

description, you will probably want to select methods listed under self-care, mobility, and caregiver training. These methods teach people how to adapt to a physical disability. The adaptive equipment the person can learn to use safely and effectively is listed in a separate section. If the percentage of physical assistance in the general description is accurate, you will probably select methods listed under instrumental activities, reality orientation, and communication.

Common causes of accident and injuries were analyzed in the safety section to identify when an accident is an unusually high risk. The danger is identified, and steps to take to prevent the problem are suggested. Professional jargon has been removed and translated into simple English to assist with caregiver education. The same sequence of headings is used for all of the modes, going from self-care to housekeeping, work, and social relations. The safety section ends with a list of adaptations to a physical disability. The safety section is designed to tell caregivers what a functional disability is and remove some of the social conflict that results from confusing motivation with lack of ability.

Therapists should have a major role in discharge planning to make sure the remaining abilities are used safely. Discharge planning should include education of the person's caregiver about what is the person's best ability to function, what type of cognitive and physical assistance is required, and what safety precautions are applicable to the person.

We hope this handbook convinces occupational therapists that the essence of practice is in helping people use their remaining abilities. The distinctive quality of occupational therapy is figuring out what people with severe disabilities can still do and setting up situations so that it can be done safely. What a person does is determined by the patients and their caregivers. How the person does it can be changed or modified by the therapist. An understanding of abilities is the vital knowledge that therapists apply to help a patient do the possible.

the patient is functioning at 4.4, select a method of assistance that you will provide from the 4.4 section of the manual. Look at the 4.6 section and see how the assistance might be reduced at 4.6. Try offering less assistance to see if the patient has improved by the end of the week. If the patient cannot do the activity with less assistance, prevent frustration by giving 4.4 assistance.

The number after the decimal point in the manual is always an even number. An odd number may be used as partial credit for the next even number. For instance, 4.5 indicates that the person is paying attention to 4.6 cues but not acting on them in motor or verbal performance. When this happens match short term goals to the lower number (4.4) and offer assistance at the higher number (4.6) to once again see if ability to function is improving.

The need for assistance is apt to be greater when a person is learning to do something new or something out of the ordinary happens. Something out of the ordinary happens all of the time, and normal persons usually adjust to changes in the environment. The cognitively disabled have trouble adjusting to these changes. The most reliable indication of a person's ability to adjust to a changing environment occurs from observing new learning. Activities of daily living are usually highly repetitive routines that are over learned. Opportunities to observe new learning in the treatment center are limited, which is why OTs need to observe patients learning to do craft activities. Crafts that are new to the individual provide an objective way of observing ability to process new information. When people reject crafts, the therapists should find another activity that is new to the individual. Some patients refuse to try anything new and therapists are forced to base their assessment on activities of daily living and behavior in the clinic. That, in our opinion, is the least reliable and most difficult way to make an assessment. When activities of daily living are the data base for assessing ability to function, disagreements about the best ability between staff members are to be expected. The team will simply have to do the best that they can with what the patient will agree to do.

The lists for each mode follow the same outline. Each mode begins with a general description that includes percentages of cognitive and physical assistance. The percentages are designed to correspond with Medicare guidelines. The percentage of physical assistance is given for a mental disorder without physical complications. If physical complications like hemiplegia are present, you will need to increase the percentage of physical assistance.

The abilities section is the key to understanding the modes of performance: memorize it! Do not try to memorize anything else; there is too much information here. The abilities provide the criteria for doing activity analysis. The criteria stated under abilities were used to analyze all of the treatment goals, methods, adaptive equipment and safety precautions that follow. Once you understand how to do a functional activity analysis with these criteria, you can analyze anything, from one-legged skiing to psychological tests. To make memorization easier, the abilities are subdivided into pays attention to _____, motor control of _____, and verbal communication by _____. The blanks are filled in with prominent features of the mode.

Treatment goals are stated as functional goals and sometimes include therapist's goals. Functional goals state what the patient will do and give a reason for the behavior. Goals match the person's best ability to function at the present time. When abilities are expected to change, long-term goals predict the amount of change in a specified amount of time. If no change in ability is expected, long-term goals predict an improvement in the quality or quantity of behavior that matches current abilities. The therapist's goals identify the minimum cognitive level required to reliably test for focal brain lesions. Level 4.0, for example is the minimum required for testing for dressing apraxia. Between 1.0 and 3.8 all patients are expected to have problems with dressing that is attributable to a global deficit and testing would give a false impression of a focal deficit. A person must have a global ability to do a task for a test of a focal deficit to be valid.

The treatment method lists are extensive and have been subdivided to make use easier. If physical complications are present and the amount of physical assistance required is more than in the

- ** Provide universal holders.
- ** Provide memory aids, check lists.
- ** With hip problems, provide reachers.

- ** Mentors people.
- ** Negotiates contracts or plans of action involving different interests between people.
- ** Teaches by adjusting subject matter to others.
- ** Supervises others by assigning work duties, promoting efficiency, and protecting safety.
- ** Entertains others
- ** Sells products, services, or point of view to others.
- ** Sets up machinery or equipment.

FUNCTIONAL GOALS:

- Live long and prosper.

TREATMENT METHODS:

Not applicable.

SAFETY:

PHYSICAL DISABILITY

Medical conditions may be compensated for with adaptive equipment and education in the type of assistance needed.

- ** Use a sliding board to transfer from bed to chair to toilet.
- ** Use an overhead trapeze, overhead pulley and parallel bars.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.
- ** Provide wheelchair to maneuver in small spaces and instruct in maintenance.
- ** With a wheel chair, provide lock extension.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.
- ** May benefit from a telephone amplifier, flashing light on phone.
- ** Provide built-up eating and writing utensils, weighted writing utensils, extension utensils, electric self-feeder.
- ** With the use of one hand, provide wash mitt, suction hand brush, suction nail clipper, suction denture brush, rocker knife, capscrew jar opener, Gordon peeler, dressing sticks, CVA arm sling, toilet tissue aid, adjustable angle rotating razor, one handed cordless or free standing can opener, zim jar lid opener, long reach sponge mop, button aids.
- ** Provide long scrub sponges, brushes, combs. Instruct on making adjustments.
- ** Install door knob extenders, car door opener, adapted key holder/turner.
- ** Provide pick-up walker, wide base quad cane, rolling walker, narrow base quad cane, single point cane, ankle/knee brace, lower extremity prosthetics, crutches, walker seat, walker basket/tray. .
- ** Provide a male/female urinal.
- ** Provide an adapted shaving cream dispenser.
- ** With poor vision, provide a magnifier. Provide prism glasses.

Mode 6.0
Engaging Abilities and Following Safety Precautions
When the Person Can Plan Activities

DESCRIPTION:

0% Cognitive Assistance: The person can live and work independently. No cognitive assistance is needed.

0% Physical Assistance

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Abstract Cues

** Considers abstract cues: symbols, gravity, chemical reactions, costs, evaporation.

Motor Control of Forming Hypothetical Actions

** Pauses to think, read, or discuss actions before starting plan.

** Demonstrates flexibility in changing plan as unexpected effects occur.

Verbal Communication by Collaborating and Using Abstract Thought in Work

** Speculates about potential complications and seeks advise to reduce risks.

** Identifies critical points in a chain of events and seeks hypothetical alternatives.

** Compares pros and cons of two to six hypothetical courses of action.

** Uses symbols as a means of coping with envy.

** Engages in conjectural reasoning and poetic speech.

** Revises self-narrative according to principles of best fit.

** Uses verbal behavior and metaphor in interactions to save face from rebuffs and cut-off relationships.

** Assumes responsibility for establishing own meaning of life within an historical and cultural context.

** Bonds with past and future generations.

** Mediates to resolve conflicts with appeasement, reconciliation, peacemaking and submission to a higher good.

** Recognizes government as regulating public affairs, with collective, binding decisions.

** Cooperates to perpetuate membership status.

** Consults, mediates, and redresses grievances with wronged parties when social conflicts emerge.

** Expresses a world view that unites the senses with mythology, folklore and/or science.

Work Activities

** Synthesizes data to discover facts or develop knowledge.

** Coordinates time, place, or sequence of activities on the basis of an analysis of data.

** Analyzes data and evaluates alternatives.

** Drives machinery or equipment for desired location.

PHYSICAL DISABILITY

Additional medical conditions may be compensated for by providing and teaching the use of the following adaptive equipment and assistance:

- ** Use a sliding board to transfer from bed to chair to toilet.
- ** Use an overhead trapeze, overhead pulley and parallel bars.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.
- ** Provide wheelchair to maneuver in small spaces and instruct in maintenance
- ** With a wheel chair, provide lock extension.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.
- ** May benefit from a telephone amplifier, flashing light on phone.
- ** Provide built-up eating and writing utensils, weighted writing utensils, extension utensils, electric self-feeder.
- ** With the use of one hand, provide wash mitt, suction hand brush, suction nail clipper, suction denture brush, rocker knife, capscrew jar opener, Gordon peeler, dressing sticks, CVA arm sling, toilet tissue aid, adjustable angle rotating razor, one handed cordless or free standing can opener, zim jar lid opener, long reach sponge mop, button aids.
- ** Provide long scrub sponges, brushes, combs. Instruct on making adjustments.
- ** Install door knob extenders, car door opener, adapted key holder/turner.
- ** Provide pick-up walker, wide base quad cane, rolling walker, narrow base quad cane, single point cane, ankle/knee brace, lower extremity prosthetics, crutches, walker seat, walker basket/tray.
- ** Provide a male/female urinal.
- ** Provide an adapted shaving cream dispenser.
- ** With poor vision, provide a magnifier.
- ** Provide universal holders. Provide memory aids, check lists.
- ** Provide prism glasses.
- ** With hip problems, provide reachers.

Attempts to project use of space and time for each session based on available objects, instructions, and advice of others. Reads through written instructions before starting work. Understands and executes written or verbal instructions to vary actions on spatial properties. Asks questions about and acts to avoid problems with spatial properties. Uses and follows exploded diagrams which do not specify sequence of assembly. See ADM for craft selection; verify 5.8.

SOCIAL PROJECTS: Patient may choose time to research, plan, consult for future needs. Any clinic games patient is interested in doing may be done independently with functional social skills. Conforms to group norms with mild, friendly expressions of disapproval. Avoids delivering ultimatums that would force a fight.

Reality Orientation:

Seeks opinions of secondary effects of schedule changes. Ability to assume that activities have the potential for unwanted secondary effects. The needs of others (outside of the hospital, e.g. for childcare) may not be considered.

Communication:

Tactful in expressing disapproval of others.

Adaptive Equipment:

Recognizes physical disability and potential of adaptive equipment to vary functional capacity. All equipment level 4 and below. Adjustable grooming mirrors; extended grooming aids; trouser pulls; elastic shoe laces; A.F.O.; lower extremity prosthetics; pantyhose aid; standard crutches (with supervision); walker trays and baskets (with supervision). Reachers; Fone Holder; watches; calendar; appointment book; alarms; memory aids; quadriplegic call switch; advanced communication sheets; Pocket Picture Holder. Long reach toenail scissors; button aids; small-hook zipper pulls. Independent safe use of transfer board.

Caregiver Training:

Indoctrinate to therapy goals and procedures for consultation/standby assistance as needed.

SAFETY:

COMMUNITY

- ** Protect security by using a peep hole with chain lock and checking to see who has been buzzed through a security system.
- ** When leaving home, leave a light on in the living room and locate a spare house key.
- ** Prepare "no" statements for strangers and verify the identity of public officials.
- ** Call the head office to verify the identity of salesman.
- ** Monitor telephone expense.

WORK ACTIVITIES

- ** Makes adjustments in work activities according to written specifications.
- ** Lays out portions of precision work by position of parts.
- ** Operates machinery by controlling for best location.

- tasks safely and effectively with consultation/6% cognitive assistance to instruct in new procedures and provide consultation.
- Will estimate time required for doing an activity and vary own pace as needed with consultation/6% cognitive assistance to provide verification.
- Will read safety precautions on labels to anticipate hazards with consultation/6% cognitive assistance to provide clarification as needed.

TREATMENT METHODS:

Self-Care:

FEEDING: Independent use of all adaptive equipment, or can effectively direct actions of new caregiver, if physically unable. May seek information about tangible secondary properties of food to avoid harmful effects.

ORAL HYGIENE: Independent use of all adaptive equipment, or can effectively direct actions of new caregiver, if physically unable. May plan actions when all materials are available. Reads labels on new products. Seeks clarification of potential harmful effects of new products or procedures.

GROOMING: Learns to use adaptive equipment to perform safe and effective grooming with training in precautions. Fine motor adjustments to cut finger- and toenails done more safely and with more ease than at 5.4.

DRESSING: Learns to use adaptive equipment, adaptive dressing techniques to safely and effectively dress self with training in precautions.

BATHING: Makes estimates of volumes in space (i.e., judging whether tub is full).

TOILETING: Better use of equipment than at 5.0, making fine motor adjustments as needed; varies use to discover better methods. Standby assistance to anticipate hazards in a new environment, remember safety medical precautions. Able to determine if wheelchair will fit in bathroom stall. May not consider sanitary requirements in unusual circumstances.

Mobility:

TRANSFERS: Follows verbal explanations of secondary or intangible effects to avoid injury while sequencing safe transfers.

AMBULATION: Generates new plan of action in presence of adaptive equipment. May anticipate inevitable secondary effects (e.g. equipment maintenance). Needs potential secondary effect explained (e.g. brachial plexus injury from leaning on crutches, damage to joints from not observing joint protection principles). Varies pace according to clock and all tangible properties of a traversed route.

Therapeutic Exercises: Follows verbal explanations of secondary or intangible effects to an old injury or accidents in an exercise program.

Sensorimotor Techniques: Plans movements to do functional tasks in the presence of material objects. Will begin to understand explanations of abstract neurophysiological principles, cause-and-effect of planned actions.

Instrumental Activities:

INDIVIDUAL PROJECTS: Organizes work space based on anticipated step, needs of others and changes flexibly as needed. Estimates time required for activity and asks for verification.

Mode 5.8
Engaging Abilities and Following Safety Precautions
When the Person Can Consult with Other People

DESCRIPTION:

6% Cognitive Assistance: The person may live and work independently. 6% standby cognitive assistance is needed to plan for the future, anticipate the need for joint protection, functional positioning, and the consequences of fatigue.

0% Physical Assistance

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Anticipating Spatial Properties

- ** Anticipates secondary effects on spatial properties
- ** Reads printed labels with safety precautions, lists of ingredients, and directions for use, including time constraints.
- ** Recognizes an opportunity to create a pattern, design.

Motor Control of Designing Patterns, Engaging in Skilled Work

- ** Reads and listens to explanations of the secondary effects on spatial properties and prevents errors.
Reads all directions or a block of directions. Asks questions to confirm a stated hypotheses about assembly, time, purpose of activity.
- ** Designs a pattern or a sequence of actions by imagining changes in present material objects and interpreting exploded diagrams.
- ** Anticipates problems with alignment, displacement, accuracy, safety in tight/small spaces, conservation of materials, own energy, and time. Initiates adjustment in own pace to conform to external time constraints.

Verbal Communication by Being Tactful

- ** Conforms to group norms with mild, friendly expressions of disapproval.
- ** Tactful in expressing disapproval to others.
- ** Self-narrative for imagined effect for one or two threads in a sub-plot.
- ** Bonds with community group in present context.
- ** Threatens, bluffs, and displays willingness to fight for a coalition of people or in striving to gain rank for self in coalition.
- ** Avoids delivering ultimatums that would force a fight.
- ** Follows heterosexual contact taboos.

FUNCTIONAL GOALS:

- Will understand verbal/written instructions, seek clarification of potential harmful effects to learn adaptive ADL/mobility techniques and use of adaptive equipment to complete routine

- ** Providing work activities that involve manipulating objects, materials, and tools with judgment regarding the precision attained that can be seen.
- ** Providing work activities that involve feeding machines that requires adjusting pace to the speed of a machine or other workers.
- ** Not expecting the person to plan for the needs of others.

PHYSICAL DISABILITY

Additional medical conditions may be compensated for by teaching the use of the following adaptive equipment:

- ** Use a sliding board to transfer from bed to chair to toilet.
- ** Use an overhead trapeze, overhead pulley and parallel bars.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.
- ** Provide wheelchair to maneuver in small spaces and instruct in maintenance
- ** With a wheel chair, provide lock extension.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.
- ** May benefit from a telephone amplifier, flashing light on phone.
- ** Provide built-up eating and writing utensils, weighted writing utensils, extension utensils, electric self-feeder.
- ** With the use of one hand, provide wash mitt, suction hand brush, suction nail clipper, suction denture brush, rocker knife, capscrew jar opener, Gordon peeler, dressing sticks, CVA arm sling, toilet tissue aid, adjustable angle rotating razor, one handed cordless or free standing can opener, zim jar lid opener, long reach sponge mop, button aids.
- ** Provide long scrub sponges, brushes, combs. Instruct on making adjustments.
- ** Install door knob extenders, car door opener, adapted key holder/turner.
- ** Provide pick-up walker, wide base quad cane, rolling walker, narrow base quad cane, single point cane, ankle/knee brace, lower extremity prosthetics, crutches, walker seat, walker basket/tray..
- ** Provide a male/female urinal.
- ** Provide an adapted shaving cream dispenser.
- ** With poor vision, provide a magnifier.
- ** Provide universal holders.
- ** Provide memory aids, check lists.
- ** Provide prism glasses.
- ** With hip problems, provide reachers.

Caregiver Training:

Indoctrinate to therapy program. Provides standby assistance in new situations to identify potential hazards.

SAFETY:

HOUSEKEEPING

Prevent accidents in the home that have a greater than average chance of occurring by taking the following precautions:

Fires

- ** Make sure papers and burnable materials are not stored under stairs.
- ** Clean fireplace, chimneys and flues regularly.
- ** Prevent starting a fire with fluid, gas, or paraffin.
- ** Remove electrical cords draped over or near a heat source and frayed cords.
- ** Turn appliances off during a power outage, ground plugs, remove excessive appliances from a circuit/outlet, and replace fuses with correct limit on amperage.
- ** With an electric blanket, prevent use of a hot water bottle or an extra blanket to avoid electric shock or burns.
- ** Check cigarettes for smoldering ashes, not smoking in bed, and not leaving ash tray on chair arm.
- ** Check butane by not storing near a heat source, in sun light, or near hot water pipes.
- ** Install and maintain smoke detectors, fire extinguisher.
- ** Plan and rehearse an escape route and an alternative route.
- ** If a fire occurs, close windows and doors and get out. If in doubt, get out.

Robbery

- ** Provide a weekly or monthly income and assist with long-term finances.

COMMUNITY

- ** Protect security by using a peep hole with chain lock and checking to see who has been buzzed through a security system.
- ** When leaving home, leave a light on in the living room and locate a spare house key.
- ** Prepare "no" statements for strangers and verify the identity of public officials.
- ** Call the head office to verify the identity of salesman.
- ** Monitor telephone expense.

WORK AND SOCIAL RELATIONS

Prevent unrealistic expectations and social conflicts that have a greater than average chance of occurring by:

- ** Providing work activities that use arithmetic to calculate.
- ** Providing work activities that involves entering data, comparing data with actual numbers.
- ** Providing work that involves serving the needs of other people or animals.
- ** Providing work activities that involve tending the function of machines when some judgment is required to make adjustments, safety hazards are consistent, and changes in pace is required.

Therapeutic Exercises: Varies pace of exercise in response to a time constraint or other factor (e.g. heat, air pollution, state of health). May consider and follow recommended exercise programs, substituting methods when indicated.

Sensorimotor Techniques: Ability to compare cause-and-effects of actions and comply with planned program.

Instrumental Activities:

INDIVIDUAL PROJECTS: Gathers all supplies before beginning to work. Shares common work area by collaborating with others. Reorganizes space according to anticipated step. Adjusts to needs of others, shares supplies. Reads through written instructions before starting to work. Attends to and produces exact measurements according to instructions. Understands and executes written or verbal instructions to vary actions on surface properties. Asks questions about and acts to avoid problems with surface properties. Uses illustrations and pictures to generate new ideas. Refer to ADM for craft selection to check for safety; verify 5.6, probe for 5.8.

SOCIAL PROJECTS: Use clinic games that use tangible properties to practice solving problems for anticipating potential effects of surface properties on objects. Can use all board games or plan activity for comparing methods, trying planning, prioritizing and organizational skills with tangible properties. Social skills are within functional limits for most intended activities.

Reality Orientation:

There is an internal awareness of the passage of time, but may get busy and forget time constraints. Adjusts work pace on request. Considers conventional schedules, cultural trends, politics and fashions. Interprets external behavior of others to state of internal passive recipient of the actions of others, or wholly autonomous. Incorporates altruistic view of others and community in self identity. Bonds with loved ones.

Communication:

Better learns to apply/use adaptive aids to communicate than at 5.0. Makes effective postural adjustments to use telephone holder ("Fone Holder"), quadriplegic nurse call switch. Better memory than at 5.0 enables effective use of advanced communication sheets and "Pocket Picture Holder." May not spontaneously read label for precautions. In craft/work activity, will read through written instructions before starting to work. Understands and executes written or verbal instructions to vary actions on surface properties. Uses illustrations and pictures to generate new ideas. Uses figurative and metaphorical speech; asks rhetorical questions.

Adaptive Equipment:

Recognizes physical disability and potential of adaptive equipment to vary functional capacity. All equipment level 4 and below. Adjustable grooming mirrors; extended grooming aids; trouser pulls; elastic shoe laces; A.F.O.; lower extremity prosthetics; pantyhose aid; standard crutches (with supervision); walker trays and baskets (with supervision). Reachers; Fone Holder; watches; calendar; appointment book; alarms; memory aids; quadriplegic call switch; advanced communication sheets; Pocket Picture Holder. Long reach toenail scissors; button aids; small-hook zipper pulls. Independent safe use of transfer board.

FUNCTIONAL GOALS:

- Will discuss/compare methods, estimate volumes in space, persist with fine motor adjustments to learn adaptive ADL/mobility techniques and use of adaptive equipment to complete routine tasks safely and effectively with 10% cognitive assistance to point out potential secondary effects of surface/spatial properties to avoid harmful effects.
- Will follow safety/medical precautions consistently with training.
- Will share common work area by collaborating with others in instrumental activities.
- Will seek out estimates of time required for an activity, alter work pace to meet an external time constraint, with 10% cognitive assistance to cue when preoccupied.

TREATMENT METHODS:

Patient has an ability to estimate how the volume of a large object can fit into three-dimensional space (e.g. moving furniture, organizing space, parking a car, opening a door while seated in a wheelchair). Abstract potential secondary effects, including medication side effects, may not be understood. May have an unusually high tendency to get busy doing things and forget about the passage of time. Spontaneously considers social standards to adjust behavior or task performance. Can successfully collaborate with therapist to compare methods for energy-saving, work simplification, and joint protection techniques with a higher reliability for compliance than at 5.4.

Self-Care:

FEEDING: Learns to use adaptive equipment to cut food and feed self safely with training to identify potentially harmful secondary effects of actions. May compare various diets. Standby assistance to identify all properties of food to comply with dietary restrictions. May attempt to discern table etiquette in order to comply with social standards of a new situation.

ORAL HYGIENE: Learns to use adaptive equipment to perform safe and effective grooming with training in precautions. Fine motor adjustments to floss teeth made with ease, despite adaptations.

GROOMING: Learns to use adaptive equipment to perform safe and effective grooming with training in precautions. Fine motor adjustments to cut finger- and toenails done more safely and with more ease than at 5.4.

DRESSING: Learns to use adaptive equipment, adaptive dressing techniques to safely and effectively dress self with training in precautions.

BATHING: Makes estimates of volumes in space (i.e., judging whether tub is full).

TOILETING: Better use of equipment than at 5.0, making fine motor adjustments as needed; varies use to discover better methods. Standby assistance to anticipate hazards in a new environment, remember safety medical precautions. Able to determine if wheelchair will fit in bathroom stall. May not consider sanitary requirements in unusual circumstances.

Mobility:

TRANSFERS: Learns new transfer sequences to compensate for severe physical limitations. Safe, independent use of transfer board. Remembers safety precautions after instruction.

AMBULATION: Varies pace of ambulation in response to a time constraint. Standby assistance to provide information as needed to avoid harmful effects. Patient will follow safety precautions.

Mode 5.6
Engaging Abilities and Following Safety Precautions
When the Person Can Consider Social Standards

DESCRIPTION:

10% Cognitive Assistance: The person may live alone or with family and work in situations where hazards are consistent and predictable. 10% cognitive assistance is required to point out hazards that are a secondary effect of actions. May be relied on to follow safety precautions consistently with training.

0% Physical Assistance

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Anticipating Surface Properties

- ** Considers the secondary effects on surface properties as potential problems.
- ** Recognizes quick setting glues or finishes. Timed bonding.
- ** Uses pictures or illustrations of potential projects.
- ** Recognizes group membership and reciprocity in group.
- ** Considers external time constraints measured in seconds and hours.

Motor Control of Varying Pace

- ** Prevents potential surface property problems such as contaminants, wrinkles, bubbles, scratches.
- ** Consistently varies pace according to external constraints. Accurate estimate of seconds.
- ** Generates new ideas from pictures or illustrations to imagine a change in present material objects.
- ** Gathers needed supplies before starting a task.

Verbal Communication by Forming Bonds with Others

- ** Interprets external behavior of others to state internal intention.
- ** Understands the purpose of a functional activity assessment.
- ** Weaves self-narrative from single thread in a subplot that includes bonds with loved ones, family, spouse and children.
- ** Incorporates altruistic view of others and community in self-identity.
- ** Expresses sympathy for others.
- ** Describes self as not wholly a passive recipient of the actions of other or as wholly autonomous.
- ** Enjoys stories, classical plots, myths, unrelated to self-narrative.
- ** Describes self as a victim in complex plots of real life.
- ** Conforms to group norms when mocked, rebuked, or reproached.
- ** Describes submission and concession as a defeat; atonement as pacification.
- ** Overestimates objectivity of thought.
- ** Uses figurative and metaphorical speech, asks rhetorical questions.

sling, toilet tissue aid, adjustable angle rotating razor, one handed cordless or free standing can opener, zim jar lid opener, long reach sponge mop, button aids.

** Provide long scrub sponges, brushes, combs. Instruct on making adjustments.

** Install door knob extenders, car door opener, adapted key holder/turner.

** Provide pick-up walker, wide base quad cane, rolling walker, narrow base quad cane, single point cane, ankle/knee brace, lower extremity prosthetics, crutches, walker seat.

** Provide a male/female urinal.

** Provide an adapted shaving cream dispenser.

** With poor vision, provide a magnifier.

** Provide universal holders.

** Provide memory aids, check lists.

COMMUNITY

- ** Protect security by using a peep hole with chain lock and checking to see who has been buzzed through a security system.
- ** When leaving home, leave a light on in the living room and locate a spare house key.
- ** Prepare "no" statements for strangers and verify the identity of public officials.
- ** Call the head office to verify the identity of salesman.
- ** Limit telephone access to monitor expense, prevent interrupting and annoying others.
- ** Read instructions and verbally explain the information to the person. The person may be able to read but not acquire all the needed new information from reading.
- ** Restrict access to driving a motor vehicle.

WORK AND SOCIAL RELATIONS

Prevent unrealistic expectations and social conflicts that have a greater than average chance of occurring by

- ** Providing work activities that involve tending the function of machines when little judgment is required to make adjustments, no safety hazards must be anticipated, and little change in pace is required.
- ** Providing work that involves taking instructions or helping a supervisor.
- ** Providing work activities that involve loading and pushing hand trucks in an established pattern.
- ** Providing work activities that involve distributing things like mail and work codes in an established pattern.
- ** Providing work activities that involve folding, sorting and stacking material objects.
- ** Providing work activities that involve recording information, typing and comparing data.
- ** Not expecting the person to be aware of the needs of others.

PHYSICAL DISABILITY

Additional medical conditions may be compensated for with adaptive equipment and the following assistance indicated for this person:

- ** Use a sliding board to transfer from bed to chair to toilet.
- ** Use an overhead trapeze, overhead pulley and parallel bars.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.
- ** Provide wheelchair to maneuver in small spaces and instruct in maintenance.
- ** With a wheel chair, provide lock extension.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.
- ** May benefit from a telephone amplifier, flashing light on phone.
- ** Provide built-up eating and writing utensils, weighted writing utensils, extension utensils, electric self-feeder.
- ** With the use of one hand, provide wash mitt, suction hand brush, suction nail clipper, suction denture brush, rocker knife, capscrew jar opener, Gordon peeler, dressing sticks, CVA arm

MOVING/WALKING

- ** Prevent injury, overexertion, or lack of effectiveness by supervising exercise program and anticipating potential complications.

BATHROOM ACTIVITIES

- ** Prevent falls in bath tub by making sure that the bath mat is pushed down tight.
- ** Prevent electrical shock or burns by removing electrical appliances from the bathroom (radio, hair dryer, curling iron, razor, stereo.)
- ** Prevent allergies, chemical reactions, and fires by checking precautions on grooming supplies before independent use.

EATING/MEDICATION

- ** With a special diet, monitor food intake, encourage compliance, and notify doctor if noncompliance may be dangerous.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Prevent poor compliance with taking medication by pouring into daily pill box marked for day and time.
- ** Prevent running out of medications by checking on supply and renewing prescriptions.

HOUSEKEEPING

Prevent accidents in the home that have a greater than average chance of occurring by taking the following precautions:

Injury

- ** Remove access to power tools, flammable, toxins.
- ** Do not leave alone to supervise the care of a child.
- ** Restrict access to driving a motor vehicle.

Fires

- ** Make sure papers and burnable materials are not stored under stairs.
- ** Clean fireplace, chimneys and flues regularly.
- ** Prevent starting a fire with fluid, gas, or paraffin.
- ** Remove electrical cords draped over or near a heat source and frayed cords.
- ** Turn appliances off during a power outage, ground plugs, remove excessive appliances from a circuit/outlet, and replace fuses with correct limit on amperage.
- ** With an electric blanket, prevent use of a hot water bottle or an extra blanket to avoid electric shock or burns.
- ** Check cigarettes for smoldering ashes, not smoking in bed, and not leaving ash tray on chair arm.
- ** Check butane by not storing near a heat source, in sun light, or near hot water pipes
- ** Install and maintain smoke detectors, fire extinguisher.
- ** Plan and rehearse an escape route and an alternative route.
- ** If a fire occurs, close windows and doors and get out. If in doubt, get out.

Robbery

- ** Provide a weekly or monthly income and assist with long-term finances.

and practice social skills. All puzzles; try parquetry designs to DLM Level III. Patient conceives of group membership and possible exclusion from the group. Conforms to group standard when severely censured or reprimanded. Recalls prior censures to prevent social mistakes.

Reality Orientation:

Plans spare time around own priorities. Can vary work pace a short time to meet a deadline. Has trouble estimating time required for activity. Chooses to follow or disregard for rules. Follows etiquette for visiting kin, others, sexual modesty, and in rites of passage. Values membership and how is perceived in a group, but does not spontaneously consider others' needs. Identify observed patterns of negative behavior that may be potentially damaging in intended activities.

Communication:

Better learns to apply/use adaptive aids to communicate than at 5.0. Makes effective postural adjustments to use telephone holder ("Fone Holder"), quadriplegic nurse call switch. Better memory than at 5.0 enables effective use of advanced communication sheets and "Pocket Picture Holder." Understands verbal explanations for making allowances for invisible effects on spatial properties. Cursory look at written instructions; may consult appropriate written step when problem arises. Does not read labels for precautions. May argue with requests to change pace, adhere to a schedule, be prompt. Will tell a self-narrative that has a single thread in a sub-plot to form a personal identity. Identify concrete examples of negative verbal actions that may be potentially damaging in intended activities.

Adaptive Equipment:

Recognizes physical disability and potential of adaptive equipment to vary functional capacity. All equipment level 4 and below. Adjustable grooming mirrors; extended grooming aids; trouser pulls; elastic shoe laces; A.F.O.; lower extremity prosthetics; pantyhose aid; standard crutches (with supervision); walker trays and baskets (with supervision). Reachers; Fone Holder; watches; calendar; appointment book; alarms; memory aids; quadriplegic call switch; advanced communication sheets; Pocket Picture Holder. Long reach toenail scissors; button aids; small-hook zipper pulls.

Caregiver Training:

ADL/safety techniques; safe transfers; equipment maintenance; monitor exercise program for restrictions and compliance. Train in basic neurophysiological principles and treatment methods incorporated into activities for carry-over into home setting. Standby/minimum assistance for periodic supervision and counseling to anticipate environmental hazards and prevent social conflict, check problem-solving; plan and prioritize for future needs. If strong work ethic, patient may be a candidate for supportive employment with a job coach. Refer to ERTI-2 for additional home/community niches with standby assistance. Patient can work in regular job with on-site supervision to prevent material waste, ensure compliance with quality control and social standards, and monitor safety.

SAFETY:

The following warnings are ways of preventing common safety problems. The person is at greater than average risk for having these problems at this time.

BATHING: May learn to use extended bath aids to clean back and feet, with standby/minimum assistance to remember safety precautions, attend to unseen surface/spatial properties (e.g., dirt between toes, area on back), and assisting with bathing areas that require persistence with tedious adjustments (depending on level of physical disability). May make adjustments to avoid getting cast wet. Varies use to discover better methods. Will have better ability to persist with tedious adjustments for one-sided bathing. May not read labels of new products; may fail to consider passage of time, but can alter rate of bathing with cueing. Standby assistance to anticipate hazards in a new environment, explain secondary effects (frequency, conservation, social rules of shared space), remember safety/medical precautions as needed.

TOILETING: Better use of equipment than at 5.0, making fine motor adjustments as needed; varies use to discover better methods. Standby assistance to anticipate hazards in a new environment, remember safety medical precautions.

Mobility:

TRANSFERS: Learns new transfer sequences to compensate for moderate/severe physical limitations. Remembers safety precautions better than at 5.2, but may still require standby assistance to reinforce.

AMBULATION: Varies spatial properties (posture, position or objects in space) in learning use of equipment. Maneuvers wheelchair in tight space. May resist following recommended use until a problem is encountered. May not anticipate routine maintenance of equipment. Standby assistance to monitor safety.

Therapeutic Exercises: Effectively varies strength and range of motion in graded exercise program or program to increase coordination or motor control. May refuse to comply with prescribed exercise programs or may be impulsively anxious to achieve gains faster than advised. Avoid abstract medical explanations or use of diagrams with patient. Provide concrete examples of consequences of noncompliance with treatment (e.g., pictures of deformities, patient's own worsening deformity). Will be able to better understand potentially harmful effects of non-compliance if given concrete examples, which may increase chance of compliance with standby assistance to monitor. May choose to perform certain exercise activities and refuse others. Understands secondary effects such as conditioning when these are explained. Standby assistance to point out secondary complications of altering exercise programs (e.g. injury, exhaustion) and precautions for exercise (e.g. hot or cold weather, polluted air, etc.).

Sensorimotor Techniques: Better able to vary posture and position in space. Standby assistance for planning actions.

Instrumental Activities:

INDIVIDUAL PROJECTS: Finds hidden supplies as needed. Reorganizes immediate work space; may move away rather than collaborate to share a space. Cleans own space and returns supplies as they work. Cursory look at sample and written instructions. Refers to sample when problems arise or may consult appropriate written step. May need written or verbal instructions which describe actions on spatial properties demonstrated. Prefers to solve problems involving spatial properties by examining sample and altering actions on material objects. Refer to ADM for craft selection; verify 5.4, probe for 5.6.

SOCIAL PROJECTS: Use clinic games that facilitate varying actions on surface/spatial properties, using fine motor actions, altering pace of actions with or without a time constraint ("Skittles," "Table Cricket," "Marble Football," "Bolero (catching ball in a cup)," "Labyrinth"). May also use ADL board games ("Bridge of Self-Confidence," "Communicate") to help express feelings

- effectively with 14% cognitive assistance to identify/explain potential hazards, plan/prioritize actions, and remember safety/medical precautions.
- Will vary work pace a short time to meet a deadline, with 14% cognitive assistance to estimate time required to do instrumental activities.
- Will participate in scheduled verbal groups and social games to practice socially acceptable behavior with 14% cognitive assistance to reality test, identify observed patterns of behavior that may be potentially damaging in intended activities.
- Will consider group membership and possible exclusion to prevent censure and reprimand, to conform with social standards.

TREATMENT METHODS:

Patient has an ability to make fine motor adjustments, solve new problems for surface and spatial properties of objects, using self-directed trial-and-error, to learn adaptive self-care techniques and use of equipment without safety precautions. They may be inflexible with knowledge of potential secondary effects of actions and insist on using their own methods. May choose to abandon tasks if too tedious, or ignore assistance regarding potentially harmful effects. The inability to imagine a sequence of actions/events in time, combined with a significant social disability with a tendency to act “self-centered” may label patients as being “difficult” and “unlikeable.” It will be important for therapists to maintain cognitive level 6 themselves in order to put therapy interventions into perspective, maintain objectivity, and avoid “power struggles” with the patient. The best approach is to be “empathetically matter-of-fact”, “manipulative” to meet therapeutic outcomes (appealing to patient’s ego), and with a willingness to let the patient have some control within safe limits while they are in the hospital. Hopefully their cognitive level will improve to 5.6 (when compliance with safety/potential social hazards are better understood) as their medical condition stabilizes. A mild depression should also be ruled out. And then, some people never have been able to function above 5.4! Tests for spatial relations should be reliable at this level.

Self-Care:

FEEDING: Effectively learns to use new adaptive equipment by following a demonstration, clustering information and making continuous motor adjustments to problem solve. Demonstrates more effective use of rocker knives. May not see crumbs or other small spills but cleans up when cued. May need help identifying intangible properties to comply with dietary restrictions. May eat and talk with others. May seek variety in diet. May express strongly held food preferences. May understand explanations of food groups and dietary restrictions but choose to not alter diet. May be aware of socially acceptable table manners but may choose not to alter behavior.

ORAL HYGIENE: Effectively learns to use new adaptive equipment to independently perform oral hygiene, including suction denture brush. Varies use of equipment to discover better methods.

GROOMING: May make successful fine-motor adjustments to learn effective/safe use of nail clipper/file for one-handed use, long-reach toenail scissors with standby supervision to identify potentially harmful effects of actions (cutting nail too close), especially if the patient has medical problems like diabetes.

