

September 2018

## Activities of Daily Living and Your Role

### OBJECTIVES

After completion of this program, the home health aide will be able to:

- » Name three core activities that are part of ADLs.
- » List two reasons patients need assistance with ADLs.
- » Name three techniques for assisting patients to improve their ability to perform ADLs.

---

### OVERVIEW

While there is some variation, there are six activities commonly considered to be the activities of daily living (ADLs). They are feeding, bathing, dressing, toileting, transferring, and mobility. Studies indicate that the prevalence of personal assistance needs increases with age and by age 65, 4.1% of the total population in the United States require help in one or more ADL. The prevalence is much higher among homecare patients.

When home health aide visits are ordered in homecare, it is almost always to assist with ADLs. Historically, except for patients receiving therapy services, most home health aides were assigned to assist with personal care with little emphasis placed on helping patients achieve greater independence in performing ADLs. Home health aides themselves often viewed their role as providing direct care, not in promoting greater independence. The benchmarking capabilities of the Outcome and Assessment Information Set (OASIS) reports provide agencies with comparative data on patient improvement in performance of ADLs. The data have helped agencies develop quality improvement activities aimed at increasing independence levels of patients. Home health aides are crucial to success in this goal.

---

### CONTENT

Read the Fact Sheet	15 minutes
Read the Case Study	10 minutes
Complete "Think About It"	10 minutes
Complete the Post-test	15 minutes
Feedback Session	10 minutes

---

### SUPPLEMENTAL LEARNING ACTIVITIES

- » Arrange for an Occupational Therapist to present an additional in-service on techniques for promoting/improving independence in performing ADLs.
- » Arrange for a medical or therapy equipment provider to present an additional in-service on various assistive devices that are available. Allow participants to spend some time using the devices.
- » Arrange for a rehabilitation nurse to present an additional in-service on the team approach to managing care of patients who require ADL assistance.
- » Provide different scenarios about patients needing ADL assistance. Have the participants role-play the scenarios with one being the patient and another the home health aide. Invite input from the participants observing.

—CONTINUED—

# Activities of Daily Living and Your Role

## FACTS

Activities of daily living (often called ADLs) are basic self-care activities that are considered essential for day-to-day living. There are six activities that make up the ADLs: feeding, bathing, dressing, toileting, transferring in and out of bed, and mobility. Almost 4 million adults living in households need help from someone for at least one ADL. Most of the patients you visit require some assistance with one or more of their ADLs. Some of them need less assistance, and some are totally dependent. Some of your patients will never be able to be any more independent than they are, but most of your patients can improve in their abilities to perform ADLs.

People who have lost the ability to perform ADLs are at a much greater risk of hospitalization, nursing home placement, and death than other people the same age who are independent. The percentage of people needing help with ADLs is very high among elderly homecare patients. The most frequently reported ADL limitation is bathing.

There are many reasons that people receiving homecare need assistance with their ADLs. Generally speaking, patients need help performing ADLs for one of three reasons: (1) paralysis or loss of physical function, (2) weakness or decreased endurance due to disease process or surgery, and (3) confusion or cognitive disorders. Some of the more common reasons you will see in homecare patients include:

» **Recent surgery**

Many times patients have reduced endurance following surgery and are not able to perform ADLs. Many of these patients will improve as you are caring for them and will become independent in several weeks.

» **Fractures, casts**

The presence of a cast on one's arm or leg can make it very difficult for a person to bathe himself or herself or perform other ADLs without assistance. Many of these patients will also improve and, when the casts are removed, they will once again be independent.

» **Strokes**

Many patients have some degree of extremity paralysis or weakness following a stroke. If the stroke is recent, the patient may be able to make a lot of progress in his or her ability to perform ADLs. However, if the stroke occurred a long time ago and the patient has had extensive therapy and has been using assistive equipment, then he or she may not have any further improvement and will never be independent.

