Occupational Performance Area I: (BADL) Dressing
Problem/Cause Statement: The client is unable to get her socks over her feet because of reduced pinch strength (bilateral (B) three-point pinch of 3 lbs. each) due to the recent flare-up of her rheumatoid arthritis (RA).

Short-term goal: The client will improve her three-point pinch strength to 3.5 lbs. in (B) hands in three weeks.
Long-term goal: The client will be able to get her socks over her feet independently (I) in six weeks.

Treatment principle: Using an establish/restore approach, the client will begin an intensive hand exercise program, designed for patients with RA, to increase pinch strength (Rønningen & Kjeken, 2008, pp. 173-174) so as to be able to pinch and hold the material of socks and so as to pull them over her feet.
Activity: The client will touch the tip of each finger to the thumb of the same hand and hold for 5 seconds (Radomski & Latham, 2008, p. 1226). When each finger has been touched, the client will rest for 30 seconds and then repeat 10 times. The client will do this exercise for each hand four times a week.

Set-up: Client's home. Client seated, most likely in chair at table. Arm supported as comfortable.
Client expectations: Client will be building pinch strength, and maintaining ROM in both hands. Client will undertake this exercise on her own three times a week and with OT on the day the OT visits. Client has been instructed to undertake the exercise at the time of day when stiffness and pain are least (Radomski & Latham, 2008, p. 1226).
OT expectations: In order to ensure compliance, register progress in strength, and any change in ROM or pain levels, the OT will visit the client in her home once a week for a period of 15 minutes. The activity can be graded up to include the full range of exercises mentioned by Rønningen and Kjeken (2008, p. 182). If exercises are too difficult, they may be downgraded, either by lowering the number of repetitions or even by lowering the number of days performed; lowering the number of times per week performed is less desirable as appropriate exercise has been shown to reduce pain (Rønningen & Kjeken, 2008, p. 178).

Occupational Performance Area II: (IADL) Meal Preparation and Cleanup
Problem/Cause Statement: Client was unable to lift a pan because of limited flexion of her metacarpals, thus limiting grip, ((B) MCP AROM flexion = 40 degrees with ulnar drift and pain – 6/10 on VAS) as a result of the recent flare-up.
Short-term goal: Client will wear her splint (to control ulnar deviation of MCP joints) for four hours each day in two weeks.
Long-term goal: The client will be able to lift a pan so as to cook one hot meal a week in six weeks.
Treatment principle: This treatment method is using a compensatory/modify/adapt approach. The client will be provided with and instructed how to use a functional day splint, which are suggested for those with RA Stage III, and have been shown to reduce pain, prevent undesirable motion, and provide support (Biese, 2007, p. 360; Malcus-Johnson, Carlqvist, Sturesson, & Eberhardt 2005, p. 2). While the client has strength issues with her wrist extensors, (B) = 3/5, the client said she would prefer to work on her flexion and thinks the splint to control the ulnar deviation would be more to her liking (Radomski & Latham, 2008, p. 1227 [photo]).

Treatment session: The client will be taught how to put on and use the splint. Appropriate care measures will be included. The client will begin using the splint in daily activities.
Set-up: Client's home.
Client expectations: The client will learn how to put on the splint, and use it for daily activities. The client will monitor pain levels and keep a daily record of how long she has used the splint and any observations or difficulties she may have.
OT expectations: In a weekly visit, going through strength exercise routine, and measuring pinch strength (above), OT will discuss use of splint with client, ensuring that it is used properly and making any adjustments necessary (AOTA, 1986, p. 827). Using the splint can be graded up or down by changing the amount of time and how often the client uses it. Also, in discussion with the client, a list of specific activities can be determined for when to or when not to wear the splint.

References

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