DRESSING: If highly valued, may learn use of button aids, using small hook to pull zippers. There is a better understanding of spatial properties to use reachers more effectively, but may not attend to hidden or secondary properties (energy expenditure, load on reacher); requires standby assistance identify potential hazards, remember safety/medical precautions. Will need assistance to prioritize/plan actions for energy-saving and work simplification techniques.

Mode 5.4
Engaging Abilities and Following Safety Precautions
When the Person Can Engage in Self-directed Learning

DESCRIPTION:

14% Cognitive Assistance: The person may live alone and work in a job with a wide margin of error. 14% standby cognitive assistance is needed to anticipate hazards and prevent industrial accidents. Individual preferences for improving the appearance of activities can be honored.

2% Physical Assistance is needed for fine motor actions.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Improving the Effects of Spatial Properties

- ** Adjusts spatial properties: arcs, corners, joints, fractions of space, maps, mazes, pattern lay-out, seam allowances, organized tool cabinets and cupboards, spaces smaller than a 1/4".
- ** Follows explanations for allowances of weight, gravity, and evaporation.

Motor Control of Fine Motor Actions in Small Spaces

- ** Improves the spatial properties of objects. Uses part-whole perception to arrange pieces for a better overall appearance or to conserve materials. Understands the relationship between the pieces in the assembly of a project or other material object.
- ** Uses fine-motor actions in small spaces.
- ** Changes pace for a few seconds on request but cannot sustain. Attempts to estimate seconds, but the estimate is not good.
- ** Considers width, length, and depth simultaneously while making fine motor adjustments.
- ** Uses tools of different kinds and the same tool for several uses.

Verbal Communication by Tracking a Singular Theme in a Story

- ** Understands verbal explanations for making allowances for spatial properties.
- ** Scans written directions but relies on sample and verbal explanation to solve problems.
- ** Considers others in work space, initiates clean-up, and moves away from others if conflicts in work space occur.
- ** Conceives of group membership and possible exclusion from the group.
- ** Follows etiquette for visiting kin, others, sexual modesty, and rites of passage.
- ** Conforms to group norms when severely censured or reprimanded. Recalls prior censures to prevent same mistakes. Recognizes conflicts and placates others.
- ** In self-narrative contains a single thread in a sub-plot.

FUNCTIONAL GOALS:

- Will improve spatial properties of objects, make multiple and fine-motor adjustments to learn adaptive ADL/mobility techniques and use of equipment to complete routine tasks safely and

** Not expecting the person to be aware of the needs of others.

PHYSICAL DISABILITY

Additional medical conditions may be compensated for with the following adaptive equipment and assistance indicated for this person.

** Use a sliding board to transfer from bed to chair to toilet.

** Use an overhead trapeze with cueing to hold body off bed.

** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.

** Provide wheelchair to maneuver in small spaces.

** Assist with active range of motion.

** Provide overhead pulley and parallel bars.

** With high blood pressure, remind to stand up slowly and assist with getting out of a hot tub slowly.

** With a wheel chair, provide lock extension.

** Use raised toilet seat, toilet support, bedside commode.

** Use safety belt to stand and walk if balance is unsteady.

** Use bath chair with arms, or tub/shower bench, hand held shower head.

** May benefit from a telephone amplifier, flashing light on phone.

** Provide built-up eating and writing utensils, weighted writing utensils, extension utensils, electric self-feeder.

** With the use of one hand, provide wash mitt, suction hand brush, suction nail clipper, suction denture brush, rocker knife, capscrew jar opener, Gordon peeler, dressing sticks, CVA arm sling, toilet tissue aid, adjustable angle rotating razor, one handed cordless can opener, zim jar lid opener, long reach sponge mop.

** Provide long scrub sponges, brushes, combs that are preadjusted and check adjustments.

** Install door knob extenders, car door opener, adapted key holder/turner.

** Provide pick-up walker, wide base quad cane, rolling walker, narrow base quad cane, single point cane, ankle/knee brace, lower extremity prosthetics, crutches, walker seat.

** Provide a male/female urinal.

** Provide an adapted shaving cream dispenser.

** With poor vision, provide a magnifier.

** Provide universal holders.

** Provide memory aids, check lists.

Fires

- ** Make sure papers and burnable materials are not stored under stairs.
- ** Clean fireplace, chimneys and flues regularly.
- ** Prevent starting a fire with fluid, gas, or paraffin.
- ** Remove electrical cords draped over or near a heat source and frayed cords.
- ** Turn appliances off during a power outage, ground plugs, remove excessive appliances from a circuit/outlet, and replace fuses with correct limit on amperage.
- ** With an electric blanket, prevent use of a hot water bottle or an extra blanket to avoid electric shock or burns.
- ** Check cigarettes for smoldering ashes, not smoking in bed, and not leaving ash tray on chair arm.
- ** Check butane by not storing near a heat source, in sun light, or near hot water pipes.
- ** Install and maintain smoke detectors, fire extinguisher.
- ** Plan and rehearse an escape route and an alternative route.
- ** If a fire occurs, close windows and doors and get out. If in doubt, get out.

Robbery

- ** Provide a weekly or monthly income and assist with long-term finances.

COMMUNITY

- ** Protect security by using a peep hole with chain lock and checking to see who has been buzzed through a security system.
- ** When leaving home, leave a light on in the living room and locate a spare house key.
- ** Prepare "no" statements for strangers and verify the identity of public officials.
- ** Call the head office to verify the identity of salesman.
- ** Limit telephone access to monitor expense, prevent interrupting and annoying others.
- ** Read instructions and verbally explain the information to the person. The person may be able to read but not acquire all the needed new information from reading.
- ** Restrict access to driving a motor vehicle.

WORK AND SOCIAL RELATIONS

Prevent unrealistic expectations and social conflicts that have a greater than average chance of occurring by

- ** Supervising with showing how to do new activities.
- ** Posting signs and notes to act as reminders.
- ** Providing simple written instructions for new information or to serve as a reminder of what to do next. Allow extra time to get new information from reading.
- ** Providing work activities that involve tending the function of machines when little judgment is required to make adjustments, no safety hazards must be anticipated, and no change in pace is required.
- ** Providing work activities that involve loading and pushing hand trucks in an established pattern.
- ** Providing work activities that involve distributing things like mail and work codes in an established pattern.
- ** Providing work activities that involve folding, sorting and stacking material objects.
- ** Providing work activities that involve recording information and typing.

calendar; appointment book; alarms; memory aids; quadriplegic call switch; advanced communication sheets; Pocket Picture Holder.

Caregiver Training:

ADL/safety techniques; safe transfers; equipment maintenance; monitor exercise program for restrictions and compliance. Train in basic neurophysiological principles and treatment methods incorporated into activities for carry-over into home setting. Standby/minimum assistance for periodic supervision and counseling to anticipate environmental hazards and prevent social conflict, check problem-solving; plan and prioritize for future needs. If strong work ethic, patient may be a candidate for supportive employment with a job coach. Refer to ERTI-2 for additional home/community niches with standby assistance.

SAFETY:

The following warnings are ways of preventing common safety problems. The person is at greater than average risk for having these problems at this time.

MOVING/WALKING

** Prevent injury, overexertion, or lack of effectiveness by supervising exercise program and anticipating potential complications.

BATHROOM ACTIVITIES

** Prevent falls in bath tub by making sure that the bath mat is pushed down tight.

** Prevent electrical shock or burns by removing electrical appliances from the bathroom (radio, hair dryer, curling iron, razor, stereo.)

** Prevent allergies, chemical reactions, and fires by checking precautions on grooming supplies before independent use.

DRESSING

** Prevent falls by removing loose fitting shoes or slippers.

EATING/MEDICATION

** With a special diet, monitor food intake, encourage compliance, and notify doctor if noncompliance may be dangerous.

** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.

** Prevent poor compliance with taking medication by counting into daily pill box marked for day and time.

** Prevent running out of medications by checking on supply and renewing prescriptions.

HOUSEKEEPING

Prevent accidents in the home that have a greater than average chance of occurring by taking the following precautions:

Injury

** Remove access to power tools, flammable, toxins.

** Do not leave alone to supervise the care of a child.

** If a stove is used, check to be sure the stove is turned off, move pot holders, paper, and anything else that could burn away from heat, turn pot handles toward stove, and carry boiling water.

Sensorimotor Techniques: Increased ability to make effective postural adjustments, sequence effective actions with standby assistance to plan functional sequences and cue for impulsive actions.

Instrumental Activities:

INDIVIDUAL PROJECTS: Sets up own work area but does not consider needs of others or alter space arrangement. Cursory look at sample and written instructions. Refers to sample when problems arise or may consult appropriate written step. May need written or verbal instructions which describe actions on surface properties demonstrated (e.g., grain of wood, smoothness of sanding, sheen on finish, etc.). Prefers to solve problems involving surface properties by examining sample and altering actions on material objects. Rotates objects while working to examine surface properties. Spontaneously cleans up and puts tools away for future use. Needs standby assistance to solve new problems requiring multiple or fine motor adjustments, attention to spatial properties. Complex assembly is slow with multiple errors for unanticipated problems. Refer to ADM for craft selection; verify 5.2, probe for 5.4.

SOCIAL PROJECTS: Use clinic games that facilitate making effective postural adjustments and attending to surface properties of objects (e.g., complex “toss” games with rules; “Catch Disk,” earning points by catching disks on a particular color). May enjoy putting together large, standard puzzles at their leisure or as part of a group. Try parquetry designs on and off cards at DLM Level I and II to facilitate perception of diagonals in two-dimensional space and practice estimation of volumes.

Reality Orientation:

Spontaneously consults clock to check time when working. Uses watches, calendar, appointment book, alarms, memory aids to keep infrequent appointments and synchronize activities with others. Point out social/economic benefits to patient of using aids to prevent negative/harmful functional consequences in intended activities. Explains departures from social norm as a personal characteristic. Expresses beliefs that personal characteristics can lengthen life, win opposite sex, increase/decrease fortune, heal self or control weather. Does not spontaneously consider others’ feelings or circumstances before speaking. To help patient reality test, matter of factly point out concrete examples of observed events/identify reoccurring patterns of negative behavior/consequences that may be potentially damaging to patient in intended activities. Give permission to seek objective assistance to prevent problems.

Communication:

Better learns to apply/use adaptive aids to communicate than at 5.0. Makes effective postural adjustments to use telephone holder (“Fone Holder”), quadriplegic nurse call switch. Better memory than at 5.0 enables effective use of advanced communication sheets and “Pocket Picture Holder.” Uses intonation and expression in speech. Says things that are funny, ingratiating, indoctrinating (instructing; partisan point of view), or insulting to people. Says ingenuous, candid, frank statements of feelings.

Adaptive Equipment:

Recognizes physical disability and potential of adaptive equipment to vary functional capacity. All equipment level 4 and below. Adjustable grooming mirrors; extended grooming aids; trouser pulls; elastic shoe laces; A.F.O.; lower extremity prosthetics; pantyhose aid; standard crutches (with supervision); walker trays and baskets (with supervision). Reachers; Fone Holder; watches;

DRESSING: Better use of adaptive equipment to dress/undress self due to capability to make spontaneous postural adjustments. Better able to learn application of upper and lower extremity splints with standby assistance for remembering safety/medical precautions. Can be trained to examine skin for changes in surface appearance to prevent breakdown or decreased circulation. Better able to learn one-handed techniques to dress, don pantyhose with aid by making postural adjustments, with standby assistance remember safety precautions. Can understand some leverage principles (when cause-and-effects are tangibly demonstrated) to begin use of reachers, with standby assistance to monitor safety, solve new problems with spatial properties (e.g., using in tight/unseen spaces to dress). May become frustrated and impulsive with actions.

BATHING: Better use of extended bathing aids than at 5.0, with an ability to attend to all surface qualities of skin, nails, hair. Better ability to learn one-handed bathing techniques by making postural adjustments. May become absorbed, impulsive with actions and not notice slippery or wet floors until cued. Standby/minimum assistance to solve new problems with spatial properties, persist with tedious fine motor adjustments, anticipate potentially dangerous results of impulsive actions.

TOILETING: Better able to use adaptive toileting aids by making postural adjustments. Needs standby assistance to remember safety precautions.

Mobility:

TRANSFERS: Learns new transfer sequences to compensate for mild/moderate physical limitations better than at 5.0 by making postural adjustments. Avoids falls by noticing visibly wet or highly polished floors. May become immersed in actions and impulsive, forgetting safety precautions. Standby assistance to consider safe shoe surfaces relative to floor, remember safety precautions.

AMBULATION: May learn to use new equipment by varying strength and range of motion and noting best effects (e.g., varying pressure on a wheeled walker), but may forget solutions. May begin to learn sequence to effectively use standard crutches and pick-up walker by clustering steps and making motor adjustments. May use walker trays and baskets with standby/minimum assistance to monitor size and weight of loads. May fail to consider potentially harmful effects of leaning on crutch arms while resting, or overloading walker baskets. Does not consider spatial or surface properties before acting (e.g., slowing gait for uneven terrain, maneuvering wheelchair in small space). May ambulate to new locations by trial and error; may forget newly discovered routes and have to rediscover them. Attends to all tangible properties of objects in environment (e.g., qualities of floor or terrain) that affect ambulation, correct positioning of equipment. Uses walkers safely on uneven surfaces. May have trouble varying spatial properties, such as required by maneuvering wheelchairs in small spaces. Will be better able to understand/remember potentially harmful effects of learning on crutch arms or overloading walker trays/baskets when given concrete examples of cause-and-effect. Standby assistance to avoid harmful effects of impulsive actions.

Therapeutic Exercises: Effectively varies strength and range of motion in graded exercise program or program to increase coordination or motor control. May refuse to comply with prescribed exercise programs or may be impulsively anxious to achieve gains faster than advised. Avoid abstract medical explanations or use of diagrams with patient. Provide concrete examples of consequences of noncompliance with treatment (e.g., pictures of deformities, patient's own worsening deformity). Will be able to better understand potentially harmful effects of non-compliance if given concrete examples, which may increase chance of compliance with standby assistance to monitor.

- ** Says ingenuous, candid, frank statements of feelings without awareness of social consequences.
- ** Self-narrative is inflexible, insensitive to others, and centered on self.

FUNCTIONAL GOALS:

- Will discriminate surface properties of tangible objects in the environment, rotate objects while working, adjust posture, and use diagrams to learn adaptive ADL/mobility techniques and use of equipment to complete routine tasks safely and effectively with 18% cognitive assistance to demonstrate new actions, anticipate potential hazards, remember safety/medical precautions, and solve new spatial problems.
- Will travel to desired new locations in facility with 18% cognitive assistance to identify potential safety hazards.
- Will estimate internal adjustments of actions needed to produce different effects and adjust posture to normalize tone for more effective task performance with 18% cognitive assistance to plan actions.
- Will learn effective use of memory aids to tangibly compensate for decreased memory, keep schedules.
- Will spontaneously consult clock for time to orient self.
- Will talk and work at the same time to enhance the social environment.
- Will participate in scheduled verbal groups and social games to practice socially acceptable behavior with 18% cognitive assistance to reality test Identify observed patterns of behavior that may be potentially damaging in intended activities.

TREATMENT METHODS:

Postural adjustments may be made according to primary effects on objects. Discussions about consciously using leverage of body to simplify task performance will begin to be understandable and generalizable. Has better capacity to store/retrieve effective results by varying neuromuscular effects than at 5.0. Will, overall, need assistance with pointing out potential safety, medical hazards, prioritizing and planning actions with a consideration for the future, pointing out undesirable consequences of motor and verbal actions. Persons at 5.2 are usually described as "impulsive" or "argumentative". Try parquetry designs on and off cards (DLM Levels I and II).

Self-Care:

FEEDING: Able to learn to use new adaptive equipment to cut food and feed self with a demonstration. May note crumbs, spills in immediate eating area and dispose of trash without being told. May need help with identifying less tangible properties of foods in order to comply with dietary restrictions. May attend to manner of food preparation from outer appearance (i.e., baked vs. fried). May need cueing for socially acceptable table manners.

ORAL HYGIENE: Effectively learns to use new adaptive equipment to independently perform oral hygiene, including suction denture brush. Able to make spontaneous postural adjustments to improve leverage to use devices suctioned to walls, etc.

GROOMING: Better use of adjustable angle rotating razor than at 5.0, and is aware of surface properties (closeness of shave) with standby assistance to anticipate potentially dangerous effects of impulsive actions. Better use of extended hair-grooming aids with standby assistance with problem solving requiring awareness of spatial properties.

Mode 5.2
Engaging Abilities and Following Safety Precautions
When the Person Can Learn to Improve the Fine Details of Actions

DESCRIPTION:

18% Cognitive Assistance: The person may live alone with weekly checks to monitor home safety and assist with finances. 18% standby cognitive assistance is required to anticipate hazards and prevent social conflict. Individual preferences may be honored in improving the appearance of material objects.

4% Physical Assistance is required for fine motor actions.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Improving the Effects of Surface Properties

- ** Considers surface properties: sheen, texture, polish, grease, tarnish, scratch, stain, even, smooth, wet, grain of wood, fingerprints.
- ** Observes parquetry block designs.
- ** Recognizes groups of dissimilar objects, kits.
- ** Uses memory aids.

Motor Control of Making Simultaneous Fine Motor Adjustments

- ** Improves appearance of surface properties.
- ** Copies parquetry block designs.
- ** Uses a diagram to assemble according to length and width. Looks at sample for depth, one piece at a time.
- ** Assembles dissimilar objects into a kit, ties things together or places in storage container.
- ** Rotates objects while working to examine surface properties, removes contaminants.
- ** Puts tools away for later use. Distinguishes between tools for restricted use i.e. fabric scissors.
- ** Adjusts posture to improve effects on objects.
- ** Avoids falls caused by curled rugs, frayed carpets, wet or highly polished floors.
- ** Does motor actions effectively while talking.

Verbal Communication by Classifying Objects and Time

- ** Uses memory aids to keep frequent appointments and synchronizes activities with others.
- ** Uses intonation and expression in speech.
- ** Scans written directions and gets most information from sample that may be misleading.
- ** Says things that are funny, ingratiating, indoctrinating, or insulting to people without awareness of the potential secondary affects.
- ** Explains departures from social norms as a personal characteristic.
- ** Expresses beliefs that personal characteristics can lengthen life, win opposite sex, increase/decrease fortune, heal self or control weather without awareness of additional factors.

- ** Separating talking from working.
- ** Not expecting the person to be aware of the needs of others.

PHYSICAL DISABILITY

Additional medical conditions can be compensated for with the following adaptive equipment and assistance indicated for this person.

- ** Use a sliding board to transfer from bed to chair to toilet.
- ** Use an overhead trapeze with cueing to hold body off bed.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.
- ** Provide wheelchair to maneuver in small spaces.
- ** Assist with active range of motion.
- ** Provide overhead pulley and parallel bars.
- ** With high blood pressure, remind to stand up slowly and assist with getting out of a hot tub slowly.
- ** With a wheel chair, provide lock extension.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.
- ** May benefit from a telephone amplifier, flashing light on phone.
- ** Provide built-up eating and writing utensils, weighted writing utensils, extension utensils, electric self-feeder.
- ** With the use of one hand, provide wash mitt, suction hand brush, suction nail clipper, suction denture brush, rocker knife, capscrew jar opener, Gordon peeler, dressing sticks, CVA arm sling, toilet tissue aid, adjustable angle rotating razor, one handed cordless can opener, zim jar lid opener, long reach sponge mop.
- ** Provide long scrub sponges, brushes, combs that are preadjusted and check adjustments.
- ** Install door knob extenders, car door opener, adapted key holder/turner.
- ** Provide pick-up walker, wide base quad cane, rolling walker, narrow base quad cane, single point cane, ankle/knee brace, lower extremity prosthetics, crutches, walker seat.
- ** Provide a male/female urinal.
- ** Provide an adapted shaving cream dispenser.
- ** With poor vision, provide a magnifier.
- ** Provide universal holders.
- ** Provide memory aids, check lists.

- ** With an electric blanket, prevent use of a hot water bottle or an extra blanket to avoid electric shock or burns.
- ** Check cigarettes for smoldering ashes, not smoking in bed, and not leaving ash tray on chair arm.
- ** Check butane by not storing near a heat source, in sun light, or near hot water pipes
- ** Install and maintain smoke detectors, fire extinguisher.
- ** Plan and rehearse an escape route and an alternative route.
- ** If a fire occurs, close windows and doors and get out. If in doubt, get out.

Robbery

- ** Provide a weekly or monthly income and assist with long-term finances.
- ** Remove valuables from plain sight in front of door, window, car seat. Secure doors and windows at front, back, and sides.
- ** Etch identification numbers on valuables, hide cash in a consistent but unusual place.

COMMUNITY

- ** Protect security by using a peep hole with chain lock and checking to see who has been buzzed through a security system.
- ** When leaving home, leave a light on in the living room and locate a spare house key.
- ** Prepare "no" statements for strangers and verify the identity of public officials.
- ** Call the head office to verify the identity of salesman.
- ** Limit telephone access to a few important numbers and monitor expense, interrupting and annoying others.
- ** Read signs and instructions and verbally explain the information to the person. The person may be able to read but not acquire new information from reading.
- ** Restrict access to driving a motor vehicle

WORK AND SOCIAL RELATIONS

Prevent unrealistic expectations and social conflicts that have a greater than average chance of occurring by

- ** Supervising with showing how to do a new activity.
- ** Posting simple signs and reminders
- ** Providing simple instructions that can be read one step at a time or act as a reminder of what to do next.
- ** Providing a supervisor who is nearby to answer questions, check safety, and make sure that work is continued while on the job.
- ** Providing work settings where no safety hazards must be anticipated, and no change in a slow pace is required.
- ** Providing work activities that involve tending the function of machines when little judgment is required to make adjustments.
- ** Providing work activities that involve loading and pushing hand trucks in an established pattern.
- ** Providing work activities that involve distributing things like mail and work codes in an established pattern.
- ** Providing work activities that involve folding, sorting and stacking material objects.
- ** Providing work activities that involve recording information and typing.

- ** Prevent falls by not walking on wet, slippery floor and making sure that all needed items are in tub/shower. Install a non-skid rug on floor tiles.
- ** Prevent falls in bath tub by making sure that the bath mat is pushed down tight.
- ** Prevent electrical shock or burns by removing electrical appliances from the bathroom (radio, hair dryer, curling iron, razor, stereo.)
- ** Prevent allergies, chemical reactions, and fires by checking precautions on grooming supplies before independent use.

DRESSING

- ** Prevent falls by removing loose fitting shoes or slippers.
- ** Avoid embarrassment by assisting with clothing selections.

EATING/MEDICATION

- ** With a special diet, monitor food intake, encourage compliance, and notify doctor if noncompliance may be dangerous.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Prevent poor compliance with taking medication by handing measured liquids and pills to the person or pouring into daily pill box marked for day and time.
- ** Prevent running out of medications by checking on supply and renewing prescriptions.

HOUSEKEEPING

Prevent accidents in the home that have a greater than average chance of occurring by taking the following precautions:

Injury

- ** Remove access to power tools, flammable, toxins, cutting tools (knives, saw, shovel), and hot tools (glue gun, stove,).
- ** Do not leave alone to supervise the care of a child or a pet.
- ** If a stove is used, check to be sure the stove is turned off, move pot holders, paper, and anything else that could burn away from heat, turn pot handles toward stove, and carry boiling water.

Falls

- ** Anchor down electrical cords, tape down curled or frayed rugs, and restrict access to wet or highly polished floors.
- ** Remove clutter from stairs, clothing from banisters and hand rails, and repair deteriorating steps.
- ** Prevent climbing to reach something by replacing light bulbs, taking things in and out of cupboards, washing windows and curtains, hanging pictures, painting walls/woodwork.

Fires

- ** Make sure papers and burnable materials are not stored under stairs.
- ** Clean fireplace, chimneys and flues regularity.
- ** Prevent starting a fire with fluid, gas, or paraffin.
- ** Remove electrical cords draped over or near a heat source and frayed cords.
- ** Turn appliances off during a power outage, ground plugs, remove excessive appliances from a circuit/outlet, and replace fuses with correct limit on amperage.

Remembers supply location day to day. May not remember to return supplies or throw away trash unless cued. Expresses beliefs that own actions can lengthen life, win opposite sex, increase fortune, decrease misfortune, heal self (e.g., exercising “harder” despite medical contraindications), or control the weather. Conceives of self as entitled to individual rights, wholly autonomous, or the passive recipient of external actions (i.e., a “victim”). Shows regard for fixed cultural scale of authority, power or honor (e.g., doctor is better authority for therapy needs than therapist). Frequently frustrated with perceived overwhelming variables of life. To help patient reality test, point out concrete examples of illogical, unacceptable or provocative behavior, being late for appointments and potentially damaging consequences in intended activities. Patient may be defensive and argumentative with therapist’s or others’ attempts to assist.

Communication:

Learns to apply/use adaptive aids to communicate by clustering steps and making motor adjustments. May persist with non-dominant hand training until frustrated, requiring intermittent rest periods. Cursory look at written instructions; may fail to understand and execute a written “step” comprised of several dissimilar actions, and will need assistance to extrapolate into similar actions. Tells narrative stories without regard for the time constraints of the listener or work that needs to be done. Uses facial expressions to convey disgust, contempt, coy, flirting or smile as a greeting. May manipulate people with gossip, lies, misleading statements, masks, mimics, and disobedience. See “Reality Orientation” for feedback methods regarding verbal actions.

Adaptive Equipment:

Recognizes physical disability and potential of adaptive equipment to vary functional capacity. All equipment level 4 and below. Adjustable grooming mirrors; extended grooming aids; trouser pulls; elastic shoe laces; A.F.O.; lower extremity prosthetics; pantyhose aid; standard crutches (with supervision); walker trays and baskets (with supervision).

Caregiver Training:

ADL/safety techniques; safe transfers; equipment maintenance; monitor exercise program for restrictions and compliance. Train in basic neurophysiological principles and treatment methods incorporated into activities for carry-over into home setting. Standby/minimum assistance for periodic supervision and counseling to anticipate environmental hazards and prevent social conflict, check problem-solving; plan and prioritize for future needs. If strong work ethic, patient may be a candidate for supportive employment with a job coach. Refer to ERTI-2 for additional home/community niches.

SAFETY:

The following warnings are ways of preventing common safety problems. The person is at greater than average risk for having these problems at this time.

MOVING/WALKING

** Prevent injury, overexertion, or lack of effectiveness by supervising exercise program and anticipating potential complications.

BATHROOM ACTIVITIES

** Prevent toileting emergencies by reminding to go ahead of time.

Mobility:

TRANSFERS: Learns new transfer sequences by clustering steps and making motor adjustments for mild physical limitations. (May need more assistance with altering postural adjustments for moderate/severe limitations.) Learns safety precautions with more ease, but may be inconsistent. May not consider need for safe shoes or potentially unsafe condition of floors (e.g., slippery or uneven terrain).

AMBULATION: May learn to use new equipment by varying strength and range of motion and noting best effects (e.g., varying pressure on a wheeled walker), but may forget solutions. May begin to learn sequence to effectively use standard crutches and pick-up walker by clustering steps and making motor adjustments. May use walker trays and baskets with standby/minimum assistance to monitor size and weight of loads. May fail to consider potentially harmful effects of learning on crutch arms while resting, or overloading walker baskets. Does not consider spatial or surface properties before acting (e.g., slowing gait for uneven terrain, maneuvering wheelchair in small space). May ambulate to new locations by trial and error; may forget newly discovered routes and have to rediscover them.

Therapeutic Exercises: Effectively varies strength and range of motion in graded exercise program or program to increase coordination or motor control. May refuse to comply with prescribed exercise programs or may be impulsively anxious to achieve gains faster than advised. Avoid abstract medical explanations or use of diagrams with patient. Provide concrete examples of consequences of noncompliance with treatment (e.g. pictures of deformities, patient's own worsening deformity).

Sensorimotor Techniques: Ability to estimate internal adjustments of actions needed to produce different effects enables patient to begin consciously incorporating NDT techniques into functional motions with standby/minimum assistance to cue for incorrect position set, timing and duration of transitional movements, plan actions. May forget effective solutions.

Instrumental Activities:

INDIVIDUAL PROJECTS: Cursory look at sample and written directions. Refers to sample when problems arise. May fail to understand and execute a written "step" comprised of several dissimilar actions. May need written or verbal instructions specifying variations in a single action demonstrated. Perceives more than 90 degree angles to assemble projects. Prefers to solve problems by making neuromuscular adjustments on material objects. Needs standby/minimum assistance to solve new problems for unseen surface/spatial properties (e.g., surface grain of wood, sequencing complex assembly) and anticipating secondary and potential secondary effects of actions. Refer to ADM for craft selection; verify 5.0, probe for 5.2.

SOCIAL PROJECTS: Use clinic games that facilitate trial-and-error problem solving using motor adjustments with material objects and no time limit. Effective variations of motor actions may not be consistent. Can follow a diagonal line to play board games. Should be able to initiate all three-dimensional block designs with ease, unless of focal perceptual deficit. Can begin imitation of parquetry designs to practice estimation of volumes. May be extremely competitive, strive for power and esteem with feared loss of face. Protects own rank and rights. May refuse to participate in social games, and refute therapist's authority to guide treatment process.

Reality Orientation:

Knows need to make appointments and to schedule infrequent events, but is apt to forget or miss. If highly valued, able to use memory book to compensate for residual mild/moderate memory loss.

Self-Care:

FEEDING: Effectively learns to use new adaptive equipment by following a demonstration, clustering information and making continuous motor adjustments to problem solve. Demonstrates more effective use of rocker knives. May not see crumbs or other small spills but cleans up when cued. May need help identifying intangible properties to comply with dietary restrictions. May eat and talk with others.

ORAL HYGIENE: Effectively learns to use new adaptive equipment to independently perform oral hygiene, including suction denture brush.

GROOMING: May learn to use and adjust adjustable angle rotating razor with standby/minimum assistance to check problem solving methods. Uses one-handed methods to effectively clean fingernails with suction brush with cueing to attend to unseen surface properties (under nails). Can adjust own mirror for better effects. May begin effective use of extended brush/comb to groom hair with standby/minimum assistance to solve problems for spatial properties; will depend on length of extension, and may abandon if too tedious. May not consider surface properties (wrinkled clothes, cleanliness) or social standards. May argue with suggestions to change selections.

DRESSING: Use of dressing stick to don/doff shirts/sweaters, extended shoe horns will be more effective than at 4.8, with standby/minimum assistance to solve new problems for surface/spatial properties. May begin to learn use of trouser pulls in bed with standby/minimum assistance to make effective postural adjustments. May effectively learn to use elastic laces and other adaptive shoe fasteners if adjustments are not too tedious. May be able to cluster steps, make continuous motor adjustments to put on CVA sling, an upper or lower extremity splints (including A.F.O.), prosthesis with assistance to make therapeutic surface/spatial adjustments. Able to learn one-sided dressing techniques slowly by clustering steps and making continuous motor adjustments. Effective variations are not repeated consistently; persistence required to learn the activity may consume a lot of time and energy, resulting in the patient rejecting the activity in the process if not highly valued. Two-handed methods without having to remember safety precautions will be more effective to use sock/pantyhose aids; able to make continuous adjustments to don stockings, but may need standby/minimum assistance to solve problems for surface/spatial properties in the process. One-handed techniques are apt to be slow and tedious. Overall, also requires standby/minimum assistance to plan actions, remember safety precautions while doing activities, and solve new problems that are frustrating.

BATHING: May learn to use extended bath aids to clean back and feet, with standby/minimum assistance to remember safety precautions, attend to unseen surface/spatial properties (e.g., dirt between toes, area on back), and assisting with bathing areas that require persistence with tedious adjustments (depending on level of physical disability). May make adjustments to avoid getting cast wet. May fail to anticipate secondary effects or intangible properties of new products (e.g., allergies to soaps, using lotions that are incompatible with elastic pressure garments). May not notice spilled water on floor after bathing. Will need assistance to anticipate hazards, remember safety precautions, plan actions. One-sided bathing techniques may be abandoned if too tedious.

TOILETING: Learns to use portable urinals and adapted tissue aids (if highly valued) with more ease than at level 4, with standby/minimum assistance to make postural adjustments and remember safety precautions.

- ** Detects approval and concern from expression and intonation of others.
- ** Manipulates people with gossip, lies, misleading statements, masks, mimics and disobedience.
- ** Reads portions of instructions. Argues, questions, or blames instructions when errors are made.
- ** Expresses frustrations when errors are made and refuses to do an activity.
- ** Strives for power and esteem with feared loss of face.
- ** Protects own rank and rights.
- ** Shows regard for fixed cultural scale of authority, power or honor.
- ** Expresses beliefs that own actions can lengthen life, win opposite sex, increase fortune, decrease misfortune, heal self, or control the weather.
- ** Conceives of self as entitled to individual rights, wholly autonomous, or the passive recipient of external actions.

FUNCTIONAL GOALS:

- Will cluster new information, perceive angles >90 degrees, and use continuous motor adjustments to learn adaptive ADL/mobility techniques and use of equipment to complete routine tasks safely and effectively with 22% cognitive assistance to use written directions, demonstrate new actions, anticipate potential hazards, remember safety/medical precautions, and solve new problems for surface/spatial properties.
- Will travel to desired new locations in facility with 22% cognitive assistance to identify potential safety hazards.
- Will estimate internal adjustments of actions needed to produce different effects to normalize tone for more effective task performance with 22% cognitive assistance to plan actions.
- Will clean up after doing ADL's with cueing to conform with social standards.
- Will recognize time constraints and request more time when needed to complete a task.
- Will learn effective use of a memory book to compensate for residual memory problems, remember valued information, schedule infrequent events.
- Will participate in scheduled verbal groups and social games to practice socially acceptable behavior with 22% cognitive assistance to reality test and identify potentially damaging consequences of verbal actions and being late for appointments.

TREATMENT METHODS:

An ability to make continuous neuromuscular adjustments and cluster new information enables the patient to learn new techniques/use of adaptive equipment with more ease than at level 4. However, effective variations are not repeated consistently and the patient may abandon the task if it is too tedious or not highly valued. May be described as "easily frustrated," or with "decreased frustration tolerance." There is also a tendency to blame external materials or people for inability to problem solve. Will require a longer than normal amount of time to do trial-and-error problem solving to rediscover effective results of actions. With a better awareness of their-dimensional properties and diagonal lines, patients at 5.0 can usually accomplish all block designs of DLM Level I, but need assistance with designs that require more complex perception for DLM Level II parquetry designs.

Mode 5.0
Engaging Abilities and Following Safety Precautions
When the Person Can Learn to Improve the Effects of Actions

DESCRIPTION:

22% Cognitive Assistance: The person may live alone with weekly checks to monitor safety and check problem solving effectiveness. With a job coach the person may be able to work in support employment. Independence in attending regularly scheduled community activities may be expected. 22% standby cognitive assistance is required to anticipate environmental hazards and prevent social conflict.

6% Physical Assistance is needed with fine motor activities.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Improving Effects by Changing Actions

- ** Notices tools that can produce a graded effect on material objects.
- ** Observes the passage of time, use of number, and linear measure.
- ** Sees a diagonal line.
- ** Sees angles, less than or greater than 90°
- ** Observes 3 dimensional block designs.
- ** Notices the need for primary levers
- ** Notices the need to adjust to tight lids, locks, latches, unusual knobs, faucets.
- ** Listens to narrative speech and role playing.
- ** Notices social status, both ascribed and achieved.
- ** Observes lies, masks, mimics, or modifications of expression.
- ** Observes facial expressions for disgust, contempt, coy, flirting, smiles as a greeting.

Motor Control of Adjusting Fine Motor Actions

- ** Adjusts actions for strength, duration, length, direction and number of actions; adjustments are fluid and continuous.
- ** Uses a lever effectively, adjusts as needed.
- ** Matches pieces to a sample for assembly.
- ** Follows a diagonal line without frequent checks of sample.
- ** Opens and closes containers and doors that are tight.
- ** Stops motor actions to tell a story.
- ** Requests more time to do an activity when a time constraint is noted.

Verbal Communication by Using Speech to Show Feelings

- ** Tells narrative stories without regard for the time constraints of the listener or work that needs to be done.
- ** Uses facial expression to convey disgust, contempt, coy, flirting, or smile as greeting.

- ** Provide built-up eating and writing utensils, weighted writing utensils, extension utensils, electric self-feeder.**
- ** With the use of one hand, provide wash mitt, suction hand brush, suction nail clipper, suction denture brush, rocker knife, capscrew jar opener, Gordon peeler, dressing sticks, CVA arm sling, toilet tissue aid, adjustable angle rotating razor**
- ** Provide long scrub sponges, brushes, combs that are preadjusted and check adjustments.**
- ** Install door knob extenders, car door opener, adapted key holder/turner.**
- ** Provide pick-up walker, wide base quad cane, rolling walker, narrow base quad cane, single point cane, ankle/knee brace, lower extremity prosthetics, crutches.**
- ** Provide a male/female urinal.**
- ** Provide an adapted shaving cream dispenser.**
- ** With poor vision, provide a magnifier.**
- ** Provide universal holders.**

- ** Prepare "no" statements for strangers and verify the identity of public officials.
- ** Rehearse not giving name and address to strangers.
- ** Call the head office to verify the identity of salesman.
- ** Limit telephone access to a few important numbers and monitor expense, interrupting and annoying others.
- ** Read signs and instructions and verbally explain the information to the person. The person may be able to read but not acquire new information from reading.
- ** Restrict access to driving a motor vehicle

WORK AND SOCIAL RELATIONS

Prevent unrealistic expectations and social conflicts that have a greater than average chance of occurring by

- ** Supervising with showing how to do a new activity, no more than 3 simple steps at a time.
- ** Posting simple notes and reminders at eye level.
- ** Providing simple written instructions that can be read one step at a time or act as reminders of what to do next. Allow extra time to get the information.
- ** Allowing twice the normal work rate to get the job done.
- ** Providing standby supervision while working.
- ** Providing work activities that involve loading and pushing hand trucks in an established pattern. Other moving hand trucks may be in the areas.
- ** Providing work activities that involve distributing things like mail and work codes in an established pattern.
- ** Providing work activities that involve folding, sorting and stacking material objects.
- ** Providing work activities that involve recording information and typing, if typing is a known skill.
- ** Separating talking from working.
- ** Not expecting awareness of the needs of others.

