

## Long-Term Care Survey Alert

### Quality Improvement: Walking In Your Cognitively Impaired Residents' Shoes Can Create A New Rehab Therapy Path

See where this empathy-building exercise leads your rehab and ADL care.

Experiencing how residents with diminished cognitive and sensory abilities might experience a therapy session can help caregivers rethink "therapy as usual" for this population.

For example, rehab therapist **Shehla Rooney** participated in an exercise where she learned firsthand how a busy gym might overwhelm someone with multiple deficits.

To simulate the reality of an elderly person with cognitive and sensory deficits, Rooney and other therapists participating in the training donned "blurry, smudged glasses." They also wore "gloves with beads at the fingertips, and headphones" that played background noises and voices. The trainer then gave Rooney and the other therapists commands to do "various simple tasks in a dimly lit room," says Rooney. She found complying with the instructions "very difficult" given that she could "barely hear and see." Also, her hands were numb and she felt off balance.

#### Applying a New Perspective

As a result of the exercise, Rooney and her rehab team made some changes in how they provided therapy to people with dementia and sensory losses. For example, they focused occupational therapy on exercises that translated directly into improved functionality, such as zipping jackets or pants and using snap buttons to fasten a garment.

#### Avoid Sensory Overload

For Rooney, participating in the empathy-building exercise also reinforced the need to provide one-on-one therapy for residents who may be overwhelmed by group therapy and busy gyms. Therapists should look closely for signs that residents are becoming frustrated or don't find an activity to be meaningful, adds Rooney. When a resident shows agitation or becomes verbally aggressive, the therapist has usually missed earlier cues.

**Apply lessons to nursing:** Correlate a resident's behavioral symptoms coded in Section E4 of the MDS to how staff provides assistance with activities of daily living, suggests **Cindy Hart, LPN, CPA, CPC**, with **LW Consulting** in Jenkintown, PA. For example, if the staff aren't using task segmentation, does the resident become aggressive and resist care? Using task segmentation, the caregiver breaks down an ADL into manageable subtasks. That approach prevents "instruction overload" and helps the resident to succeed at his ADLs.