

Role of Occupational Therapy for Stroke

Definitions

- OT is the application of goal-oriented and, purposeful activity in the assessment and treatment of individuals with psychological, physical or developmental **disabilities**.

Assessment of patient in OT



Cognitive function

Orientation: awareness of time, person and place.

Attention: Use **Ranchos Amigo Scale**.

- Level 1-no response,
- level 2-eyes open to stimuli, inconsistent
- Level 3- tracks movement, not focused(1 min),
- level 4- focus attention(=>1min),
- Level -5problems with simple to moderately complex tasks requiring cues and assistance 50% or more,
- Level 6-problems with complex activities requires cues,
- Level 7- problems with multiple complex tasks,
- level 8- Normal



Assessment of patient in OT



Calculation : the ability to do simple addition, subtraction, to complex functional mathematical issues like balancing a budget

Reasoning (similarities and judgment)-the ability to understand and explain simple to complex issues using reason and judgment .



Functional status



- **Bed Mobility, the ability to roll to left & right and up & down the bed, bridging**
- **Balance, static and dynamic sitting and standing balance,**
- **Transfers, use of lifters, bed to wheel chair, toilet and car.**



Functional status of upper extremities

- **Range of motion** – PROM & AROM, the quality of movement if present for affected & non-affected sides.

For fingers and hand, atrophy of intrinsic muscles of hand, The presence of oedema and soft tissue changes.

- **Muscle power**- oxford scale of Manual Muscle Testing
- **Finger tipping and opposition**- able or unable.

The quality (speed and accuracy) of the movement, is it tip or tip to side or pulp of finger, tripod

Functional status of upper extremities

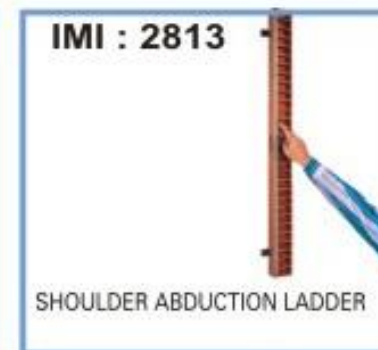
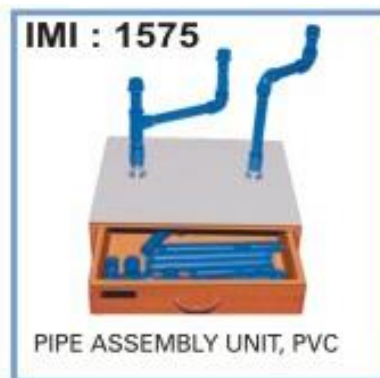


- **Reaching**- to table height, mouth, forehead, and top or back of head **Grasp**- describe the type of functional grasp: clasp(fist), spherical (cup), hook(strap)
- **Release**-is release smooth with full extension of fingers or wrist synergies used
- **Coordination**- fine motor coordination tests e.g. finger/nose, grasp/release, finger tapping, pronation/supination.



• Equipment's used for Hand function

Include reach , grasp , release , grip , pinch , lateral pinch and fine motor skills .



Splints dynamic/static

- **Static**
 - Rest
 - Prevention of further deformity
 - Prevention of soft tissue contracture
 - Substitution for lost motor function
- **Dynamic**
 - Substitution for lost motor function
 - Correction of a deformity
 - Control of motion
 - Aid in alignment and wound healing



Functional ability



All patients will be graded using the Functional Independence Measure (**FIM**) to determine their level of disability.

This scale is used to determine what the person actually does, not what they should be able to do.

FIM scores assist with establishing realistic and objective goals.

Some categories in which each patient will be scored include:

bed mobility, transfers, stairs, walking, wheelchair mobility, self-care skills, memory, problem solving and communication skills.



FIM Levels of Function

- **Total Assistance** ;patient totally dependent in activities .(1)
- **Maximal Assistance** ;patient needs 75% assistance to do activities .(2)
- **Moderate Assistance** ;patient needs 50% assistance to do activities .(3)
- **Minimal Assistance** ;patient needs 25% assistance to do activities .(4)
- **Supervision or Set up**; patient can do activities under supervision .(5)
- **Modified Independence**; patient needs assistive device to do activities .(6)
- **Complete Independence**; patient do activities independently without any assist .(7)

FIM™ instrument



LEVELS	7 Complete Independence (Timely, Safely) 6 Modified Independence (Device)	NO HELPER																																																																																																																		
	Modified Dependence 5 Supervision (Subject = 100%+) 4 Minimal Assist (Subject = 75%+) 3 Moderate Assist (Subject = 50%+) Complete Dependence 2 Maximal Assist (Subject = 25%+) 1 Total Assist (Subject = less than 25%)	HELPER																																																																																																																		
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NOTE: Leave no blanks. Enter 1 if patient not testable due to risk

Activities of daily living



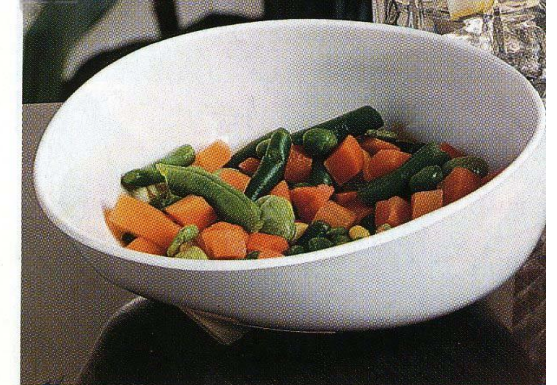
Feeding- including setup, cutting of food finger food and use of cutlery

Grooming evaluation

Bathing evaluation

Dressing evaluation

Toileting evaluation



Functional activities



Bed mobility: supine side to side , supine upward, supine downward, supine to side lying, supine to prone, prone to supine , supine to sit.



Transfers

- Level of Transfer
- Independent transfers
- Assisted transfers
- Dependent transfers



Self-maintenance equipment



adapted eating equipment

adapted bathroom equipment, toilet seats, tub bench, grab bars

upper extremity positioning equipment

Reacher's

long handled sponges

long-handled dressing equipment.



Discharge



- As discharge nears, occupational therapy will finalize splint/cast schedules, family/caregiver education/training, home exercise program and recommendations for follow-up services. Recommendations and training are made regarding equipment for general household, kitchen, and bathroom safety. Modality certified therapists, senior staff members and therapists with advanced training in neurodevelopmental treatment, visual perception, upper extremity management and manual therapy are available for staff co-treatment,



Thank You

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