PHYSICAL DISABILITY

Additional medical conditions may be compensated for by providing assistance and drilling in the use of the following adapted equipment for this person:

- ** Use a sliding board to transfer from bed to chair to toilet.
- ** Use an overhead trapeze with cueing to hold body off bed.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.
- ** Provide wheelchair to maneuver in small spaces.
- ** Assist with active range of motion.
- ** Provide overhead pulley and parallel bars.
- ** With high blood pressure, remind to stand up slowly and assist with getting out of a hot tub slowly.
- ** With a wheel chair, provide lock extension.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.
- ** May benefit from a telephone amplifier, flashing light on phone.

- ** Prevent poor compliance with taking medication by handing measured liquids and pills to the person or pouring into daily pill box marked for day and time.
- ** Prevent running out of medications by checking on supply and renewing prescriptions.

HOUSEKEEPING

Prevent accidents in the home that have a greater than average chance of occurring by taking the following precautions:

Injury

- ** Remove access to power tools, flammable, toxins, cutting tools (knives, saw, shovel), and hot tools (glue gun, stove,).
- ** Do not leave alone to supervise the care of a child or a pet.
- ** If a stove is used, check to be sure the stove is turned off, move pot holders, paper, and anything else that could burn away from heat, turn pot handles toward stove, and carry boiling water.

Falls

- ** Anchor down electrical cords, tape down curled or frayed rugs, and restrict access to wet or highly polished floors.
- ** Remove clutter from stairs, clothing from banisters and hand rails, and repair deteriorating steps.
- ** Prevent climbing to reach something by replacing light bulbs, taking things in and out of cupboards, washing windows and curtains, hanging pictures, painting walls/woodwork.

Fires

- ** Make sure papers and burnable materials are not stored under stairs.
- ** Clean fireplace, chimneys and flues regularity.
- ** Prevent starting a fire with fluid, gas, or paraffin.
- ** Remove electrical cords draped over or near a heat source and frayed cords.
- ** Turn appliances off during a power outage, ground plugs, remove excessive appliances from a circuit/outlet, and replace fuses with correct limit on amperage.
- ** With an electric blanket, prevent use of a hot water bottle or an extra blanket to avoid electric shock or burns.
- ** Check cigarettes for smoldering ashes, not smoking in bed, and not leaving ash tray on chair arm.
- ** Check butane by not storing near a heat source, in sun light, or near hot water pipes
- ** Install and maintain smoke detectors, fire extinguisher.
- ** Plan and rehearse an escape route and an alternative route.
- ** If a fire occurs, close windows and doors and get out. If in doubt, get out.

Robbery

- ** Supply with daily spending money and manage all other finances.
- ** Remove valuables from plain sight in front of door, window, car seat. Secure doors and windows at front, back, and sides.
- ** Etch identification numbers on valuables, hide cash in a consistent but unusual place.

COMMUNITY

- ** Protect security by using a peep hole with chain lock and checking to see who has been buzzed through a security system.
- ** When leaving home, leave a light on in the living room and locate a spare house key.

Communication:

Learns how to apply/use adaptive aids by rote to write or communicate. Able to follow written or verbal directions with associated actions, one step at a time, slowly and inflexibly.

Adaptive Equipment:

Electric self-feeder; ball-bearing feeders; adjustable angle rotating razor; prostheses; sock aid; foot brush; portable urinals; adapted tissue aides.

Caregiver Training:

ADL/safety techniques; safe transfers, ambulation, wheelchair use/maintenance; monitor exercise program. Train caregiver in basic neurophysiological principles and treatment methods incorporated into familiar activities for carry-over into home setting. Minimum assistance for instrumental activities to monitor safety and solve new problems. Refer to ERTI-2 for home/community niches. Patient may be vocational rehabilitation or sheltered workshop candidate if previous job required level 5 or 6 capabilities. Standby/minimum assistance required for safe and effective performance of new procedures. Refer to ERTI-2 for home/community niches.

SAFETY:

The following warnings are ways of preventing common safety problems. The person is at greater than average risk for having these problems at this time.

MOVING/WALKING

- ** Prevent injury, overexertion, or lack of effectiveness by supervising exercise program and anticipating potential complications.

BATHROOM ACTIVITIES

- ** Prevent toileting emergencies by reminding to go ahead of time.
- ** Prevent falls by not walking on wet, slippery floor and making sure that all needed items are in tub/shower. Install a non-skid rug on floor tiles.
- ** Prevent falls in bath tub by making sure that the bath mat is pushed down tight.
- ** Prevent electrical shock or burns by removing electrical appliances from the bathroom (radio, hair dryer, curling iron, razor, stereo.)
- ** Prevent allergies, chemical reactions, and fires by checking precautions on grooming supplies before independent use.

DRESSING

- ** Prevent falls by removing loose fitting shoes or slippers.
- ** Avoid embarrassment by assisting with clothing selections.

EATING/MEDICATION

- ** With a special diet, monitor food intake, encourage compliance, and notify doctor if noncompliance may be dangerous.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.

dirt between toes. May understand secondary effects when these are explained. Reports low supplies to caregiver.

TOILETING: May perform usual toileting routine (without new physical limitation) independently.

May note striking cues in a new environment to locate public restroom. Caregiver identifies sanitary conventions related to toileting when patient must share facilities with others. Rotely learns to use portable urinals, adapted tissue aids (if highly valued) slowly, step by step with demonstration and assistance to make postural adjustments and remember safety precautions.

Mobility:

TRANSFERS: Learns new transfer sequences with safety precautions slowly, by rote, with demonstration and performs invariantly (e.g., avoids falls caused by HTN by always getting up slowly) with stand-by/minimum assistance to ensure safety.

AMBULATION: Scans environment and notes all visible cues. Needs stand-by/minimum assistance to explain secondary effects and hazards to avoid in new situations.

Therapeutic Exercises: Learns an exercise problem by rote and does it invariantly.

Sensorimotor Techniques: Begin long-term training in situation specific settings while incorporating positioning and handling techniques. Establish position set and demonstrate cause and effects of techniques on patient's own body ("shadowing" patient). Demonstrate desired movements one step at a time. Provide visual and tactile cueing to correct repeated errors in postural adjustments, pattern, speed and duration of transitional movements. May need assistance with diagonal maneuvers (crossing the midline), and will need assistance to plan actions before execution. May not be effective with severe sensory impairments. Do not expect patient to understand abstract neurophysiological principles; keep directions short (one step at a time) and concrete. Normalizing movements are therapist-guided. Movements are therapist-guided. Should be better able to spontaneously cross midline (if no neglect). May alter duration and speed of transitional movements, but will not sustain without cueing. Can begin to "fade cues" for patient to begin initiating normal movement by maintaining physical contact with the therapist's moving body part and learning not to resist movements. Purposeful activity at this stage is too stressful due to dividing patient's attention between tracking, watching and thinking about the activity. Cues are faded as patient gradually takes control.

Instrumental Activities:

INDIVIDUAL PROJECTS: Able to follow written or verbal directions for one new action at a time inflexibly. Perceives width and length and 90 degree angles to measure distances in two-dimensional space. Able to closely examine sample to slowly assemble some pieces on three axes (spatial properties). Rotates three-dimensional object and perceives/corrects striking errors. Refer to ADM for craft selection; verify 4.8, probe for 5.0.

SOCIAL PROJECTS: Games involving memorizing will be effective to facilitate rote memory abilities. Rituals, as formal prescriptions for the sequence of actions, are followed inflexibly.

Reality Orientation:

Knows how two concurrent schedules fit together. Able to fit daily routine into schedule of others.

Reads and follows a schedule without cues. Estimates 5 to 15 minutes. Notices people in vicinity engaged in similar actions. Perceives expressions of verification or annoyance from others about the effects of own actions. Excuses self or makes amends for damage.

- Will scan environment and note all visible cues for safety hazards; with 26% cognitive assistance.
- Will check work when done to identify possible mistakes.
- Will be compliant to use checklists to identify potential problems, compensate for decreased memory, with 26% cognitive assistance for planning relevant activities and identifying potential problems.
- Will memorize list of words or verbal directions with associated actions to learn to do a new activity or follow a new procedure inflexibly.
- Will estimate waiting for assistance for a few minutes to avoid intruding on others.
- Will seek verification of new learning to conform to external expectations of others.

TREATMENT METHODS:

Able to use rote memory to memorize a new sequence of steps or demonstrated motor adjustments, by adding one step and adjustment at a time. Can successfully use “back-chaining” techniques to learn safe transfers and other ADL sequences. Efforts to follow instructions with new motor adjustments and to notice surface and spatial properties are apt to be done laboriously and may be abandoned. Will follow explanations of harmful secondary effects to be avoided. Able to successfully adjust liquid amounts, correct spatial location difficulties without assistance, and rotate objects to inspect for effects of actions, identify possible mistakes. Will still require assistance with new problem-solving, anticipating hazards, and planning/prioritizing actions. Processing speed of perceived cues is at a normal rate. Familiar routines are done flexibly and with ease if no new problems occur. Insight into disability is fair at best.

Self-Care:

FEEDING: May attend to all striking visible features of food and social situation. May need to be reminded to check for less tangible food properties (temperature, spiciness) and may not be able to apply principles of dietary restrictions. May learn by rote new adaptive equipment, slowly, one step at a time, with explanations of secondary effects provided. (Electric self-feeder, ball bearing feeders.)

ORAL HYGIENE: May learn new oral hygiene procedures slowly by rote. May rigidly follow prescribed routines such as care of dental appliances. Will learn one-handed methods with more ease than at 4.6.

GROOMING: Patient may check results of grooming, hair styling, application of make-up by close examination when done. May correct all striking errors, one at a time. Able to memorize new actions by rote to use adjustable angle rotating razor, with standby/minimum assistance to predetermine safe angles. Capability to check razor position by close examination and correct all striking features in an invariant manner.

DRESSING: May learn by rote a new sequence of actions to put on a simple upper extremity prosthesis, CVA sling with assistance to make therapeutic adjustments. May learn safety precautions while putting on socks with sock aid as part of a step in a sequence, and perform invariantly. Allow additional time and practice to learn new steps and motor adjustments. May recognize predictable problems with fit or function of adaptive equipment.

BATHING: May attend to all striking features of self and bathing environment. May be training to use a foot brush. Checks quality of results on completion; may need assistance to clean unseen

Mode 4.8
Engaging Abilities and Following Safety Precautions
When the Person Can Memorize New Steps

DESCRIPTION:

26% Cognitive Assistance: The person can live alone with daily assistance to monitor safety and check problem solving effectiveness. The person may get to a regularity scheduled community activity without assistance. With a job coach the person may succeed in supportive employment. 26% minimum cognitive assistance is required to set-up new activities and verify results.

8% Physical Assistance is needed with fine motor activities.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Steps of New Learning with Striking Cues

- ** Looks at sample and pieces to assemble according to height, width, and depth.
- ** Considers measurements of width and length, with 90 degree angles.
- ** Aware of people in the vicinity engaged in similar projects.
- ** Notices expressions of verification or annoyance from others about the effects of actions.
- ** Regards steps of activity as the only way to do things, inflexible.

Motor Control of Rote Learning to Please Others

- ** Learns steps for doing an activity and follows inflexibly, rigidly.
- ** Works at invariant, deliberate, slower than normal pace.
- ** Estimates width and length simultaneously.
- ** Matches pieces to a sample for assembly of width, length, and depth.
- ** Rotates objects when done to check accomplishments. May find mistakes and choose to leave them.

Verbal Communication by List Information to Guide Behavior

- ** Reads and follows a schedule without cues.
- ** Estimates 5-15 min.
- ** Reads simple instructions, and follows one step at a time. May skip portions and request frequent verification. Speed of getting new information is very slow.
- ** Draws on memory for a list of information related to the activity.
- ** Seeks verification of correct action sequence by asking others or rechecking written directions.
- ** Excuses self or makes amends for damage.

FUNCTIONAL GOALS:

- Will use rote memory and perceive 90 degree angles to learn adaptive ADL/mobility techniques and equipment to complete routine tasks safely and inflexibly with 26% cognitive assistance to anticipate potential hazards and solve new problems.

- ** Provide a male/female urinal.
- ** Provide an adapted shaving cream dispenser.
- ** With poor vision, provide a magnifier.
- ** Provide universal holders.

WORK AND SOCIAL RELATIONS

Prevent unrealistic expectations and social conflicts that have a greater than average chance of occurring by:

- ** Supervising with a demonstration of a new activity, one step at a time.
- ** Posting simple signs at eye level to remind to do new actions. Avoid other reading.
- ** Establishing a routine that can be followed inflexibly.
- ** Allowing twice the normal rate to get the job done.
- ** Providing standby supervision while working.
- ** Providing work activities that involve loading and pushing hand trucks in an established pattern.
Other moving hand trucks may be in the area.
- ** Providing work activities that involve distributing things like mail and work codes in an established pattern.
- ** Providing work activities that involve folding, sorting and stacking material objects.
- ** Providing work activities that involve recording information and typing, if typing is a known skill.
- ** Separating talking from working.
- ** Not expecting the person to be aware of the needs of others.

PHYSICAL DISABILITY

Additional medical conditions may be compensated for with the assistance identified for this person with drilling in the use of any adaptive equipment.

- ** Use a sliding board to transfer from bed to chair to toilet.
- ** Use an overhead trapeze with cueing to hold body off bed.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.
- ** Provide wheelchair to maneuver in small spaces.
- ** Assist with active range of motion.
- ** Provide overhead pulley and parallel bars.
- ** With high blood pressure, remind to stand up slowly and assist with getting out of a hot tub slowly.
- ** With a wheel chair, provide lock extension.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.
- ** May benefit from a telephone amplifier, flashing light on phone.
- ** Provide built-up eating and writing utensils, weighted writing utensils, extension utensils, electric self-feeder.
- ** With the use of one hand, provide wash mitt, suction hand brush, suction nail clipper, suction denture brush, rocker knife, capscrew jar opener, Gordon peeler, dressing sticks, CVA arm sling, toilet tissue aid, adjustable angle rotating razor
- ** Provide long scrub sponges, brushes, combs that are preadjusted and check adjustments.
- ** Install door knob extenders, car door opener, adapted key holder/turner.
- ** Provide pick-up walker, wide base quad cane, rolling walker, narrow base quad cane, single point cane, ankle/knee brace, lower extremity prosthetics, crutches.

** If a stove is used, check to be sure the stove is turned off, move pot holders, paper, and anything else that could burn away from heat, turn pot handles toward stove, and carry boiling water.

Falls

** Anchor down electrical cords, tape down curled or frayed rugs, and restrict access to wet or highly polished floors.

** Remove clutter from stairs, clothing from banisters and hand rails, and repair deteriorating steps.

** Prevent climbing to reach something by replacing light bulbs, taking things in and out of cupboards, washing windows and curtains, hanging pictures, painting walls/woodwork.

Fires

** Make sure papers and burnable materials are not stored under stairs.

** Clean fireplace, chimneys and flues regularly.

** Prevent starting a fire with fluid, gas, or paraffin.

** Remove electrical cords draped over or near a heat source and frayed cords.

** Turn appliances off during a power outage, ground plugs, remove excessive appliances from a circuit/outlet, and replace fuses with correct limit on amperage.

** With an electric blanket, prevent use of a hot water bottle or an extra blanket to avoid electric shock or burns.

** Check cigarettes for smoldering ashes, not smoking in bed, and not leaving ash tray on chair arm.

** Check butane by not storing near a heat source, in sun light, or near hot water pipes

** Install and maintain smoke detectors, fire extinguisher.

** Plan and rehearse an escape route and an alternative route.

** If a fire occurs, close windows and doors and get out. If in doubt, get out.

Robbery

** Supply with daily spending money and manage all other finances.

** Remove valuables from plain sight in front of door, window, car seat. Secure doors and windows at front, back, and sides.

** Etch identification numbers on valuables, hide cash in a consistent but unusual place.

COMMUNITY

** Protect security by using a peep hole with chain lock and checking to see who has been buzzed through a security system.

** When leaving home, leave a light on in the living room and locate a spare house key.

** Prepare "no" statements for strangers and verify the identity of public officials.

** Rehearse not giving name and address to strangers.

** Call the head office to verify the identity of salesman.

** Limit telephone access to a few important numbers and monitor expense, interrupting and annoying others.

** Read signs and instructions and verbally explain the information to the person. The person may be able to read but not acquire new information from reading.

** Restrict access to driving a motor vehicle

SAFETY:

The following warnings are ways of preventing common safety problems. The person is at greater than average risk for having these problems at this time.

MOVING/WALKING

** Prevent injury, overexertion, or lack of effectiveness by supervising exercise program and anticipating potential complications.

BATHROOM ACTIVITIES

** Prevent getting lost by escorting to new bathroom when otherwise independent.

** Prevent toileting emergencies by reminding to go ahead of time.

** Prevent falls by not walking on wet, slippery floor and making sure that all needed items are in tub/shower. Install a non-skid rug on floor tiles.

** Prevent falls in bath tub by making sure that the bath mat is pushed down tight.

** Prevent electrical shock or burns by removing electrical appliances from the bathroom (radio, hair dryer, curling iron, razor, stereo.)

** Prevent allergies, chemical reactions, and fires by checking precautions on grooming supplies before independent use.

** Avoid missed hair and nail appointments by making and reminding to keep appointments.

DRESSING

** Prevent falls by removing loose fitting shoes or slippers.

** Avoid embarrassment by assisting with clothing selections.

EATING/MEDICATION

** With a special diet, monitor food intake, encourage compliance, and notify doctor if noncompliance may be dangerous.

** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.

** Prevent poor compliance with taking medication by handing measured liquids and pills to the person or pouring into daily pill box marked for day and time.

** Prevent running out of medications by checking on supply and renewing prescriptions.

HOUSEKEEPING

Prevent accidents in the home that have a greater than average chance of occurring by taking the following precautions:

Injury

** Consider the value of monitoring the individual with a night light, home intercom system.

** Organize self-care supplies in a cupboard or drawer with items used daily in plain sight. Remove unnecessary, poisonous, or burnable items. Avoid changes in packaging that can be confused with another product, such as liquid soap for hand lotion.

** Remove access to power tools, flammable, toxins, cutting tools (knives, saw, shovel), and hot tools (glue gun, stove,).

** Do not leave alone to supervise the care of a child or a pet.

** Do not leave alone to prepare hot food that could burn or catch on fire.

understand abstract neurophysiological principles; keep directions short (one step at a time) and concrete. Normalizing movements are therapist-guided. Movements are therapist-guided. Should be better able to spontaneously cross midline (if no neglect). May alter duration and speed of transitional movements, but will not sustain without cueing.

Instrumental Activities:

INDIVIDUAL PROJECTS: Able to personalize crafts by changing one of the features or changing tools according to past experiences. Asks permission to personalize/alter sample. Corrects error by changing location, pressure; requests assistance with all other problems. May be able to begin making effective brief adjustments in non-dominant hand use. Refer to ADM for craft selection; verify 4.6, probe for 4.8.

SOCIAL PROJECTS: Can play most simple, concrete games in the clinic; more familiar ones can be played with an expectation to see patient use familiar "strategies." Has difficulty keeping up with multiple variables in new, more complex games. Compares present activity to past experiences. Requests different size, shape or color.

Reality Orientation:

Knows two concurrent schedules exist. Able to initiate change in routine sequence. Better able to remember to use simplified memory book than at 4.4. Distinguishes between normal and abnormal psychology of self to identify major changes in self. Discusses internal state and external. Discusses internal state and external world. Has theories about fortune/misfortune, disease and illness.

Communication:

Ignores written or diagrammed instructions. Able to use most writing and keyboard assists. Can scan communication board to make choices. Learns to apply writing splints by having brief adjustments in strength and position demonstrated. May attempt training of non-dominant hand, but gives up easily when too tedious. Comments that other people are different, inferior. Remind patient of social standards for behavior.

Adaptive Equipment:

Rocker knife; one-handed roller knife; swivel or extended feeding utensils; "Dr. Flosser"; suction denture brush, one-handed toothpaste tube squeezer, extended grooming aids; one-handed nail-clipper/file; sock aid; dressing stick, long-handled shoe horn, shoe fasteners; elastic laces; long-handled scrub brush/sponge; female urinals; sliding board; pick-up & front-wheeled walkers; canes with standing assist grip or quad base; simplified memory book; writing and keyboard assists; writing splints; standard communication board.

Caregiver Training:

ADL/safety techniques; safe transfers, ambulation, wheelchair use/maintenance; monitor exercise program. Train caregiver in basic neurophysiological principles and treatment methods incorporated into familiar activities for carry-over into home setting. Minimum assistance for instrumental activities to monitor safety and solve new problems. Refer to ERTI-2 for home/community niches.

will be more successful; also unusual shoe fasteners and elastic laces (if laces are not too tight). Will need assistance to adjust for proper fit and check for medical precautions (i.e., too tight).

BATHING: May search for needed items. May follow suggestions that involve changing locations (storing supplies near bathing area, drying off in shower to avoid dripping on floor, hanging up towel after use to clean space). Explain consequences of changes in product use, routine, or potentially hazardous actions. Capability to learn effective use of long scrub sponges/brushes, depending on level of physical disability.

TOILETING: May scan visible environment for a needed supply (toilet paper, paper towel, soap dispenser, sign for public restroom) but may not find it unless near eye level. May be able to alter amount of toilet paper or towel used when effects are explained. May take much longer than average to complete toileting, especially with physical imitations. Females may be trained in use of female urinals, with minimum assistance to point out consequences of tilting full urinal, etc.

Mobility:

TRANSFERS: Same equipment and techniques as 4.0. Patient is better able to learn transfer sequences than at 4.4; better memory and makes brief adjustments for effective use of wheelchair brakes. May be impulsive with actions. Better able to alter pace of movements, but will not sustain without cueing. Use of sliding board will be easier, with minimum assistance to safely set up (estimate distances, spatial relationships), and cue to safety precautions.

AMBULATION: Better able to learn steps to use pick-up or front-wheeled walkers. Able to make spontaneous adjustment in position, duration, or strength for better effect (reducing downward pressure on walker with wheels for better mobility), but may not be sustained without cueing. Can learn a few new steps to learn use of unusual-looking canes (cane with standing assist grip, quad-base canes). May be able to negotiate corners and environmental barriers in large spaces. May understand a verbal explanation of a visible safety hazard.

Therapeutic Exercises: Begin long-term repetitive training for ROM/strengthening exercises, one part and action at a time, short sets of 5-10 repetitions; have patient count with you. Provide constant tactile, visual, verbal cueing to correct improper positioning, unsafe motions. May need assistance with diagonal motions (crossing midline). Avoid training in self-ROM exercises to severely weakened joints (flaccid shoulder, wrist) to prevent over-stretching and medical complications; manually support these joints for safety. Avoid written/diagrammed instructions meant to be used by patient. Incorporate desired actions in familiar/instrumental activities, especially bilateral motions to prevent "guarding" affected extremity as able. Demonstrate donning/doffing simple, static upper extremity splints, one step at a time; preadjust straps. Frequently check areas with impaired sensation. Avoid dynamic splinting as much as possible with minimum assistance. Can count up to 20 repetitions of exercises. Learns self-ROM with repetitive training but will need to be supervised for safety precautions (e.g., flaccid shoulder). May get bored and abandon a repetitive exercise routine. May attempt to alter pace in response to a time constraint. May attempt to alter amount, duration, speed of graded exercise without awareness of potential complications. May shift to next exercise in a program.

Sensorimotor Techniques: Begin long-term training in situation specific settings while incorporating positioning and handling techniques. Establish position set and demonstrate cause and effects of techniques on patient's own body ("shadowing" patient). Demonstrate desired movements one step at a time. Provide visual and tactile cueing to correct repeated errors in postural adjustments, pattern, speed and duration of transitional movements. May need assistance with diagonal maneuvers (crossing the midline), and will need assistance to plan actions before execution. May not be effective with severe sensory impairments. Do not expect patient to

- Will make brief motor adjustments to use adaptive equipment to complete routine tasks, with 30% cognitive assistance to anticipate/solve new problems and remember safety/medical precautions.
- Will perform new exercise and mobility routines with 30% cognitive assistance to identify hazards and remember safety/medical precautions.
- Will use past experience to personalize performance of instrumental activities, with 30% cognitive assistance to anticipate/solve new problems, make new motor adjustments, and remember safety/medical precautions.
- Will note conflicts in own schedule and seek assistance to resolve scheduling problems.

TREATMENT METHODS:

Since there is a capacity to scan at eye level and a better awareness of crossing the midline at 4.6, therapists may begin to therapeutically address problems for neglect. Patients are able to keep up with more steps than at 4.4, but not more than 3 to 4 shown at one time; but unable to memorize a long sequence of steps. Actively using past experience to try to improve present performance, but may be ineffective, out of context, or potentially hazardous. Patient notes consequences of ineffective actions (unintended secondary effects), and can understand explanation of secondary effects, but cannot anticipate to prevent errors on own. Often presents clinically as "impulsive." Patient is more flexible. May be willing to try new products or tools. Capability to make brief spontaneous adjustments, normal processing speed enables more ease with learning new dressing techniques and adaptive equipment, but will need help with secondary effects of actions. Insight into disability is poor/fair.

Self-Care:

FEEDING: May alter rate of eating on request, but may not sustain without cueing. May attempt to vary actions to open unusual containers or to cut food more effectively. Will respond to cues to exert more pressure to effectively learn use of rocker or roller knife for one-handed cutting. May be able to correct liquid amounts to use Swivel or extended utensils without spillage. May be willing to alter food selections or accept diet changes without resistance. May look across table to converse with others or locate needed food item. Minimum assistance to monitor compliance with special diets; assist with unusual containers that require continuous motor adjustments, remind patient of standard social manners when problems occur; warn patient to take precautions with handling hot, heavy or liquid dishes.

ORAL HYGIENE: May be willing to try new products or tools. May be trained to use "Dr. Flosser," dental floss holder, suction denture brush, tube squeezes for one-handed use, limited dexterity, with minimum assistance for making tedious, difficult, or continuous adjustments.

GROOMING: Scans environment for needed supplies. May be willing to try new products or tools. Successful use of extended grooming aids. May use one-handed nail clipper/file with supervision for safety.

DRESSING: May search for desired items in drawers or closet. May try to don too-tight fitting clothes, with ineffective attempts to make adjustments. Abandons fine-motor adjustments. Demonstrate new dressing techniques; will be successful depending on degree of physical disability (i.e. more severe = more new steps and motor adjustments to learn). May be trained successfully in use of sock aid with two-handed use without having to remember safety/medical precautions. (Requires higher abilities if requires making continuous motor adjustments and remembering precautions simultaneously while performing activity.) Can learn use of dressing effects of actions (e.g. adjusting shirt tail, collar after donning). Use of long-handled shoe horn

Mode 4.6
Engaging Abilities and Following Safety Precautions
When the Person Can Scan the Environment

DESCRIPTION:

30% Cognitive Assistance: The person may live alone with daily assistance to monitor personal safety and provide a daily allowance. Bills and other money management concerns require assistance. Reminders may be required to do household chores, attend familiar community events, or any other additions to household routines (30% minimum cognitive assistance).

8% Physical Assistance is needed for fine motor activities.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Scanning for Striking Cues

- ** Looks at all surroundings in plain sight: sinks, counter tops, open cupboards at eye level.
- ** Notices changes in materials caused by changes in the amount of pressure applied.
- ** Looks at projects and samples with pieces to assemble on 2 axis.
- ** Notices new actions that produce different effects an objects.

Motor Control of Making Activity Pleasing to Self

- ** Gets objects needed when seen in plain sight.
- ** Applies more pressure to improve the effect of an action.
- ** Puts things together by width and length.
- ** Overlaps parts of objects on a flat surface.

Verbal Communication by Expressing Personal Identity

- ** Learns by watching a demonstration, not reading.
- ** Requests different size, shape or color.
- ** Brings inner private life to current plans, choices, decisions.
- ** Distinguishes between normal and abnormal psychology.
- ** Says medications are improving own psychology.
- ** Comments that other people are different, inferior.
- ** Discusses internal state and external world. Has theories about fortune/misfortunes, disease and illness.
- ** Ignores written directions and diagrams and asks for demonstration or frequent explanations.

FUNCTIONAL GOALS:

- Will scan environment to locate and get needed objects and avoid obvious hazards.
- Will learn adaptive dressing techniques with 30% cognitive assistance to anticipate/solve new problems, make new motor adjustments, and remember safety/medical precautions.

- ** Providing standby supervision while working.
- ** Providing work activities that involve loading and pushing hand trucks in an established pattern out of any possibility of getting hit by another moving hand truck or vehicle.
- ** Providing work activities that involve distributing things like mail and work codes in an established pattern.
- ** Separating talking from working.
- ** Not expecting the person to be aware of the needs of others.

PHYSICAL DISABILITY

Additional medical conditions may be compensated for by providing or drilling in the use of the following assistance for this person:

- ** Use a sliding board to transfer from bed to chair to toilet.
- ** Use an overhead trapeze with cueing to hold body off bed.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.
- ** Prevent frustration by allowing to propel wheelchair forward and back using the rims. Assist with turning corners unless in wide space
- ** Assist with active range of motion.
- ** Provide constant cueing to use overhead pulley and parallel bars.
- ** With high blood pressure, remind to stand up slowly and assist with getting out of a hot tub slowly.
- ** With a wheel chair, provide lock extension.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Install security door bars, gates, locks if wandering.
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.
- ** May benefit from a telephone amplifier.
- ** Provide built-up eating and writing utensils, weighted writing utensils.
- ** With the use of one hand, provide wash mitt, suction hand brush.
- ** Install door knob extenders.
- ** Provide pick-up walker, wide base quad cane, ankle/knee brace.
- ** Provide a male urinal.
- ** Provide an adapted shaving cream dispenser.
- ** With poor vision, provide a magnifier.
- ** Provide universal holders.

** Remove clutter from stairs, clothing from banisters and hand rails, and repair deteriorating steps.

** Prevent climbing to reach something by replacing light bulbs, taking things in and out of cupboards, washing windows and curtains, hanging pictures, painting walls/woodwork.

Fires

** Take out the trash, remove stacks of papers and paper boxes. Make sure papers and burnable materials are not stored under stairs.

** Put a screen in front of the fireplace. Clean fireplace, chimneys and flues regularly.

** Prevent starting a fire with fluid, gas, or paraffin.

** Remove electrical cords draped over or near a heat source and frayed cords.

** Turn appliances off during a power outage, ground plugs, remove excessive appliances from a circuit/outlet, and replace fuses with correct limit on amperage.

** With an electric blanket, prevent use of a hot water bottle or an extra blanket to avoid electric shock or burns.

** Check cigarettes for smoldering ashes, not smoking in bed, and not leaving ash tray on chair arm.

** Check butane by not storing near a heat source, in sun light, or near hot water pipes

** Install and maintain smoke detectors, fire extinguisher.

** Plan and rehearse an escape route and an alternative route.

** If a fire occurs, close windows and doors and get out. If in doubt, get out.

Robbery

** Supply with daily spending money and manage all other finances.

** Remove valuables from plain sight in front of door, window, car seat. Secure doors and windows at front, back, and sides.

** Etch identification numbers on valuables, hide cash in a consistent but unusual place.

COMMUNITY

** Protect security by using a peep hole with chain lock and checking to see who has been buzzed through a security system.

** When leaving home, leave a light on in the living room and locate a spare house key.

** Prepare "no" statements for strangers and verify the identity of public officials.

** Rehearse not giving name and address to strangers.

** Call the head office to verify the identity of salesman.

** Limit telephone access to a few important numbers and monitor expense, interrupting and annoying others. Provide a flashing telephone light

** Restrict access to driving a motor vehicle

WORK AND SOCIAL RELATIONS

Prevent unrealistic expectations and social conflict that have a greater than average chance of occurring by

** Supervising by showing how to do a new activity, one step at a time. Do not depend on signs or posted notes as reminders.

** Avoiding reading to get new information or to remind of what to do next.

** Limiting work hours to 2-4 hours per day.

** Allowing 2-3 times normal rate to get the job done.

- ** Prevent falls by not walking on wet, slippery floor and making sure that all needed items are in tub/shower. Install a non-skid rug on floor tiles.
- ** Prevent falls in bath tub by making sure that the bath mat is pushed down tight.
- ** Prevent falls after seated in tub by assisting with balance and sequence of movements to get out of the tub.
- ** Prevent electrical shock or burns by removing electrical appliances from the bathroom (radio, hair dryer, curling iron, razor, stereo.)
- ** Prevent allergies, chemical reactions, and fires by checking precautions on grooming supplies before independent use.
- ** Avoid missed hair and nail appointments by making and reminding to keep appointments.

DRESSING

- ** Prevent falls by removing loose fitting shoes or slippers.
- ** Avoid embarrassment by assisting with clothing selections.

EATING

- ** Prevent burns by allowing preparation of cold snack or sandwich.
- ** Open packages. Follow food preferences by limiting choices to 3 specific possibilities.
- ** Restrict access to food if on a restricted diet, by keeping out of sight.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Prevent poor compliance with taking medication by handing measured liquids and pills to the person or pouring into daily pill box marked for day and time.
- ** Prevent overdose by storing medications out of sight in child-proof containers.
- ** Prevent running out of medications by checking on supply and renewing prescriptions.

HOUSEKEEPING

Prevent accidents in the home that have a greater than average chance of occurring by taking the following precautions:

Injury

- ** Consider the value of monitoring the individual with a night light, home intercom system.
- ** Organize self-care supplies in a cupboard or drawer with items used daily in plain sight. Remove unnecessary, poisonous, or burnable items. Avoid changes in packaging that can be confused with another product, such as liquid soap for hand lotion.
- ** Remove access to power tools, flammable, toxins, cutting tools (knives, saw, shovel), and hot tools (glue gun, stove,).
- ** Do not leave alone to supervise the care of a child or a pet.
- ** Do not leave alone to prepare hot food that could burn or catch on fire.
- ** If a stove is used, check to be sure the stove is turned off, move pot holders, paper, and anything else that could burn away from heat, turn pot handles toward stove, and carry boiling water.

Falls

- ** Anchor down electrical cords, tape down curled or frayed rugs, and restrict access to wet or highly polished floors.
- ** Remove unstable chairs, tables, towel racks that might be grabbed onto for support.

neuromuscular adjustments in positioning or use (i.e., denture/nail/hand brushes), may abandon use, or use in an unsafe way (e.g., leaning on crutches or walkers).

Dycem; plate guards; scoop dishes; side-cutting fork; build-up/cuffed/weighted utensils; off-set utensils (with dominant side); large-bowled spoons; adapted cups(straws; straw holder; built-up tooth/hairbrush/blush; suction denture/nail hand brushes (dominant side preferable); adapted dispenser handles; toothpaste dispenser; cuffed electric razor; brightly-colored fingernail polish; velcro clothes/shoes fasteners; long-handled shoe horn; bath/shower chair; safety rails; non-skid mat/treads; wash mitt; elevated toilet seats; posture supports; overhead trapeze; sliding board; wheelchair, seat cushions; extended wheelchair brakes; brightly-colored tape to increase awareness of cues (rails, brakes); safety belts; familiar cane/(maybe) front-wheeled walker; simple, static splints/positioners; C-clamps and adapted paintbrush handles, loop scissors, magnifying glasses for crafts; writing aids; Speech-Teach Portable Mirror (also good for self-care); simple communication board (no more than 4 choices in a linear sequence) related to common needs); male urinal. Pick-up/front-wheeled walkers, simplified memory book; communication board with 2 axis of visibly striking information (no more than 4 choices, on each axis).

Caregiver Training:

Self-care/safety techniques; safe transfers, ambulation, and wheelchair use/maintenance; therapeutic exercises, instrumental activities. Train caregiver in basic neurophysiological principles and treatment methods incorporated into familiar activities for carry-over into home setting. Adjustment, wear/care and checking for pressure areas for splints (especially over sensory impaired parts). Provides set-up and cognitive prompts for instrumental activities. Use opaque containers for storing undesirable food at home. Restrict access to potentially dangerous objects. Educate in signs of higher cognitive functioning so they can monitor for/report any spontaneous improvements that might warrant re-evaluation for further treatment (after discharge). Refer to ERTI-2 for home/community niches. Patient will be able to integrate familiar routines with more ease; include more instrumental activities based on experience.

SAFETY:

The following warnings are ways of preventing common safety problems. The person is at greater than average risk for having these problems at this time.

MOVING/WALKING

- ** In a hospital bed, put the rails down to prevent falls by attempting to climb over rail.
- ** Prevent getting lost by escorting on one or two new routes until learned, pointing out hazards.
- ** Prevent accidents by escorting while walking in traffic and preventing from stepping in front of cars.
- ** Prevent falls by restricting access to steep, narrow, or circular stairs.
- ** Prevent falls by carrying items up and down stairs, using a hand rail.
- ** Prevent injury, overexertion, or lack of effectiveness by supervising exercise program and anticipating potential complications.

BATHROOM ACTIVITIES

- ** Prevent embarrassment by checking clothing adjustments and assisting with fasteners.
- ** Prevent getting lost by escorting to new bathroom when otherwise independent.
- ** Prevent toileting emergencies by reminding to go ahead of time.

repetitive training but will need to be supervised for safety precautions (e.g., flaccid shoulder). May get bored and abandon a repetitive exercise routine.

Sensorimotor Techniques: Begin long-term training in situation specific settings while incorporating positioning and handling techniques. Establish position set and demonstrate cause and effects of techniques on patient's own body ("shadowing" patient). Demonstrate desired movements one step at a time. Provide visual and tactile cueing to correct repeated errors in postural adjustments, pattern, speed and duration of transitional movements. May need assistance with diagonal maneuvers (crossing the midline), and will need assistance to plan actions before execution. May not be effective with severe sensory impairments. Do not expect patient to understand abstract neurophysiological principles; keep directions short (one step at a time) and concrete. Normalizing movements are therapist-guided. Movements are therapist-guided.

Instrumental Activities:

INDIVIDUAL PROJECTS: Refer to ADM for selection. Provide set-up/sample within 3' - 3' in front of them (or to unaffected side if visual field cuts). Patient is usually compliant with matching a standard of performance and will be able to independently compare/match two features at a time and correct matching errors. Verify 4.4; probe for 4.6 awareness/actions as able. (Refer to ADM for specifics.) Notes trash, mess, and follows verbal cues to clean up.