» **Heart disease or chronic lung disease**

These patients may have such difficulty breathing that they need assistance in ADLs. For most of these patients, performing ADLs takes a much longer time than normal because they must rest often during activity. With better control of their symptoms, they may improve in their abilities to perform ADLs, but may continue to require some assistance.

» **Severe arthritis**

The joint stiffness and deformities of severe arthritis make it harder for these patients to perform ADLs. They may also have a great deal of pain. However, many of them may be able to show improvement if they have devices to assist them and learn different methods of bathing and dressing.

—CONTINUED—

# Activities of Daily Living and Your Role

## » **Neurological disease**

Depending on the severity and involvement of the disease, patients with neurological diseases may require assistance with ADLs. In some cases (like multiple sclerosis), the diseases have periods of remission and the patient's symptoms improve and they require less assistance. In other cases (like Alzheimer's Disease), the disease progressively worsens, and the patients will not improve in their abilities to perform ADLs.

## » **Cancer or other debilitating diseases such as AIDS**

Whether or not these patients will improve depends upon the extent of their diseases and/or responses to treatments. Some patients will be able to improve while others will continually decline.

### HOW DO YOU HELP PATIENTS IMPROVE IN ADLs?

There are many things that home health aides can do to help patients improve their performance of ADLs. The key to success lies in good communication with the nurse or therapist who is seeing the patient. In addition to carefully reviewing the assignment sheet, you should talk with the nurse or therapist about how much the patient can be expected to improve, and how you can best help. It is important for you to know whether the patient has already reached maximum level of functioning, or whether the patient may be able to do more. It takes a team effort with the patient and family, the nurse or therapist, and you to help the patient improve in performing ADLs. Some areas in which you may help include:

#### **Dressing**

- » Help the patient establish a routine for dressing that follows a logical sequence. Help her select and arrange her clothes in the order they will be put on.
- » Encourage the patient to sit while doing most of the dressing.
- » Encourage the patient to choose clothing that is comfortable and easy to put on and remove. Elastic waistbands and Velcro closures are much easier to use than zippers and buttons. Pull-over shirts or sweaters need to have large neck holes to make them easier to get on and off. Elastic shoelaces make it easier to put on shoes.
- » If the patient has weakness or paralysis of an arm or leg, remind him to dress the "weak" arm or leg first.
- » Learn how to use any dressing aids the patient has. They may use buttonhooks, reaching sticks, long-handled shoe spoons, or other devices. If you think a patient would benefit from having assistive devices, discuss this with the nurse.
- » Always encourage the patient to do as much for herself as possible. This may take more time, but it's important in helping the patient improve in doing for herself.

#### **Bathing**

- » Help the patient establish a good time for bathing. This should be a time when he is not rushed or tired from other activities.

—CONTINUED—

## Activities of Daily Living and Your Role

- » Help the patient organize everything needed for the bath. The type of bath she will take will be on the assignment sheet.
- » Never assist the patient into the shower or tub if it cannot be done safely. The nurse or therapist should have assessed the safety, but if the patient needs a bath seat, non-skid mats, or grab bars in order to be safe, do not put him in the tub without them. Notify the supervisor that you do not feel it is safe to bathe him in the tub and follow the supervisor's directions. (Don't forget to document this on the visit report.)
- » Learn how to use any bathing aids the patient may have. She may also have grooming aids to help her.
- » Allow the patient to bathe himself as much as possible.

### Eating

- » Help the patient establish a quiet, calm time for eating.
- » Encourage the family to prepare finger foods that may be easier to manage.
- » Help the patient and family organize the table so that things are within easy reach.
- » Learn to use any assistive devices the patient may have. There are numerous aids including utensils with wide handles, swivels or straps, non-skid mats to keep plates from sliding, plates with plate guards so food can be pushed onto the spoon, special glasses and cups. If you think the patient could benefit from such devices, talk with the nurse.
- » Never rush the patient to eat and encourage the family to allow plenty of time for meals.

