mom and keep her safe at home.

### **What are some occupational therapy practice areas in productive aging?**

1. Aging in place: home modifications, fall prevention, health promotion
2. Driving and community mobility
3. Primary care
4. Post-acute care and transition to home
5. Palliative care

### **What types of conditions in the aging adult do occupational therapy professionals treat?**

1. Acute and post-acute health conditions
2. Chronic conditions
3. Mild cognitive impairment, Alzheimer's disease, and other neurocognitive disorders
4. Low vision
5. Mood disorders, including late-life depression and anxiety

### **What resources are available to occupational therapy professionals treating aging adults?**

- Productive Aging Fact Sheets: <http://tinyurl.com/jx1w7kz>
- Productive Aging Tip Sheets: <http://tinyurl.com/zx1txhw>
- Productive Aging Evidence: <http://tinyurl.com/hwqy2jk> and practice guidelines: <http://tinyurl.com/hmn4gcn>
- Occupational Therapy Practice Guidelines for Older Adults with Low Vision: <http://tinyurl.com/l5fgppb>
- Practitioner Toolkit: The Role of OT in Driving Rehab: <http://tinyurl.com/zftlfjx>
- The Role of Occupational Therapy in End-of-Life Care (AJOT) article: <http://tinyurl.com/hjrfk2h>

### **What is the evidence supporting the distinct value of occupational therapy for aging adults?**

- Strategies for reducing falls in community-dwelling older adults: <http://tinyurl.com/nzrrgkb>
- Prevent falls in people aged  $\geq 75$  with severe visual impairment: <http://tinyurl.com/zjoy3kw>
- Intervention to improve performance of daily activities at home for older adults with low vision: <http://tinyurl.com/gm4a29m>
- Intervention to improve leisure and social participation for older adults with low vision: <http://tinyurl.com/j5knlw>
- Interventions to improve reading ability of older adults with low vision: <http://tinyurl.com/gv78p7n>
- Interventions in low vision rehabilitation to enhance performance: <http://tinyurl.com/j5xodrt>
- Client-centered, occupation-based interventions to improve and maintain IADL performance in older adults: <http://tinyurl.com/jpyx78p>
- Link occupational engagement to improved health and well-being: <http://tinyurl.com/jbaoj9p>
- Collaborate to promote medication adherence: <http://tinyurl.com/zezojxo>
- Occupation-based interventions to reduce depression: <http://tinyurl.com/gpjrza2>
- Monitor lifestyle risk factors and promote healthy lifestyles: <http://tinyurl.com/gso23gs>
- Prepare family to care for the aging client: <http://tinyurl.com/hoc8zu8>

- Assist in the management of chronic conditions and illness and injury prevention: <http://tinyurl.com/z4mb5kt>
  - Maximize end-of-life clients' quality of life by addressing difficulties with occupational performance: <http://tinyurl.com/j53p8n2>
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## References

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