SOCIAL PROJECTS: Learns concrete board games that allow for matching two features at a time, considering number up to four, and simultaneously consider vertical and horizontal axis. Waits for and takes turns in games, waits for assistance. Perceives and maintains continuity in relationships. Aware of bonds of commonality, support, aid.

Reality Orientation:

Knows day/date. Learns own schedule of activities. Will use simplified memory book with highly valued information and striking visual cues with long-term repetitive training. Aware of norms in language, customs, clothing, body adornment. Maintains norms by mocking, censuring others. Excuses self when norms are broken. Forms religious or supernatural beliefs that are based on the visible or palpable environment. Recognizes abnormal behavior and stays away.

Communication:

Remind patient of standard social manners when problems occur. Refer to "Reality Orientation" for use of memory aids. Provide activities to compare objects using words such as same, equal, opposite or other dualistic words (e.g., high/low, good/bad); differentiate between culture and nature; use classifications for family, kin, generations. Familiar, valued writing activities with simple adapted writing tools as needed. (Speech therapists should use large, portable mirror for teaching basic skills; train to use simple communication board with no more than 4 choices clearly marked in a linear sequence related to common needs.) Reading is not functional to follow directions; may ignore written directions. Patient may be trained to don writing splints, two features at a time, with minimum assistance to make adjustments.

Adaptive Equipment:

Patient may recognize the loss of gross motor capability, marked loss of strength, ROM, coordination, or balance as restricting ability to complete a sequence of actions. May accept adaptive equipment that uses familiar action sequences (e.g., velcro button fasteners) to do highly valued tasks. Understands purpose of the equipment when effect is immediate; does not understand secondary effects (i.e., prevention of contractures, energy conservation). If equipment requires

for short period of time. Watch for floods, falls. Dry floor before attempting to transfer out of tub/shower. May initiate at routine time and follow routine invariantly. May collect supplies from familiar location. May not vary rate or alter amounts (to save water or materials). May become upset if routine products are not available. May not read labels on new products. Protect from unseen hazards (slippery floor, electrical appliance near water).

TOILETING: Provide needed supplies in visible locations for customary toileting routine (toilet paper, soap, towel). Begin long-term repetitive training to assist safe transfer with safety rails, accept use of unusual passive aids (elevated toilet sets, toilet supports). Monitor amount of toilet paper used, provide pre-cut amounts if necessary. Check for errors in adjusting garments; assist with fasteners as needed. Males may be trained to locate and use urinals. May follow a routine of toileting without variation in a familiar environment. May be unable to operate an unfamiliar or stiff flush control (Demonstrate use). May fail to note errors in clothing adjustment at back. May use too much paper. May not consider needs of others (time in bathroom, lowering seat).

Mobility:

TRANSFERS: If unsteady, cue to change body position slowly to prevent losing balance. Begin situation specific, long-term repetitive training to perform safe transfer sequence (lock wheelchair brakes, use safety rails, overhead trapeze). Do not expect generalization of techniques. Provide striking visual cues to facilitate performance (wrapping brightly-colored tape around railings, on tips of extended brakes that are easily accessible in visual field). Use transfer belt for safety with minimum assistance. Notes striking visible cues at eye level.

AMBULATION: Wheelchairs may be preferred for ambulation disabilities, as patient may not be able to safely use crutches (avoiding brachial plexus injury) or walkers (attending to environment while executing new sequence of actions; "carrying walker" while walking). Begin long-term repetitive training to lock/unlock brakes (See adapting brakes above), propelling self forward and back to cover space; assist to negotiate environmental barriers/in small areas. If minimally involved, may be slowly trained to re-use familiar cane/push front-wheeled walker, but will require constant supervision. May not note changes in terrain, a stair, an object on the ground, and may trip. Accompany to all new locations and environments that are highly stimulus laden or hazardous with minimum assistance. Notes striking visible cues at eye level; may fail to attend to signs (except as landmarks), most activity or noise outside of visual field (3' - 4' in front or to either side), terrain changes. May not alter pace in response to time constraint. May use a limited number of striking environmental cues to find way in a new environment. May ask for assistance if lost. Needs new routes identified by others and learns these after several days to weeks of practice. Able to learn 3-4 demonstrated new steps, one step at a time, to use a pick-up walker, with repetitive training, but will not remember safety precautions unless cued.

Therapeutic Exercises: Begin long-term repetitive training for ROM/strengthening exercises, one part and action at a time, short sets of 5-10 repetitions; have patient count with you. Provide constant tactile, visual, verbal cueing to correct improper positioning, unsafe motions. May need assistance with diagonal motions (crossing midline). Avoid training in self-ROM exercises to severely weakened joints (flaccid shoulder, wrist) to prevent over-stretching and medical complications; manually support these joints for safety. Avoid written/diagrammed instructions meant to be used by patient. Incorporate desired actions in familiar/instrumental activities, especially bilateral motions to prevent "guarding" affected extremity as able. Demonstrate donning/doffing simple, static upper extremity splints, one step at a time; preadjust straps. Frequently check areas with impaired sensation. Avoid dynamic splinting as much as possible with minimum assistance. Can count up to 20 repetitions of exercises. Learns self-ROM with

changes in diet or new restriction. Monitor for compliance with special diets and warn patient to take precautions when passing hot, heavy, or liquid dishes.

ORAL HYGIENE: Provide familiar tools in accessible location. Build-up/adapt toothbrush handle as needed. Open toothpaste if one-handed; cue to alter amount, or set up and train to use toothpaste dispenser (positioning brush, pressing long lever down/dispenses correct amount). Cue to brush unseen surfaces (neglect). Demonstrate modification of a familiar action, begin long-term repetitive training sequence to clean dentures with a suction denture brush for one-handed use. Provide appropriate length dental floss. Minimum/moderate assistance for flossing unseen teeth, making neuromuscular adjustments. May initiate at routine time. Finds supplies in familiar location. Assist with new motor adjustments for physical impairments. Minimum assistance for flowing unseen teeth, making neuromuscular adjustments.

GROOMING: Provide necessary, safe objects in visible locations, within arm's reach. Cue to attend to unseen surfaces (back of head, neglected side). Suggest corrections for socially unacceptable results (heavy make-up). Assist with mascara if unsteady. Supervise use of straight razors (may cut self), nail clipper, or chemicals (hair and nail products). Assist with new hairstyles, procedures, or tools. Build up/adapt brushes/combs/make-up tools as needed. Demonstrate modification of a familiar action, begin long-term repetitive training to clean fingernails with suction brush. Assist to make adjustments to file nails of unaffected hand. Train to use adapted dispenser handles (simple levers), for deodorant and shaving cream, with supervision to alter amounts, stabilize containers with jar & bottle opener for one handed use. Adapt familiar electric razor with universal holder. If unfamiliar, but a valued activity, will need to start long-term repetitive training with constant cueing for operating controls; use brightly-colored fingernail polish to help discriminate controls. Use large, portable speech mirror for self-checking effects. May initiate at routine time of day. Finds supplies in familiar location. Combs, brushes, styles hair, or applies make-up to match a previous performance. May insist on familiar products, supplies, time of day or week. May miss hidden spots and prefer striking effects ("more is better"). Hazards are not anticipated. Supervise timed procedures (facial masks, hair dyes, hot curlers).

DRESSING: Simplify selection by reducing number of available garments, or group into ready-to-wear combinations. Suggest changes for inappropriate choices. Assist with small/hidden/unusual fasteners. Adapt fasteners with velcro for one-handed use, and demonstrate modification of actions, begin long-term repetitive training to alter familiar sequence, match striking visible cues. Will need assistance to make adjustments for fit. May begin training with long-handled shoe horn (if patient is familiar with using shoe horn as part of regular routine) to don shoes if minimal adjustments are required; will need assistance with positioning device to unseen areas/make adjustments (heel). Cannot learn safety (hip) precautions, but can follow them one step at a time; little if no carry-over can be expected. Train to apply simple static wrist/hand splint but assist to adjust. Apply and adjust lower extremity splints. Provide minimum assistance with impaired body parts and body scheme problems. May initiate at routine time. Finds supplies in familiar location. Point out visible features to be considered in coordinating new items.

BATHING: Remind to bathe at routine time. Begin long-term repetitive training to sequence safe transfers to bath/shower chair, use safety rails to prevent falls. Use non-slip mat/treads. Place needed supplies in arm's reach. Apply wash mitt to affected hand (if minimally involved) and demonstrate modification of familiar action; otherwise provide minimum assistance to make adjustments for effective cleaning. Train in use of suction hand brush to wash unaffected hand. Demonstrate unusual faucet controls; open unusual product dispensers. May need help to adequately wash/rinse hair (not seeing/feeling film in hair). May leave unsupervised with set-up

** Recognizes abnormal behavior of others and stays away.

FUNCTIONAL GOALS:

- Will initiate, set self up, and complete routine ADL's with available supplies, with 34% cognitive assistance to solve new problems, make new motor adjustments, attend to unseen areas, and remember safety/medical precautions.
- Will use adaptive equipment with familiar movement patterns to complete routine tasks, with 34% cognitive assistance to remember safety/medical precautions.
- Will perform new exercise and mobility routines with 34% cognitive assistance to make new motor adjustments, remember safety/medical precautions.
- Will perform familiar instrumental activities with 34% cognitive assistance to adjust to new motor impairments, remember safety/medical precautions.
- Will be able to sequence self through simple instrumental activities with set-up, sample, matching 2 features at a time.
- Will be able to recognize trash when cued and follow verbal directions to clean up.
- Will try to act in a self-controlled manner when cued to demonstrate reliability in a social context.
- Will learn daily schedule of events and know day and date to follow a routine.

THERAPIST'S GOALS:

- Test for spatial relations in two dimensions.
- Test for form constancy.

TREATMENT METHODS:

Tests for spatial relations and form constancy often require matching for two features at a time and may start to be reliable. Understanding spatial relationships (e.g. to replicate complex block designs) would not be expected until level 5 and would effect the reliability of results if tested below that level.

Memorization of new steps will be slow, but faster than at 4.2 due to the ability to pay attention to more features and slow to normal processing speed. Learning new dressing techniques and adjustments to new physical constraints will be long and tedious. Tendency to be compliant may mask patient's true value for learning new techniques - hence discarded adaptive equipment once at home.

Self-Care:

FEEDING: Assist with new containers or difficult cutting requiring neuromuscular adjustments. May use simple adaptive equipment that accommodates customary actions (i.e.: dycem, plate guard, scoop dishes, side-cutting fork, built-up/cuffed/weighted utensils, off-set utensils with dominant side, adapted drinking cups/straws). May need large-bowled spoons if using non-dominant hand to decrease frustration/ensure adequate intake. May initiate coming to table at routine times. May see highly visible spills or dropped food items, but doesn't anticipate errors (pouring liquids too fast, tilting dishes being passed, picking up hot plate). May have trouble with waiting and opening unusual packages. May attempt to comply with standard social behavior when reminded. May not be able to eat and converse at same time. May not be able to alter pace of eating on request. May recognize well-learned special diets. May resist

Mode 4.4
Engaging Abilities and Following Safety Precautions
When the Person Can Complete a Goal

DESCRIPTION:

34% Cognitive Assistance: The person may live with someone who does a daily check on the environment, removing any safety hazards and solving problems when minor changes in the home occur. May be alone for part of the day with a procedure for obtaining help by phone or from a neighbor. May have a daily allowance and go to familiar places in the neighborhood. 34% minimum cognitive assistance is required to set-up new activities and clean-up after routine activities.

8% Physical Assistance is needed to assist with fine motor activities.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Pairs of Striking Cues

- ** Notices objects in plain sight, 3 - 4 feet in front of them or on either side.
- ** Notices objects placed on non-dominant side (left if right handed).
- ** Looks at a simple project and a sample of a completed project to assemble with size, shape, color, # to 4, checkerboard pattern, horizontal and vertical lines,
- ** Looks inside a box, drawer or other container with an inside and outside.
- ** Keeps track of games with turns.

Motor Control of Matching 2 Striking Cues at a Time

- ** Uses objects/ sample placed 3-4' in front and on either side.
- ** Refers to sample after each step if placed in range.
- ** Matches sample, 2 features at a time, and recognizes errors on own. Follows demonstration to correct errors. Requests a specific, familiar supply.
- ** Bends at waist or crosses to left/right side to reach for objects.
- ** Bends over objects to reach the back, does not turn object.
- ** Notes trash, mess and follows verbal cues to clean up.
- ** Acts in a self-controlled manner to demonstrate reliability.

Verbal Communication by Following Social Norms Inflexibly

- ** Gets new information by watching a demonstration, not by reading.
- ** Waits for and takes turns in games, waits for assistance.
- ** Learns own schedule of activities.
- ** Perceives and maintains continuity in relationships. Aware of bonds of commonality, support, aid.
- ** Aware of norms in language, customs, clothing, body adornment; maintains norms by mocking, censuring others. Excuses self when norms are broken.
- ** Forms religious or supernatural beliefs that are based, on the visible or concrete environment.

- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Install security door bars, gates, locks if wandering.
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.
- ** May benefit from a telephone amplifier.
- ** Provide built-up eating and writing utensils, weighted writing utensils.
- ** With the use of one hand, provide wash mitt, suction hand brush
- ** Install door knob extenders.
- ** Assist with putting on ankle/knee brace.
- ** Provide pick-up walker, wide base quad cane.
- ** Provide a male urinal.
- ** Provide an adapted shaving cream dispenser.
- ** With poor vision, provide a magnifier.
- ** Provide universal holders.

- ** Check cigarettes for smoldering ashes, not smoking in bed, and not leaving ash tray on chair arm.
- ** Check butane by not storing near a heat source, in sun light, or near hot water pipes
- ** Install and maintain smoke detectors, fire extinguisher.
- ** Plan and rehearse an escape route and an alternative route.
- ** If a fire occurs, close windows and doors and get out. If in doubt, get out.

Robbery

- ** Supply with daily spending money and manage all other finances.
- ** Remove valuables from plain sight in front of door, window, car seat. Secure doors and windows at front, back, and sides.
- ** Etch identification numbers on valuables, hide cash in a consistent but unusual place.

COMMUNITY

- ** Protect security by using a peep hole with chain lock and checking to see who has been buzzed through a security system.
- ** When leaving home, leave a light on in the living room and locate a spare house key.
- ** Prepare "no" statements for strangers and verify the identity of public officials.
- ** Rehearse not giving name and address to strangers.
- ** Call the head office to verify the identity of salesman.
- ** Limit telephone access to a few important numbers and monitor expense, interrupting and annoying others.
- ** Restrict access to driving a motor vehicle

WORK AND SOCIAL RELATIONS

Prevent unrealistic expectations and social conflict that have a greater than average chance of occurring by

- ** Supervising by showing how to do a new activity, one step at a time. Do not depend on signs or posted notes as reminders.
- ** Avoiding reading to get new information or to remind of what to do next.
- ** Limiting work hours to 2-3 hours per day.
- ** Allowing 2-3 times the normal rate to get the job done.
- ** Providing standby supervision while working.

PHYSICAL DISABILITY

- ** Use a sliding board to transfer from bed to chair to toilet.
- ** Use an overhead trapeze with cueing to hold body off bed.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.
- ** Prevent frustration by allowing to propel wheelchair forward and back using the rims. Assist with turning corners.
- ** Assist with active range of motion.
- ** Provide constant cueing to use overhead pulley and parallel bars.
- ** With high blood pressure, remind to stand up slowly and assist with getting out of a hot tub slowly.
- ** With a wheel chair, provide lock extension.

- ** Prevent waste or neglect by opening food containers and pouring liquids.
- ** Prevent spills by filling cup half full. Restrict access to hot food and fluid until cool.
- ** Prevent burns by allowing preparation of cold snack or sandwich.
- ** Restrict access to food if on a restricted diet, by keeping out of sight.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Prevent poor compliance with taking medication by handing measured liquids and pills to the person and checking swallowing.
- ** Prevent overdose by storing medications out of sight in child-proof containers.
- ** Prevent running out of medications by checking on supply and renewing prescriptions.

HOUSEKEEPING

Prevent accidents in the home that have a greater than average chance of occurring by taking the following precautions:

Injury

- ** Consider the value of monitoring the individual with a night light, home intercom system.
- ** Organize self-care supplies in a cupboard or drawer with items used daily in plain sight. Remove unnecessary, poisonous, or burnable items. Avoid changes in packaging that can be confused with another product, such as liquid soap for hand lotion.
- ** Remove access to power tools, flammable, toxins, cutting tools (knives, saw, shovel), and hot tools (iron, glue gun, stove, coffee pot).
- ** Do not leave alone to supervise the care of a child or a pet.
- ** Do not leave alone to prepare hot food that could burn or catch on fire.
- ** If a stove is used, check to be sure the stove is turned off, move pot holders, paper, and anything else that could burn away from heat, turn pot handles toward stove, and carry boiling water.

Falls

- ** Anchor down electrical cords, tape down curled or frayed rugs, and restrict access to wet or highly polished floors.
- ** Remove unstable chairs, tables, towel racks that might be grabbed onto for support.
- ** Remove clutter from stairs, clothing from banisters and hand rails, and repair deteriorating steps.
- ** Prevent climbing to reach something by replacing light bulbs, taking things in and out of cupboards, washing windows and curtains, hanging pictures, painting walls/woodwork.

Fires

- ** Take out the trash, remove stacks of papers and paper boxes. Make sure papers and burnable materials are not stored under stairs.
- ** Put a screen in front of the fireplace. Clean fireplace, chimneys and flues regularly.
- ** Prevent starting a fire with fluid, gas, or paraffin.
- ** Prevent burns by restricting possible contact with high heat sources.
- ** Remove electrical cords draped over or near a heat source and frayed cords.
- ** Turn appliances off during a power outage, ground plugs, remove excessive appliances from a circuit/outlet, and replace fuses with correct limit on amperage.
- ** With an electric blanket, prevent use of a hot water bottle or an extra blanket to avoid electric shock or burns.

spontaneous improvements that might warrant re-evaluation for further treatment (after discharge). Refer to ERTI-2 for home/community niches.

SAFETY:

The following warnings are ways of preventing common safety problems. The person is at greater than average risk for having these problems at this time.

MOVING/WALKING

- ** In a hospital bed, put the rails down to prevent falls by attempting to climb over rail.
- ** Prevent getting lost by escorting on one or two new routes until learned, pointing out hazards.
- ** Prevent accidents by escorting while walking in traffic and preventing from stepping in front of cars.
- ** Prevent falls by pointing out stairs, curbs, uneven surfaces; avoid walking on gravel, wet or slippery surfaces.
- ** Prevent falls by restricting access to steep, narrow, or circular stairs.
- ** Prevent falls by installing grab bars in bathroom and where dressed.
- ** Prevent falls by carrying items up and down stairs, using a hand rail.
- ** Prevent injury, overexertion, or lack of effectiveness by supervising exercise program and anticipating potential complications.

BATHROOM ACTIVITIES

- ** Prevent embarrassment by checking clothing adjustments and assisting with fasteners.
- ** Prevent getting lost by escorting to new bathroom when otherwise independent.
- ** Prevent toileting emergencies by reminding to go ahead of time.
- ** Prevent flooding by checking to see that the water is turned off.
- ** Prevent falls by not walking on wet, slippery floor and making sure that all needed items are in tub/shower. Install a non-skid rug on floor tiles.
- ** Prevent falls in bath tub by making sure that the bath mat is pushed down tight.
- ** Prevent falls after seated in tub by assisting with balance and sequence of movements to get out of the tub.
- ** Prevent electrical shock or burns by removing electrical appliances from the bathroom (radio, hair dryer, curling iron, razor, stereo.)
- ** Prevent allergies, chemical reactions, and fires by checking precautions on grooming supplies before independent use.
- ** Prevent confusion and resistance by allowing 2 to 3 times the usual rate to bathe and groom, as well as get dressed.
- ** Avoid missed hair and nail appointments by making and reminding to keep appointments.

DRESSING

- ** Prevent falls by removing loose fitting shoes or slippers.
- ** Avoid embarrassment by assisting with clothing selections.

EATING

- ** Prevent frustration by precutting food. Allow 2 to 3 times usual time to eat. Open packages. Follow food preferences by limiting choices to 3 specific possibilities.

Communication:

Monitor for opportunities to self-generate verbal directions for next step in familiar task; engage in verbal conflict as ritualized fighting (dehumanization, defamation, accusation, laughing at others). Provide activities to compare objects using words such as same, equal, opposite or other dualistic words (e.g., high/low, good/bad); differentiate between culture and nature; use classifications for family, kin, generations. Familiar, valued writing activities with simple adapted writing tools as needed. (Speech therapists should use large, portable mirror for teaching basic skills; train to use simple communication board with no more than 4 choices clearly marked in a linear sequence related to common needs.) Reading is not functional to follow directions; may ignore written directions. Practice classifications/comparisons with striking features, familiar themes. Will be able to correctly arrange 3-4 pictorial card sequences to describe a familiar activity. Refer to "Reality Orientation" for use of memory aids. May be trained to do simple writing splint, one feature/part at a time, with help for adjustments. Write name, alphabet, short sentences. May interrupt conversations of others to relate conversation to self. Will be able to follow taboos for word utterances. Monitor behavior in social activities and remind of standards.

Adaptive Equipment:

Patient may recognize the loss of gross motor capability, marked loss of strength, ROM, coordination, or balance as restricting ability to complete a sequence of actions. May accept adaptive equipment that uses familiar action sequences (e.g., velcro button fasteners) to do highly valued tasks. Understands purpose of the equipment when effect is immediate; does not understand secondary effects (i.e., prevention of contractures, energy conservation). If equipment requires neuromuscular adjustments in positioning or use (i.e., denture/nail/hand brushes), may abandon use, or use in an unsafe way (e.g., leaning on crutches or walkers).

Dycem; plate guards; scoop dishes; side-cutting fork; build-up/cuffed/weighted utensils; off-set utensils (with dominant side); large-bowled spoons; adapted cups(straws; straw holder; built-up tooth/hairbrush/blush; suction denture/nail hand brushes (dominant side preferable); adapted dispenser handles; toothpaste dispenser; cuffed electric razor; brightly-colored fingernail polish; velcro clothes/shoes fasteners; long-handled shoe horn; bath/shower chair; safety rails; non-skid mat/treads; wash mitt; elevated toilet seats; posture supports; overhead trapeze; sliding board; wheelchair, seat cushions; extended wheelchair brakes; brightly-colored tape to increase awareness of cues (rails, brakes); safety belts; familiar cane/(maybe) front-wheeled walker; simple, static splints/positioners; C-clamps and adapted paintbrush handles, loop scissors, magnifying glasses for crafts; writing aids; Speech-Teach Portable Mirror (also good for self-care); simple communication board (no more than 4 choices in a linear sequence) related to common needs); male urinal. (Maybe) pick-up walker; (maybe) simplified memory notebook; simple writing splint.

Caregiver Training:

Self-care/safety techniques; safe transfers, ambulation, and wheelchair use/maintenance; therapeutic exercises, instrumental activities. Train caregiver in basic neurophysiological principles and treatment methods incorporated into familiar activities for carry-over into home setting. Adjustment, wear/care and checking for pressure areas for splints (especially over sensory impaired parts). Provides set-up and cognitive prompts for instrumental activities. Use opaque containers for storing undesirable food at home. Restrict access to potentially dangerous objects. Educate in signs of higher cognitive functioning so they can monitor for/report any

especially bilateral motions to prevent “guarding” affected extremity as able. Demonstrate donning/doffing simple, static upper extremity splints, one step at a time; preadjust straps. Frequently check areas with impaired sensation. Avoid dynamic splinting as much as possible. May be trained to learn/count a simple graded exercise program without precautions.

Sensorimotor Techniques: Begin long-term training in situation specific settings while incorporating positioning and handling techniques. Establish position set and demonstrate cause and effects of techniques on patient’s own body (“shadowing” patient). Demonstrate desired movements one step at a time. Provide visual and tactile cueing to correct repeated errors in postural adjustments, pattern, speed and duration of transitional movements. May need assistance with diagonal maneuvers (crossing the midline), and will need assistance to plan actions before execution. May not be effective with severe sensory impairments. Do not expect patient to understand abstract neurophysiological principles; keep directions short (one step at a time) and concrete. Normalizing movements are therapist-guided.

Instrumental Activities:

INDIVIDUAL PROJECTS: Refer to ADM for selection. Provide set-up and sample within 24 inches in front of them or to dominate side. Patient is aware of a standard, able to sequence self through project matching flat design, with size, shape, color or number up to 2, assemble one feature at a time with a sample to compare. Able to check sample when error is recognized. May or may not correct, saying “I like it like that.” Provide adaptations, assistance with neuromuscular adjustments as needed. Probe for 4.4 awareness/actions as able (Refer to ADM for specifics).

SOCIAL PROJECTS: Recognizes concept of a “game”, begin practice with matching salient cues within the context of an activity (picture dominoes, modified memory/matching games, sorting objects for features and associated purpose). Will follow step-by-step directions to follow a new sequence but will not retain/generalize information. Shows obedience to authority or will give a verbal defense (“I like it like that”). Gives or shares possessions (i.e., owner has the right to use the object first and shares only when possession is acknowledged). May ask another person for assistance. May be intrusive with needs. Identifies with group membership, within and out of group. May have negative attitudes towards outsiders. Will be able to play simple, concrete games with more ease than at 4.0 (Memory is slightly better, but still moderately impaired). Will spontaneously match for size, shape, color or number up to 2, one feature at a time. May need to be reminded to take turns. “Strategy” is not an expectation. Recognizes reciprocity norms of give and take, with rules of obligation and exchange. Connects to customary occasions for giving and receiving gifts. May be fixed on a task or goal that is most important to them.

Reality Orientation:

May ask for day/date; remember one-hour increments, one activity at a time. May be trained to locate familiar calendar to inform self when cued. If highly valued, will refer to a memory notebook, but will be disorganized in its use; use a simplified version with striking visual cues of repeated, valued information. May not remember therapy schedule or refer to posted schedule. May not remember all of therapists’/nurses’ names, especially if contact is infrequent. May not remember what was done in therapy day/week before, or what functional goals are besides “walking.” Uses verbal conflict to protect territorial claims (e.g. May lose items, misconstrue situation and unfairly accuse others of stealing them).

Demonstrate unusual faucet controls; open unusual product dispensers. May need help to adequately wash/rinse hair (not seeing/feeling film in hair). May leave unsupervised with set-up for short period of time. Watch for floods, falls. Dry floor before attempting to transfer out of tub/shower. Patient may recognize need to bathe and ask if time is appropriate. Store supplies/products in visible locations within 24 inches of tub or shower. Patient may recognize a problem, need for physical assistance (for back, feet) and ask for help.

TOILETING: Provide needed supplies in visible locations for customary toileting routine (toilet paper, soap, towel). Begin long-term repetitive training to assist safe transfer with safety rails, accept use of unusual passive aids (elevated toilet sets, toilet supports). Monitor amount of toilet paper used, provide pre-cut amounts if necessary. Check for errors in adjusting garments; assist with fasteners as needed. Males may be trained to locate and use urinals. Patient may recognize difficulties that interfere with completion of toileting and ask for help. May be able to report change in bowel or bladder habits.

Mobility:

TRANSFERS: If unsteady, cue to change body position slowly to prevent losing balance. Begin situation specific, long-term repetitive training to perform safe transfer sequence (lock wheelchair brakes, use safety rails, overhead trapeze). Do not expect generalization of techniques. Provide striking visual cues to facilitate performance (wrapping brightly-colored tape around railings, on tips of extended brakes that are easily accessible in visual field). Use transfer belt for safety. Sequence through new procedures one step at a time with demonstration and increased time to process information. Carry-over will depend on long-term, repetitive training and is not expected to generalize to similar situations. Should be increased spontaneous response to striking visual cues (than at 4.0) to operate wheelchair brakes with cueing or follow safety precautions.

AMBULATION: Wheelchairs may be preferred for ambulation disabilities, as patient may not be able to safely use crutches (avoiding brachial plexus injury) or walkers (attending to environment while executing new sequence of actions; "carrying walker" while walking). Begin long-term repetitive training to lock/unlock brakes (See adapting brakes above), propelling self forward and back to cover space; assist to negotiate environmental barriers/in small areas. If, minimally involved, may be slowly training to re-use familiar cane/push front-wheeled walker, but will require constant supervision. May not note changes in terrain, a stair, an object on the ground, and may trip. Accompany to all new locations and environments that are highly stimulus laden or hazardous. May combine familiar actions into sequences with difficulty (e.g. lifting, place, step sequence of using pick-up walker). Does not understand potential hazards of incorrect use. More successful with familiar equipment, but may use incorrectly if distracted (e.g. "carrying" walker). May be able to learn familiar route with striking visual environmental cues easier than at 4.0. May be aware of changes in familiar landmarks. May fail to attend to activity or noises outside of visual field in front as he or she walks, but attends to one or two striking landmarks or cues. May ask for help if lost (Reinforce, give permission). May alter pace in response to perceived problem, such as bumpy terrain.

Therapeutic Exercises: Begin long-term repetitive training for ROM/strengthening exercises, one part and action at a time, short sets of 5-10 repetitions; have patient count with you. Provide constant tactile, visual, verbal cueing to correct improper positioning, unsafe motions. May need assistance with diagonal motions (crossing midline). Avoid training in self-ROM exercises to severely weakened joints (flaccid shoulder, wrist) to prevent over-stretching and medical complications; manually support these joints for safety. Avoid written/diagrammed instructions meant to be used by patient. Incorporate desired actions in familiar/instrumental activities.

adapted drinking cups/straws). May need large-bowled spoons if using non-dominant hand to decrease frustration/ensure adequate intake. Caution not to overfill containers. Plan for special dietary needs; point out/reinforce understanding of foods to avoid without expecting patient to understand abstract dietary principles (i.e., sugar free, low cholesterol) with minimum assistance. May ask for help with recognized errors (spillage from overfilled cup), to determine acceptability of new food items. May have difficulty waiting for others, for food to cool or be served, but understands explanations for delays. May follow food taboos, own food rituals. May relish sweets.

ORAL HYGIENE: Provide familiar tools in accessible location. Build-up/adapt toothbrush handle as needed. Open toothpaste if one-handed; cue to alter amount, or set up and train to use toothpaste dispenser (positioning brush, pressing long lever down/dispenses correct amount). Cue to brush unseen surfaces (neglect). Demonstrate modification of a familiar action, begin long-term repetitive training sequence to clean dentures with a suction denture brush for one-handed use. Provide appropriate length dental floss. Minimum/moderate assistance for flossing unseen teeth, making neuromuscular adjustments with minimum assistance. Store supplies in familiar and visible locations. Reinforce routine time.

GROOMING: Provide necessary, safe objects in visible locations, within arm's reach. Cue to attend to unseen surfaces (back of head, neglected side). Suggest corrections for socially unacceptable results (heavy make-up). Assist with mascara if unsteady. Supervise use of straight razors (may cut self), nail clipper, or chemicals (hair and nail products). Assist with new hairstyles, procedures, or tools. Build up/adapt brushes/combs/make-up tools as needed. Demonstrate modification of a familiar action, begin long-term repetitive training to clean fingernails with suction brush. Assist to make adjustments to file nails of unaffected hand. Train to use adapted dispenser handles (simple levers), for deodorant and shaving cream, with supervision to alter amounts, stabilize containers with jar & bottle opener for one handed use. Adapt familiar electric razor with universal holder. If unfamiliar, but a valued activity, will need to start long-term repetitive training with constant cueing for operating controls; use brightly-colored fingernail polish to help discriminate controls. Use large, portable speech mirror for self-checking effects. Store supplies in familiar and visible locations. Reinforce routine time.

DRESSING: Simplify selection by reducing number of available garments, or group into ready-to-wear combinations. Suggest changes for inappropriate choices. Assist with small/hidden/unusual fasteners. Adapt fasteners with velcro for one-handed use, and demonstrate modification of actions, begin long-term repetitive training to alter familiar sequence, match striking visible cues. Will need assistance to make adjustments for fit. May begin training with long-handled shoe horn (if patient is familiar with using shoe horn as part of regular routine) to don shoes if minimal adjustments are required; will need assistance with positioning device to unseen areas/make adjustments (heel). Cannot learn safety (hip) precautions, but can follow them one step at a time; little if no carry-over can be expected. Train to apply simple static wrist/hand splint but assist to adjust. Apply and adjust lower extremity splints. Provide maximum assistance with impaired body parts and body scheme problems. May be trained to don equipment as part of routine dressing. May learn to apply simple, static hand splint by matching one feature at a time. Patient may recognize error in splint adjustment and ask for help.

BATHING: Remind to bathe at routine time. Begin long-term repetitive training to sequence safe transfers to bath/shower chair, use safety rails to prevent falls. Use non-slip mat/treads. Place needed supplies in arm's reach. Apply wash mitt to affected hand (if minimally involved) and demonstrate modification of familiar action; otherwise provide maximum assistance to make adjustments for effective cleaning. Train in use of suction hand brush to wash unaffected hand.

- ** Uses praise of an item as a form of request and saves others from loss of face by not making a direct request.
- ** Expresses verbal conflict to protect own chair, bed.
- ** Seeks commonality between people or threatens to break off contact.
- ** Follows taboos for word utterances.
- ** Interrupts conversations of others to relate conversation to self.

FUNCTIONAL GOALS:

- Will initiate and complete routine ADL's with available supplies, with 38% cognitive assistance to solve new problems, make new motor adjustments, attend to unseen areas, and to remember safety/medical precautions.
- Will perform new exercise and mobility routines with 38% cognitive assistance to make new motor adjustments, remember safety/medical precautions.
- Will use adaptive equipment with familiar movement patterns to complete routine tasks, with 38% cognitive assistance to remember safety/medical precautions.
- Will be able to sequence self through simple instrumental activities with set-up and sample, matching one striking feature at a time.
- Will learn way around building, neighborhood to avoid getting lost.
- Will ask for assistance if lost.
- Will ask about day and date to keep track of the passage of time.

THERAPIST'S GOALS:

- Grossly test for memory. (Short term memory will probably test as "impaired.")
- Grossly test for tactile agnosia.
- Test for somatognosia
- Grossly test for topographical orientation with clearly visible environmental cues, repetition of familiar route for patient to match performance. (Do not have patient try to draw a route; too abstract.)

TREATMENT METHODS:

Matching is an implicit expectation of tests of tactile agnosia, constructional apraxia, and visual perception such as figure-ground, form constancy, and position. Initiation of activities, memory of prior activities and how to do them, and topographical orientation may be more reliably tested when the patient understands that he or she is asked to match a sample of behavior.

Allow ample time for task completion; 2-3 times average rate. Processing speed is slow; memorization of new steps will be very slow.

Self-Care:

FEEDING: Remind patient to check temperatures of hot foods (if using impaired extremity, assist with handling/consuming hot liquids and foods). Train in highly desired social manners. Assist with new containers or difficult cutting requiring neuromuscular adjustments. May use simple adaptive equipment that accommodates customary actions (i.e.: dycem, plate guard, scoop dishes, side-cutting fork, built-up/cuffed/weighted utensils, off-set utensils with dominant side,

Mode 4.2
Engaging Abilities and Following Safety Precautions
When the Person Can Differentiate Between the
Parts of an Activity

DESCRIPTION:

38% Cognitive Assistance: The person needs 24 hour supervision to remove dangerous objects outside of the visual field and to solve problems arising from minor changes in the environment. The person may spend a daily allowance, walk to familiar locations in the neighborhood, or follow a simple, familiar bus route. 38% minimum cognitive assistance is required to recognize and correct hazards in routine activities.

8% Physical Assistance for fine motor actions on all objects used in activities of daily living.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Part of a Simple Activity

- ** Aware of objects placed in plain sight, within 24" in front of them or to the right/left side.
- ** Aware of simple projects to assemble consisting of a flat design with size, shape, color, or number up to 2, and a sample to compare.
- ** Asks for information about the correct day and date when asked.
- ** Watches a demonstration of graded physical exercises.

Motor Control of Matching 1 Striking Cue

- ** Uses objects in plain sight, placed 24" in front of them on one side.
- ** Refers to sample when cued.
- ** Recognizes error on own and requests assistance to correct error. Requests for supplies in vague or ambiguous.
- ** Matches sample, one feature at a time.
- ** Does not clean up, note trash when cued.
- ** Learns location of stored priority supplies; sets self up to do routine activities as long as all supplies are available as expected.
- ** Learns way around building, neighborhood.
- ** Follows food taboos, own food rituals, may relish sweets.
- ** Spends a daily allowance.

Verbal Communication by Following Social Rituals Inflexibly

- ** Asks "what's next" or for help with errors. Interrupts others and demands assistance now.
- ** Asks day and date.
- ** Recognizes rules of give and take, with rules of obligation and exchange.
- ** Connects to customary occasions for giving and receiving gifts. Gives when a high priority or immediate satisfaction.

PHYSICAL DISABILITY

- ** Use a sliding board to transfer from bed to chair to toilet.
- ** Use an overhead trapeze with cueing to hold body off bed.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.
- ** Prevent frustration by allowing to propel wheelchair forward and back using the rims. Assist with turning corners.
- ** Assist with active range of motion by reminding to do exercises to prevent deformities.
- ** Provide constant cueing to use overhead pulley and parallel bars.
- ** With high blood pressure, remind to stand up slowly and assist with getting out of a hot tub slowly.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.
- ** May benefit from a telephone amplifier.
- ** Provide built-up eating and writing utensils, weighted writing utensils.
- ** With the use of one hand, provide wash mitt, suction hand brush.
- ** Install door knob extenders.
- ** Assist with putting on ankle/knee brace.
- ** Provide pick-up walker, wide base quad cane.
- ** Provide a male urinal.
- ** Provide an adapted shaving cream dispenser.
- ** With poor vision, provide a magnifier.

- ** Remove clutter from stairs, clothing from banisters and hand rails, and repair deteriorating steps.
- ** Prevent climbing to reach something by replacing light bulbs, taking things in and out of cupboards, washing windows and curtains, hanging pictures, painting walls/woodwork.

