Occupational Profile and Analysis Paper: Jack

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Occupational Profile

PROFILE AND ANALYSIS

Background Information

Client is a widowed 92 year old male. Client's wife passed away 28 years ago. He has one daughter who is his primary caregiver and comes in to visit him every day at the skilled nursing care facility. He does not have any grandchildren. He is not associated with any other organizations. He recently moved to Mesquite to be near to his daughter and his son-in-law.

Reason for Seeking Services and Current Concerns

Client is seeking services because he fractured his hip while playing with his daughter's dog. When the dog suddenly moved, he fell on his hip. Client had surgery to repair the femur in California and later moved to Mesquite. The operation the client undertook was an open reduction internal fixation (ORIF) surgery. Since the accident and surgery, client has had a difficult time maintaining balance without a walker. He attends therapy in a rehab gym at the nursing home facility for the bounce back program to help him return home. He has been at the facility for three months now. Client is extremely anxious about falling and not keeping his balance. He is afraid of multitasking, and is afraid that another unexpected event could lead to further debilitating injury. He finds toileting and dressing to be difficult because he must keep his balance, hold his pants, and hold on to a walker all at the same time.

Successful Areas of Occupation and Problems Areas of Occupation

Client is at weight bearing as tolerated. Occupations that are successful are grooming tasks such as washing his face, brushing his teeth and shaving his face. Sitting in bed or chair is manageable; watching television, reading, and visiting with people are easy and successful. Client's ability to socialize with others is unaffected. He can still enjoy occupations like bingo or card games. He cannot perform desired occupations he did before his surgery like household maintence, driving a car, playing golf, swimming in a pool, or lifting weights. He would like to walk for 20 minutes every day like he did before. These activities all require balance, which has been affected by the hip fracture and surgery.

Contexts and Environments Supporting or Inhibiting Participation in Occupations

Client lives in a one-story house, so everything is on the same floor; this supports his engagement in desired occupations such as cooking, resting, and sleeping when he goes back home. Other situations that support participation are when he goes down to the activity room at the long-term care facility once a week to play bingo. He isn't able to drive a car; this inhibits his ability to be in the community, go grocery shopping, or play bingo at the local community club. When the situation requires an excessive amount moving from one position or place to another, during performance of everyday activities, balance can effect walking, moving, or bending can be difficult. These activities can be exhaustive if done frequently, or for long periods.

Occupational History

Before Client's hip surgery, a typical day included waking up, taking a shower, dressing, cooking at least two meals a day, cleaning the house, and sometimes performing yard work. Sometimes he would go out for lunch by himself, especially for fast food, as much as four times per week. He also used to go out to shop for groceries or buy household items. About twice a week he would go over to his daughter's house for dinner. A couple times per week, he would exercise and swim at the gym or go into town to attend special events. Before retirement, he was a researcher and chemist.

Priorities and Desired Outcomes

Client wants to return to his home and be able to participate in the activities he enjoyed before the accident. Before his accident the client, his daughter, and his son-in-law were planning on going on a vacation with the motor home. He wants to be able to complete a trip with the motor home when he gets better, but is fearful of falling again, especially away from home. He wants to make sure the environment is safe when moving from one part of the motor home to another; he also wants be able to get around more easily. He wants to be able to perform toileting and dressing without anxiety about falling. He would also like to perform occupations he did before his surgery, such as cooking, driving a car, playing golf, or swimming in a pool.

Occupational Analysis

PROFILE AND ANALYSIS

Deficits of the Body Function Categories

I observed the client maneuvering in the therapy kitchen at the nursing home facility; he picked up items around the kitchen and walked back and forth from the kitchen to another room for a short period of time. I watched the client grab a milk jug out of the refrigerator and reach for a cup out of the cupboard to fill the cup with water.

Mental functions. Client has no deficits in memory because he can remember simple directions and execute them. Client remembers the layout of his house and how long he has been at the facility. Therefore, his short-term memory and long-term memory are functioning correctly. He exhibits some deficits in higher-level cognitive abilities and attention. Client has trouble with problem solving alternative methods when getting a cup from the cupboard due to a barrier, the seat of the walker. He initially attempted to grab a cup from the cupboard without moving the walker at a different angle until he was re-directed. He exhibits normal sustained attention while following safety precautions; for example, he sustained enough attention to complete tasks like locking the brakes of the wheelchair and locking the brakes of the walker.

Global mental functions. Client orients to people, places and times. He can accurately tell me how long he has been at the long-term care; he knows my name, and staff names. Also, he can tell me the time of day. He exhibits a stable temperament and personality, other than anxiety about falling again; he did not use any inappropriate language and did not lash out in anger. Client continually indicated that he did not feel confident about performing the activity alone. He appears to have a low energy level when confronted with tasks that required balance, moving around to grab items, or walking (American Occupational Therapy Association, 2008).