### Toileting

- » If necessary, help the patient establish a bathroom routine. Some patients do not have the normal warning time that signals the need to urinate. These patients may do well to use the toilet routinely every three hours to prevent incontinence.
- » Many patients do better with a raised toilet that makes coming to a standing position much easier.
- » Notify the supervisor if there are structural barriers that keep the patient from getting to the toilet.
- » Learn how to use assistive toileting devices. This may include a long curved reaching device that allows the patient to wipe herself after using the toilet.

### Transferring in and out of bed

- » Consult with the nurse or therapist to find out exactly how the patient should be assisted with transfers, and to what extent he is expected to improve. A joint visit with the therapist or nurse can be very helpful in establishing a consistent approach.
- » Assist the patient as directed on the assignment sheet, allowing the patient to participate as much as possible.
- » Assist the patient with any assigned exercises. These will help condition and strengthen the muscles and help the patient become more independent.

—CONTINUED—

# Activities of Daily Living and Your Role

---

## Mobility

- » Follow the assignment sheet in assisting the patient with ambulation or in use of the wheelchair.
- » Encourage the patient to participate as much as possible.
- » Give lots of praise and encouragement.
- » Help the patient schedule activities so that there is time for rest in between.

### KEY POINTS IN HELPING PATIENTS IMPROVE IN ADL FUNCTIONALITY:

- » Do not be tempted to do everything for the patient. Encourage the patient to do as much for himself as possible. While it may seem easier and may take less time, doing for the patient will not promote independence.
- » Be an advocate for your patient. Don't be reluctant to talk with the supervisor or nurse if you think the patient needs devices to help him.
- » Give lots of praise and encouragement. Point out to the patient how much progress she is making. Focus on what she can do, not what she cannot do.
- » Be patient and allow the patient time to participate. Many times the task will take much longer when the patient does it for himself. Keep in mind that the patient needs to learn to do these things so he can manage when he is no longer receiving homecare.
- » Help the patient be realistic. If the nurse or therapist tells you that the patient will never be able to do a certain task, help the patient adjust. Keep in mind that some patients will never be independent in ADLs no matter what assistive devices are available.
- » Carefully document the patient's progress. Stay in close contact with the nurse, therapist, and other team members about the improvements that may have taken place.

-CONTINUED-

# Activities of Daily Living and Your Role

## CASE STUDY: AN ADL STORY

Julia visits Mrs. Gomez three times a week to assist with bathing and personal care. Mrs. Gomez had a stroke several weeks ago and has paralysis of her left arm and left leg. She is receiving physical and occupational therapy in the home. The first time she visited, Julia told Mrs. Gomez, "Now don't you worry. I'm here to do everything for you and take care of you." A week or two after admission, Mrs. Gomez showed Julia some of the things the occupational therapist had obtained for her. "I can't quite get the hang of these," Mrs. Gomez told Julia. "They just get me frustrated." Julia patted Mrs. Gomez's hand and gently told her, "You don't have to bother with those while I'm here. I'll help you and you won't have to use them." Julia helped Mrs. Gomez transfer to a bath bench for her shower. When Mrs. Gomez said she could wash with her right hand, Julia told her not to bother but just relax and enjoy being taken care of. Julia completed all the assignments and documentation, then left for her next assignment.

Juanita visits Mr. Clark three times a week to assist with bathing and personal care. Mr. Clark also had a stroke several weeks ago and has paralysis of his right arm and right leg. He also receives physical and occupational therapy at home. When Juanita was first assigned to see Mr. Clark, she called the supervisor to contact the therapists for some information. They had a conference in which the physical and occupational therapists explained their plans and goals to Juanita. Juanita left the conference knowing what improvements the therapists expected to see in Mr. Clark's function and what her role should be. When Mr. Clark showed Juanita some of the assistive devices the occupational therapist had brought, Juanita said excitedly, "Great! These will really help you do things for yourself. I know how much you're looking forward to being more independent. I can help you get used to using them." When Mr. Clark complained about how long it took to get dressed using the aids, Juanita praised him for his progress. She documented on her visit report that Mr. Clark had been able to put on his shirt using the dressing aids, but that it took a long time and that she had to remind him how to use the aids.