Fires

- ** Take out the trash, remove stacks of papers and paper boxes. Make sure papers and burnable materials are not stored under stairs.
- ** Put a screen in front of the fireplace. Clean fireplace, chimneys and flues regularly.
- ** Prevent starting a fire with fluid, gas, or paraffin.
- ** Prevent burns by restricting possible contact with high heat sources.
- ** Remove electrical cords draped over or near a heat source and frayed cords.
- ** Turn appliances off during a power outage, ground plugs, remove excessive appliances from a circuit/outlet, and replace fuses with correct limit on amperage.
- ** With an electric blanket, prevent use of a hot water bottle or an extra blanket to avoid electric shock or burns.
- ** Check cigarettes for smoldering ashes, not smoking in bed, and not leaving ash tray on chair arm.
- ** Check butane by not storing near a heat source, in sun light, or near hot water pipes
- ** Install and maintain smoke detectors, fire extinguisher.
- ** Plan and rehearse an escape route and an alternative route.
- ** If a fire occurs, close windows and doors and get out. If in doubt, get out.

Robbery

- ** Supply with daily spending money and manage all other finances.
- ** Remove valuables from plain sight in front of door, window, car seat. Secure doors and windows at front, back, and sides.
- ** Etch identification numbers on valuables, hide cash in a consistent but unusual place.
- ** Protect security by using a peep hole with chain lock and checking to see who has been buzzed through a security system.
- ** When leaving home, leave a light on in the living room and locate a spare house key.
- ** Prepare "no" statements for strangers and verify the identity of public officials.
- ** Rehearse not giving name and address to strangers.
- ** Call the head office to verify the identity of salesman.
- ** Limit telephone access to a few important numbers and monitor expense, interrupting others.

WORK AND SOCIAL RELATIONS

Prevent unrealistic expectations and social conflict that have a greater than average chance of occurring by

- ** Supervising by showing how to do a new activity, one step at a time. Do not depend on signs or posted notes as reminders.
- ** Avoiding reading to get new information or remind of what to do
- ** Limiting working hours to 2-3 hours per day.
- ** Allowing 2 to 3 times normal rate to get job done.
- ** Having someone in the area to watch while working.

- ** Prevent allergies, chemical reactions, and fires by checking precautions on grooming supplies before independent use. Watch while using straight razor, nail clippers or scissors, mascara if unsteady hands, fingernail polish or any other product that requires timing.
- ** Prevent confusion and resistance by allowing 2 to 3 times the usual rate to bathe and groom, as well as get dressed.
- ** Avoid missed hair and nail appointments by making and reminding to keep appointments.

DRESSING

- ** Avoid conflict and confusion by grouping clothes into outfits and limiting selections. Remove clothing that does not fit or causes embarrassment.
- ** Prevent falls by removing loose fitting shoes or slippers.
- ** Avoid embarrassment by assisting with clothing selections.

EATING

- ** Prevent frustration by precutting food. Allow 2 to 3 times usual time to eat. Open packages. Follow food preferences by limiting choices to 3 specific possibilities.
- ** Prevent waste or neglect by opening food containers and pouring liquids.
- ** Prevent spills by filling cup half full. Remind to check for hot food and fluid wait until cool.
- ** Prevent burns by allowing preparation of cold snack or sandwich.
- ** Restrict access to food if on a restricted diet, by keeping out of sight.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Prevent poor compliance with taking medication by handing measured liquids and pills to the person and checking swallowing.
- ** Prevent overdose by storing medications out of sight in child-proof containers.
- ** Prevent running out of medications by checking on supply and renewing prescriptions.

HOUSEKEEPING

Injury

- ** Consider the value of monitoring the individual with a night light, home intercom system.
- ** Organize self-care supplies in a cupboard or drawer with items used daily in plain sight. Remove unnecessary, poisonous, or burnable items. Avoid changes in packaging that can be confused with another product, such as liquid soap for hand lotion.
- ** Remove access to power tools, flammable, toxins, cutting tools (knives, saw, shovel), and hot tools (iron, glue gun, stove, coffee pot).
- ** Do not leave alone to supervise the care of a child or a pet.
- ** Do not leave alone to prepare hot food that could burn or catch on fire.
- ** If a stove is used, check to be sure the stove is turned off, move pot holders, paper, and anything else that could burn away from heat, turn pot handles toward stove, and carry boiling water.
- ** Restrict access to driving a motor vehicle

Falls

- ** Anchor down electrical cords, tape down curled or frayed rugs, and restrict access to wet or highly polished floors.
- ** Remove unstable chairs, tables, towel racks that might be grabbed onto for support.

care); simple communication board (no more than 4 choices in a linear sequence) related to common needs); male urinal.

Caregiver Training:

Self-care/safety techniques; safe transfers, ambulation, and wheelchair use/maintenance; therapeutic exercises, instrumental activities. Train caregiver in basic neurophysiological principles and treatment methods incorporated into familiar activities for carry-over into home setting. Adjustment, wear/care and checking for pressure areas for splints (especially over sensory impaired parts). Provides set-up and cognitive prompts for instrumental activities. Use opaque containers for storing undesirable food at home. Restrict access to potentially dangerous objects. Educate in signs of higher cognitive functioning so they can monitor for/report any spontaneous improvements that might warrant re-evaluation for further treatment (after discharge). Refer to ERTI-2 for home/community niches.

SAFETY:

The following suggestions are ways of preventing common problems that have a greater than average chance of occurring.

MOVING/WALKING

- ** In a hospital bed, put the rails down to prevent falls by attempting to climb over rail.
- ** Prevent getting lost by escorting on one or two new routes until learned, pointing out hazards.
- ** Prevent accidents by escorting while walking in traffic and preventing from stepping in front of cars.
- ** Prevent falls by pointing out stairs, curbs, uneven surfaces; avoid walking on gravel, wet or slippery surfaces.
- ** Prevent falls by restricting access to steep, narrow, or circular stairs.
- ** Prevent falls by installing grab bars in bathroom and where dressed.
- ** Prevent falls by carrying items up and down stairs, using a hand rail.
- ** Prevent injury, overexertion, or lack of effectiveness by supervising exercise program and anticipating potential complications.

BATHROOM ACTIVITIES

- ** Prevent embarrassment by checking clothing adjustments and assisting with fasteners.
- ** Prevent getting lost by escorting to new bathroom when otherwise independent.
- ** Prevent toileting emergencies by reminding to go ahead of time.
- ** Remind to bathe at a routine time each day and place necessary supplies in plain sight within arms reach. May need help getting shampoo out of back of hair.
- ** Prevent flooding by checking to see that the water is turned off.
- ** Prevent falls by not walking on wet, slippery floor and making sure that all needed items are in tub/shower. Install a non-skid rug on floor tiles and wipe up water spills/drips.
- ** Prevent falls in bath tub by making sure that the bath mat is pushed down tight.
- ** Prevent falls after seated in tub by assisting with balance and sequence of movements to get out of the tub.
- ** Prevent electrical shock or burns by removing electrical appliances from the bathroom sink area (radio, hair dryer, curling iron, razor, stereo.)

up paintbrush handles for weak grasp. Probe for 4.2 awareness/actions as able (refer to ADM for specifics).

SOCIAL PROJECTS: Recognizes concept of a “game”, begin practice with matching salient cues within the context of an activity (picture dominoes, modified memory/matching games, sorting objects for features and associated purpose). Will follow step-by-step directions to follow a new sequence but will not retain/generalize information. Shows obedience to authority or will give a verbal defense (“I like it like that”). Gives or shares possessions (i.e., owner has the right to use the object first and shares only when possession is acknowledged). May ask another person for assistance. May be intrusive with needs. Identifies with group membership, within and out of group. May have negative attitudes towards outsiders.

Reality Orientation:

May remember name, place, and familiar daily routine (not specific time; morning/noon/night). May not remember day/date; requiring repetitive cueing to refer to visibly large calendar with short retention of information. Sets own priorities for preferred activities (e.g., smoking) and may be able to associate with specific time in daily routine. Recognizes physical limitations that interfere with normal function. Recognizes cultural taboos for rape, murder, violence, copulation, and relieving self in public.

Communication:

Monitor for opportunities to self-generate verbal directions for next step in familiar task; engage in verbal conflict as ritualized fighting (dehumanization, defamation, accusation, laughing at others). Provide activities to compare objects using words such as same, equal, opposite or other dualistic words (e.g., high/low, good/bad); differentiate between culture and nature; use classifications for family, kin, generations. Familiar, valued writing activities with simple adapted writing tools as needed. (Speech therapists should use large, portable mirror for teaching basic skills; train to use simple communication board with no more than 4 choices clearly marked in a linear sequence related to common needs.) Reading is not functional to follow directions; may ignore written directions.

Adaptive Equipment:

Patient may recognize the loss of gross motor capability, marked loss of strength, ROM, coordination, or balance as restricting ability to complete a sequence of actions. May accept adaptive equipment that uses familiar action sequences (e.g., velcro button fasteners) to do highly valued tasks. Understands purpose of the equipment when effect is immediate; does not understand secondary effects (i.e., prevention of contractures, energy conservation). If equipment requires neuromuscular adjustments in positioning or use (i.e., denture/nail/hand brushes), may abandon use, or use in an unsafe way (e.g., leaning on crutches or walkers).

Dycem; plate guards; scoop dishes; side-cutting fork; build-up/cuffed/weighted utensils; off-set utensils (with dominant side); large-bowled spoons; adapted cups/straws; straw holder; built-up tooth/hairbrush/blush; suction denture/nail hand brushes (dominant side preferable); adapted dispenser handles; toothpaste dispenser; cuffed electric razor; brightly-colored fingernail polish; velcro clothes/shoes fasteners; long-handled shoe horn; bath/shower chair; safety rails; non-skid mat/treads; wash mitt; elevated toilet seats; posture supports; overhead trapeze; sliding board; wheelchair, seat cushions; extended wheelchair brakes; brightly-colored tape to increase awareness of cues (rails, brakes); safety belts; familiar cane/(maybe) front-wheeled walker; simple, static splints/positioners; C-clamps and adapted paintbrush handles, loop scissors, magnifying glasses for crafts; writing aids; Speech-Teach Portable Mirror (also good for self-

use of unusual passive aids (elevated toilet sets, toilet supports). Monitor amount of toilet paper used, provide pre-cut amounts if necessary. Check for errors in adjusting garments; assist with fasteners as needed. Males may be trained to locate and use urinals.

Mobility:

TRANSFERS: If unsteady, cue to change body position slowly to prevent losing balance. Begin situation specific, long-term repetitive training to perform safe transfer sequence (lock wheelchair brakes, use safety rails, overhead trapeze). Do not expect generalization of techniques. Provide striking visual cues to facilitate performance (wrapping brightly-colored tape around railings, on tips of extended brakes that are easily accessible in visual field). Use transfer belt for safety.

AMBULATION: Wheelchairs may be preferred for ambulation disabilities, as patient may not be able to safely use crutches (avoiding brachial plexus injury) or walkers (attending to environment while executing new sequence of actions; “carrying walker” while walking). Begin long-term repetitive training to lock/unlock brakes (See adapting brakes above), propelling self forward and back to cover space; assist to negotiate environmental barriers/in small areas. If, minimally involved, may be slowly training to re-use familiar cane/push front-wheeled walker, but will require constant supervision. May not note changes in terrain, a stair, an object on the ground, and may trip. Accompany to all new locations and environments that are highly stimulus laden or hazardous.

Therapeutic Exercises: Begin long-term repetitive training for ROM/strengthening exercises, one part and action at a time, short sets of 5-10 repetitions; have patient count with you. Provide constant tactile, visual, verbal cueing to correct improper positioning, unsafe motions. May need assistance with diagonal motions (crossing midline). Avoid training in self-ROM exercises to severely weakened joints (flaccid shoulder, wrist) to prevent over-stretching and medical complications; manually support these joints for safety. Avoid written/diagrammed instructions meant to be used by patient. Incorporate desired actions in familiar/instrumental activities, especially bilateral motions to prevent “guarding” affected extremity as able. Demonstrate donning/doffing simple, static upper extremity splints, one step at a time; preadjust straps. Frequently check areas with impaired sensation. Avoid dynamic splinting as much as possible.

Sensorimotor Techniques: Begin long-term training in situation specific settings while incorporating positioning and handling techniques. Establish position set and demonstrate cause and effects of techniques on patient’s own body (“shadowing” patient). Demonstrate desired movements one step at a time. Provide visual and tactile cueing to correct repeated errors in postural adjustments, pattern, speed and duration of transitional movements. May need assistance with diagonal maneuvers (crossing the midline), and will need assistance to plan actions before execution. May not be effective with severe sensory impairments. Do not expect patient to understand abstract neurophysiological principles; keep directions short (one step at a time) and concrete. Normalizing movements are therapist-guided.

Instrumental Activities:

INDIVIDUAL PROJECTS: Refer to ADM for selection. Provide set-up/sample for patient to perceive differences between own project and goal; recognize errors in size, shape, or color. May use figure-ground perception to put pieces together to form a design or pattern, match sample. May set own priorities, repeat errors or abandon task if not rescued. May need constant prompting to refer to sample, or may ignore sample. Set-up, adjust adaptations for one-handed use (preferably dominant side for better results) (C-clamp to stabilize, etc.); build

dishes, side-cutting fork, built-up/cuffed/weighted utensils, off-set utensils with dominant side, adapted drinking cups(straws). May need large-bowled spoons if using non-dominant hand to decrease frustration and ensure adequate intake. Caution not to overfill containers. Plan for special dietary needs; point out/reinforce understanding of foods to avoid without expecting patient to understand abstract dietary principles (i.e., sugar free, low cholesterol).

ORAL HYGIENE: Provide familiar tools in accessible location. Build-up/adapt toothbrush handle as needed. Open toothpaste if one-handed; cue to alter amount, or set up and train to use toothpaste dispenser (positioning brush, pressing long lever down/dispenses correct amount). Cue to brush unseen surfaces (neglect). Demonstrate modification of a familiar action, begin long-term repetitive training sequence to clean dentures with a suction denture brush for one-handed use. Provide appropriate length dental floss. Minimum/moderate assistance for flossing unseen teeth, making neuromuscular adjustments.

GROOMING: Provide necessary, safe objects in visible locations, within arm's reach. Cue to attend to unseen surfaces (back of head, neglected side). Suggest corrections for socially unacceptable results (heavy make-up). Assist with mascara if unsteady. Supervise use of straight razors (may cut self), nail clipper, or chemicals (hair and nail products). Assist with new hairstyles, procedures, or tools. Build up/adapt brushes/combs/make-up tools as needed. Demonstrate modification of a familiar action. Begin long-term repetitive training to clean fingernails with suction brush. Assist to make adjustments to file nails of unaffected hand. Train to use adapted dispenser handles (simple levers), for deodorant and shaving cream, with supervision to alter amounts, stabilize containers with jar & bottle opener for one handed use. Adapt familiar electric razor with universal holder. If unfamiliar, but a valued activity, will need to start long-term repetitive training with constant cueing for operating controls; use brightly-colored fingernail polish to help discriminate controls. Use large, portable speech mirror for self-checking effects.

DRESSING: Simplify selection by reducing number of available garments, or group into ready-to-wear combinations. Suggest changes for inappropriate choices. Assist with small/hidden/unusual fasteners. Adapt fasteners with velcro for one-handed use, and demonstrate modification of actions; begin long-term repetitive training to alter familiar sequence, match striking visible cues. Will need assistance to make adjustments for fit. May begin training with long-handled shoe horn (if patient is familiar with using shoe horn as part of regular routine) to don shoes if minimal adjustments are required; will need assistance with positioning device to unseen areas/make adjustments (heel). Cannot learn safety (hip) precautions, but can follow them one step at a time: little if no carry-over can be expected. Train to apply simple static wrist/hand splint but assist to adjust. Apply and adjust lower extremity splints. Provide maximum assistance with impaired body parts and body scheme problems.

BATHING: Remind to bathe at routine time. Begin long-term repetitive training to sequence safe transfers to bath/shower chair; use safety rails to prevent falls. Use non-slip mat/treads. Place needed supplies in arm's reach. Apply wash mitt to affected hand (if minimally involved) and demonstrate modification of familiar action; otherwise provide maximum assistance to make adjustments for effective cleaning. Train in use of suction hand brush to wash unaffected hand. Demonstrate unusual faucet controls; open unusual product dispensers. May need help to adequately wash/rinse hair (not seeing/feeling film in hair). May leave unsupervised with set-up for short period of time. Watch for floods, falls. Dry floor before attempting to transfer out of tub/shower.

TOILETING: Provide needed supplies in visible locations for customary toileting routine (toilet paper, soap, towel). Begin long-term repetitive training to assist safe transfer with safety rails, accept

- ** Shows obedience to authority or a verbal defense of self, "I like it like that."
- ** Gives or shares possessions; owner has the right to use the object first and shares only when possession is acknowledged.
- ** Identifies with group membership, with negative attitudes toward outsiders.
- ** Engages in verbal conflict as ritualized fighting: dehumanizing, belittling, accusing, or laughing at others.
- ** Differentiates between man made and natural objects.
- ** Uses names for classifying members of family, kin, generations.
- ** Recognizes cultural taboos for rape, murder, violence, copulation, and relieving self in public.
- ** States awareness of typical times for eating, feasting, showing hospitality to others, greeting people and customary day/night rhythms to daily life.

FUNCTIONAL GOALS:

- Will be goal-directed to sequence self through steps to complete a familiar self-care routine with set-up, increased time, and 42% cognitive assistance to solve new problems, make new motor adjustments, and to remember safety precautions.
- Will recognize a physical disability and the need for assistance.
- Will comply with 42% cognitive assistance needed to perform mobility and instrumental activities effectively and safely.
- Will use adaptive equipment with familiar movement patterns to complete routine tasks, with 42% cognitive assistance to remember safety precautions.
- Will be oriented to name place, and familiar daily routine.
- Will set own priorities for preferred activities to establish individual differences.
- Will recognize errors when doing instrumental activities, ask for assistance and attempt to fix mistakes, or abandon the task to comply with social standards.
- Will recognize own possessions and engage in rituals for giving and sharing to preserve social order.
- Will recognize group membership and use verbal means to resolve social conflicts.

THERAPIST'S GOALS:

- Patient is goal-directed: may begin reliable testing of dressing apraxia.
- May begin reliable testing of anosognosia, since patient should have a conscious awareness of physical impairments.

TREATMENT METHODS:

Allow ample time for completion of routines; 2-3 times average rate. Memorization of new steps will be extremely slow.

Self-Care:

FEEDING: Remind patient to check temperatures of hot foods (if using impaired extremity, assist with handling/consuming hot liquids and foods). Train in highly desired social manners. Assist with new containers or difficult cutting requiring neuromuscular adjustments. May use simple adaptive equipment that accommodates customary actions (i.e.: dycem, plate guard, scoop

Mode 4.0
Engaging Abilities and Following Safety Precautions
When the Person Can Sequence Self through the Steps to
Do a Short Term Activity

DESCRIPTION:

42% *Cognitive Assistance*: The person needs 24 hour supervision to remove dangerous objects and solve problems due to minor changes in routine activities. May fix self a cold snack or sandwich. 42% minimum cognitive assistance requires on-site supervision to recognize and correct hazards. Individual preferences in doing 1 or 2 important activities may be honored.

8% Physical Assistance for fine motor actions on all objects used in activities of daily living.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Activity to be Done

- ** Aware of activities with a sequence of steps: beginning, middle, and end for a sequence of steps to complete an activity.
- ** Looks at samples of designs, patterns from nature (flowers, animals, geometric shapes, household item).
- ** Notices objects in plain sight, within arms reach.
- ** Recognizes familiar possessions, new possessions, supplies used in self-care routines.
- ** Remembers information about 1 or 2 activities that have a high priority for the individual.
- ** Aware of friendly social greetings and signs of social rank.

Motor Control of Doing Routine Activities

- ** Sequences own actions and sustains awareness of goal for the duration of the activity.
- ** Does not spontaneously look at the sample; notes when shown.
- ** Does not set up to do an activity or clean up when finished.
- ** Does self-care routines without cues. Sets own priorities for preferred activities and learns location of supplies.
- ** Recognizes errors in size, shape, or color when asked; may not choose to correct the error, may repeat the error, or abandon the task if not helped. Asks for assistance.
- ** Recognizes day/night rhythms for doing activities. Measures passage of time by activity completion and may be disoriented to date and time of day.
- ** Recognizes a physical disability and the need to compensate.
- ** Uses understanding of pattern to put pieces together to form a design, matches the sample.

Verbal Communication by Remembering Current and Past Activities/Possession

- ** Self-generates verbal directions for next step in familiar task.
- ** Compares objects using words such as same, equal, or uses word opposites (high/low, good/bad).
- ** Asks another person for assistance.

**** Install door knob extenders.**

**** Assist with putting on ankle/knee brace.**

- ** Prevent falls by providing a stable chair with arms and a lap tray or table to prevent excessive pacing.
- ** Prevent fires by taking out the trash, removing stacks of papers and paper boxes.
- ** Prevent fires by putting a screen in front of the fireplace.
- ** Prevent burns by restricting possible contact with high heat sources.
- ** Prevent falls by anchoring down electrical cords, taping down curled or frayed rugs, and restricting access to wet or highly polished floors.
- ** Prevent falls by removing unstable chairs, tables, towel racks that might be grabbed onto for support.
- ** Prevent falls by removing clutter from stairs, clothing from banisters and hand rails, and repairing deteriorating steps.
- ** Prevent injury by removing access to power tools, flammable, toxins, cutting tools (knives, saw, shovel), and hot tools (iron, glue gun, stove, coffee pot).
- ** Prevent electrical fires and shocks by removing cords draped over or near a heat source and frayed cords.
- ** Prevent fires from cigarettes by checking for smoldering ashes, not smoking in bed, and not leaving ash tray on chair arm.
- ** Prevent telephone abuse by restricting access.
- ** Prevent robbery by supplying daily spending money and managing all other finances.

PHYSICAL DISABILITY

- ** Restrain from standing if unable to weight bear unless the effects of not being able to stand are visible and understood.
- ** Use a sliding board to transfer from bed to chair to toilet.
- ** Use an overhead trapeze with cueing to hold body off bed.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.
- ** Prevent frustration by allowing to propel wheelchair forward and back using the rims. Assist with turning corners.
- ** Assist with active range of motion by showing how to coordinate strengthening exercises and prevent deformities.
- ** Provide constant cueing to use overhead pulley and parallel bars.
- ** With high blood pressure, remind to stand up slowly and assist with getting out of a hot tub slowly.
- ** Use extra locks and lap tray on wheel chair. May sit without restraint.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Install security door bars, gates, locks if wandering.
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.
- ** Prevent reduced circulation by applying splints, poseys, soft safety straps, and positioners correctly and checking for skin redness.
- ** May benefit from a telephone amplifier.
- ** Provide built-up eating and writing utensils, weighted writing utensils.
- ** With the use of one hand, provide wash mitt, suction hand brush.

- ** Check water temperature before entering tub or shower to prevent scalding or resistance to bathing.
- ** Prevent flooding by checking to see that the water is turned off.
- ** Prevent falls by bathing and drying standing in shower or seated in tub. Hand soap and shampoo to the person and cue to cover body surfaces. May be left alone in tub or shower for a few minutes. Wipe up spilled water before exiting tub/shower.
- ** Prevent confusion and resistance by allowing plenty of extra time to change from sit to stand and feel secure in new position.
- ** Prevent matted hair and dandruff by washing and combing hair or laying supplies out in a left to right sequence in front of a large mirror.
- ** Prevent ingrown, broken, and dirty nails by watching use of nail scissors and providing an emery board and nail brush.
- ** Prevent allergies, chemical reactions, and fires by checking precautions on grooming supplies before independent use. May use lipstick, eyebrow pencil, make-up, blush, eye shadow, electric razor safely but with assistance to get a good appearance. Not safe in using mascara. Watch use of straight razor and point out missed spots.

DRESSING

- ** Prevent reduced circulation by dressing in loose fitting clothes and checking for skin redness.
- ** Prevent falls by removing loose fitting shoes or slippers.
- ** Prevent confusion and resistance by selecting clothing and laying out in a left to right sequence to put on.

EATING

- ** Prevent malnutrition by precutting food. Allow 2 to 3 times usual time to eat. Open packages. Follow food preferences by limiting choices to 3 specific possibilities.
- ** Prevent waste or neglect by opening food containers and pouring liquids.
- ** Prevent spills by filling cup half full. Restrict access to hot food and fluid until cool.
- ** Prevent embarrassment and annoyance by drilling in table manners, one at a time, for several weeks to use a napkin to wipe mouth and clean up spilled food.
- ** Prevent burns by allowing preparation of cold snack or sandwich.
- ** Restrict access to food if on a restricted diet.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Prevent poor compliance with taking medication by handing measured liquids and pills to the person and checking swallowing.
- ** Prevent overdose by storing medications out of sight in child-proof containers.

HOUSEKEEPING

- ** Prevent behavioral problems by setting up objects that can cover space and be placed in a row such as on a cookie sheet, food on a tray, coloring, painting, writing. Set up objects to be stacked such as magazines or towels. Set up objects to be sorted or matched such as nuts and bolts or forks and spoons. Consider the person's likes and dislikes in the selection of objects.
- ** Prevent exhaustion and frustration by limiting the number of objects set out to those that can be used up in 30 to 45 minutes.
- ** Consider the value of monitoring the individual with a night light, home intercom system.

Adaptive Equipment:

Patient may recognize visible effects of a physical disability when this is pointed out, but may not understand medical causes. Awareness of task completion with equipment in place may increase acceptance of equipment and compliance with safety precautions. Bib; built-up utensils; adaptive aids to approximate normal hand position (universal cuff, utensil holders); side-cutting fork (with assistance to position for cutting); plate guard/scoop dish; dycem; wash mitt; velcro pants fly (for urgency); ambulation/transfer belts; transfer board; non-skid floor mat/treads; wheelchair; opaque lap board (to provide contrasts for objects) with molded edges (for safety and to prevent objects from slipping off, may also be adapted with safe common objects velcroed on to facilitate grasping/pulling/manipulating, with assistance to reattach as necessary). Partitioned plate; cuff handle for electric shaver; built-up weighted writing aids. Rear-mounted wheelchair brakes; C-clamps to stabilize craft materials for one-handed use. Suction hand/denture brushes; Speech-Teach Portable Mirror. Familiar cane.

Caregiver Training:

Self-care techniques; safe transfers ambulation, and wheelchair use; therapeutic exercises, instrumental and communication activities. Teach to incorporate sensorimotor techniques into simple self-care actions as applicable. Apply P/AAROM exercises, splinting/positioners as needed for safety/preventing medical complications. Since patient may be more verbal and initiating trained actions, may present as more "normally" functioning. Remind caregiver to consistently use cognitive prompts and have realistic expectations. Educate in signs of higher functioning so they can monitor for/report any spontaneous improvements.

SAFETY:

The following suggestions are ways of preventing common problems that are at a greater than average risk of occurring at this time.

MOVING/WALKING

- ** In a hospital bed, put the rails down to prevent falls by attempting to climb over rail.
- ** Prevent getting lost by escorting outside of an enclosed space and preventing wandering. Install security door, gates or locks.
- ** Prevent falls by pointing out stairs, curbs, uneven surfaces; avoid walking on gravel, wet or slippery surfaces.
- ** Prevent falls by restricting access to steep, narrow, or circular stairs.
- ** Prevent falls by installing grab bars in bathroom and where dressed. Cue to use.
- ** Prevent falls by carrying items up and down stairs, using a hand rail.
- ** Prevent muscle weakness and bone deterioration by demonstrating and continuously cueing to do active range of motion of arms, legs, and hips. Include the use of reciprocal pulleys, playing catch, singing songs with actions, counting exercises, showing how to improve coordination of strengthening exercises, or stabilize self with a cane.

BATHROOM ACTIVITIES

- ** Avoid waste of paper by showing how to tear toilet paper. .
- ** Prevent the spread of disease by reminding to wash hands and flush toilet.
- ** Prevent embarrassment by checking clothing adjustments and assisting with fasteners. Ask to tell you when done toileting.

(wiping longer, harder, using less paper) for more effective results. Patient can recognize completion and inform when through.

Mobility:

TRANSFERS: Cue to change body position slowly to prevent losing balance. Will not remember particular sequences or safety precautions.

AMBULATION: If ambulatory, cue to alter pace; redirect attention if distracted. Cue to modify pace as needed. Train to walk to new destinations/recognize arrival in residence. May be able to begin to recognize visible effects of walking disability, remember simple sequence to stabilize self safely with familiar cane.

WHEELCHAIRS: Recommended for moderate/severe ambulation difficulties. Initiate drilling to use both rims to propel forward back. Position weak body parts for patient. Demonstrate locking/unlocking brakes with directive cues. Complete sequence of standard procedures for safety without expecting patient to remember. Provide open space to maneuver safely in. Install extra rear-mounted brakes to prevent wandering if in potentially unsafe area. Use safety restraints.

Therapeutic Exercises: Exercises: Cue to start, stop, count repetitive AROM or strengthening exercises. Keep directions simple (noun and verb). Apply PROM/AAROM, splinting/positioners as needed. Demonstrate change in duration or amount of ROM or strengthening exercise; provide cues to maintain. May recognize a completion of ROM/strengthening exercises.

Sensorimotor Techniques: Provide external support for position set; constant visual and tactile cues to alter movements, speed, duration of transitional movements while eliciting familiar repetitive actions to do simple self-care, stack cones. Incorporate synergistic movements (dominant side for best results) into familiar, repetitive activities. Halt perseverative movements. Patient may modify movements, speed, duration of transitional movements with constant visual and tactile cues for brief duration. May be able to learn to use synergistic movements of nondominant upper extremity to perform familiar activities after much repetitive drilling.

Instrumental Activities:

INDIVIDUAL PROJECTS: Refer to ADM for selection. Provide set-up for patient to use objects to cover space, place in a row, sort/match/stack objects for size, shape, or color on a flat (2 dimensional) surface, without expectation to spontaneously attend to or match a finished sample. Probe for 4.0 awareness/actions as able (See ADM for specifics.).

SOCIAL PROJECTS: Cue to take turn in simple 3-action sequences that require sorting or matching objects according to size, shape, color; gross motor activities to hit choice of 2-3 targets with safe objects to complete turn.

Reality Orientation:

Disoriented to day/date. Will be able to repeat information but not remember. Can learn daily routine of events and new destinations in residence with repetitive training in 3 weeks. Duration of sustained action is determined by available objects to do self-care and instrumental activities.

Communication:

Monitor for opportunities for patient to name an activity as a goal, announce sense of completion ("I'm done"); prompt for expressions of satisfaction/dissatisfaction of activities. Use developmental learning materials that require sorting/matching/stacking for size, shape, or color.

- Will use all objects/supplies to cover all visible space until done to achieve a sense of completion to perform self-care and instrumental activities with set-up and 46% cognitive assistance to complete necessary steps, attend to unseen areas, modify actions for better results; 46% cognitive assistance with difficult/unseen fasteners, check for and correct socially unacceptable errors.
- Will imitate a sequence of 3 actions to learn and remember new actions to use familiar adaptive equipment to perform self-care, mobility, and instrumental activities.
- Will learn daily routine of events in 3 weeks.
- Will learn new destinations in residence and recognize destination on arrival to avoid getting lost, in 3 weeks.
- Will name an activity as a goal, but may change or forget goal to self-direct actions.
- Will say “I’m done,” express surprise, satisfaction, dissatisfaction on task completion.

TREATMENT METHODS:

Self-Care:

FEEDING: Check food and liquid temperatures. Train in highly desirable social manners, one at a time, over several weeks. Assist with new containers or difficult cutting requiring neuromuscular adjustments. Cue to check surroundings for spilled food, wipe mouth. Plan and supervise special dietary needs.

ORAL HYGIENE: Provide objects at appropriate time of day. Remind to complete step in customary sequence (using mouthwash, rinsing mouth) if necessary. Cue to brush unseen surfaces. Demonstrate modification of a familiar action to clean dentures with suction denture brush for one-handed use. Provide appropriate length dental floss. Moderate assistance for flossing unseen teeth, making neuromuscular adjustments, checking results.

GROOMING: Provide necessary, safe objects at appropriate time of day. Cue to attend to unseen surfaces (back of head, sides of face), alter amounts (hair products, lotion, make-up) for more effective results. Check for and correct socially unacceptable results. Assist with potentially unsafe neuromuscular adjustments (mascara wand). Provide simple adapted aids (built-up, weighted) as needed. Demonstrate modification of familiar action to clean fingernails with suction hand brush.

DRESSING: Group clothing items in drawers or closet to assist proper selection, or provide corrections to poor selections (inappropriate to time of day, temperature, season, occasion, or may not be in proper condition). Assist with small/hidden/unusual fasteners. Demonstrate simple modifications in actions without expectation to carry-over to next time. Maximum assistance with impaired body parts/body scheme problems.

BATHING: Remind to bathe at routine time. Check water temperature. Sequence with verbal cues through correct routine. Remind to wash hidden areas (may try to wash back). Maximum assistance to wash hard-to-reach areas. Demonstrate simple modifications in actions for more effective results (rubbing harder or less hard); use of suction hand brush to wash unaffected hand; use of wash mitt. Premeasure amounts of shampoo or lotion. Monitor for impulsive actions that may result in falls. If showers are attempted, watch for flooding. Do not leave patient alone. Caregiver may leave patient for a short period.

TOILETING: Check quality of results. Stand-by assistance for fasteners. Pre-tear toilet paper to prevent excessive use. Remind to flush, wash hands. Demonstrate a modification of wiping

Mode 3.8
Engaging Abilities and Following Safety Precautions
When a Person Can Use All Objects and Sense
Completion of an Activity

DESCRIPTION:

46% Cognitive Assistance: The person needs 24 hour supervision to get supplies out for all activities of daily living, to check results, and to remove dangerous objects. The person may think that an activity is finished when the results are inadequate. 46% moderate cognitive assistance is required to complete self-care and protect from harm. Individual preferences for using up supplies can be honored.

10% Physical Assistance for fine motor actions on all objects used in activities of daily living.
Physical barriers or alarms to prevent getting lost and attempting to walk on anything other than flat surfaces without an escort. Put bed rails down to prevent attempts to climb over the top.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Effects of Actions on an Activity

- ** Aware of an activity, task to be done.
- ** Notices space to be covered, objects to place in a row on a flat surface.
- ** Remembers a sequence of 3 actions (sorting, matching, stacking).

Motor Control of Sequencing of Actions

- ** Places objects until all space is covered.
- ** Uses all objects within tunnel vision.
- ** Matches for size, shape, or color when objects are placed in a row.
- ** Learns action sequences to do a sequence of 3 steps without repetitive drilling.
- ** Learns new destinations in residence (dining room, coffee pot, TV) and recognizes arrival at a destination in @ 3 weeks.

Verbal Communication by Recognizing Activity Only When Done

- ** Names the activity to be done, but forgets what he/she is doing or changes the goal frequently.
- ** Says "I'm done . "
- ** Expresses surprise, satisfaction, dissatisfaction at task completion.
- ** Comprehends verbal directions to continue doing something.
- ** Learns new daily routine of events in @ 3 weeks.

FUNCTIONAL GOALS:

- Will follow a highly valued mealtime routine (including presenting self at regularly scheduled times, checking surroundings for spilled food, and wiping mouth with napkin) in 3 weeks, with set-up and 46% cognitive assistance to train one step at a time; 46% cognitive assistance with difficult neuromuscular adjustments.

- ** Prevent injury by removing access to power tools, flammable, toxins, cutting tools (knives, saw, shovel), and hot tools (iron, glue gun, stove, coffee pot).
- ** Prevent electrical fires and shocks by removing cords draped over or near a heat source and frayed cords.
- ** Prevent fires from cigarettes by checking for smoldering ashes, not smoking in bed, and not leaving ash tray on chair arm.
- ** Prevent telephone abuse by restricting access.
- ** Prevent robbery by supplying daily spending and managing all other finances.

PHYSICAL DISABILITY

- ** Restrain from standing if unable to weight bear.
- ** Use a sliding board to transfer from bed to chair to toilet.
- ** Use an overhead trapeze with cueing to hold body off bed.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.
- ** Prevent frustration by allowing to propel wheelchair forward and back using the rims. Assist with turning corners.
- ** Assist with active range of motion to prevent deformities in weakened arms/legs by showing how to do exercises correctly.
- ** Provide constant cueing to use overhead pulley and parallel bars.
- ** With high blood pressure, remind to stand up slowly and assist with getting out of a hot tub slowly.
- ** Use extra locks and lap tray on wheel chair. May sit without restraint.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Install security door bars, gates, locks if wandering.
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.
- ** Prevent reduced circulation by applying splints, poseys, soft safety straps, and positioners correctly and checking for skin redness.
- ** May benefit from a telephone amplifier.
- ** Provide built-up eating and writing utensils, weighted writing utensils.
- ** With the use of one hand, provide wash mitt, suction hand brush
- ** Install door knob extenders
- ** Assist with putting on an ankle/knee brace.

- ** Prevent matted hair and dandruff by washing and combing hair or set out brush/comb and shampoo with a large mirror and remind to cover all areas.
- ** Prevent ingrown or broken nails by cutting nails or providing an emery board to smooth nails.
- ** Prevent dental decay by cueing to brush all teeth.
- ** Prevent allergies, chemical reactions, and fires by checking precautions on grooming supplies before independent use. May use lipstick, eyebrow pencil, make-up and blush safely, but with questionable appearance. Mascara use is unsafe. May use electric razor or straight razor when areas can be seen in mirror or on self; point out missed spots under chin, back of legs.
- ** Prevent confusion about what to do next by setting supplies out in a left to right sequence.

DRESSING

- ** Prevent reduced circulation by dressing in loose fitting clothes and checking for skin redness.
- ** Prevent falls by removing loose fitting shoes or slippers.
- ** Prevent confusion and resistance by selecting clothing and laying out in a left to right sequence to put on. Cue to continue dressing.

EATING

- ** Prevent malnutrition, dehydration and choking by precutting food into small pieces, avoiding stringy or hard to chew foods. Allow 2 to 3 times usual time to eat. Open packages. Follow food preferences by limiting choices to 3 specific possibilities.
- ** Prevent waste or neglect by opening food containers and pouring liquids.
- ** Prevent spills by filling cup half full. Restrict access to hot food and fluid until cool.
- ** Prevent burns by allowing preparation of cold snack or sandwich.
- ** Restrict access to food if on a restricted diet and remove non-edibles if placed in mouth.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Prevent poor compliance with taking medication by handing measured liquids and pills to the person and checking swallowing.
- ** Prevent overdose by storing medications out of sight in child-proof containers.