Sensory functions and pain. Client does not exhibit deficits in hearing functions, vestibular functions, taste, smell, or proprioceptive functions. Client has no hearing deficits because he responds to questions when asked; he responds to directions; he actively responses to

conversations. During the kitchen maneuvering activity, he did not smell odors, taste food, or consume liquids, so an accurate account of this area is yet to be determined. He seems aware of his body in space. For example, when he grabbed the milk out of the refrigerator he knew where his limbs were located at all times. One of his comorbidities is diabetes and this can affect vision and often times those who have diabetes can be sensitive to touch. He had a little difficulty grabbing the cup out of the cupboard; this could be because vision problems or tingling in the hands; however, the client did not express any concerns about vision or tingling sensation. Pain wasn't a problem for the client and he stated he did not have any problems regarding pain.

Neuromuscular-skeletal and movement-related functions. Affected functions include range of motion in client's right leg and issues with strength of the right leg. Functional mobility is affected and appeared asymmetric when client walked over from the refrigerator to the counter. Client displays poor posture and leans forward as he walks. He did not bring the milk jug closer to him to stabilize the upper extremity joints and he kept his legs close together, weakening his base of support; however, client did support his upper body on one arm. Client also bent at the waist, rather than the knees. Joint mobility is mostly intact because he was able to grab the milk jug from the refrigerator, reach for a cup, and stabilize his joint to have almost complete range of motion. Although he wasn't able to reach a complete 180 degrees he was close to reaching 120 degrees; this is a visual estimate. He used protraction and retraction of the scapula and move within normal limits. There were no deficits in muscle power, and client appears to have normal muscle tone; he was able to hold a 4 pound milk jug. When reaching for a cup from the cupboard, client had to re-steady himself on the walker multiple times due to decreased functional mobility.

Cardiovascular, hematological, immunological, and respiratory system function. Client has no deficits in cardiovascular, immunological, respiratory systems to my knowledge. **Voice, speech, digestive, metabolic, endocrine, genitourinary, and reproductive functions.** The client

has no deficits in voice and speech functions, digestive, genitourinary, or reproductive functions to my knowledge. The client does have diabetes, which impacts metabolic/endocrine function.

Under Activity Demands of this Task

Objects and their properties. The objects required are: a cup for water, half a gallon of milk, and sturdy shoes. The equipment required is a four-wheel walker.

Space demands. The space demands include a kitchen with a refrigerator, counter, sink, and a working water faucet, and a second nearby room with a counter and sink. This activity requires a large open space with no clutter, so that the client can move around. Requirements include good lightning, comfortable temperature, and an empty sink.

Social demands. Social demands include following instruction and guidance because of the new task.

Sequence and timing. The sequence of steps required to complete the activity are: (a) locate the four-wheel walker; (b) lock the wheelchair brakes; (c) stabilize the four-wheel walker by locking its brakes; (d) stand up by holding onto wheelchair and four-wheel walker at the same time; (e) grab the front wheel walker with both hands; (f) walk approximately 5 feet to the kitchen with the four-wheel walker; (g) grab the milk jug from the refrigerator while steadying with one hand on the walker; (h) bring the milk jug close to the chest; (i) set the milk on counter; (j) pick the milk jug back up, keeping it close to the chest; (k) place the milk back in the refrigerator, and close the refrigerator door; (l) walk over to the counter next to the cupboard; (m) angle the walker parallel to the counter; (n) reach up and grab a cup from the cupboard; (o) put the cup on the counter next to the sink; (p) take a few steps to the sink, using the four-wheel walker; (q) turn on the faucet; (r) check the water temperature; (s) fill the cup less than three fourths of the way with water; (t) place the cup on the four-wheel walker seat; (u) using the walker, walk over to the second sink in the other room; (v) pour out the water into the sink; (w) set the cup on the counter; (x) using the four-

wheel walker, walk back to the kitchen. The amount of time this activity requires is about 10 minutes.

Required actions and performance skills. The required actions for this task include: gripping a cup, turning the faucet handle(s), holding on to a four-wheel walker, balancing, and holding/lifting a milk jug. This activity requires both upper body and lower body movement. It requires intense motor planning skills, emotional regulation, and the cognitive ability to decide what is needed to sequence to task appropriately. Social performance skills and communication skills are necessary to some degree if the client needs help or has questions, but this is minimal because of re-direction or cueing.

Required body functions. All body functions are required: arms, legs, muscles to support good body mechanics, joint mobility. Client must be able to: a) take steps and partially bear weight, b) hold a 5-pound milk jug, and c) exercise 120 to 180 degrees of flexion in upper extremities.

Required body structures. All vital organs, all extremities, at least one working eye, torso, back, hips, connecting tissues, and musculoskeletal structures are required.

