Empowering Therapists: Highlighting Functional Task Specific Practices

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CRAIG NEUROREHABILITATION & RESEARCH HOSPITAL

Hospital lengths of stay are becoming shorter and the many competing demands on the primary Occupational Therapist (OT) are increasing; consequently, patient goals are becoming more difficult to accomplish. Therefore, we propose an adjunct-therapy-program model where the primary OT's role shifts to one that coordinates patients care and fields patient goals for more appropriate programs. These adjunct-therapy-programs can be implemented in a variety of ways that focuses on task specific skills including but not limited to: Activities of Daily Living (ADL) routine building, upper extremity strength and endurance, motor re-education, repetition of appropriate compensatory movement patterns, life skills, edema management, wheelchair skills, and assistive technology. Patients are able to enhance their functional outcomes by increasing exposure to task-oriented skills. Giving the opportunity to participate in these supplementary OT programs, it provides patients an avenue for task-specific practice all while giving the primary OT an outlet to address a variety of other goals in a small amount of time. Recognizing that lengths of inpatient stays can be unpredictable, we all know, as clinicians, what we want to help our patients achieve is not always feasible in the allotted amount of time. So, through our poster, we will empower, encourage and provide creative ideas for the team you currently have, to possibly implement some of these programs.

Foundation

Figure 1. Below is a generic patient schedule for a basic inpatient rehabilitation

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday
8	OT (8:00 – 8:45)		OT (8:00 – 8:45)		
9			PT (9:00 – 9:45)		PT (9:00 – 10:30)
10	PT (10:00 – 10:45)	OT (10:00 – 11:30)		PT (10:00 – 11:30)	
11					
LUNCH	L	U	N	C	H
1	OT (1:00 – 1:45)	PT (1:00 – 2:30)	PT (1:00 – 1:45)		OT (1:00 – 2:30)
2	PT (2:00 – 2:45)		OT (2:00 – 2:45)	OT (2:00-3:30)	GROUP (2:00 – 3:00)
3		T-REC (3:00 – 4:00)			
4					

Typical day of a basic Inpatient (IP) Rehabilitation Program

- OT 1.5 hours per day
- PT 1.5 hours per day
- Speech, respiratory and other therapeutic classes*
- Limited group classes
- Shorter patient lengths of stay

*not appropriate for all inpatients

"From clinical perspective, the phenomenon supports the need for consistent practice to maintain gains acquired in therapy." Turkstra et al. (2003)

Creative Program Development

Life Skills Groups and Programs

Adaptive Transportation and Driving Clinic
- Vehicle training and education

Activities of Daily Living (ADL) Program
- Morning routine and structure

Assistive Technology Program
- Technology exposure and education

Colin's Class
- Peer education

Community Reintegration (CR)
- Support for vocational and productive goals

Functional Skills Group
- Upper Extremity (UE) everyday life problem solving

Lunch Bunch
- Engaging with self-feeding

Power Wheelers
- Power wheelchair management

Wheelchair Class
- Community manual wheelchair skills

Wheelers
- Manual wheelchair strength and endurance skills

Various Staffing Structure Solutions
- Four-patient caseload with one group class
- Increase staff for designated group leads
- Staff group rotation
- Utilizing therapy assistant and/or aide roles

Strength and Endurance Groups and Programs

Aquatic Therapy
- Enhance aerobic and cardiorespiratory body functions

Balance and Mobility (BAM)
- Sitting balance and mobility skills

Be Fit
- Strength and endurance with patient and caregiver training

Core Mat Class
- Trunk and lower extremity (LE) strength and endurance

Fit Class
- Increase fitness and conditioning

Functional Electrical Stimulation (FES) Bike
- UE and LE strength with electrical stimulation and movement

Locomotor Training Program
- Maximizing independence and recovery of mobility

Mat Class
- Mat and bed mobility skills

Power Up
- Increase UE strength and endurance with patient and caregiver training

Standing Frame
- Improving upright tolerance

UE Program
- Mass practice to build neuroplasticity with various equipment

"Activity-based therapy for neurological conditions refers to rehabilitation interventions which aim to foster neurologic recovery through functional training characterized by high intensity and repetition to take advantage of neuroplasticity." Roy et al. (2012)

Additional Groups and Programs

Manual Therapy
- Mobilization interventions through manipulation procedures

Manual Lymphatic Drainage (MLD)
- Edema management

Music Therapy
- Promoting physical and well-being rehabilitation

Rehabilitation Engineering (RE)
- Design and modify devices

T-Zone
- Therapeutic goals and activities

Scan the QR code below to access and download resources.

Vision

Figure 2. Below is an example of a patient schedule for Craig Hospital's inpatient rehabilitation program.

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday
8	ADL'S	PSYCH	ADL	ADL	OT
9	OT	FES BIKE LOWER EX	OT	PT	COMMUNITY REINTEGRATION
10	BE FIT	PT	BE FIT	MANUAL THERAPY (30 MIN)	BE FIT
11	FUNCTIONAL SKILLS	FUNCTIONAL SKILLS	FUNCTIONAL SKILLS	FUNCTIONAL SKILLS	FUNCTIONAL SKILLS
LUNCH	L	U	N	C	H
1	PT	ASSISTIVE TECHNOLOGY	PT	OT	UE ROOM
2	MANUAL THERAPY (30 MIN)	BAM	POOL	OT/PT W/C CLINIC	BAM
3	FES BIKE LOWER EX	WHEELERS	T-REC	WHEELERS	PT
4	UE ROOM	OT	UE ROOM	LOCOMAT	STANDING FRAME

Key:
Primary Therapy Session · PT Ancillary Program · OT Ancillary Program · Additional Ancillary Program

Typical day of a Craig Hospital Inpatient (IP) Rehabilitation Program

- OT 1 hour per day
- PT 1 hour per day
- Groups and programs 3-5 hours per day
- Speech, respiratory and other therapeutic classes*

*not appropriate for all inpatients

"Task-specific activities and activities that are meaningful to the person have shown to produce cortical reorganization and associated functional improvements." Bayona et al. (2005)