HOUSEKEEPING

- ** Consider the value of monitoring the individual with a night light, home intercom system.
- ** Prevent falls by providing a stable chair with arms and a lap tray or table to prevent excessive pacing.
- ** Prevent fires by taking out the trash, removing stacks of papers and paper boxes.
- ** Prevent fires by putting a screen in front of the fireplace.
- ** Prevent burns by restricting possible contact with high heat sources.
- ** Prevent falls by anchoring down electrical cords, taping down curled or frayed rugs, and restricting access to wet or highly polished floors.
- ** Prevent falls by removing unstable chairs, tables, towel racks that might be grabbed onto for support.
- ** Prevent falls by removing clutter from stairs, clothing from banisters and hand rails, and repairing deteriorating steps.

common objects velcroed on to facilitate grasping/pulling/manipulating, with assistance to reattach as necessary). Partitioned plate; cuff handle for electric shaver; built-up weighted writing aids. Rear-mounted wheelchair brakes; C-clamps to stabilize craft materials for one-handed use. Suction hand/denture brushes; Speech-Teach Portable Mirror.

Caregiver Training:

Train in feeding, self-care, and communication techniques; safe transfers and ambulation; AROM and functional activities; PROM/AAROM, application/care of splints/positioners as needed. Rely on loved ones to provide particularly valued objects that would not be necessarily universal, pictures of family, etc. Teach simple sensorimotor positioning techniques that allow patient to assist with self-care as able. Recommend safety-proofing home if patient is ambulatory; protecting environment (e.g. toilet lid locks, locked containers/cabinets), camouflaging undesirable foods (opaque containers, etc.). Continue using sensorimotor techniques that allow patient to assist with self-care as able.

SAFETY:

The following suggestions are ways of preventing common problems that are greater than average risk of occurring at this time.

MOVING/WALKING

- ** In a hospital bed, put the rails down to prevent falls by attempting to climb over rail.
- ** Prevent getting lost by escorting outside of an enclosed space and preventing wandering. Install security door, gates or locks.
- ** Prevent falls by pointing out stairs, curbs, uneven surfaces; avoid walking on gravel, wet or slippery surfaces.
- ** Prevent falls by restricting access to steep, narrow, or circular stairs.
- ** Prevent falls by installing grab bars in bathroom and where dressed. Cue to use.
- ** Prevent falls by carrying items up and down stairs, using a hand rail.
- ** Prevent muscle weakness and bone deterioration by demonstrating and continuously cueing to do active range of motion of arms, legs, and hips. Include the use of reciprocal pulleys, playing catch, singing songs with actions, counting exercises, and frequent reminders of how to coordinate movements in strengthening exercises.

BATHROOM ACTIVITIES

- ** Avoid waste of toilet paper by showing how to tear paper..
- ** Prevent the spread of disease by reminding to wash hands and flush toilet.
- ** Prevent embarrassment by checking clothing adjustments and assisting with fasteners. Ask the person to tell you when done toileting.
- ** Check water temperature before entering tub or shower to prevent scalding or resistance to bathing.
- ** Prevent flooding by checking to see that the water is turned off.
- ** Prevent falls by bathing and drying standing in shower or seated in tub. Hand soap and shampoo to the person and cue to cover body surfaces. Consider a wash mitt and a suction hand brush if using one hand. Wipe up any water spills to prevent falls.
- ** Prevent confusion and resistance by allowing plenty of extra time to change from sit to stand and feel secure in new position.

Mobility:

TRANSFERS: Cue to change body position slowly to prevent losing balance. Will not remember particular sequences or safety precautions.

AMBULATION: If ambulatory, cue to alter pace; redirect attention if distracted. Cue to modify pace as needed.

WHEELCHAIRS: Recommended for ambulation difficulties. Initiate drilling to use both rims to propel forward back. Position weak body parts for patient. Demonstrate locking/unlocking brakes with directive cues. Complete sequence of standard procedures for safety without expecting patient to remember. Provide open space to maneuver safely in. Install extra rear-mounted brakes to prevent wandering if in potentially unsafe area. Use safety restraints.

Therapeutic Exercises: Cue to start, stop, count repetitive AROM or strengthening exercises. Keep directions simple (noun and verb). Apply PROM/AAROM, splinting/positioners as needed. Demonstrate change in duration or amount of ROM or strengthening exercise; provide cues to maintain.

Sensorimotor Techniques: Provide external support for position set; constant visual and tactile cues to alter movements, speed, duration of transitional movements while eliciting familiar repetitive actions to do simple self-care, stack cones. Incorporate synergistic movements (dominant side for best results) into familiar, repetitive activities. Halt perseverative movements. Patient may modify movements, speed, duration of transitional movements with constant visual and tactile cues for brief duration. May be able to learn to use synergistic movements of nondominant upper extremity to perform familiar activities after much repetitive drilling.

Instrumental Activities:

INDIVIDUAL PROJECTS: Set up activities to demonstrate how to have or improve the effects of actions (e.g. pin-wheels, wind-up toys, busy box with latches, ADL boards, bean bag toss to target, coloring); place objects along the perimeter or follow an edge, provide verbal cues to sequence actions, or go to the next step in simple craft activities (See ADM for suggestions/task analysis). Probe for 3.8 awareness/actions as able (See ADM for specifics.)

SOCIAL PROJECTS: Cue to wait a minute to take turn in simple games that require sorting objects according to size, shape, color; or matching with choice of two objects; or hitting targets with safe objects.

Reality Orientation:

Provide opportunities to use short phrases about the effects of actions, and using pronouns to differentiate between male and female (pictures).

Communication:

Provide opportunities to use short phrases about the effects of actions, and using pronouns to differentiate between male and female (pictures).

Adaptive Equipment:

Bib; built-up utensils; adaptive aids to approximate normal hand position (universal cuff, utensil holders); side-cutting fork (with assistance to position for cutting); plate guard/scoop dish; dycem; wash mitt; velcro pants fly (for urgency); ambulation/transfer belts; transfer board; non-skid floor mat/treads; wheelchair; opaque lap board (to provide contrasts for objects) with molded edges (for safety and to prevent objects from slipping off, may also be adapted with safe

- Will imitate actions to modify movements to perform mobility activities with 50% cognitive assistance to sustain actions; 50% cognitive assistance for safety.
- Will take turns in receiving assistance or playing a game when cued to wait a minute to avoid conflict.
- Will use short phrases about the effects of actions, and pronouns to differentiate between male and female.

TREATMENT METHODS:

Self-Care:

FEEDING: Cue to wait for others to sit before eating. Check food and liquid temperatures. Demonstrate a modification of an eating action (cutting, opening container, chewing with mouth shut) for better effects. Cue to alter rate of eating for better digestion, prevent choking.

ORAL HYGIENE: Initiate after eating based on a familiar association. Set up toothbrush/toothpaste/cup with water/basin (or by familiar sink) or denture plate/denture brush/cleaning paste/basin with water (or by familiar sink) in a linear sequence. Cue to sequence actions, demonstrate changes in location (position in mouth, perimeter of denture plate), altering amounts (paste) for more effective results. Demonstrate modification of a familiar action to clean dentures with suction denture brush for one-handed use. Moderate assistance for flossing.

GROOMING: Initiate after bathing based on a familiar association. Set up safe objects and tools in a linear sequence at familiar location, or bedside with amply large mirror. Cue to sequence actions while looking in mirror (Use large, portable speech mirror if bedside). Demonstrate changes in location (sides, back of hair, under chin when shaving, change finger for filing nails), altering amounts (hair products, lotion, make-up) for more effective results. May be able to use eyebrow pencil to follow shape of eyebrow/lipstick to follow lip shape with poor results; use emery board to follow shape of fingernail. Maximum assistance with applying mascara for safety. Adapt blush handles as needed. Check for and correct socially unacceptable results. Demonstrate modification of a familiar action to clean nails with suction hand brush for one-handed use.

DRESSING: Group clothing items in drawers or closet to assist proper selection, or provide corrections to poor selections (inappropriate to time of day, temperature, season, occasion, or may not be in proper condition). Assist with small/hidden/unusual fasteners. Demonstrate simple modifications in actions without expectation to carry-over to next time. Maximum assistance with impaired body parts/body scheme problems.

BATHING: Remind to bathe at routine time. Check water temperature. Sequence with verbal cues through correct routine. Remind to wash hidden areas (may try to wash back). Maximum assistance to wash hard-to-reach areas. Demonstrate simple modifications in actions for more effective results (rubbing harder or less hard); use of suction hand brush to wash unaffected hand; use of wash mitt. Premeasure amounts of shampoo or lotion. Monitor for impulsive actions that may result in falls. If showers are attempted, watch for flooding. Do not leave patient alone.

TOILETING: Check quality of results. Stand-by assistance for fasteners. Pre-tear toilet paper to prevent excessive use. Remind to flush, wash hands. Demonstrate a modification of wiping (wiping longer, harder, using less paper) for more effective results.

Mode 3.6
Engaging Abilities and Following Safety Precautions
When the Person Can Note the Effects of Actions on Objects

DESCRIPTION:

50% Cognitive Assistance: The person needs 24 supervision to provide the supplies needed for activities of daily living, sequence through the steps of toileting, bathing, grooming, and dressing, and remove access to dangerous objects. 50% moderate cognitive assistance is required to finish all steps and check results. Individual preferences for the effects that repetitive actions have on objects may be honored.

10% Physical Assistance for fine motor actions on all objects used in activities of daily living.
Physical barriers or alarms to prevent getting lost and attempting to walk on anything other than flat surfaces without an escort. Put bed rails down to prevent attempts to climb over the top.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Effects Actions Have on Objects

- ** Watches a demonstration of how to have an effect on an object: Pin-wheels, wind-up toys, busy box with latches, bean-bag toss, coloring.
- ** Listens to verbal direction to go to the next step in activities of daily living, simple craft activities, or to take a turn in games.
- ** Notices objects belonging inside or out of containers.

Motor Control of Following Demonstrated Effect

- ** Looks at the effect an action has on an object.
- ** Places objects along the perimeter or follows an edge.
- ** Sorts objects according to size, shape, color, or #2.
- ** Follows a demonstration for turning, latching, winding, blowing, tossing, stacking, peeling objects.
- ** Learns to imitate effects with repetitive drilling.

Verbal Communication by Remembering for a Minute

- ** Waits for a minute when told.
- ** Says short phrases about the effects of actions.
- ** Assumes there is one cause for effects.
- ** Uses pronouns with correct he/she reference.
- ** Remembers what action was done a minute ago.

FUNCTIONAL GOALS:

- Will sequence self through self-care actions when objects needed are set up in a linear sequence, with 50% cognitive assistance to finish necessary steps and check results.
- Will note effects that actions have on perimeter of body/objects while eating, doing self-care, and instrumental activities with 50% cognitive assistance to modify actions to improve results.

- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.
- ** Prevent frustration by reminding to use both rims of wheelchair to go forward and back.
- ** Assist with active range of motion of paralyzed arm/leg to prevent deformities. Place weak body parts in a safe position when moving from bed to chair to toilet. Remind to change position slowly to avoid losing balance.
- ** Provide constant cueing to use overhead pulley and parallel bars.
- ** With high blood pressure, remind to stand up slowly and assist with getting out of a hot tub slowly.
- ** Use extra locks and lap tray on wheel chair. May sit without restraint.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Install security door bars, gates, locks if wandering.
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.
- ** May benefit from a telephone amplifier.

EATING

- ** Prevent malnutrition, dehydration and choking by precutting food into small pieces, avoiding stringy or hard to chew foods. Allow 2 to 3 times usual time to eat. Open packages. Follow food preferences by limiting choices to 3 specific possibilities.
- ** Prevent spills by filling cup half full. Restrict access to hot food and fluid until cool.
- ** Prevent choking and poor digestion by asking to chew longer or slow down the rate of chewing.
- ** Restrict access to food if on a restricted diet and remove non-edibles if placed in mouth.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Prevent poor compliance with taking medication by handing measured liquids and pills to the person and checking swallowing.
- ** Prevent overdose by storing out of sight in child-proof containers.

HOUSEKEEPING

- ** Prevent behavioral problems by setting up simple repetitive actions that can be done safely without paying any attention to the effects of the actions.
- ** Prevent misunderstandings by allowing person to talk to self while doing a repetitive action.
- ** Consider the value of monitoring the individual with a night light, home intercom system.
- ** Prevent falls by providing a stable chair with arms and a lap tray or table to prevent excessive pacing.
- ** Prevent fires by taking out the trash, removing stacks of papers and paper boxes.
- ** Prevent fires by putting a screen in front of the fireplace.
- ** Prevent burns by restricting possible contact with high heat sources.
- ** Prevent falls by anchoring down electrical cords, taping down curled or frayed rugs, and restricting access to wet or highly polished floors.
- ** Prevent falls by removing unstable chairs, tables, towel racks that might be grabbed onto for support.
- ** Prevent falls by removing clutter from stairs, clothing from banisters and hand rails, and repairing deteriorating steps.
- ** Prevent injury by removing access to power tools, flammable, toxins, cutting tools (knives, saw, shovel), and hot tools (iron, glue gun, stove, coffee pot).
- ** Prevent electrical fires and shocks by removing cords draped over or near a heat source and frayed cords.
- ** Prevent fires from cigarettes by checking for smoldering ashes, not smoking in bed, and not leaving ash tray on chair arm.
- ** Prevent telephone abuse by restricting access.

PHYSICAL DISABILITY

Additional medical conditions can be compensated for with the following assistance that applies to this individual:

- ** Restrain from standing if unable to weight bear.
- ** Use a sliding board to transfer from bed to chair to toilet.
- ** Use an overhead trapeze with constant cueing to hold body off bed.

SAFETY:

The following suggestions are ways of preventing common problems that are a greater than average risk of occurring at this time.

MOVING/WALKING

- ** In a hospital bed, put the rails down to prevent falls by attempting to climb over rail.
- ** Prevent getting lost by escorting outside of an enclosed space and preventing wandering. Install security door, gates or locks. Open doors for access to safe areas.
- ** Prevent falls by pointing out stairs, curbs, uneven surfaces; avoid walking on gravel, wet or slippery surfaces.
- ** Prevent falls by restricting access to steep, narrow, or circular stairs.
- ** Prevent falls by installing grab bars in bathroom and where dressed. Cue to use.
- ** Prevent falls by holding chair steady, turning on lights in dark hallways or rooms.
- ** Prevent muscle weakness and bone deterioration by demonstrating and continuously cueing to do active range of motion of arms, legs, and hips. Include the use of reciprocal pulleys, playing catch, singing songs with actions, counting exercises out loud, and asking to change body position to prevent loss of balance.

BATHROOM ACTIVITIES

- ** Prevent toileting accidents by asking if needsto go 30 minutes after eating and every 2 hours.
Consider raised toilet seat, toilet support. Point direction to bathroom.
- ** Avoid waste of paper by handing pre-torn toilet paper. Ask to stop repetitive movements if unable to stop self.
- ** Prevent the spread of disease by reminding to wash hands and flush toilet.
- ** Check water temperature before entering tub or shower to prevent scalding or resistance to bathing.
- ** Prevent flooding by checking to see that the water is turned off. Wipe up spilled water before exiting tub/shower.
- ** Prevent falls by bathing and drying standing in shower or seated in tub. Hand soap and shampoo to the person and cue to cover body surfaces. Consider a wash mitt and a suction hand brush if using one hand.
- ** Prevent confusion and resistance by allowing plenty of extra time to change from sit to stand and feel secure in new position.
- ** Prevent matted hair and dandruff by washing and combing hair or hand brush and ask to change spot being brushed or stop action if unable to stop self.
- ** Prevent ingrown or broken nails by cutting and smoothing nails.
- ** Prevent dental decay by cueing to brush all teeth or stop action if unable to stop self. Ask to put paste on brush or do it for them.

DRESSING

- ** Prevent reduced circulation by dressing in loose fitting clothes and checking for skin redness.
- ** Prevent falls by dressing while seated and removing loose fitting shoes or slippers.
- ** Prevent confusion and resistance by selecting clothing and laying out in a left to right sequence to put on.
- ** Allow 3- 4 time the normal rate for getting dressed with constant reminders of what to put on or take off next .

Sensorimotor Techniques: Provide external support for position set; constant visual and tactile cues to alter movements, speed, duration of transitional movements while eliciting familiar repetitive actions to do simple self-care, stack cones. Incorporate synergistic movements (dominant side for best results) into familiar, repetitive activities. Halt perseverative movements.

Instrumental Activities:

INDIVIDUAL PROJECTS: Set up activities with repetitive actions without noting effects; cue to move, stop, do next action: simple crafts (sanding, staining, gluing, placing tile in a row left to right, snip paper/ribbon, wind yarn/twine, sewing in pre-punched holes. (See ADM for suggestions/task analysis), button shirts, simple fastener boards, polish shoes, stir juice, shell peas, hull strawberries, dust/wash table, fold clothes/towels; sweep/vacuum. Probe for 3.6 awareness/actions (See ADM for specifics.)

SOCIAL PROJECTS: Provide functional activities to say short phrases to communicate memories of common objects associated with actions, home (scrap books, magazines, "Reminiscing Boxes"). Write name with dominant hand. Apply simple writing aids as needed for impaired prehension. Cue to start, stop, count repetitive gross motor actions. Provide opportunities to talk to self about action while doing it.

Reality Orientation / Communication:

Provide functional activities to say short phrases to communicate memories of common objects associated with actions, home (scrap books, magazines, "Reminiscing Boxes"). Write name with dominant hand. Apply simple writing aids as needed for impaired prehension. Cue to start, stop, count repetitive gross motor actions. Provide opportunities to talk to self about action while doing it.

Adaptive Equipment:

Bib: built-up utensils; adaptive aids to approximate normal hand position (universal cuff, utensil holders); side-cutting fork (with assistance to position for cutting); plate guard/scoop dish; dycem; wash mitt; velcro pants fly (for urgency); ambulation/transfer belts; transfer board; non-skid floor mat/treads; wheelchair; opaque lap board (to provide contrasts for objects) with molded edges (for safety and to prevent objects from slipping off; may also be adapted with safe common objects velcroed on to facilitate grasping/pulling/manipulating, with assistance to reattach as necessary). Partitioned plate; cuff handle for electric shaver; built-up weighted writing aids. Rear-mounted wheelchair brakes; C-clamps to stabilize craft materials for one-handed use.

Caregiver Training:

Train in feeding, self-care, and communication techniques; safe transfers and ambulation; AROM and functional activities; PROM/AAROM, application/care of splints/positioners as needed. Rely on loved ones to provide particularly valued objects that would not be necessarily universal, pictures of family, etc. Teach simple sensorimotor positioning techniques that allow patient to assist with self-care as able. Recommend safety-proofing home if patient is ambulatory: protecting environment (e.g. toilet lid locks, locked containers/cabinets), camouflaging undesirable foods (opaque containers, etc.).

- Will sustain and move the location of actions when cued to perform mobility activities with 54% cognitive assistance to initiate actions, sequence steps: 54% cognitive assistance for safety.
- Will alter ambulation pace on command, with cueing to sustain pace when distracted.
- Will learn simple, daily routine events with long-term (more than 3 weeks) repetition.
- Will move about residence with knowledge of where frequently used rooms are located with supervision for safety.
- Will pick up and place objects in a row to create order in the use of objects.
- Will name actions while doing it to conceive of language associated with actions.

TREATMENT METHODS:

Self-Care:

FEEDING: Open packages, pour liquids. Provide opportunities to cut food with edge of spoon/fork (may try side-cutting fork with assistance); dycem to stabilize plate; plate guard to prevent spills. Provide simple built-up or apply cuffed utensils for impaired grasp as needed. Partitioned plate to facilitate distinguishing food items. Place napkin in hand; cue to wipe mouth. Cue to chew longer or slow down as necessary.

ORAL HYGIENE: Set up tools and objects at appropriate time of day. Sequence through actions. Stop perseverative actions. Check results. Moderate assistance for flossing. Do denture care.

GROOMING: Same assistance as with oral hygiene. Moderate assistance for arranging hair, applying make-up, and shaving with straight razors.

DRESSING: Select and lay out appropriate clothing in visible location. Project limited (2) choice of garments. Cue to begin dressing and monitor progress. Allow increased time for completing actions. Moderate assistance with unusual/unseen (in the back) fasteners. Adjust undergarments. Check results and correct errors (misaligned buttons, inside-out, mismatched socks or shoes, etc.).

BATHING: Remind when to bathe. Set up essential, safe tools at proper times. Check water temperature. Sequence with verbal cues through correct routine. May accept adaptations that allow dominant hand to be used in a normal manner (wash mitt). Moderate assistance to apply soaps, shampoo, lotions in correct amounts. Remind to wash hidden areas.

TOILETING: Check quality of results. Stand-by assistance for fasteners. Pre-tear toilet paper to prevent excessive use. Remind to flush, wash hands.

Mobility:

TRANSFERS: Cue to change body position slowly to prevent losing balance. Will not remember particular sequences or safety precautions.

AMBULATION: If ambulatory, cue to alter pace; redirect attention if distracted.

WHEELCHAIRS: Recommended for ambulation difficulties. Initiate drilling to use both rims to propel forward back. Position weak body parts for patient. Demonstrate locking/unlocking brakes with directive cues. Complete sequence of standard procedures for safety without expecting patient to remember. Provide open space to maneuver safely in. Install extra rear-mounted brakes to prevent wandering if in potentially unsafe area. Use safety restraints.

Therapeutic Exercises: Cue to start, stop, count repetitive AROM or strengthening exercises. Keep directions simple (noun and verb). Apply PROM/AAROM, splinting/positioners as needed.

Mode 3.4
Engaging Abilities and Following Safety Precautions
When a Person Can Sustain Actions on Objects

DESCRIPTION:

54% Cognitive Assistance: The person needs 24 hour nursing care to sequence through the routine steps of toileting, bathing, grooming and dressing. 54% moderate cognitive assistance is required to go to the next step in self-care activities. Individual preferences for repetitive actions that the person likes to do may be honored.

10% Physical Assistance for fine motor actions on all objects used in activities of daily living.
Physical barriers or alarms to prevent getting lost and attempting to walk on anything other than flat surfaces without an escort. Put bed rails down to prevent attempts to climb over the top.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Repeating an Action

- ** Aware of being told to move, stop, do next action.
- ** Able to sustain attention to a repetitive action for at least 1 minutes: dry dishes, polish shoes, stir juice, shell peas, hull strawberries, dust/wash table, fold clothes/linens, wind yarn/twine, tie knots, button shirts, sweep/vacuum, snip paper/ribbon, sew in pre-punched holes, propel wheelchair rim.

Motor Control of Placing Objects in a Row

- ** Locates bed, bathroom on own and learns new location in 2-3 weeks.
- ** Sustains repetitive actions for a minute or longer.
- ** Places objects in a row.
- ** Moves location of placement of action on cue.
- ** Does self-care routines with cues to do the next step and learns a new routine with repetitive drilling.
- ** May wander off and get lost.

Verbal Communication by Remembering Current Action

- ** Talks to self about action while doing it.
- ** Remembers action being done now.

FUNCTIONAL GOALS:

- Will sustain familiar repetitive actions and move the location of actions when cued to perform self-care and instrumental activities with 54% cognitive assistance to set up tools, initiate/stop perseverative actions, sequence steps; 54% cognitive assistance for flossing, arranging hair, applying correct liquid amounts, doing unusual/unseen fasteners, checking results/correcting errors; 54% cognitive assistance for safety.
- Will initiate and complete toileting in familiar environment with 54% cognitive assistance.

- ** Prevent falls by anchoring down electrical cords, taping down curled or frayed rugs, and restricting access to wet or highly polished floors.
- ** Prevent falls by removing unstable chairs, tables, towel racks that might be grabbed onto for support.
- ** Prevent falls by removing clutter from stairs, clothing from banisters and hand rails, and repairing deteriorating steps.
- ** Prevent injury by removing access to power tools, flammable, toxins, cutting tools (knives, saw, shovel), and hot tools (iron, glue gun, stove, coffee pot).
- ** Prevent electrical fires and shocks by removing cords draped over or near a heat source and frayed cords.
- ** Prevent fires from cigarettes by checking for smoldering ashes, not smoking in bed, and not leaving ash tray on chair arm.
- ** Prevent telephone abuse by restricting access.

PHYSICAL DISABILITY

- ** Restrain from standing if unable to weight bear.
- ** Use a sliding board to transfer from bed to chair to toilet.
- ** Use an overhead trapeze with constant cueing to hold body off bed.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.
- ** Prevent frustration by allowing to walk wheelchair with foot pedals up and not using the rim.
- ** Assist with active range of motion of paralyzed arm/leg to prevent deformities.
- ** Provide constant cueing to use overhead pulley and parallel bars.
- ** With high blood pressure, remind to stand up slowly and assist with getting out of a hot tub slowly.
- ** Use extra locks and lap tray on wheel chair. May sit without restraint.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Install security door bars, gates, locks if wandering.
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.
- ** Prevent reduced circulation by applying splints, poseys, soft safety straps, and positioners correctly and checking for skin redness.
- ** May benefit from a telephone amplifier.

- ** Prevent the spread of disease by reminding to wash, soap and dry hands and flush toilet if the handle is easy to push.
- ** Check water temperature before entering tub or shower to prevent scalding or resistance to bathing.
- ** Prevent flooding by checking to see that the water is turned off. Wipe up any spilled water before the person gets out of tub or shower to prevent falls.
- ** Prevent falls by bathing and drying standing in shower or seated in tub. Hand soap and shampoo to the person and cue to cover body surfaces.
- ** Prevent confusion and resistance by allowing plenty of extra time to change from sit to stand and feel secure in new position.
- ** Prevent matted hair and scalp infection by washing and combing hair or hand the brush to the person and ask to continue brushing and change location.
- ** Prevent ingrown or broken nails by cutting and smoothing nails.
- ** Prevent dental decay by cueing to brush all teeth. Put paste on the brush for them.

DRESSING

- ** Prevent reduced circulation by dressing in loose fitting clothes and checking for skin redness. Use Velcro closures to dress and undress self.
- ** Prevent falls by dressing while seated and removing loose fitting shoes or slippers.
- ** Select clothing and hand to the person, one piece at a time. Provide continuous cues to keep dressing and allow 3 to 4 times normal time to dress.

EATING

- ** Prevent malnutrition, dehydration and choking by precutting food into small pieces, avoiding stringy or hard to chew foods. Allow 2 to 3 times usual time to eat. Open packages. Follow food preferences by limiting choices to 3 specific possibilities.
- ** Prevent food mixing by providing a partitioned plate. Place napkin in hand and cue to wipe mouth.
- ** Prevent spills by filling cup half full. Restrict access to hot food and fluid until cool.
- ** Restrict access to food if on a restricted diet and remove non-edibles if placed in mouth.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Prevent poor compliance with taking medication by handing measured liquids and pills to the person and checking swallowing.

HOUSEKEEPING

- ** Prevent behavioral problems by supplying familiar objects that can be handled safely and talked about. Provide an opportunity to write name, look at magazines, photographs.
- ** Consider the value of monitoring the individual with a night light, home intercom system.
- ** Prevent falls by providing a stable chair with arms and a lap tray or table to prevent excessive pacing.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders. Prevent resistance by allowing to "walk" chair or pull self along a hallway railing. Steer chair around corners for the person.
- ** Prevent fires by taking out the trash, removing stacks of papers and paper boxes.
- ** Prevent fires by putting a screen in front of the fireplace.
- ** Prevent burns by restricting possible contact with high heat sources.

Reality Orientation / Communication:

Provide functional activities to say short phrases to communicate memories of common objects associated with actions, home (scrap books, magazines, "Reminiscing Boxes"). Write name with dominant hand. Apply simple writing aids as needed for impaired prehension.

Adaptive Equipment:

Bib; built-up utensils; adaptive aids to approximate normal hand position (universal cuff, utensil holders); side-cutting fork (with assistance to position for cutting); plate guard/scoop dish; dycem; wash mitt; velcro pants fly (for urgency); ambulation/transfer belts; transfer board; non-skid floor mat/treads; wheelchair; opaque lap board (to provide contrasts for objects) with molded edges (for safety and to prevent objects from slipping off; may also be adapted with safe common objects velcroed on to facilitate grasping/pulling/manipulating, with assistance to reattach as necessary). Partitioned plate; cuff handle for electric shaver; built-up weighted writing aids.

Caregiver Training:

Train in feeding, self-care, and communication techniques; safe transfers and ambulation; AROM and functional activities; PROM/AAROM, application/care of splints/positioners as needed. Rely on loved ones to provide particularly valued objects that would not be necessarily universal, pictures of family, etc.

SAFETY:

The following suggestions are ways of preventing common problems that are at a great than average risk of occurring at this time.

MOVING/WALKING

- ** In a hospital bed, put the rails down to prevent falls by attempting to climb over rail.
- ** Prevent getting lost by escorting outside of an enclosed space and preventing wandering. Install security door, gates or locks. Open doors to safe areas.
- ** Prevent falls by pointing out stairs, curbs, uneven surfaces; avoid walking on gravel, wet or slippery surfaces. Install bright colored, non-skid tape on steps.
- ** Prevent falls by restricting access to steep, narrow, or circular stairs.
- ** Prevent falls by installing grab bars in bathroom and where dressed. Cue to use.
- ** Prevent falls by holding chair steady, turning on lights in dark hallways or rooms.
- ** Prevent muscle weakness and bone deterioration by demonstrating and continuously cueing to do active range of motion of arms, legs, and hips. Include the use of reciprocal pulleys, playing catch, providing something to push around, and songs with associated actions.

BATHROOM ACTIVITIES

- ** Prevent toileting accidents by asking if needs to go 30 minutes after eating and every 2 hours. Consider raised toilet seat, toilet support. Point direction to bathroom.
- ** Avoid waste of paper by handing pre-torn toilet paper and asking to wipe.
- ** Prevent falls by asking to use grab bars to sit/stand at the toilet, assist with pulling pants up and closing zipper, adjusting clothing. Correct aim when men stand to urinate.

- Will write name with dominant hand (with simple adaptive aids, as needed), with 60% cognitive assistance to initiate and sustain actions.

TREATMENT METHODS:

Self-Care:

FEEDING: Open packages, pour liquids. Provide opportunities to cut food with edge of spoon/fork (may try side-cutting fork with assistance); dycem to stabilize plate; plate guard to prevent spills. Provide simple built-up or apply cuffed utensils for impaired grasp as needed. Partitioned plate to facilitate distinguishing food items. Place napkin in hand; cue to wipe mouth.

ORAL HYGIENE: Place toothbrush with toothpaste in visible close proximity. Cue to start and stop actions in one place.

GROOMING: Place brush/comb electric shaver (if familiar) in visible close proximity; cuff handle if needed. Cue to start and stop actions in one place without evaluating effects.

DRESSING: Select and hand garments to patient, one at a time. Redirect attention or cue to move as necessary. Loose clothing helps; velcro closures recommended.

BATHING: Place washcloth, soap, towel in patient's hand while seated in bath or shower chair. Cue to hold on the safety rails as needed. Initiate back and forth movements for brief duration. Apply wash mitt to (preferably) dominant hand as needed for weak grasp. Use non-skid mats/floor tread, wipe up water for safe transfer. Cue to start/stop actions with short commands.

TOILETING: Cue to pull down loose-fitting pants; grasp and tear toilet paper and wipe back and forth without noting results; pull up pants; flush toilet; wash hands with assistance to sequence actions. Check for skin problems (rash, breakdown).

Mobility:

Confine ambulation to safe, level areas. Supervise stair climbing. Reduce distraction from interesting objects by removing them from view. Use ambulation/transfer belts; cue to use safety rails/stable furniture for transfers. Remove hazards: use non-skid shoes, mats/treads for safety. Check position of chair before patient sits. Use safety restraints, lap board for safety. Demonstrate AROM exercises, including opening/closing hands. Sensorimotor techniques with moderate to maximum assistance to sequence actions. PROM/AAROM/splinting of paralyzed/weak extremities as needed. If in a wheelchair, cue to "walk" the chair with assistance to steer, pull self along hallway railing. Stop perseverative movements with verbal commands.

Instrumental Activities:

INDIVIDUAL PROJECTS: Provide functional activities to move objects in a back and forth motion in a directed location to experience acting on objects (bilateral sander, painting with brush, "writing"); adapt handles as needed for weak prehension. May try crafts in ADM to verify 3.2, probe for 3.4 awareness/actions. (See ADM for specifics.)

SOCIAL PROJECTS: Provide functional activities to say short phrases to communicate memories of common objects associated with actions, home (scrap books, magazines, "Reminiscing Boxes"). Write name with dominant hand. Apply simple writing aids as needed for impaired prehension.

Mode 3.2
Engaging Abilities and Following Safety Precautions
When the Person Can Distinguish between Objects

DESCRIPTION:

60% Cognitive Assistance: The person needs 24 hour nursing care to place objects in front of the person and assist with toileting, bathing, grooming, and dressing. One to one supervision requires 60% moderate cognitive assistance to sustain actions. Individual preferences in what the person likes to move may be honored.

10% Physical Assistance for fine motor actions on all objects used in activities of daily living.

Physical barriers or alarms to prevent getting lost and attempting to walk on anything other than flat surfaces without an escort. Put bed rails down to prevent attempts to climb over the top.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Moving Objects Back and Forth

** Notices familiar objects that can be moved: paint and brush, sandpaper, tiles, faucets, magazines, picture books, shampoo, loose fitting clothes, Velcro, reminiscing boxes. Caregiver must make sure that objects have no sharp edges and cannot be swallowed.

Motor Control of Hand Movements

** Moves objects in a back and forth motion but may not look at the effects of actions.
** Places objects like tiles or a paint brush in a random location on the table or paper.
** Distinguishes between objects by size, color, or shape.
** Actions are not sustained for longer than a few seconds.

Verbal Communication by Using Short Phrases

** Speaks in short phrases.
** Remembers past use of common objects.

FUNCTIONAL GOALS:

- Will distinguish between familiar self-care objects by size, shape, or color (i.e., hair vs. toothbrush).
- Will spontaneously grasp objects and move in a back and forth motion in approximate location to: brush teeth, comb hair, wash body, perform toileting hygiene, wipe mouth after eating, and pull self along hall-way railing with 60% cognitive assistance to initiate/sustain/stop actions, sequence steps to complete activities.
- Will grasp and begin correct actions of donning familiar garments, with 60% cognitive assistance to sustain actions and sequence steps to complete activity.
- Will "walk" while seated in a wheelchair, with 60% cognitive assistance to initiate/sustain actions and 60% cognitive assistance to steer chair (pt. will not be able to use rims to steer).
- Will use short phrases to communicate memories of familiar objects.

- ** Assist with active range of motion of paralyzed limb to prevent deformities.
- ** Provide constant cueing to use overhead pulley and parallel bars.
- ** With high blood pressure, remind to stand up slowly and assist with getting out of a hot tub slowly.
- ** Use extra locks and lap tray on wheel chair. May sit without restraint.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Install security door bars, gates, locks if wandering.
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.
- ** May benefit from a telephone amplifier.

** Prevent dental decay by brushing teeth for the person or handing a tooth brush with paste and asking to continue to brush.

DRESSING

** Prevent reduced circulation by dressing in loose fitting clothes and checking for skin redness.

** Prevent falls by dressing while seated and removing loose fitting shoes or slippers.

EATING

** Prevent malnutrition, dehydration and choking by precutting food into small pieces, avoiding stringy or hard to chew foods. Open packages. Allow 2 to 3 times usual time to eat. Follow food preferences by limiting choices to 3 specific possibilities.

** Prevent spills and dirty clothes by supplying a bib, built-up utensils, side-cutting fork, plate guard or scoop dish, dycem.

** Prevent spills by filling cup half full. Restrict access to hot food and fluid until cool.

** Restrict access to food if on a restricted diet and remove non-edibles if placed in mouth.

** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.

** Prevent poor compliance with taking medication by handing measured liquids and pills to the person and checking swallowing.

HOUSEKEEPING

** Prevent behavioral problems by supplying familiar objects that can be grasped safely and named.

** Consider the value of monitoring the individual with a night light, home intercom system.

** Prevent falls by providing a stable chair with arms and a lap tray or table to prevent excessive pacing.

** Prevent fires by taking out the trash, removing stacks of papers and paper boxes.

** Prevent fires by putting a screen in front of the fireplace.

** Prevent burns by restricting possible contact with high heat sources.

** Prevent falls by anchoring down electrical cords, taping down curled or frayed rugs, and restricting access to wet or highly polished floors. Install non-skid tape.

** Prevent falls by limiting walking or wheelchair mobility to even surfaces: no steps, curbs, thick rugs, shower rims, gravel, rocks, cracked side walks or raised door sills.

** Prevent falls by removing unstable chairs, tables, towel racks that might be grabbed onto for support.

** Prevent falls by removing clutter from stairs, clothing from banisters and hand rails, and repairing deteriorating steps.

PHYSICAL DISABILITY

** Restrain from standing if unable to weight bear.

** Use a sliding board to transfer from bed to chair to toilet.

** Use an overhead trapeze with constant cueing to hold body off bed.

** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.

** Prevent reduced circulation by applying splints, poseys, soft safety straps, and positioners correctly and checking for skin redness.

molded edges (for safety and to prevent objects from slipping off; may also be adapted with safe common objects velcroed on to facilitate grasping/pulling/manipulating, with assistance to reattach as necessary).

Caregiver Training:

Train in feeding, self-care, and communication techniques: safe transfers and ambulation; AROM and functional activities; PROM/AAROM, application/care of splints/positioners as needed.

SAFETY:

The following suggestions are ways of preventing common problems that have a greater than average risk of occurring at this time.

MOVING/WALKING

- ** In a hospital bed, put the rails down to prevent falls by attempting to climb over rail.
- ** Prevent getting lost by escorting outside of an enclosed space and preventing wandering. Install security door, gates or locks. Open doors to safe areas.
- ** Prevent falls by pointing out stairs, curbs, uneven surfaces; avoid walking on gravel, wet or slippery surfaces. Install bright colored, non-skid tape.
- ** Prevent falls by restricting access to steep, narrow, or circular stairs.
- ** Prevent falls by installing grab bars in bathroom and where dressed. Cue to use.
- ** Prevent falls by holding chair steady, turning on lights in dark hallways or rooms.
- ** Prevent muscle weakness and bone deterioration by demonstrating and continuously cueing to do active range of motion of arms, legs, and hips. Include the use of reciprocal pulleys, playing catch, provide something to push around, and sing songs with associated actions.