Performance Patterns Related to the Task

Routines, rituals and roles. Certain routines need to be followed, such as safety routines to ensure the wheelchair and four-wheel walker are locked. Client did not mention or display any rituals. Roles include being the primary cook in the household, as well as the person responsible for the kitchen.

Performance Skills

Motor and praxis skills. Client is required to have motor and praxis skills for this activity in order to plan and be safe. For example: plan to move the four-wheel walker parallel to the counter, plan to be close to the counter, and plan to not reach far from the cupboard. These movements require motor planning and praxis skills. The required motor and praxis skills include

reaching to turn on the faucet while maintaining balance on the walker and holding the cup under the water, and turning off the faucet once the cup is adequately filled, integrating the planned motor sequences. Manipulating the cup of water to place the cup in the sink and turn the nob requires a planned motor response. Ocular motor skills are required to observe and track the cup as the client moves it to and from the faucet; ocular motor skills are also needed to scan the room for obstructions and maneuver about the kitchen.

Sensory perceptual skills. Sensory perceptual skills are required to feel and locate a cup in the cupboard and grab the cup in an optimal way and ascertain the appropriate firmness of grip. Sensory perceptual skills are important, such as using tactile sensation to feel if the water is cold or hot. Sensory perceptual skills also help the client to discriminate experiences by visually perceiving the right size cup or the amount of water in the cup. Sensory perceptual skills help the client to discriminate experiences through positioning the body at the proper distance from the counter or refrigerator to prevent stubbing an elbow or knee on the counter.

Emotional regulation. Emotional regulation skills are required to tolerate frustration or disappointment without lashing out at himself or others; for example, to prevent cursing or to prevent internal negative feedback. The client must have the ability to display emotions that are appropriate for the situation by staying calm and not yelling or screaming if, for example, the client can't get something off the shelf. These kitchen activities involve cognitive skills such as judging what adaptive equipment to use; e.g., whether it is more effective to use a front-wheel walker or a four-wheel walker when reaching for an item on the shelf.

Cognitive skills. Cognitive skills are required for completing this activity. This kitchen activity, moving around the kitchen, require the client to judge whether it is if it is safe to grab an item when standing in a particular stance or angle when going about reaching for an item. These kitchen activities require multitasking, e.g., holding on to the walker at the same time while

grabbing an item out of the refrigerator. Multitasking is needed to steady with one hand holding the walker while filling up a cup of water, remembering how full the cup should be filled, and putting the cup on the walker before transferring it to another sink. In both these situations steadying is required while grabbing an item. Another cognitive skill that is important is sequencing and prioritizing tasks; this is required in this kitchen activity. For example, the client has to a) lock the brakes on the wheelchair, b) place the walker in front of the wheel chair, c) stand up, d) walk over to the counter, e) reach for a cup, f) walk over to the faucet, g) turn on the faucet, h) fill the cup with water, i) put it on the FWW's seat, j) transfer the cup while walking to the other sink and walk back.

Communication skills. Communication and social skills aren't necessarily required, but could be used in a different context. In this activity, we used social and communication skills for initiating and answering questions pertaining to the task at hand. Looking or gesturing wasn't used, but could be used to directly point or communicate thoughts more clearly.

Body Functions and Body Structures Influenced by this Task

Mental functions. Mental functions that are required for this activity include higher-level abilities, attention, memory, perception, thought, mental functions of sequencing complex movement, and emotional functions. Higher-level abilities, such as attention to how your body is moving at all times, are needed. The client must have an awareness of the surroundings in the kitchen to make sure he isn't running into obstacles like a dining room table or drawer handles. Judgment is required to accurately judge how far back an item is in a cupboard or refrigerator, and when to use a reacher instead or wait to ask for help. This activity requires divided attention. This activity requires memory for recalling the location of the cup and milk are in the cupboard or the refrigerator. Perception is required when you are using a touch sensation to see how cold or hot the water is. Thought is required to recognize which item is needed when entering the kitchen or what is going to be accomplished. Sequencing complex movements is needed when learning the most

effective way to approach a counter to reach for a cup out of the cupboard. Emotional mental functions are required for regulating behaviors and stopping unnecessary reactions during the activity. Experience of self and time isn't strictly required, but it is recommended to improve self-confidence when performing this activity. Being cognizant of time is not required because this task is not timed (American Occupational Therapy Association, 2008).

Global mental functions. The global mental functions that are required for this activity are: consciousness, orientation, temperament and personality, energy, and drive. The client must be conscious of surrounding to perform this activity. Orientation to self and orientation to the kitchen is also required. An emotionally stable temperament and personality is better suited for this activity. Energy and drive help provide motivation to get a cup of water. Sleep is not needed during this activity, but the client must be alert and awake to complete it.

