

Occupational Therapy Perspective in Wound Care Management in Geriatric Persons

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Abstract

Occupational Therapists play a major role in prevention and management in skin and wound care among geriatric population. The strategies like Health management, pressure management, Bowel and bladder incontinence, mobility, environment, Mental status, Activities of Daily Living, References to other ancillary services when provided leads to occupational therapy as full-fledged treatment with a most care giving psychological support in day to day activities.

Keywords: Occupational therapy in wound care, Activities of daily living, Aids and adaptations, geriatrics.

Introduction

“Occupational therapy arose as a profession closely linked to psychotherapy in the early 20th century as health professionals recognized the impact of participation in meaningful daily activity on mental and Physical health” (Crepeau *et al.*, 2009). Occupational Therapists play a major role in prevention and management in skin and wound care among geriatric population. Geriatric population are most vulnerable people to develop wounds. These wounds can be of physical injuries and mental disabilities like e.g. Depression, decreased social participation in day to day activities like self-care. “Activity that is primarily meaningful and contextually anchored within older peoples everyday lives has the greatest ability to enhance health related outcomes” (Hay *et al.*, 2002, p 1386). As a part of rehabilitation team Occupational Therapists role plays a helping clients return to pre-injury, physical and emotional function^[1]

The strategies

The common strategies followed by Occupational therapists in wound care are

1. Management of client's health status
2. Prevention of pressure /friction wounds
3. Bowel and Bladder incontinence maintenance
4. Mobility status
5. Environmental modification
6. Mental status evaluation
7. Activities of daily living
8. Provide references to other ancillary services

The strategies are followed in client centered approach with caregiver's assistance centering the Occupational therapy process with client's priorities and fostering and active participation towards

Results^[2]

Health management:

The presence of wound caused by an injury or a pressure ulcer will restrict the geriatric person's ability to participate in activities of daily living^[3]. The causative factors for injury/ infection are identified in the form of evaluation by the Therapists through medical history, Physical examination, and

the status of wound is recorded. The causative factor which delays in wound healing is sorted out and guidance in prevention of such material which causes pressure to wound, risk of infection is given in form of Health education. Persons Cognitive function is improved by giving adequate information about management of wound by providing information in the form of wound care plan which comprises of different stages of wound management to which the persons is advised to adhere with^[3]

Pressure management

This stage comprises of Bed mobility, Transfer, Supportive aids and adaptations, Safety and protections, Antideformity positions. Therapist make an initial functional evaluation with instrument like a) Performance based assessment. b) Self-assessment is the method commonly used by therapists in evaluation^[4]. In this form of assessment the persons are exposed with environmental stimulating their home atmosphere, their routine daily schedule and concerned training is given in wound management.

Bed mobility

Frail elders find bed mobility restricted due to wound caused by pressure sores e.g. Gluteal pressure sore etc., The Occupational Therapists identifies the problems and equipment's / aids and adaptations for pressure relieving like custom made cushions with adequate padding is suggested. Adequate pushups to reduce pressure in gluteal area, and periodic changing of posture is taught to the person which promotes wound care healing. Literature reveals that for effective learning of complex tasks regular practice is needed^[5, 6]. Besides activities which is to be trained for the persons should be similar to real tasks in life so that training gets them benefited to maximum^[7] particularly when difficult tasks are highly interdependent.

Transfer

A practice is considered as an back and forth action between 2 surfaces^[8] for geriatric persons require increased assistance. Transfer performed with and without clothing may also create

an impact on skin integrity^[8]. It is found that Geriatric persons find difficult in transferring from bed to wheel chair, bed to commode because of the fear of fragile skin and which can cause wound or ulcer. Because of this disability they develop ulcers etc. Occupational therapist with the help of caregivers train the person's transfers training from bed to commode, wheel chair with adequate clearance of wound area.

Supportive Aids and adaptations

Elderly persons with wounds leading to disability like mobility restricted, ADL dependency like using commode are given training by Occupational Therapists with caregivers assistance in using crutches for ambulation and adapted toilet stool for self-care.