BATHROOM ACTIVITIES

- ** Prevent toileting accidents by asking if needs to go 30 minutes after eating and every 2 hours. Consider raised toilet seat, toilet support. Point direction to bathroom.
- ** Prevent falls by cueing to use grab bars to sit and stand at toilet. Correct the aim of men who stand to urinate.
- ** Avoid waste of paper by handing pre-torn toilet paper and ask to wipe. Avoid falls by assisting with pulling pants up, closing zipper and adjusting clothing.
- ** Prevent the spread of disease by reminding to wash, soap and dry hands and flush toilet if the handle is easy to push.
- ** Check water temperature before entering tub or shower to prevent scalding or resistance to bathing.
- ** Prevent flooding by checking to see that the water is turned off.
- ** Prevent falls by bathing and drying standing in shower or seated in tub. Hand soap and shampoo to the person, initiate action, and cue to cover body surfaces.
- ** Prevent falls by wiping up spilled water before moving out of tub/shower.
- ** Prevent confusion and resistance by allowing plenty of extra time to change from sit to stand and feel secure in new position.
- ** Prevent matted hair and dandruff by washing and combing hair or handing a hair brush, initiate action and asking to continue to brush.
- ** Prevent ingrown or broken nails by cutting and smoothing nails.

TREATMENT METHODS:

Self-Care:

FEEDING: Open packages, pour liquids. Provide opportunities to cut food with edge of spoon/fork (may try side-cutting fork with assistance); dycem to stabilize plate; plate guard to prevent spills. Provide simple built-up or apply cuffed utensils for impaired grasp as needed.

ORAL HYGIENE: Offer toothbrush with toothpaste within 6" eye level. Initiate back and forth action for brief duration. Build up handle as needed.

GROOMING: Offer brush/comb at eye level. Initiate back and forth action in one place for brief duration. Adapt handles as needed.

DRESSING: Offer garment at eye level. Provide cues to push arm or leg through garment and sequence actions (See assistance at 2.6).

BATHING: Place washcloth, soap, towel in patient's hand while seated in bath or shower chair. Cue to hold on the safety rails as needed. Initiate back and forth movements for brief duration. Apply wash mitt to (preferably) dominant hand as needed for weak grasp. Use non-skid mats/floor treads, wipe up water for safe transfer.

TOILETING: Confirm need to toilet. Provide moderate assistance with clothing (patient may pull down loose-fitting pants), maximum assistance with fasteners and hygiene (patient may grasp toilet paper placed in hand and briefly wipe back and forth ineffectively). Correct men's aim if standing up to urinate. Cue to flush if handle offers little resistance. Cue to wash hands with assistance to sequence actions.

Mobility:

Confine ambulation to safe, level areas. Supervise stair climbing. Reduce distraction from interesting objects by removing them from view. Use ambulation/transfer belts; cue to use safety rails/stable furniture for transfers. Remove hazards; use non-skid shoes, mats/treads for safety. Check position of chair before patient sits. Use safety restraints, lap board for safety. Demonstrate AROM exercises, including opening/closing hands. Sensorimotor techniques with moderate to maximum assistance to sequence actions. PROM/AAROM/splinting of paralyzed/weak extremities as needed.

Instrumental Activities:

INDIVIDUAL PROJECTS: May try crafts in ADM to verify 3.0, probe for 3.2 awareness/actions. (See ADM for specifics.)

SOCIAL PROJECTS: Provide functional activities to grasp/release/throw/catch safe objects. Provide opportunities to name objects, associated verbs, state Name.

Reality Orientation / Communication:

Provide functional activities to grasp/release/throw/catch safe objects. Provide opportunities to name objects, associated verbs, state Name.

Adaptive Equipment:

Bib; built-up utensils; adaptive aids to approximate normal hand position (universal cuff, utensil holders); side-cutting fork (with assistance to position for cutting); plate guard/scoop dish; dycem; wash mitt; velcro pants fly (for urgency); ambulation/transfer belts; transfer board; non-skid floor mat/treads; wheelchair; opaque lap board (to provide contrasts for objects) with

Mode 3.0
Engaging Abilities and Following Safety Precautions
When the Person Can Grasp Objects

DESCRIPTION:

64% Cognitive Assistance: The person needs 24 hour nursing care to place safe objects in front of the person and assist with toileting, bathing, grooming, and dressing. 64% moderate cognitive assistance is required to elicit and sustain habitual motions for self-care. Individual preferences for handling different objects may be honored.

10% Physical Assistance for fine motor actions on all objects used in activities of daily living.
Physical barriers or alarms to prevent getting lost and attempting to walk on anything other than flat surfaces without an escort. Put bed rails down to prevent attempts to climb over the top.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Handling Material Objects

** Aware of familiar objects: comb, hair brush, tooth brush and paste, soap and wash cloth, paper and pencil, gloves, stuffed animals, dolls, shells, flowers, small statues. Caregiver must make sure that objects have no sharp edges and cannot be swallowed.

Motor Control of Hands

** Reaches for, grasps, holds, feels, and releases objects.

Verbal Communication by Using Nouns and Verbs

** Names objects and may say associated verbs.

** States own name when asked.

FUNCTIONAL GOALS:

- Will reach for, grasp, hold, and feel material objects to perceive and evaluate common objects for feeding and self-care, with 64% cognitive assistance (feeding) and 64% cognitive (other self-care) assistance to initiate/sustain actions, sequence steps to complete activities.
- Will recognize need to use toilet and perform toileting with 64% cognitive assistance to initiate/sustain actions, sequence steps for completing pericare, dressing, and hygiene.
- Will name common objects and use associated verb to communicate the ordinary use of the object.
- Will grasp and name a sequence of objects with continuous cueing to differentiate between objects.
- Will state own name when asked "What is your Name?"

- ** Use a sliding board to transfer from bed to chair to toilet.**
- ** Use an overhead trapeze with constant cueing to hold body off bed.**
- ** Prevent reduced circulation by applying splints, poseys, soft safety straps, and positioners correctly and checking for skin redness.**
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.**
- ** Assist with active range of motion to prevent contractures in paralyzed arms/legs.**
- ** Provide constant cueing to use overhead pulley and parallel bars.**
- ** With high blood pressure, remind to stand up slowly and assist with getting out of a hot tub slowly.**
- ** Use extra locks and soft lap tray on wheel chair. May/may not sit without restraint.**
- ** Use raised toilet seat, toilet support, bedside commode.**
- ** Use safety belt to stand and walk if balance is unsteady.**
- ** Install security door bars, gates, locks if wandering.**
- ** Use bath chair with arms, or tub/shower bench, hand held shower head.**
- ** May benefit from a telephone amplifier.**

- ** Prevent confusion and resistance by allowing plenty of extra time to change from sit to stand and feel secure in new position.
- ** Prevent matted hair and dandruff by washing and combing hair. Ask to put head under faucet and assist with balance.
- ** Prevent ingrown, cutting or broken nails by cutting and smoothing nails.
- ** Prevent dental decay by brushing teeth for the person or telling to do each step and assisting with balance when bends over to brush or spit.

DRESSING

- ** Prevent reduced circulation by dressing in loose fitting clothes and checking for skin redness. Ask to move parts of the body as needed.
- ** Prevent falls by dressing while seated and removing loose fitting shoes or slippers.

EATING

- ** Prevent malnutrition, dehydration and choking by precutting food into small pieces, avoiding stringy or hard to chew foods. Allow 2 to 3 times usual time to eat. Follow food preferences by limiting choices to 3 specific possibilities.
- ** Prevent spills by filling cup half full. Restrict access to hot food and fluid until cool.
- ** Restrict access to food if on a restricted diet and remove non-edibles if placed in mouth.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Prevent poor compliance with taking medication by handing measured liquids and pills to the person and checking swallowing.

HOUSEKEEPING

- ** Consider the value of monitoring the individual with a night light, home intercom system.
- ** Prevent falls by providing a stable chair with arms and a lap tray or table to prevent excessive pacing.
- ** Prevent falls by removing moveable or unstable furniture.
- ** Prevent fires by taking out the trash, removing stacks of papers and paper boxes.
- ** Prevent fires by putting a screen in front of the fireplace.
- ** Prevent burns by restricting possible contact with high heat sources.
- ** Prevent falls by anchoring down electrical cords, taping down curled or frayed rugs, and restricting access to wet or highly polished floors.
- ** Prevent falls by limiting walking or wheelchair mobility to even surfaces; no steps, curbs, thick rugs, shower rims, gravel, rocks, cracked side walks or raised door sills.
- ** Prevent falls by removing unstable chairs, tables, towel racks that might be grabbed onto for support.
- ** Prevent falls by removing clutter from stairs, clothing from banisters and hand rails, and repairing deteriorating steps. Put bright colored, non-skid tape on the edge of steps.

PHYSICAL DISABILITY

Additional medical conditions can be compensated for by providing the following assistance for this person:

- ** Restrain from standing if unable to weight bear.

Communication:

Provide functional activities to sing songs on cue. Teach new songs with simple associated actions (hand-clapping, foot-stomping, rhythmical marching, swaying). Provide opportunities to name and learn a target for actions.

Adaptive Equipment:

Bib; plate guard; large bowl-shaped, coated spoon (for ease and safety); built-up handles; non-skid floor strips; walker belt; incontinent pads; wheelchair; safety restraints; hard lap tray; soft positional splints. Adapted clothing (close down back, etc.); bath chair; non-skid mat/floor strips; bedside commode; raised toilet set; transfer board; wide colored tape (to delineate stairs, provide impression of barrier). Grab bars; safety rails; overhead trapeze.

Caregiver Training:

ADL techniques, ambulating patient with gait belt and safety techniques, AROM exercises and functional activities. PROM/AAROM, splints and positioners as needed. Safe use of transfer board. Use of grab bars/railings.

SAFETY:

The following suggestions are ways of preventing common problems that are a greater than average risk of occurring at this time.

MOVING/WALKING

- ** In a hospital bed, put the rails down to prevent falls by attempting to climb over rail.
- ** Prevent getting lost by escorting outside of an enclosed space and preventing wandering. Install security door, gates or locks. Open doors to safe areas.
- ** Prevent falls by pointing out stairs, curbs, uneven surfaces; avoid walking on gravel, wet or slippery surfaces. Install bright colored, non-skid tape on steps.
- ** Prevent falls by restricting access to steep, narrow, or circular stairs.
- ** Prevent falls by installing grab bars in bathroom and where dressed. Cue to use.
- ** Prevent falls by holding chair steady, turning on lights in dark hallways or rooms.
- ** Prevent muscle weakness and bone deterioration by demonstrating and continuously cueing to do active range of motion of arms, legs, and hips. Include the use of reciprocal pulleys, playing catch, something safe, to push around, hit, or kick, a rocking chair, and songs with associated actions.
- ** Prevent hitting, kicking, or screaming by singing songs, placing a soft towel or other soft and safe object in both hands.

BATHROOM ACTIVITIES

- ** Prevent toileting accidents by asking if needs to go 30 minutes after eating and every 2 hours. Consider raised toilet seat, toilet support. Point direction to bathroom.
- ** Prevent falls by wiping and adjusting garments at the toilet.
- ** Prevent the spread of disease by reminding to wash hands and flush toilet.
- ** Prevent falls by bathing and drying while seated in a tub with low sides, with a non-skid mat; or in a shower with a bench; cue to step over edge of tub or shower rim. Consider a hand held shower head. Make sure bath mat is pushed down tight.

- Will express comfort/discomfort with gestures or short phrases when a caregiver is present, with 70% cognitive assistance to initiate response.
- Will accept safe objects placed in hands to inhibit striking out while being cared for.

TREATMENT METHODS:

Self-Care:

FEEDING: Serve pre-cut food, half-full cup on tray in front of patient. Provide verbal cues to continue eating. Provide spoon, fork (if coordination is good). Escort to table.

ORAL HYGIENE: Lead to basin, give verbal cues to open mouth, drink, rinse, bend, spit. Watch for discomfort resulting in striking out, loss of balance while bending or standing. Provide grab bars to maintain stability at sink. Remove moveable furniture.

DRESSING: Position garment next to body, cut to push arm or leg through garment. Use clothing that buttons down back if disrobing. Provide grab bars/railings to maintain stability. Remove moveable furniture.

BATHING: Cue to step over tub rim, sit in bathing chair; cue to move body parts. Use non-skid floor mat/straps. Provide grab bars to get in and out of tub.

TOILETING: Ask if need to use toilet at regular intervals. Provide maximum assistance with garments, wiping; cue and assist with hand-washing. Camouflage items mistaken for toilet. Provide grab bars; physical guidance to use/push up to safety frame.

Mobility:

Provide verbal and tactile cues to scoot over in bed/mat/couch, use transfer board. Point out barriers below knee (stairs, curbs, tree roots, broken pavement, stationary foot pedals), open doors to allow access to desired destinations, remove area rugs and obstacles. Provide color contrasts between floor, stairs, chair and toilet. May need physical guidance to step up stairs. Cue to put feet up onto wheelchair foot pedals. Use restraint methods for safety. Demonstrate AROM exercises to all extremities; PROM/AAROM/splinting and positioning as needed; sensorimotor techniques with maximum assistance. Provide railing, bars, or other stable objects to stabilize position or to sit, stand, or step up. Remove moveable furniture. May hold onto overhead trapeze with constant cueing. Begin active resistive exercise by cueing to push and pull with both hands with dowel; pull theraband.

Instrumental Activities:

INDIVIDUAL PROJECTS: Provide functional activities for both hands (scarf, towel, plastic tube). Use bean bags to hit a target. Kick ball.

SOCIAL PROJECTS: Provide functional activities to sing songs on cue. Teach new songs with simple associated actions (hand-clapping, foot-stomping, rhythmical marching, swaying). Provide opportunities to name and learn a target for actions.

Reality Orientation:

Not applicable.

Mode 2.8
Engaging Abilities and Following Safety Precautions
When the Person Can Use Railings and
Grab Bars for Support

DESCRIPTION:

70% Cognitive Assistance: The person needs 24 hour nursing care to assist with bathing, grooming, and dressing and make sure objects used for support are stable. 70% maximum cognitive assistance is required to point out stairs, edge of bathtub, to provide food, and to bathe. Individual preferences in what is used for support may be honored (grab bars, rails, counters).

10% Physical Assistance for fine motor actions on all objects used in activities of daily living.
Physical barriers or alarms to prevent getting lost and attempting to walk on anything other than flat surfaces without an escort. Put bed rails down to prevent attempts to climb over the top.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Balance

- ** Notices external objects as a means of support: grab bars, parallel bars, rails on stairs and bed, sinks, counter tops.
- ** Aware of objects to ward off: punching bags, balls, bean bags.
- ** Aware of objects held in both hands: scarf, necktie, towel, plastic tube.

Motor Control of Hanging on Tight, Hitting, Kicking

- ** Grabs onto objects for support; hangs on tight and is slow to release.
- ** Hits or kicks to ward off objects or people with targeted actions.
- ** Does not check stability of object or exact location before grabbing or sitting.

Verbal Communication by Naming Target

- ** Learns and names a target for actions.
- ** Learns simple songs with associated actions.

FUNCTIONAL GOALS:

- Will sustain eating and drinking for adequate intake, with 70% cognitive assistance to initiate/sustain actions, sequence steps to complete activity.
- Will grab onto objects for support to prevent falls, with 70% cognitive assistance to initiate/sustain actions, sequence steps to complete safe transfers.
- Will release grip when given time to feel secure, with contact guard/10% physical assistance.
- Will hit, kick, or throw objects without harm, with 70% cognitive assistance to initiate/sustain actions, sequence steps to complete activities.
- Will sing songs to inhibit striking out, with 70% cognitive assistance to initiate and sustain response.

- ** Prevent falls by providing a stable chair with arms and a lap tray or table to prevent excessive pacing.
- ** Prevent fires by taking out the trash, removing stacks of papers and paper boxes.
- ** Prevent fires by putting a screen in front of the fireplace.
- ** Prevent burns by restricting possible contact with high heat sources.
- ** Prevent falls by anchoring down electrical cords, taping down curled or frayed rugs, and restricting access to wet or highly polished floors.
- ** Prevent falls by limiting walking or wheelchair mobility to even surfaces: no steps, curbs, thick rugs, shower rims, gravel, rocks, cracked side walks or raised door sills. Install non-skid floor strips in bright color to highlight steps.

PHYSICAL DISABILITY

- ** Restrain from standing if unable to weight bear.
- ** Use a sliding board to transfer from bed to chair to toilet.
- ** Prevent reduced circulation by applying splints, poseys, soft safety straps, and positioners correctly and checking for skin redness.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders. Remind to put feet on foot pedals each time the person sits down or is going to be pushed anywhere.
- ** Assist with active range of motion. Use overhead pulley to prevent contracture.
- ** With high blood pressure, remind to stand up slowly and assist with getting out of a hot tub slowly.
- ** Use extra locks and soft lap tray on wheel chair. May/may not sit without restraint.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Install security door bars, gates, locks if wandering.
- ** Use bath chair with arms or tub/shower bench, hand held shower head.
- ** May benefit from a telephone amplifier.

- ** Prevent falls by pointing out stairs, curbs, uneven surfaces; avoid walking on gravel, wet or slippery surfaces. Install bright colored, non-skid tape to point out steps.
- ** Prevent falls by holding chair steady, turning on lights in dark hallways or rooms.
- ** Prevent muscle weakness and bone deterioration by demonstrating and continuously cueing to do active range of motion of arms, legs, and hips. Include the use of reciprocal pulleys, playing catch, something to push around, and songs with associated actions.

BATHROOM ACTIVITIES

- ** Prevent toileting accidents by asking if need to go 30 minutes after eating and every 2 hours. Consider raised toilet seat, toilet support. Point direction to bathroom.
- ** Prevent falls by wiping and adjusting garments at the toilet.
- ** Prevent the spread of disease by reminding to wash hands and flush toilet.
- ** Prevent falls by bathing and drying while seated in a tub with low sides, with a non-skid mat; or in a shower with a bench; cue to step over edge of tub or shower rim. Consider a hand held shower head. Make sure bath mat is pushed down tight.
- ** Prevent confusion and resistance by allowing plenty of extra time to change from sit to stand and feel secure in new position.
- ** Prevent matted hair and dandruff by washing and combing hair. Ask to bend at the waist to put head under faucet and help with balance.
- ** Prevent ingrown, cutting or broken nails by cutting and smoothing nails.
- ** Prevent dental decay by brushing teeth for the person or telling what to do for each step and assisting with balance when bending over to brush and spit.

DRESSING

- ** Prevent reduced circulation by dressing in loose fitting clothes and checking for skin redness.
- ** Prevent falls by dressing while seated and removing loose fitting shoes or slippers. Ask to move arms and legs as needed.
- ** Prevent taking clothes off in public by dressing in clothes that button/zip down the back.

EATING

- ** Prevent malnutrition, dehydration and choking by precutting food into small pieces, avoiding stringy or hard to chew foods. Allow 2 to 3 times usual time to eat. Follow food preferences by limiting choices to 3 specific possibilities.
- ** Prevent spills and dirty clothes by using a bib, plate guard, large bowl-shaped coated spoon, built-up handles on utensils.
- ** Prevent spills by filling cup half full. Restrict access to hot food and fluid until cool.
- ** Restrict access to food if on a restricted diet and remove non-edibles if placed in mouth.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Prevent poor compliance with taking medication by handing measured liquids and pills to the person and checking swallowing.

HOUSEKEEPING

- ** Consider the value of monitoring the individual with a night light, home intercom system.

TOILETING: Ask if need to use toilet at regular intervals. Provide maximum assistance with garments, wiping; cue and assist with hand-washing. Camouflage items mistaken for toilet.

Mobility:

Provide verbal and tactile cues to scoot over in bed/mat/couch, use transfer board. Point out barriers below knee (stairs, curbs, tree roots, broken pavement, stationary foot pedals), open doors to allow access to desired destinations, remove area rugs and obstacles. Provide color contrasts between floor, stairs, chair and toilet. May need physical guidance to step up stairs. Cue to put feet up onto wheelchair foot pedals. Use restraint methods for safety. Demonstrate AROM exercises to all extremities; PROM/AAROM/splinting and positioning as needed; sensorimotor techniques with maximum assistance.

Instrumental Activities:

INDIVIDUAL PROJECTS: Provide functional activities to catch 6" soft rubber ball, bat balloon, toss beach ball and bean bags; push cart/wheelchair/duster.

SOCIAL PROJECTS: Provide functional activities to sing songs on cue. Teach new songs with simple associated actions (hand-clapping, foot-stomping, rhythmical marching, swaying).

Reality Orientation:

Not applicable.

Communication:

Provide functional activities to sing songs on cue. Teach new songs with simple associated actions (hand-clapping, foot-stomping, rhythmical marching, swaying).

Adaptive Equipment:

Bib: plate guard; large bowl-shaped, coated spoon (for ease and safety); built-up handles; non-skid floor strips; walker belt; incontinent pads; wheelchair; safety restraints; hard lap tray; soft positional splints. Adapted clothing (close down back, etc.); bath chair; non-skid mat/floor strips; bedside commode; raised toilet set; transfer board; wide colored tape (to delineate stairs, provide impression of barrier).

Caregiver Training:

ADL techniques, ambulating patient with gait belt and safety techniques, AROM exercises and functional activities. PROM/AAROM, splints and positioners as needed. Safe use of transfer board.

SAFETY:

The following suggestions are ways of preventing common problems that are a greater than average risk of occurring at this time.

MOVING/WALKING

** In a hospital bed, put the rails down to prevent falls by attempting to climb over rail.

** Prevent getting lost by escorting outside of an enclosed space and preventing wandering. Install security door, gates or locks. Open doors for access to safe areas.

Verbal Communication by Singing

** Sings songs on cue and learns new songs with associated actions.

FUNCTIONAL GOALS:

- Will accept escort to bed, toilet, table on request to rest, void or eat, with 74% cognitive assistance to initiate activity and ensure safety.
- Will disrobe for bath/bed but not in public with 74% cognitive assistance to position garments, initiate/sustain actions, sequence steps to complete activity.
- Will cooperate with assistance to use bath chair with 74% cognitive assistance to sequence safe transfer.
- Will accept escort to toilet 30 minutes after meals and every 2-3 hours to prevent soiling self, with 74% cognitive assistance to cue, initiate and sequence actions for completing pericare, dressing, and hygiene.
- Will scoot over in bed or on a couch, cooperate with use of transfer board to facilitate transfer, with 74% cognitive assistance to initiate/sustain actions, sequence steps to complete activity.
- Will step up, down, over curbs, steps, and other barriers below knee to prevent falls and injury, with contact guard/10% physical assistance.
- Will push a cart, wheelchair, or duster for exercise, with 74% cognitive assistance to initiate/sustain actions and ensure safety.
- Will play catch with a rubber ball to protect self from moving objects, with 74% cognitive assistance to initiate and sustain actions.
- Will sing familiar songs and learn new songs for pleasant communication, with 74% cognitive assistance to initiate/sustain responses and actions, sequence steps to complete activity.

THERAPIST'S GOALS:

- Grossly test for somatognosia.

TREATMENT METHODS:

Some cooperation with pointing to body parts may begin at 2.6, suggesting the possibility of reliable results for tests of somatognosia. Understanding body relationships such as left/right, above/below, behind, between, and so forth, would not be expected until level 4, and should be rated as "impaired" below that level.

Self-Care:

FEEDING: Serve pre-cut food, half-full cup on tray in front of patient. Provide verbal cues to continue eating. Provide spoon, fork (if coordination is good). Escort to table.

ORAL HYGIENE: Lead to basin, give verbal cues to open mouth, drink, rinse, bend, spit. Watch for discomfort resulting in striking out, loss of balance while bending or standing, except tell patient to go to bathroom for grooming.

DRESSING: Position garment next to body, cut to push arm or leg through garment. Use clothing that buttons down back if disrobing.

BATHING: Cue to step over tub rim, sit in bathing chair; cue to move body parts. Use non-skid floor mat/stripes.

Mode 2.6
Engaging Abilities and Following Safety Precautions
When the Person Can Walk to an Identified Location

DESCRIPTION:

74% Cognitive Assistance: The person needs 24 hour nursing care to escort to activities of daily living, point out stairs and curbs, assist with toileting, bathing, grooming, and dressing (74% maximum cognitive assistance). Individual differences in where the person wants to go may be honored.

10% Physical Assistance for fine motor actions on all objects used in activities of daily living.
Physical barriers or alarms to prevent getting lost and attempting to walk on anything other than flat surfaces. Put bed rails down to prevent attempts to climb over the top.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Location of Freedom of Movement

- ** Notices an escort to follow to toilet, bedroom.
- ** Listens to verbal cues and pointing to notice barriers below knee, such as stairs, curbs, broken pavement, tree roots, rocks, and gravel.
- ** With a physical disability, notices a sliding board.
- ** Uses color contrasts between floor, chair and toilet to separate and identify objects.
- ** Notices floor patterns in tiles or carpet that may be seen as barriers and need to be eliminated.
- ** If misidentifies objects as a toilet, object may be need to be covered.
- ** Notices objects that can be pushed: sweeper, broom, grocery cart, wheel chair, stationary bike or pedals.
- ** Aware of uncomfortable clothing and ability to disrobe, may need buttons down the back to prevent disrobing in public.
- ** Notices food or fluid to consume while walking.
- ** Listens to familiar songs to sing.
- ** Aware of a soft rubber ball to catch, bounce, or throw.

Motor Control of Following Gross Motor Demonstration

- ** Steps up, down, over when cued.
- ** Learns to push/pull with hand over hand assistance.
- ** Scoots over on sliding board, couch or bed.
- ** Needs assistance to locate and identify toilet, bed, source of food and water; learns to recognize an arrival.
- ** If pushing something, bumps into things.
- ** Undress when uncomfortable.

- ** Prevent poor compliance with taking medication by handing measured liquids and pills to the person and checking swallowing.

HOUSEKEEPING

- ** Consider the value of monitoring the individual with a night light, home intercom system.
- ** Prevent falls by providing a stable chair with arms and a lap tray or table to prevent excessive pacing.
- ** Prevent fires by taking out the trash, removing stacks of papers and paper boxes.
- ** Prevent fires by putting a screen in front of the fireplace.
- ** Prevent burns by restricting possible contact with high heat sources.
- ** Prevent falls by anchoring down electrical cords, taping down curled or frayed rugs, and restricting access to wet or highly polished floors. Install non-skid floor strips.
- ** Prevent falls by limiting walking or wheelchair mobility to even surfaces; no steps, curbs, thick rugs, shower rims, gravel, rocks, cracked side walks or raised door sills.

PHYSICAL DISABILITY

- ** Restrain from standing if unable to weight bear. Use a hooyer lift to transfer.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders.
- ** Assist with active range of motion.
- ** With high blood pressure, remind to stand up slowly and assist with getting out of a hot tub slowly.
- ** Use extra locks and lap tray on wheel chair. May sit without restraint.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Install security door bars, gates, locks if wandering.
- ** Use bath chair with arms, hand held shower head.
- ** May benefit from a telephone amplifier.

SAFETY:

The following suggestions are ways of preventing common problems that are at a greater than average risk of occurring at this time.

MOVING/WALKING

- ** In a hospital bed, put the rails down to prevent falls by attempting to climb over rail.
- ** Prevent getting lost or confused by pointing to or leading the way to bedroom, bathroom, and dining room. Provide for safe wandering by opening doors to safe areas.
- ** Prevent getting lost by escorting outside of an enclosed space. Install security door, gates or locks.
May bang on locked door.
- ** Prevent falls by holding chair steady, turning on lights in dark hallways or rooms.
- ** Prevent muscle weakness and bone deterioration by demonstrating and continuously cueing to do active range of motion of arms, legs, and hips. Include the use of reciprocal pulleys.

BATHROOM ACTIVITIES

- ** Prevent toileting accidents by asking if needs to go 30 minutes after eating and every 2 hours.
Consider raised toilet seat, toilet support. Point to bathroom.
- ** Prevent falls by wiping and adjusting garments at the toilet.
- ** Prevent the spread of disease by reminding to wash hands and flush toilet.
- ** Prevent falls by bathing and drying while seated in a tub with low sides, with a non-skid mat; or in a shower with a bench; cue to step over edge of tub or shower rim. Consider a hand held shower head. Make sure bath mat is pushed down tight.
- ** Prevent confusion and resistance by allowing plenty of extra time to change from sit to stand and secure position.
- ** Prevent matted hair and dandruff by washing and combing hair.
- ** Prevent ingrown or broken nails by cutting and smoothing nails.
- ** Prevent dental decay by brushing teeth for the person.

DRESSING

- ** Prevent reduced circulation by dressing in loose fitting clothes and checking for skin redness.
- ** Prevent falls by dressing while seated and removing loose fitting shoes or slippers.
- ** Prevent reduced circulation by applying splints, poseys, soft safety straps, and positioners correctly and checking for skin redness.

EATING

- ** Prevent malnutrition, dehydration and choking by precutting food into small pieces, avoiding stringy or hard to chew foods. Allow 2 to 3 times usual time to eat. Follow food preferences by limiting choices to 3 specific possibilities.
- ** Prevent spills and dirty clothes by using a bib, plate guard, large bowl-shaped coated spoon, built-up utensils.
- ** Prevent spills by filling cup half full. Restrict access to hot food and fluid until cool.
- ** Prevent spills, getting dirty by using a bib, plate guard, large bowl-shaped coated spoon.
- ** Restrict access to food if on a restricted diet and remove non-edibles if placed in mouth.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.

- Will walk on flat surfaces to go to bed, bathroom, dining room when pointed in the right direction, with standby/contact guard (physical) assistance.
- Will wear incontinent pad in underwear and accept maximum assistance with pericare.
- Will engage in rhythmic movements to dance, march, or rock in a chair for pleasant gross motor stimulation, with maximum assistance to demonstrate/sustain movements for activity.
- Will not bang on doors, fall, or hurt self in efforts to resist confinement.

TREATMENT METHODS:

Self-Care:

FEEDING: Serve pre-cut food, half-full cup on tray in front of patient. Provide verbal cues to continue eating. Provide spoon, fork (if coordination is good). Escort to table.

ORAL HYGIENE: Lead to basin, give verbal cues to open mouth, drink, rinse, bend, spit. Watch for discomfort resulting in striking out, loss of balance while bending or standing.

DRESSING: Cue patient to move when appropriate.

BATHING: Cue patient to move when appropriate. May be able to bend at waist with cueing to put head under faucet for shampoo.

TOILETING: Caregiver provides incontinent pad in underwear vs. full diaper. Maximum assistance for pericare with verbal cues for patient to move as necessary.

Mobility:

Provide flat floors/walkways for walking; monitor for avoiding barriers above knee. Provide choice to walk, sit, lie down. Place in chair against a wall with table in front to prevent getting up; will need to be restrained otherwise. Demonstrate longer sequence of AROM exercises, including both lower extremities at hip. Use reciprocal pulleys. PROM/AAROM, splints and positioners as needed; sensorimotor techniques with maximum assistance.

Instrumental Activities:

Provide functional activities to march, sway rhythmically, rock in chair.

Reality Orientation:

Not applicable.

Communication:

Provide opportunities to voice needs, recognize fatigue; choice to walk, sit, lie down.

Adaptive Equipment:

Bib; plate guard; large bowl-shaped, coated spoon (for ease and safety); built-up handles; non-skid floor strips; walker belt; incontinent pads; wheelchair; safety restraints; hard lap tray; soft positional splints.

Caregiver Training:

ADL techniques, ambulating patient with gait belt and safety techniques, AROM exercises and functional activities. PROM/AAROM, splints and positioners as needed.

Mode 2.4
Engaging Abilities and Following Safety Precautions
When the Person Can Walk

DESCRIPTION:

78% Cognitive Assistance: Requires 24 hour nursing care to prevent wandering off and getting lost and insure safe toileting, bathing and grooming. 78% maximum cognitive assistance is required to initiate and sustain self-care activities and prevent falls. Walks in indicated direction for activities of daily living. Indicates individual preferences for large, rhythmic body movements.

10% Physical Assistance for fine motor actions on all objects used in activities of daily living.

Physical barriers or alarms to prevent getting lost and attempting to walk on anything other than flat surfaces. Put bed rails down to prevent attempts to climb over the top.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Freedom of Movement

- ** Aware of ability to walk on flat floors, walkways.
- ** Notices barriers above the knee such as walls, doors, furniture, gates.
- ** Listens to rhythmic music, marching rhythms.
- ** Notices when pointed to go in a direction, aware of someone to follow.
- ** Aware of possibility of using a rocking chair.

Motor Control of Walking, Directing Movements

- ** Walks aimlessly on a flat surface, avoiding barriers above the knee.
- ** Sits in a chair placed against a wall with a table pushed in front of them to prevent excessive walking.
- ** Follows people or goes where pointed to.
- ** Resists confinement: bangs on doors/gates, tries to escape.
- ** Pulls on restraints, tries to climb over hospital bed rails.
- ** Chooses to sit down or lie down.
- ** Learns rhythmic movements and uses a rocking chair.

Verbal Communication by Using One Word to Start Communication

- ** Uses one word to communicate all needs (_____).
- ** Recognizes when tired and needs to rest but may not rest very long.

FUNCTIONAL GOALS:

- Will feed self with utensils, drink with set-up, enough to prevent weight loss or dehydration, with moderate assistance to initiate/sustain actions, sequence steps to complete activity.
- Will stand at sink to perform oral hygiene with maximum assistance to initiate/sustain actions, sequence steps to complete activity, and standby assistance for stability.

- ** Prevent falls by providing a stable chair with arms and a lap tray.
- ** Prevent fires by taking out the trash, removing stacks of papers and paper boxes.
- ** Prevent fires by putting a screen in front of the fireplace.
- ** Prevent burns by restricting possible contact with high heat sources like heaters, stove.
- ** Prevent falls by anchoring down electrical cords, taping down curled or frayed rugs, and restricting access to wet or highly polished floors.
- ** Prevent falls by limiting walking to even surfaces; no steps, curbs, thick rugs, shower rims, gravel, rocks, cracked side walks or raised door sills.

PHYSICAL DISABILITY

- ** Prevent falls by assisting with balance and using a safety belt to transfer from bed to chair. Teach a pivot transfer.
- ** Restrain from standing if unable to weight bear. Use a hooyer lift to transfer when balance is unreliable.
- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders. Provide a soft lap tray and use extra locks. Tie into chair with safety straps if trunk support/balance is unreliable and check for skin redness.
- ** Assist with active range of motion to prevent contracture in paralyzed arms and legs.
- ** With high blood pressure, stand up slowly.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand and walk if balance is unsteady.
- ** Install security door bars, gates, locks if wandering. Open doors for access to safe areas.
- ** Use bath chair with arms, hand held shower head.
- ** Prevent reduced circulation by applying splints, poseys, soft safety straps, and positioners correctly and checking for skin redness.
- ** May benefit from a telephone amplifier.

Caregiver Training:

Feeding/oral hygiene and communication techniques; AROM exercises and functional activities to both upper extremities with “echo” counting to 3; bed mobility/positioning techniques for bathing, dressing, supine to sit; stand pivot transfer on count of 3 with proper body mechanics (caregiver) and safety aids; PROM/AAROM, application/care of splints/positioners as needed.

SAFETY:

The following suggestions are ways of preventing common problems that are at a greater than average risk of occurring at this time.

MOVING/WALKING

- ** Prevent falls by positioning in a hospital bed with the side rails up when left alone.
- ** If pacing or wandering, prevent falls or getting lost by installing security doors, gates or locks.
- ** Prevent muscle weakness by demonstrating and continuously cueing to do active range of motion.
- ** Prevent falls by holding chair steady or locking wheel chair brakes.

BATHROOM ACTIVITIES

- ** Prevent skin damage by transferring to a toilet, 30 minutes after eating and every 2 hours.
- ** Prevent skin damage by giving a bath, assist with balance while seated on a bath chair with arms.
- ** Prevent confusion and resistance by allowing plenty of extra time to change from sit to stand and feel secure in new position.
- ** Prevent falls by assisting with balance to position on toilet, wiping, and adjusting garments.
- ** Prevent the spread of disease by reminding to wash hands and flush toilet.
- ** Prevent falls by bathing while seated in a bath chair and using a hand held shower head.
- ** Prevent matted hair and dandruff by washing and combing hair.
- ** Prevent ingrown, or broken nails by cutting and smoothing nails.
- ** Prevent dental decay by brushing teeth for the person.

DRESSING

- ** Prevent reduced circulation by dressing in loose fitting clothes and checking for skin redness.
- ** Prevent falls by dressing while seated and removing loose fitting shoes or slippers.

EATING

- ** Prevent malnutrition, dehydration and choking by precutting food into small pieces, avoiding stringy or hard to chew foods. Allow 2 to 3 times usual time to eat. Follow food preferences by limiting choices to 3 specific possibilities.
- ** Prevent spills by filling cup half full. Restrict access to hot food and fluid until cool.
- ** Restrict access to food if on a restricted diet and remove non-edibles if placed in mouth.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Prevent poor compliance with taking medication by handing measured liquids and pills to the person and checking swallowing.

HOUSEKEEPING

- ** Consider the value of checking the individual with a night light, home intercom system.

- Will extend arm to prevent falls while being bathed and dressed.
- Will spontaneously move from sit to stand to promote skin integrity and prevent bone deterioration.
- Will not recognize inability to weight bear if present and must be restrained to prevent falls.

TREATMENT METHODS:

Sensory Stimulation:

Apply tactile cues to body parts for discrimination: Fur, satin, rough fabric, velvet, feathers, balloons, vibrators, body lotion, facial mask, bubbles, warm air or water, being pushed, safety belt.

Self-Care:

FEEDING: Serve pre-cut food, half-full cup on tray in front of patient. Provide verbal cues to continue eating.

ORAL HYGIENE: Continue hand-over-hand toothbrushing. Provide verbal commands to rinse, spit, lean to spit in adjacent cup, turn head, open/close mouth.

