

Client is a male in his 30s with right CVA. He is the main homemaker and caregiver to two small children.

Part 1: Assessment Process Per Task-Oriented Approach

Role: Parent

Independent (I) area of occupation: Independent in verbal communication with children

Assistive area of occupation: A broad activity he cannot complete is balance sufficient to retrieve an object from a floor.

Role-related tasks client cannot do (I) or moderately (I):

Cannot lift or hold his youngest child while standing.

Cannot get down on the floor to play with children.

Task analysis 1: Cannot get down on the floor to play with children.

1. Sit down on couch as far forward as possible but far enough back to be stable.
2. Put right hand on coffee table as leaning forward to support.
3. Keeping right hand on table, drop right knee to floor (allowing left to follow).
4. Straighten to all fours, using left extremities as safely possible.
5. Supporting with right hand and arm, allow backside to descend to floor.

(To get up, reverse process.)

Control parameters:

- External parameter: Distance to floor.
- Internal parameter: Balance

Client factor that is deficient: Impaired vestibular function while in motion.

Role: Primary homemaker

Independent (I) area of occupation: (I) in verbal comprehension.

Assistive area of occupation: Not (I) in meal preparation

Role-related tasks client cannot do (I) or moderately (I):

Has difficulty visually finding desired objects in the kitchen cabinets.

Is unable to clean floors to an appropriate standard using dustpan and brush.

Task analysis 2: Has difficulty visually finding desired objects in the kitchen cabinets.

1. Decide the item you need.
2. Go to cabinet where the item should be.
3. Find item on shelf by looking for it.
4. If not found, systematically redistribute items to allow finding item (most people put items on counter or use some sort of categorization).
5. Find item and pick it up.

Control parameters:

- External parameter: Similarity of object to others in cabinet and number of items.
- Internal parameter: Visual awareness of the environment and visual perception.

Client factor that is deficient: Visual pattern recognition and discrimination.

Part 2: Goals

Task 1: Cannot get down on the floor to play with children.

Long-Term Goal (LTG): The client will (I) get to the floor so as to play with his children and (I) get up within four weeks.

Short-Term Goal (STG): The client will demonstrate (I) in the ability to bend and retrieve a soft toy safely from the floor from a seated position within two weeks.

Task 2: Has difficulty visually finding desired objects amongst supplies in the kitchen cabinets.

Long-Term Goal (LTG): The client will demonstrate (I) in finding and retrieving all the items necessary to make a meal from the kitchen cabinets and refrigerator in four weeks.

Short-Term Goal (STG): The client will be able to (I) select three specifically named packaged food items consecutively from the cabinet shelves within two weeks.

Part 3: Treatment Principle

Approach: Restorative

Method: Repeatedly flexing the pelvis, using postural muscles, and extending bilateral (B) upper extremities (UE) to retrieve objects from the floor while seated is a form of active weight shifting that Donato and Pulaski (2011, p. 202) described will improve balance during sitting, standing, and functional activities, resulting in enhanced vestibular balance and motor control, which is a first step in the client being able to get on the floor in order to play with his children.

Approach: Restorative

Method: Training the client to select the correct grocery items off a shelf will increase his ability to register and discriminate objects in the visual field. Gillen (2011, p. 430) noted that participating in daily living tasks relies on high-order visual processing and suggested that a functional approach is the most appropriate (Gillen, 2011, p. 431) and even described an activity of reaching for groceries on shelves (Gillen, 2011, p. 435).

Part 4: Treatment Activity

Activity: In a 15-minute, home care appointment in the client's living room, the client will be asked to sit down in a chair with his back against the backrest. The occupational therapist (OT) will sit or stand opposite client and ask him to catch a 5-inch diameter ball. The OT will begin by tossing the ball centrally, and ask the client to toss the ball back, and slowly move outward from the midline alternating left and right. When the client is comfortable with this exercise, he will be asked to move slightly forward, moving his back from the backrest, to a position where he still feels stable. The OT will continue throwing the ball as before. Next, the OT will put some items down on the floor near the client's feet, having confirmed that the client can hold the item in either the involved or non-involved hand. The OT will place one item on the left, one on the right, and one in front of client. If available, these items will be some of the bigger stuffed animals or other of the children's toys so that they are at least five inches in height off the floor. The client will be asked to pick these items up one at a time from his seated position, alternating hands and picking up an item on the right, center, and left and handing them to the OT. Then the OT will put the items down and repeat in the opposite direction. The client has the option to use both hands if needed. As time permits, the activity will change by first moving the same objects away from the client by three inches and repeating the retrieval sequence. If time permits, and as the client's endurance and stability dictate, the OT will place smaller items, closer to the ground, close to client who will repeat with both UEs. Adjustments will be made dependent upon client's ability to perform these tasks to keep a just-right level of challenge. One adjustment might be to ask the client to move to a couch, which has less support and requires more postural control.

Setup: OT sits or stands opposite client for ball tossing, and stands near for spotting or support for the other activity depending on client's ability. OT brings balls and three other soft objects that stand 5 inches from floor and 3 inches from floor. When possible, OT uses items available in home, which have more meaning for the client.

Client expectations: Client is able to seat himself, follow directions, and be aware enough of his stability and endurance to tell the OT when he is feeling unstable or in need of help.

OT expectations: OT has knowledge of postural control, normal and cardiovascular accident-related (CVA) limitations, and safety concerns related to vestibular dysfunction and visual perception. OT adjusts the level of difficulty to provide a just right challenge.

Activity: In a 15-minute, home care appointment in client's kitchen, OT will first ask the client to put away a number of grocery items. The client will be asked to verbally describe what he is doing, including mentioning the item he is putting away and anything he notices as he puts the items on the shelves, such as what he is placing the item near. Once all the items are shelved, the OT will explain to the client that she would now like him to find and take some items off the shelves, and put them on the table. Some, but not all, items may be the ones he just put on the shelf. Again, the client will be asked to provide a running narrative. Based on level of success at finding the items, the OT will cue or ask the client about his processing and ability to see and find things. If necessary, the OT will provide guidance to find an item by making the client aware of it, such as saying "if you look to the left are you able to find it?" As time allows, a similar search can be executed in the utensil draw or the refrigerator.

Setup: OT will either remove items from kitchen shelves and place them on table or countertop, or if able to arrange in advance, client's partner will have either shopped and not put away non-perishable items or taken items out of cabinets and put in bag.

Client expectations: Client is able to stand and walk. Client is able and willing to follow directions. Client is able to pick up and hold grocery items in either one or both hands.

OT expectations: OT will need to set up for activity, which may include bringing or taking items off the shelf. OT will request client communicate verbally what he is doing as he puts groceries away, and cue appropriately to maintain verbal recitation, and ask questions as appropriate and necessary to enable client to relate what is around the items he puts and takes off the shelves. As per Abreu and Toglia (1987, p. 444), the OT will teach the client to recognize and correct errors in performance through feedback.

References

- Donato, S. M., & Pulaski, K. H. (2011). Overview of balance impairments: Functional implications. In G. Gillen (Ed.), *Stroke rehabilitation: A function-based approach* (pp. 189-209). St. Louis, MO: Elsevier.
- Gillen, G. (2011). Managing visual and visuospatial impairments to optimize function. In G. Gillen (Ed.), *Stroke rehabilitation: A function-based approach* (pp. 417-437). St. Louis, MO: Elsevier.

Abreu, B. C., & Togli, J. P. (1987). Cognitive rehabilitation: A model for occupational therapy. *American Journal of Occupational Therapy, 41*(7), 439-448.