Safety and protection

Geriatric persons find difficult to ambulate because decreased motor power in lower extremities and poor balance. Because of this they tend to fall and cause injuries. Occupational therapist identifies these and provide adaptations like wall railings for assisted ambulation and nonskid Mats, slippers with good grip are advised. Persons with burn wounds are provided adaptations and modifications in dressing to suit their Needs. Dresses with easy wear and good ventilation, cloth with soft texture are suggested so that it doesn't give pressure to the wounds caused by fragile skin. Pressure garments are advised in later stage of recovery of burns as part of rehabilitation to prevent keloids, skin contractures etc.

Anti-deformity positioning

Elders with decreased cognition and altered sensation, decreased mobility needs periodic intervention. Strategies like time scheduling in the form of time chart for position changes and usage of splints are suggested to prevent pressure sores. The person's caregiver is given adequate training in application of splints by Occupational Therapists

Bowel and Bladder incontinence

"Impairments in bowel, bladder, and urogenital function can result in depression, loss of self-esteem, and difficulty maintaining a healthy and independent lifestyle and fulfilling relationships."^[10, 11, 12]

Most of the frail elderly persons usually have deficits in physical problems like managing dressing, maintenance of hygiene, transferring to toilet besides some will have cognitive deficits like remembering to void or find out the toilet etc. Occupational therapists identifies the skills needed for these functions like Range of motion exercises for upper and lower extremities, fine motor coordination, grip strength, cognitive and sequencing skills, trunk mobility and balance and functional mobility.^[15] and training is given to them with the caregivers assistance besides adaptive techniques and equipment are suggested for them. Education regarding management of toilet with commode with aids and adaptations e.g. wall railings, independent management of catheters with aseptic techniques are also advised^[13].

Mobility

Management of persons with wounds /injury are advised by Occupational Therapists to maintain mobility of limbs, by improving and maintaining the range of motion, muscle power

with exercises so that the persons functional status is maintained. Aids like wheel chair are assessed and necessary adaptations like adequate seating is provided so that the skin integrity in altered sensational areas are maintained.

Environment

"Frail older adults are vulnerable to the demands of the physical environment, which can result in excess disability (Iwarsson & Isacsson, 1998; Iwarsson *et al.*, 2006; Mann, Hurren, Tomita, Bengali & Steinfeld, 1994; Oswald, Wahl, Schilling, & Iwarsson, 2007; Oswald, Wahl, Schilling, Nygren *et al.*, 2007; Stark, 2001; Steinfeld & Shea, 1993). Besides there are evidence that environmental hazards is one of the important factors among frail older persons because they are mobile but less stable^[9], Some of the "examples of environmental barrier items which are not in reach for the elderly, e.g. controls knobs which are difficult to grip and twist, and stairs" (Mann *et al.*; Stark; Steinfeld & Shea) which elderly people prefer to have home modifications (Trickey, Maltais, Gosselin, Robitaille, 1993). Ester M.J. Steultjens *et al.* proved that efficacy of advising assistive devices as part of home hazard assessment in functional ability^[14].

Mental status

Clients cognitive and perceptual assessment determines which of their functions are intact and which is limited. The process by which the particular deficit influences the wound care management are identified and compensated with intact abilities to overcome deficits.^[4]The treatment is given in the form of cognitive perceptual rehabilitation. A self-care plan is provided to the persons to motivate, with environmental modifications, adaptations using compensatory techniques.

Activities of Daily Living

These are sensory motor skills of physical function which are necessary for performance of usual daily activities e.g. feeding, dressing, hygiene, physical mobility^[13]. Impairments/disability caused by injuries or wounds will restrict the person's mobility. Activities of daily living is evaluated using different scales of measurements e.g. Barthel Index, Modified Barthel Index scale, Katz index scale of ADL, Outcome and assessment information set (OASIS)ADL/IADL by the therapist^[13]. The deficits are identified and ADL training are given to the persons with care givers assistance by providing aids, teaching compensatory techniques^[2]

References to other ancillary services

Therapists evaluates and refers persons to other ancillary services like Orthotics/Prosthetics department for artificial limbs, foot wear etc. References to other special clinics like pain clinics etc. are also provided to persons in terms wound care.

Conclusion

Wounds and skin care management comprises of different stages like prevention of wound treatment of wound care, health education of the person regarding self-management of wound. With the above stages when provided leads to Occupational Therapy as a full-fledged treatment with most care giving psychological support in day to day activities.

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