Mobility:

Demonstrate AROM exercises (may need physical assistance to initiate, tactile cueing to sustain repetitions); begin work on posture balls/sitting on mat with contact guard for trunk stability while performing functional activities to hold objects, strike out for protection/pleasure (catch ball, bat balloon), with patient “echo” counting to 3; sensorimotor techniques with maximum/total assistance; stand pivot transfer training on count of 3 with maximum/total assistance and safety aids; PROM/AAROM/splinting of paralyzed/weak extremities as needed to prevent contractures. Practice sit to stand, stand to sit, righting reactions when pushed.

Instrumental Activities:

Not applicable.

Reality Orientation:

Not applicable.

Communication:

Repeat sequence of touching body parts and have patient name them. Ask patient their name.

Adaptive Equipment:

Feeding cups with handles/lid with liquid-control spout; lamb’s wool bed padding; resting hand and ankle/foot splints, positioning wedges as needed (to prevent deformity); transfer belt (for patient); back support (for caregiver); geri- or wheelchair; wedge seat cushion (to promote pelvic tilt to prevent slipping and slouching, and may eliminate need for restraints); seat insert (to prevent “hammocking;”) trunk support aids; positioning restraints as needed; soft lap tray, and will definitely need restraints for safety.

Mode 2.2
Engaging Abilities and Following Safety Precautions
When a Person Can Stand and Use Righting Reactions

DESCRIPTION:

82% Cognitive Assistance: The person requires 24 hour nursing care to sit and stand safely or prevent standing if unable to bear weight. 82% maximum cognitive assistance to initiate and sustain self-care activities is required. Touching and naming parts of the body reduces the burden of care. Individual preferences for the way things feel to the person can be honored.

15% Physical Assistance to sustain balance when changing position from sit to stand and maintain sitting position while being dressed, bathed, groomed. A lap tray or table may be used for support when seated in a chair with solid arms. Put bed rails up to prevent rolling out of bed.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Security of Gross Body Movements

- ** Notices being touched with different textures: fur, satin, rough fabric, velvet, feathers, balloons, vibrators, body lotion, facial mask, bubbles, warm air or water, being pushed, safety belt.
- ** Notices being touched on different parts of the body: arms, legs, trunk.

Motor Control of Standing, Righting Reaction

- ** Spontaneously moves from sit to stand, stand to sit.
- ** Identifies part of the body touched.
- ** Fails to recognize inability to weight bear.
- ** Uses hands to prevent falling over when pushed, to protect self from falling.
- ** Learns to feel more secure with a safety belt.

Verbal Communication by Naming Parts of Body

- ** Points to or names parts of body touched.
- ** Learns sequence of tactile stimulation with much repetition.
- ** Identifies pleasure/ displeasure of different tactile cues.
- ** Identifies comfort/discomfort of different parts of body.

FUNCTIONAL GOALS:

- Will identify location of tactile cues, evaluate comfort/discomfort to protect self during bathing, grooming and dressing, with 82% cognitive assistance to initiate/sustain actions, sequence steps to complete activities.
- Will spontaneously feed self finger food and drink from cup with 82% cognitive assistance to initiate/sustain actions, sequence steps to complete activity, to prevent weight loss and dehydration.
- Will cooperate with hand-over-hand toothbrushing to perform oral hygiene with 82% cognitive assistance to initiate/sustain actions, sequence steps to complete activity.

- ** Prevent spills by filling cup half full. Restrict access to hot food and fluid until cool.
- ** Restrict access to food if on a special diet and remove non-edibles if placed in mouth.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Prevent not taking medication by handing measured liquids and pills to the person and checking swallowing.

HOUSEKEEPING

- ** Consider the value of monitoring the individual with a night light, home intercom system.
- ** Prevent falls by providing a stable chair with arms.

PHYSICAL DISABILITY

- ** Prevent decreased mobility by clearing space for wheelchair access, using offset door hinges and furniture leg extenders. Provide a soft lap tray and use extra locks.
- ** Restrain from standing if unable to weight bear. Use a hoist lift to transfer.
- ** Assist with active range of motion to prevent contracture in paralyzed arms and legs.
- ** With high blood pressure, stand up slowly.
- ** Use raised toilet seat, toilet support, bedside commode.
- ** Use safety belt to stand.
- ** Use bath chair with arms, hand held shower head.
- ** May benefit from a telephone amplifier.

pelvic tilt to prevent slipping and slouching, and may eliminate need for restraints); seat insert (to prevent "hammocking,") trunk support aids; positioning restraints as needed; soft lap tray.

Caregiver Training:

Feeding/oral hygiene and communication techniques; AROM exercises and functional activities to both upper extremities with "echo" counting to 3; bed mobility/positioning techniques for bathing, dressing, supine to sit; stand pivot transfer on count of 3 with proper body mechanics (caregiver) and safety aids; PROM/AAROM, application/care of splints/positioners as needed.

SAFETY:

The following suggestions are ways of preventing common problems that are at a greater than average risk of occurring at this time.

MOVING/TRANSFERRING

- ** Prevent falls by positioning in a hospital bed with the side rails up when left alone.
- ** Prevent contracture by demonstrating and continuously cueing to do active range of motion.
- ** Prevent falls with an unrecognized inability to bear weight by restraint from standing.
- ** Prevent falls by assisting with balance and using a safety belt to transfer from bed to chair.
- ** Prevent falls by holding chair steady or locking wheel chair brakes.

BATHROOM ACTIVITIES

- ** Prevent skin damage by transferring to a toilet, 30 minutes after eating and every 2 hours. Provide raised toilet seat, toilet support, bedside commode.
- ** Prevent skin damage by giving a bath, assist with balance while seated on a bath chair with arms.
- ** Prevent confusion and resistance by allowing plenty of extra time to change from sit to stand and feel secure in each position.
- ** Prevent falls by assisting with balance to position on toilet, wiping, and adjusting garments.
- ** Prevent the spread of disease by reminding to wash hands and flush toilet.
- ** Prevent falls by bathing while seated in a bath chair with arms and using a hand held shower head.
- ** Prevent matted hair and dandruff by washing and combing hair.
- ** Prevent ingrown, or broken nails by cutting and smoothing nails.
- ** Prevent dental decay by brushing teeth for the person or using hand over hand assistance to guide the motion of brushing.

DRESSING

- ** Prevent reduced circulation by dressing in loose fitting clothes and checking for skin redness.
- ** Prevent falls by dressing while seated and removing loose fitting shoes or slippers. Ask to move as needed.
- ** Prevent reduced circulation by applying splints, poseys, soft safety straps, and positioners correctly and checking for skin redness.

EATING

- ** Prevent malnutrition, dehydration and choking by precutting food into small pieces, avoiding stringy or hard to chew foods. Allow 2 to 3 times usual time to eat. Follow food preferences by limiting choices to 3 specific possibilities.

FUNCTIONAL GOALS:

- Will supply 75% of effort to move from supine to sit, sit to supine on the count of 3 to promote skin integrity and pivot transfer from bed to wheelchair/rolling shower chair, with 84% cognitive assistance to initiate/sequence actions, sequence steps to complete activities.
- Will control trunk stability with a contact guard or adaptive equipment to prevent falls.
- Will sit in a chair without a trunk support (if physically able) for 20 to 30 minutes to promote skin integrity and prevent bone deterioration, with poor/fair endurance.
- Will answer “yes” or “no” to question to convey comfort/discomfort as well as food preferences, with 84% cognitive assistance to initiate activity for response.
- Will use universal gestures (shrug shoulders, wave, point, clap hands) to communicate feelings to others with a heightened response to loved ones, with 84% cognitive assistance to initiate activity for response.

TREATMENT METHODS:

Self-Care:

FEEDING: Continue to encourage self-feeding finger food, using adapted cup to drink with assistance. Elicit food preferences (to 3 choices).

ORAL HYGIENE: Continue hand-over-hand toothbrushing.

Mobility:

Demonstrate AROM exercises (may need physical assistance to initiate, tactile cueing to sustain repetitions); begin work on posture balls/sitting on mat with contact guard for trunk stability while performing functional activities to hold objects, strike out for protection/pleasure (catch ball, bat balloon), with patient “echo” counting to 3; sensorimotor techniques with maximum/total assistance; stand pivot transfer training on count of 3 with maximum/total assistance and safety aids; PROM/AAROM/splinting of paralyzed/weak extremities as needed to prevent contractures.

Instrumental Activities:

Not applicable.

Reality Orientation:

Not applicable.

Communication:

Ask “yes/no” questions regarding comfort (e.g. to indicate desire to go to bed when asked), food preferences; elicit waving, shrugging and pointing gestures; present known favored objects for positive response; monitor response to loved ones.

Adaptive Equipment:

Feeding cups with handles/lid with liquid-control spout; lamb’s wool bed padding; resting hand and ankle/foot splints, positioning wedges as needed (to prevent deformity); transfer belt (for patient); back support (for caregiver); geri- or wheelchair; wedge seat cushion (to promote

Mode 2.0
Engaging Abilities and Following Safety Precautions
When a Person Can Overcome Gravity

DESCRIPTION:

84% Cognitive Assistance: The person requires 24 hour nursing care to assist in moving from bed to chair to toilet. 84% maximum cognitive assistance is required to act as a contact guard during transfers and to initiate and sustain all self-care activities. Sensory stimulation is required to bear weight and balance while sitting and standing. Individual preferences in bed position, favorite chair, and toileting location can be honored.

25% Physical Assistance is required to sit up/down, stand, and pivot transfer. 50% Physical Assistance from wheel chair or arm chair to sustain sitting position. Put bed rails up to keep from rolling out of bed. For exercises, use a safety belt for sitting and standing exercises.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Comfort of Gross Body Movements

- ** Acknowledges opportunity to move from bed to chair.
- ** Recognizes loved ones and favorite objects, foods, smells .
- ** Follows counting to 3 to initiate movement.
- ** Notices caregiver hands and other trunk support straps and cushions.
- ** Listens to questions with yes/no answers related to comfort or position.

Motor Control of Sitting

- ** Provides 75% of effort to move from lying down to sit, sit to lying down
- ** Leans forward when touched and told to stand.
- ** Moves into a ball when lying on a mat or in bed, when asked.
- ** Provides 75% of effort to do a pivot transfer when caregiver hands support trunk stability.
- ** Sits in chair 20 to 30 minutes without sliding out: does not need to be secured in chair.

Verbal Communication by Saying Yes or No

- ** Uses gestural communication: clasp or clap hands, wave, point, shrug shoulders.
- ** Says yes or no to a question about comfort, desire to go to or get out of bed, food preferences.
- ** Echoes counting to 3.
- ** Expresses heighten pleasure in response to loved ones, favorite food, clothes.
- ** Responds to universal non-verbal signals: helplessness, scolding, warning, puzzled, angry fixed stare, submission, avoidance, modesty.

SAFETY:

The following suggestions are ways of preventing common problems.

- ** Prevent falls by positioning in a hospital bed with the side rails up when left alone.
- ** Prevent contracture by demonstrating and continuously cueing to do active range of motion with arms.
- ** Prevent falls by assisting with balance and using a safety belt to do a pivot transfer from bed to chair.
- ** Prevent falls by holding chair steady or locking wheel chair brakes.
- ** Prevent skin damage by placing on a bed pan, or transferring to a wheel chair toilet, 30 minutes after eating and every 2 hours. Consider raised toilet seat, toilet support, bedside commode.
- ** Prevent skin damage by giving a sponge bath in bed or having another person assist with balance while seated on a bath chair with arms.
- ** Prevent matted hair and dandruff by washing and combing hair.
- ** Prevent matted hair by cutting hair short or braiding hair.
- ** Prevent ingrown, or broken nails by cutting and smoothing nails.
- ** Prevent dental decay by brushing teeth for the person or using a mouth wash that can be swallowed.
- ** Prevent reduced circulation by dressing in loose fitting clothes and checking for skin redness.
- ** Prevent reduced circulation by using Lamb's wool bed padding, resting hand, ankle, foot splints, positioning wedges, wedge seat cushion, seat insert, trunk support aids, positioning restraints, and soft lap tray.
- ** Prevent reduced circulation by applying splints, poseys, soft safety straps, and positioners correctly and checking for skin redness.
- ** Prevent malnutrition, dehydration and choking by precutting food into small pieces, avoiding stringy or hard to chew foods. Allow 2 to 3 times usual time to eat.
- ** Prevent spills by filling cup half full. Place cup in hand. Use cup with lid/handles and liquid control spout.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Prevent not taking medication by crushing pills, placing in the mouth, placing cup of fluid at mouth, and cueing to swallow.
- ** Consider the value of checking the individual with a night light, home intercom system.
- ** Prevent bone deterioration and protect skin integrity by sitting in a chair.
- ** Prevent falls and sliding out of chair by sitting in a gerichair or use a wheel chair with a soft lap tray and safety straps to tie into the chair. Use a hooyer lift to transfer from bed to chair.

- Will change trunk position to protect skin integrity and assist with toileting, perineal care, bathing and dressing, with 88% cognitive assistance to initiate/sequence actions to complete activities.
- Will strike out at balloon, ball, people, or objects that cause discomfort to protect or amuse self.
- Will say “no” to communicate discomfort or dislike.

TREATMENT METHODS:

Self-Care:

FEEDING: Secure properly-aligned seated position. Set up scoop dish with finger food. Initiate feeding and provide continuous cues to sustain actions. Place cup in hand (adapted as needed to assist grip/control liquid flow) and initiate action.

ORAL HYGIENE: Hand-over-hand toothbrushing with adaptive equipment as needed.

DRESSING: Provide tactile cues to initiate “bridging” to hold up buttocks a few seconds to cooperate with donning lower extremity garments.

BATHING: Provide tactile/verbal cues to hold up body parts and roll body to cooperate with sponge bath.

TOILETING: Provide tactile/verbal cues to roll body to ease placement of bedpan, cooperate with perineal care.

Mobility:

AAROM exercises to both upper extremities, sensorimotor techniques. Assist with rolling, holding arm over bed rail and provide command to “hold still.” Initiate rocking and moving to a sitting position from supine; use tactile assistance to sequence actions for sit-to-supine. Secure while sitting in gerichair, and demonstrate active range of motion exercises to both upper extremities, assist with “bridging” to lift buttocks. Throw a balloon to bat, roll a ball into hand to catch.

Instrumental Activities:

Not applicable.

Reality Orientation:

Not applicable.

Communication:

Monitor response to discomfort; provide opportunities to respond.

Adaptive Equipment:

Built-up, off-set utensils; universal cuff; gerichair; anti-pressure cushions; knee spreader; posture supports; positioning/safety straps; soft lap trays, hoyer lift; adapted clothing (e.g., fasten down back) for caregiver ease; scoop dish.

Caregiver Training:

AAROM exercises, positioning for toileting, and feeding/oral hygiene techniques, and AROM exercises, functional activities.

Mode 1.8
Engaging Abilities and Following Safety Precautions
When the Person Can Raise Body Parts

DESCRIPTION:

88% Cognitive Assistance: The person requires 24 hour nursing care to sustain feeding self, engage in exercises, bathe and groom. 88% total cognitive assistance is required to place cup and spoon in hand and establish a routine for voiding and bathing. Sensory stimulation engages the arms in movements but trunk balance is not dependable and may require support.

50% Physical Assistance to sit up/down, stand, pivot transfer. 100% physical assistance of a wheelchair for moving around with support to sustain sitting position.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

Pays Attention to Protecting Self

- ** Watches a demonstration of moving arms for range of motion.
- ** Notices a balloon thrown to them, a ball rolled into a hand, a bubble blown toward face.
- ** Aware of ability to feed self, drink: finger food, place cup in hand.
- ** Notices changes in climate: sunshine, rain, wind, humidity.

Motor Control of Buttocks Pivot Transfer

- ** Supplies 50% of effort to move from lying down to sitting up.
- ** Lifts buttocks off bed for bed pan.
- ** Imitates demonstration of moving arms for range of motion.
- ** Feeds self with frequent reminders to keep eating and drinking.
- ** Hits a balloon, catches ball, pops or laughs at bubble.
- ** Strikes out at people or objects that cause or might cause discomfort.

Verbal Communication by Saying No

- ** Says "no" to everything and may not mean comfort/discomfort, or dislike.
- ** Communicates with non-verbal vocalizations and facial expressions.

FUNCTIONAL GOALS:

- Will supply 50% effort to move from supine to sit, sit to supine to prevent pressure sores
- Will feed self finger food and drink from cup when placed in hand to prevent weight loss, with 88% cognitive assistance to initiate and sustain actions.
- Will hold buttocks up a few seconds to cooperate with toileting, dressing, and sensorimotor techniques.
- Will imitate upper extremity range of motion to prevent contractures and cooperate with self-care, with 88% cognitive assistance to initiate/sustain actions to complete activities.

- ** Prevent skin damage by giving a sponge bath in bed.
- ** Prevent matted hair and dandruff by washing and combing hair.
- ** Prevent matted hair by cutting hair short or braiding hair.
- ** Prevent dental decay by using child tooth paste that can be swallowed or mouth wash on a cloth.
 Massage gums to stimulate/desensitize tissue.
- ** Prevent ingrown, or broken nails by cutting and smoothing nails.
- ** Prevent reduced circulation by dressing in loose fitting clothes and checking for skin redness.
- ** Promote circulation by using lamb's wool bed padding, resting foot and ankle splints, positioning wedges, knee spreader, anti-pressure cushions, gerichair.
- ** Prevent reduced circulation by applying splints, poseys, soft safety straps, and positioners correctly and checking for skin redness.
- ** Prevent malnutrition, dehydration and choking by feeding a soft diet and using hand over hand feeding. Use a bib, flat, bowl shaped spoon, coated spoon, built-up or off-set utensils, universal cuff, nose cut-out glass.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Prevent not taking medication by crushing pills, placing in the mouth, placing cup of fluid at mouth. and asking to swallow.
- ** Consider the value of checking the individual with a night light, home intercom system.
- ** Prevent bone deterioration and protect skin integrity by sitting in a chair.
- ** Prevent falls and sliding out of chair by sitting in a gerichair or use a wheel chair with a soft lap tray and safety straps to tie into the chair. Use a hooyer lift to transfer from bed to chair.

- Will cooperate with hand-over-hand feeding/toothbrushing to prevent weight loss and tooth decay, with 96% (feeding)/96% (toothbrushing) cognitive assistance to initiate/sustain actions and sequence steps to complete activities.

TREATMENT METHODS:

Self-Care:

FEEDING: Hand-over-hand feeding (soft diet) with adaptive equipment as needed.

ORAL HYGIENE: Hand-over-hand toothbrushing with adaptive equipment as needed.

BATHING: Assist with rolling, holding arm over bed rail, command to “hold still” to cooperate with bed sponge bath.

TOILETING: Assist with rolling to ease placement of bedpan; holding arm over rail for perineal care.

Mobility:

AAROM exercises to both upper extremities, sensorimotor techniques. Assist with rolling, holding arm over bed rail and provide command to “hold still.” Initiate rocking and moving to a sitting position from supine; use tactile assistance to sequence actions for sit-to-supine. Secure while sitting in gerichair.

Instrumental Activities:

Not applicable.

Reality Orientation:

Not applicable.

Communication:

Not applicable.

Adaptive Equipment:

Built-up, off-set utensils; universal cuff; gerichair; anti-pressure cushions; knee spreader; posture supports; positioning/safety straps; soft lap trays, hoyer lift; adapted clothing (e.g., fasten down back) for caregiver ease.

Caregiver Training:

AAROM exercises, positioning for toileting, and feeding/oral hygiene techniques.

SAFETY:

The following suggestions are ways of preventing common problems that have greater than average risk of occurring at this time.

- ** Prevent falls by positioning in a hospital bed with the side rails up when left alone.
- ** Prevent bed sores by turning the body at regular intervals and massaging the body.
- ** Prevent contracture by moving through active range of motion and applying positioners.
- ** Prevent skin damage by placing on a bed pan 30 minutes after eating and every 2 hours.
- ** Prevent soiling clothing and bedding by putting on a diaper.

Adaptive Equipment:

Bib, flat bowl-shaped spoon (allows good lip closure), coated spoon (protects lips/teeth from biting reflex), nose cut-out glass (for caregiver ease), child's toothbrush training set, glycerin swabs (to stimulate/desensitize oral tissues), gum massage, and oral hygiene.

Caregiver Training:

Passive range of motion exercises, positioning, application of splints/positioners, sensory stimulation methods, and feeding/oral hygiene techniques.

1.6 Moving in Bed (92% Total Cognitive Assistance)

Pays Attention to Moving Trunk, Limbs

- ** Aware of being pushed/rocked to roll over.
- ** Aware of hooking arm over bed rail and being asked to hold still.
- ** Feels tactile assistance to move from lying down to sitting up. May not feel self sliding down and out of chair; tie into chair and use cushions to hold posture.
- ** Feels assistance with range of motion and supplies 25% of the effort to move arms and legs. More effort may be supplied to moving arms than legs.
- ** Aware of being fed a soft diet, drinks when a cup is placed at lips. May swallow tooth paste so use a child's paste that can be swallowed. Aware of sticky foods.
- ** Notices an object when placed in hand.

Motor Control of Head, Trunk, Legs, Arms

- ** Supplies 25% of effort to move from lying on back to sit, roll.
- ** Moves to prevent pressure sores.
- ** Holds still with arm over bed rail.
- ** Cooperates with moving arms/legs for active assistive range of-motion.
- ** Learns sequence of movements.
- ** Eats, drinks, cooperates with hand over hand feeding.
- ** Holds object placed in hand until dropped or removed.
- ** Defends self from pain/discomfort by hitting or biting . Give an object to hold to prevent striking out

Verbal Communication by Non-verbal Expression

- ** Expresses preferences, discomfort with screams, facial expression.

FUNCTIONAL GOALS:

- Will supply 25% of effort to roll in bed, move from supine-to-sit, sit-to-supine to prevent pressure sores, cooperate bowel evacuation and perineal care.
- Will cooperate with active assistive range of motion to hold arm over bed rail, and respond to command to "hold still," to assist with bathing and dressing, with 96% cognitive assistance to initiate/sustain actions, sequence steps to complete activities.
- Will sit in a gerichair/hoyer lift to protect skin integrity and prevent bone deterioration, with 96% cognitive assistance to initiate and sequence positioning.

- Will grunt, grimace, or smile to communicate good preferences, with 96% cognitive assistance to initiate and sustain activity.

THERAPIST'S GOALS:

- Test for ocular pursuits. (Therapists testing for ocular pursuits, saccadic eye movements, visual field, or visual neglect must consider the tendency to turn the head at this level of awareness. The verbal direction to hold the head still may not be understood until level 4, making the test results invalid until the direction is understood.)
- Test for control of lip/tongue movements and swallow.

TREATMENT METHODS:

Sensory Stimulation:

AUDITORY: Music box, wind chimes, singing, familiar music, headset.

TACTILE: Touch shoulders, washcloth with mouthwash to mouth.

VISUAL: Test for ocular pursuits with mylar balloon, full face pictures, mirror, stuffed animals, snow globes, mobile.

OLFACtORY: Ordinarily pleasant smells: cinnamon, coffee, flowers.

GUSTATORY: Test for control of lip/tongue movements/swallow with pureed food, ice cream, Jell-O, thickened liquids. Hand over hand feeding (caregiver guides hand to mouth).

Self-Care:

FEEDING: If able to swallow, use flat, bowl-shaped spoon to facilitate lip closure of soft diet; may also use coated spoon to protect lips/teeth from biting reflex. Control liquid amounts with nose cut-out glass, vacuum cup for drinking, if able to tolerate.

ORAL HYGIENE: Stimulate/desensitize oral tissues, gum massage, and do oral hygiene with child's toothbrush training set or glycerin swab.

Mobility:

PROM exercises; assistive active range of motion (AAROM) to neck with response to sensory stimulation activity: splints and positioners.

Instrumental Activities:

Not applicable.

Reality Orientation:

Not applicable.

Communication:

Not applicable.

Modes 1.4 - 1.6
Engaging Abilities and Following Safety Precautions
When the Person Can Locate Stimuli and Move in Bed

DESCRIPTION:

96% Cognitive Assistance: The person requires 24 hour nursing care to feed a soft diet, place on bed pan, check for skin redness, bathe, and groom. Sensory stimulations suggested are common ideas that capture attention. Individual ideas from the person's past history may also be effective.

100 % Physical Assistance: Requires total physical assistance of 1 or more persons with most activities. 75% physical assistance with eating and oral hygiene (1.4-1.6) and moving in bed (1.6).

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

1.4. Locating Stimuli (96% Total Cognitive Assistance)

Pays Attention to Being Fed, Moving Sensory Stimuli

** Notices sounds: music box, wind chimes, singing, music, headset.

** Notices touch on shoulder, wash cloth to mouth with mouthwash, glycerin swabs to mouth.

** Aware of massage.

** Aware of moving visual cues: Mylar balloon, snow globe, full face pictures, stuffed animals, mirror, bubbles, objects in water pillow, mobile located 14" from face.

** Aware of pleasant and unpleasant smells: cinnamon, coffee, urine, flowers, lemons.

** Notices when being fed: place your hand over the person's hand and guide to the mouth. Offer a soft diet such as pureed food, ice cream, Jell-O, or thickened liquids.

Motor Control of Head Turning, Tracking, Swallowing

** Opens mouth, swallows, spits, moves lips, tongue.

** Learns to use mouthwash, feed self

** Turns head to locate and follow a moving stimulus for active range of motion of neck.

** Learns series of sensory stimulation when the same things are repeated many times

Verbal Communication by Non-verbal Expression

** Expresses pleasure/displeasure through grunts, grimaces or smiles.

FUNCTIONAL GOALS:

- Will turn head to locate and keep track of moving stimulus to evaluate and protect self, with 96% cognitive assistance to initiate and sustain activity.
- Will accept being fed and given oral hygiene to prevent weight loss and tooth decay, with 96% cognitive assistance to initiate and complete activity.

Caregiver Training:

Passive range of motion exercises, positioning, application of splints/positioners, sensory stimulation methods.

SAFETY:

The following suggestions are ways of preventing common safety problems that are a greater than average risk of occurring at this time at this time.

- ** Prevent falls by positioning in a hospital bed with the side rails up when left alone.
- ** Prevent bed sores by turning the body at regular intervals.
- ** Prevent contracture by moving through passive range of motion and applying positioners.
- ** Prevent skin damage by changing diapers regularly.
- ** Prevent skin damage by giving a sponge bath in bed.
- ** Prevent matted hair and dandruff by washing and combing hair.
- ** Prevent matted hair by cutting hair short or braiding hair.
- ** Prevent dental decay by brushing teeth or rubbing teeth with mouth wash on a cloth.
- ** Prevent ingrown, or broken nails by cutting and smoothing nails.
- ** Prevent reduced circulation by dressing in loose fitting clothes and checking for skin redness.
- ** Promote circulation by using lamb's wool bed padding, resting foot and ankle splints, and positioning wedges.
- ** Prevent reduced circulation by applying splints, poseys, and positioners correctly and checking for skin redness.
- ** Prevent malnutrition and dehydration by tube feeding.
- ** Prevent adverse reaction to medications by knowing side effects and possible complications and reporting to doctor.
- ** Consider the value of checking the individual with a night light, home intercom system.
- ** Prevent feeling cold or irritable by wrapping in a blanket pulled tight enough to feel pressure without reducing circulation. Check for skin redness.

** Learns a sequence of sensory stimuli.

** Learns pleasant stimuli of warmth and pressure when wrapped in a blanket.

Verbal Communication by Selective, Non-verbal Utterance

** Smiles, frowns, widens eyes, raises eyebrows, blinks.

FUNCTIONAL GOALS:

- Will attend and respond to stimulation of a sense organ in a nonspecific manner to evaluate and protect self with 100% cognitive assistance to initiate and sustain activity.
- Will move facial muscles to communicate a positive or negative appraisal of a stimulus, with 100% cognitive assistance to initiate and sustain activity.

TREATMENT METHODS:

Sensory Stimulation:

AUDITORY: Alerting sounds (own name, bell, door slam, siren, sneezing, coughing, child crying, whistle, dog barking).

TACTILE: Q-tip to face, rub face/neck with lotion, combine light touch/warmth/pressure (“swaddling”) to body.

VISUAL: High contrast sights (black/white, clear pictures) moving across a stationary background, flashing light, mobile 14” from face.

OLFACTOORY: Pungent smells (mustard, garlic, onions, vanilla, peppermint, vinegar, cologne).

GUSTATORY: Primary tastes (sweet, sour, salty, bitter).

Self-Care:

Not applicable.

Mobility:

Passive range of motion exercises (PROM); apply splints, positioners to maintain range of motion and prevent pressure sores.

Instrumental Activities:

Not applicable.

Reality Orientation:

Not applicable.

Communication:

Not applicable.

Adaptive Equipment:

Lamb's wool bed padding, resting hand and ankle/foot splints, positioner wedges.

VISUAL: Flashing lights.

OLFACTORY: Pungent, noxious smells.

Self-Care:

Not applicable.

Mobility:

Passive range of motion exercises (PROM): apply splints, positioners to maintain range of motion and prevent pressure sores.

Instrumental Activities:

Not applicable.

Reality Orientation:

Not applicable.

Communication:

Not applicable.

Adaptive Equipment:

Lamb's wool bed padding, resting hand and ankle/foot splints, positioner wedges.

Caregiver Training:

Passive range of motion exercises, positioning, application of splints/positioners, sensory stimulation methods.

1.2 Responding to Stimuli

Pays Attention to Strong Sensory Stimulation Any 1 of 5 Senses

** Aware of alerting sounds: own name, bell, door slam, siren, sneezing, coughing, child crying, whistle, duck call, fog horn.

** Notices when touched on face with a Q tip.

** Notices high contrasting colors when moved across a plain background: black and white, bright colors, pictures of human faces. Colors and pictures must be close to the person's face, about 14" with normal vision. Notices flashing lights and strings of lights.

** Notices sharp smells: mustard, garlic, onion, vanilla, peppermint, vinegar, cologne.

** Registers primary tastes: sweet, sour, salty, bitter.

** Notices inborn alertness to changes in human voice: raise tone 1 octave, exaggerated tone or expression, emphasizes on important elements, change slowly, raised eyebrow flash.

Motor Control of Eyes, Nose, Mouth

** Eye Control: focuses gaze, tracks stimuli with pupils

** Nose Control: sniffs

** Mouth Control: pumps tongue in and out of mouth, drools, gag reflex, salivates, sucks, purses and retracts lips.

Modes 1.0 - 1.2
Engaging Abilities and Following Safety Precautions
When the Person Can Withdraw from and Respond to Stimuli

DESCRIPTION:

100% Cognitive Assistance: The person requires 24 hour nursing care to turn the body to prevent bed sores and hook up artificial feeding. Total cognitive assistance (100%) is required to position, bathe, and clothe the person who is bedridden. A response to sensory stimulation may be obtained through any of the senses. You may individualize sensory stimulation by using cues that are strong, distinctive, and relevant to the person's functional history.

100 % Physical Assistance: One or more people are required to perform all physical activities.

ABILITIES:

The person's best ability to function at this time has been observed in the following behaviors:

1.0 Withdrawing from Stimuli

Pays Attention to Inborn Sensory Stimulation

- ** Aware of unpleasant stimuli: ice, pin, flashlight.
- ** Notices inborn sounds: bell, buzzer, clicker.
- ** Aware of inborn alertness to touch: wet cloth on face, shaking.
- ** Registers changes of light/dark in room.

Motor Control of Inborn Withdrawal

- ** Withdraws from stimuli by turning head away or moving arm; learns to fear noxious stimuli and turns head, moves arm or cries out in anticipation.
- ** Increases level of activity by opening eyes wider, turning eyes toward stimulus.
- ** Opens/closes eyes, blinks, pupils get bigger or smaller.

Verbal Communication by Inborn Non-verbal Utterance

- ** Grimaces, moans, sighs, or cries out.

FUNCTIONAL GOALS:

- Will withdraw from noxious stimuli to evaluate effects and protect self, with 100% cognitive assistance to initiate and sustain activity.
- Will cooperate with passive range of motion exercises with 100% cognitive assistance.
- Will allow splints and positioners to be put in alignment to prevent contractures and pressure sores, with 100% cognitive assistance.

TREATMENT METHODS:

Sensory Stimulation:

AUDITORY: Bell, buzzer, clicker, noise makers, clap hands, blow whistle.

TACTILE: Ice, wet cloth on face, superficial and deep pain, rough abrasive texture, vibrator.

For instance, if a person is 5.6, they are cognitively able to drive. However, if none of his or her social support system caregivers have a car, they can't drive.

Observations of behavior can be used to determine how well the medications are working. As the medications take effect an improvement in ability to function is expected. Some fluctuation in ability to function is normal. We all have our level 4 moments. We are looking for an overall pattern of performance that describes the person's best ability.

The medical condition has stabilized when no further change in ability to function can be detected. Most rehabilitation patients have a residual disability and require assistance at the time of discharge. The need for assistance can be explained to the patient, family members, and other caregivers. Patients rarely recognize any need for assistance at 4.4 and below. Between 4.6 and 5.4 a faint recognition of a need for help may be expected. Real insight into a disability can be expected between 5.6 and 6.0. This manual can be used to give ongoing education to the patient about the need for assistance, as the assistance is given. Cooperation with long-term caregivers may improve when the patient sees the value of receiving assistance.

Function is what people do. People use their brains to control and guide what they do. A global assessment of how well the brain is working is needed to evaluate the person's best ability to function. When abilities control practice, it is very important to get the evaluation of abilities right. The two Allen Cognitive Level Screens, the ACLS and the LACLS, are good, proven screens to get the initial ACL assessment. A project from the ADM (Allen Diagnostic Manual) can be used to re-evaluate the ability to function and to increase the therapist's confidence in the accuracy of the assessment level. A less reliable assessment method is the activities of daily living. Over-learned activities can be done by the person without thinking and can give an artificially high score. Use this handbook to select treatment methods and goals for an assessed score. If the treatment methods are not working, consider whether the ACLS score should be adjusted higher or lower.

This handbook can be used with all the modes described herein. For persons below 3.2, the abilities sections show what can be accomplished using sensory stimulations. For persons in the range of 3.2 through 5.8, the common screening method is the Allen Cognitive Level Screen (ACLS) or, as it is more commonly identified, the leather lacing kit. The ACLS is only a screen; as a screen the ACL score must be verified by another means. Use the ACL score to enter this book at that mode and verify the score by comparing the abilities listed in this book with the observed abilities of the patient. Look at the abilities in the mode just below and just above the patient's ACL score. Use your therapeutic judgment to determine the accuracy of the ACLS score. Then back up the score with an ADM project. The ACLS is a two handed activity, but for persons who only have the use of one hand, can be easily compensated by holding the leather for the person.

The Larger Allen Cognitive Level Screening tool can be used with the elderly and anyone who complains of poor vision. Some reading glasses come in handy to lend to people as they take the test. Gestures can be used to compensate for hearing and language problems. It is recommended that the smaller ACLS always be used first. If the person can't see the holes or has extreme difficulty, then switch to the LACLS.

The biggest problem with the ACLS is that it detects a focal, perceptual problem with imagining a line. If you get a score of 3.2 or 3.4 because the person was confused about which hole to go into or used the wrong leather lacing, you may have an artificially low score. Performance in many other activities may be higher. The mosaic tiles project in the ADM compensate for this focal deficit and can be used to evaluate general ability to function.

This handbook can be used while charting to describe behavior observed and identify treatment goals. The short-term-goal is to match the assistance given to the person's current ability to function. The long-term goal is to observe an improvement in ability to function within a given time period. If

Introduction

This handbook is the result of developing a computer program for occupational therapy documentation. The material in this handbook was assembled from many documents we had prepared for our own use. As we organized the material for presentation by the computer program, we realized the benefits other therapists would derive from having this material in printed form. Accordingly, in the past year we have distributed portions of this document in various workshops around the country. The publication of this handbook resulted from the completion of the Allen Cognitive Level Documentation program (available from S&S Worldwide, 1 800 243 9232).

This handbook is a book of lists, providing a short description of each mode, functional ability of a person in this mode, functional goals applicable to the mode, treatment methods, and safety precautions. The handbook can be used with or without the Allen Cognitive Level Documentation program. As a companion to the program, this handbook offers a valuable overview of each mode. Without the program, the handbook offers a concise, organized presentation of each mode's description, abilities, functional goals, and safety precautions.

* * * *

We believe that occupational therapy should be driven by the patient's best ability to function, not by the impairments or problems that currently control practice. Therapists should identify the person's best ability to function and select treatment goals and methods that maximize those abilities.

The assessment of ability to function is divided into three parts: what the person can do, will do, and may do. The Allen Cognitive Levels measure what the person can do. The sequence of ability to function works like the age of a child in identifying general expectations. We have a general idea about what to expect from a six year old. The cognitive levels give a general idea of what to expect from a mentally impaired adult. The cognitive levels are stated as ability to function. Treatment aims at providing an opportunity for the person to use his or her best ability to function. The range of ability is from 1.0 (profoundly disabled and bedridden) to 6.0 (normal, at least theoretically).

A person must have an ability to do an activity to allow any real choice about doing the activity. A person can be very motivated to do an activity, but if they are unable to do the activity, their motivation will not override their inability to function. With mental disorders there is a tendency to assume that the disabled person has a choice about not doing activities, when in fact no real choice is available because the disabled person cannot do the activity. Realistic choices are those activities and behaviors that are within the person's range of ability. This manual can be used to identify realistic choices by locating the person's ability to function. If a person is functioning at 4.4, it may be assumed that the person has a realistic choice about doing the activities and behaviors described between 1.0 and 4.4. Unrealistic choices would be those things described between 4.6 and 6.0. Realistic choices should also be relevant and meaningful to the individual.

What the person will do is limited by the person themselves. What the person will do is influenced by the meaning and relevance that an activity has to an individual. Many people are unwilling to face change, are afraid of causing themselves the pain necessary to work through their disabilities, or have any of a multitude of reasons not to find their best ability to function. A person may have the ability to dress herself, but not have the willingness to do it. Once the person has the ability to do the activity (for example, getting dressed at 4.0), motivation can explain a refusal to do the activity for individual reasons.

What the person may do is a possibility that is influenced by the social support system. Caregivers provide assistance to protect the person's safety and help them use their remaining abilities.