### THINK ABOUT IT

Compare the two visits.

Which of these two patients do you think is more likely to improve? Why?

Why is it so important for the home health aide to know how much improvement might be expected in a patient?

What are some actions you've taken to help your patients improve in ADLs?



# Activities of Daily Living and Your Role

DIRECTIONS: READ EACH QUESTION CAREFULLY. THEN, DETERMINE THE BEST ANSWER. CHECK THE CORRESPONDING BOX ON YOUR ANSWER SHEET. DO NOT WRITE ON THIS POST-TEST.

1. Which of the following is not considered an activity of daily living (ADL)?
  - a. Bathing
  - b. Toileting
  - c. Transferring
  - d. Cooking
  
2. All patients can improve in doing ADLs if they really want to.
  - a. True
  - b. False
  
3. Which of the following is true about ADLs?
  - a. If you are unable to do any of them you are considered homebound.
  - b. They include such household chores as washing dishes and doing laundry.
  - c. They are the basic activities of caring for oneself that are essential for day-to-day living.
  - d. All of the above
  
4. Which of the following would be important for the home health aide to do in order to help the patient improve in doing ADLs?
  - a. Learn how to use the assistive devices the patient may need.
  - b. Encourage the patient to do as much for himself/herself as possible.
  - c. Provide enough time for the patient to do things.
  - d. All of the above are important.
  
5. Which ADL limitation is reported most often?
  - a. Requiring assistance with eating
  - b. Requiring assistance with bathing
  - c. Requiring assistance with toileting
  - d. Requiring assistance with dressing
  
6. Which of the following is not a common reason that people need help with ADLs?
  - a. Having a baby
  - b. Having paralysis
  - c. Having a fracture
  - d. Having chronic lung disease

-CONTINUED-



# Activities of Daily Living and Your Role

---

POST-TEST, PAGE 2

7. A key to success in improving ADL function is good communication between the home health aide and professionals who are seeing the patient.
- True
  - False
8. How many activities are commonly called the ADLs?
- Four
  - Six
  - Three
  - Seven
9. Which of the following is considered to be one of the ADLs?
- Transferring
  - Using the telephone
  - Doing laundry
  - Washing dishes
10. Which of the following diseases/conditions may cause a patient to need assistance with ADLs?
- Stroke
  - Severe arthritis
  - Major surgery
  - All of the above

- END -

# MONTHLY INSERVICE ANSWER SHEET

In-service Month \_\_\_\_\_ Year 2018

Name \_\_\_\_\_ Date \_\_\_\_\_

1. a. \_\_\_ b. \_\_\_ c. \_\_\_ d. \_\_\_

2. a. \_\_\_ b. \_\_\_ c. \_\_\_ d. \_\_\_

3. a. \_\_\_ b. \_\_\_ c. \_\_\_ d. \_\_\_

4. a. \_\_\_ b. \_\_\_ c. \_\_\_ d. \_\_\_

5. a. \_\_\_ b. \_\_\_ c. \_\_\_ d. \_\_\_

6. a. \_\_\_ b. \_\_\_ c. \_\_\_ d. \_\_\_

7. a. \_\_\_ b. \_\_\_ c. \_\_\_ d. \_\_\_

8. a. \_\_\_ b. \_\_\_ c. \_\_\_ d. \_\_\_

9. a. \_\_\_ b. \_\_\_ c. \_\_\_ d. \_\_\_

10. a. \_\_\_ b. \_\_\_ c. \_\_\_ d. \_\_\_