

Occupational Therapy in HVI

Occupational Therapy's Role in the rehabilitation of patients with cardiac and pulmonary dysfunction

Dena Shugart MPH, OTR

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- An initial evaluation will always include:
 - A review of the diagnosis/procedure(s)
 - patient's baseline level of function (LOF)
 - current LOF
 - problem list
 - goals
 - recommendations for the next level of care

Diagnosis, Procedures/ Surgeries, LOF

- In order to provide the best level of care to the patient, we strive to understand patient's current as well as co-morbid diagnoses and any recent procedures/surgeries they have had that impact their LOF
 - Prior LOF
 - Home situation, level of independence with regards to activities of daily living
 - DME owned, used regularly
 - Current LOF
 - Transfers
 - ADLs
 - Upper Extremity Strength/Coordination
 - Cognition and current mental status
 - Endurance/activity tolerance/Safety

Problem List

- Looking at the patient's PLOF and CLOF, are they different? Has the patient's level declined since admit?
 - Are they able to sit without support?
 - Transfer to a chair?
 - Are they participating in basic self care tasks?
 - Weak upper extremities?
 - New onset cognitive deficits? Why or why not?
- What is the cause of the problem?
 - Poor endurance
 - prolonged hospital course contributing to generalized weakness
 - poor motivation
 - Pain
 - Family enabling patient

Occupational Therapy Goals

- How can Occupational Therapy make a difference?
 - Education, energy conservation techniques, practice ADLs, transfers, orthotics if needed
- We write goals to address patient's deficits (examples)
 - Pt will be 100% compliant with sternal precautions without verbal cues/with minimal verbal cues while performing ADLs and transfers
 - Pt will participate in 10 minutes of ADL activity before requiring a rest break, demonstrating increased endurance
 - Pt will complete sink level ADLs in stance without signs or symptoms of fatigue/SOB
 - Pt will complete toilet transfers using rolling walker min A
 - Pt will complete lower body dressing seated EOB without loss of balance
 - Pt/pt's family will be independent with HEP for AROM/PROM bilateral UEs

Recommendations

- Consider patient's baseline
- Consider at what level are they currently performing
- Consider how much family support will the patient have after discharge
- Travel considerations
- DME considerations

Rehab after discharge

- What can the patient tolerate?
 - Intense post acute rehab (can tolerate 3 hours of therapy/day)
 - Post acute rehab (slower paced-ie SNF)
 - Long term acute care (LTAC)
 - Home with Home Health
 - Outpatient therapy (ie Cardiac Rehab II)

Thank you

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- Questions?



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