Sensory functions. The sensory functions and pain that are required for this activity are: seeing and related functions, hearing functions, vestibular functions, smell functions, and proprioception functions. Pain, temperature, and pressure functions are required when detecting a cup or a plate, and when determining water temperature; having visual acuity and knowing what is in the visual field when walking with a walker is required when approaching the counter or cupboard, sink or faucet in the kitchen. Hearing functions are required to make sure water is turned off after filling up the cup with water at the sink. Vestibular functions are required to know whether you are upright and walking with a walker, on the ground because of a fall, or somewhere in between. Taste is not needed for this activity. Smell functions are required in case of a sewerage leak. Proprioception is needed to be aware of the body position and space to prevent a fall in the kitchen. Touch functions are needed for this activity to be able to feel sensations that are disrupting and avoid these situations and to be aware of grabbing the walker firmly or the cup firmly. Pain awareness is needed in case of a burn or other injury from water temperature or pressure.

Neuromusculoskeletal and movement functions. The neuromusculoskeletal and movement-related functions that are required for this activity include joint mobility, joint stability, muscle power, muscle tone, muscle endurance, motor reflexes, involuntary movement reactions, control of voluntary movement, and gait patterns. Functions of joints and bones involve joint range of motion, and postural alignment with a wide base of support when standing and reaching for a cup. Some muscle strength is required to stand up and move small objects. Muscle tone is required for flexing the joints. Muscle endurance is needed to keep working and stand upright while maneuvering in the kitchen. Involuntary movement reactions help to support the body from falling over when walking with a walker in the kitchen. Control of voluntary movement eye-hand coordination is required when turning the faucet on or reaching for a cup. Gait pattern should be within normal limits.

The cardiovascular, hematological, immunological, and respiratory system functions. The cardiovascular, hematological, immunological, and respiratory system functions that are required for this activity include cardiovascular system function, hematological and immunological system function, respiratory system function, and additional functions and sensations of the cardiovascular and respiratory systems. It is recommended that the client have a working heart, that the client not be bedridden, and that the client be able to breathe correctly and receive enough oxygen (American Occupational Therapy Association, 2008).

Voice and speech functions. The voice and speech functions are not strictly required, but the client may need a voice to talk to others outside of the activity.

Digestive system functions. Digestive system functions are not needed aren't needed to maneuver around the kitchen, but are necessary if the client wishes to eat food or drink liquids.

Genitourinary and reproductive functions. Genitourinary and reproductive functions are not needed for this activity; these body functions should be utilized in a different context.

Skin and related-structure functions. Skin and related-structure functions are needed to feel an item such as the cup, refrigerator, milk jug, and walker, to name a few.

Body structures. Structures required include: eyes, ears, nose, legs, arms, and related structures, structures of the cardiovascular, immunological and respiratory systems, structures related to the digestive, metabolic, and endocrine systems, structures related to movement and skin related structures.

Contexts and Environments

Cultural context. The cultural context can be considered; for example, using a specific cup for religious or cultural purposes. However, client did not share cultural ore religious affiliations with occupational therapy student.

Personal context. Personal context is required to tailor intervention appropriately; the client is a 92-year-old male who worked as a research chemist, is well educated, and has been widowed for 28 years. He is in the old, old category and underwent an ORIF surgery.

Temporal context. The temporal context is: client is an older adult retired from work who engages in bingo events at preferred chosen organizations.

Virtual context. A virtual context was not used during the completion of this activity. The physical built environment includes counters, refrigerator, cupboards, and cups, half a milk jug, and a kitchen.

Social context. The social context includes family members: his daughter and son-in-law. The family could be educated during the intervention on safe techniques in the kitchen.

Spirtual context. Spiritual context is not used during this activity because it wasn't needed in this context.

Problem List

1. Client requires stress management due to anxiety about falling while performing ADL's without supervision.
2. Client requires home modifications for recreational vehicle due to decreased functional mobility
3. Client requires supervision when planning meals due to diabetes.
4. Client requires supervision to engage in desired leisure activity (i.e., golf) due to impaired balance.
5. Client requires supervision when working in the kitchen due to poor body mechanics.

I picked stress management for anxiety as priority one because I think the primary reason the client isn't improving during therapy is due to his fear of falling while performing ADL's. Stress management techniques should be used to help build confidence for the client to return home. Client perseverates on fears and requires cues to complete activities. I picked impaired functional mobility as priority two because client desires to go on a motor home trip with his daughter and his fall prevented him from accomplishing the long-time dream. I picked meal planning as priority three due to his diabetes because he enjoys cooking, but wants to manage his diabetes better. I picked priority four because he wants to get back to golf or swimming eventually, but needs to work on maintaining better balance. I picked priority five for poor body mechanics because he needs supervision in the kitchen and isn't stable without a walker.

References

American Occupational Therapy Association (2008). Occupational therapy practice framework: Domain and Process (2nd ed.). Baltimore, MD: AOTA Press.