

Evidence-Based Practice Resources

Productive Aging

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Occupational therapists and occupational therapy assistants have a long history of working with older adults to support the individual's ability to participate fully in daily life for a productive and successful aging process. Occupational

therapy practitioners¹ may either work with an older adult due to a limitation in occupational performance related to a diagnostic or clinical condition (e.g., stroke, Alzheimer's disease) or may provide services to an individual looking to maximize occupational performance as he or she grows older. The American Occupational Therapy Association's (AOTA's) Centennial Vision provides a clear path for occupational therapy practitioners working with older adults by emphasizing excellence in service that is informed by evidence. AOTA has developed many evidence-based resources that are useful for strengthening evidence-based practice (EBP). In addition to these resources from AOTA, there are several valuable evidence-based resources available on the AOTA EBP Resource Directory.

AOTA has published a number of practice guidelines that use an evidence-based perspective and key concepts from the *Occupational Therapy Practice Framework: Domain and Process, 2nd Edition*.² The topics of the practice guidelines include occupational therapy for adults with neurodegenerative disorders,³ Alzheimer's disease,⁴ and stroke,⁵ as well as older adult driving and community mobility.⁶ The research findings included in the practice guidelines are based on



systematic reviews that incorporate evidence that is within the scope of occupational therapy practice.

Additional evidence-based resources are available to members in the Evidence-Based Practice and Research section of AOTA's Web site. This information can be accessed through the Practitioners or Educators-Researchers tab on the home page. Various formats for summarizing the evidence relevant to productive aging include Critically Appraised Topics (CATs—summaries of a group of articles included in a systematic review) on Driving and Community Mobility for Older Adults and Alzheimer's Disease; Critically Appraised Papers (CAPs—summaries and critical appraisal of individual articles included in a review) on Alzheimer's disease; and Evidence Briefs (summaries of individual articles) on Chronic Pain, Multiple Sclerosis, Older Adults (occupation and activity-based interventions), Parkinson's disease, and Stroke. In addition, the March/April 2008 issue of the *American Journal of Occupational Therapy* has summaries of all systematic reviews on

driving and community mobility for older adults.

The EBP Resource Directory includes many Web sites of interest to those working with older adults. The subcategory of Productive Aging EBP Resources in the Selected EBP Resources section would be of particular interest. For example, the Home Modification Information Clearinghouse (<http://www1.aota.org/ebp/index.aspx?RSID=1145>) provides information on accessible home modifications. One example of ref-

erences on the site is *Evidence Based Research: Effectiveness of grabrail orientations during the sit to stand transfer*.⁷

The Center for Healthy Aging (<http://www1.aota.org/ebp/index.aspx?RSID=1192>) from the National Council on Aging and funded by the Administration on Aging, assists community-based organizations working with older adults to develop and implement evidence-based programs. In addition to presentations on background related to evidence-based practice, an Issue Brief—Using the Evidence Base to Promote Healthy Aging can be accessed there. Summaries of effective programs can be downloaded from the Web site. Included on the Web site are programs related to falls prevention, chronic disease self-management, and fitness. Also of interest is *News from the Center*, a bimonthly newsletter providing information on evidence-based programs. Free electronic subscriptions are available.

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The Centers for Disease Control and Prevention provides summaries of evidence-based programs for persons with arthritis (<http://www1.aota.org/ebp/index.aspx?RSID=1157>). Of interest to occupational therapy practitioners working with older adults are information on self-management education programs and physical activity programs.

Regardless of the setting in which you work, the resources included on AOTA's Web site provide a one-stop-shopping source of useful and valuable information to inform, guide, and foster the provision of occupational therapy services from an evidence-based perspective. Accessing the information and determining how to incorporate the findings along with your clinical expertise provides a challenge that should be embraced by all practitioners working with older adults. ■

References

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Disaster Preparedness

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Q How can I best contribute to disaster response efforts in my community and country?

A AOTA's official document, *The Role of Occupational Therapy in Disaster Preparedness, Response, and Recovery: A Concept Paper*¹ directly answers this concern by pointing out that to be able to effectively apply services and expertise in response to disaster, occupational therapy practitioners first must be actively involved in local community preparedness activities and planning. The concept paper suggests that practitioners consider the following actions:

- Become familiar with the agencies and organizations in the community or region that are involved in developing disaster preparedness plans. Examples might be the American Red Cross, local health care facilities, and local mental health crisis services. Understand how these agencies and organizations are structured and their specific functions relative to disaster preparedness.
- Become knowledgeable about local plans and resources (staff, facilities, equipment) that might be used during disaster responses.
- Become visible! Get involved in local and regional community planning efforts. Volunteer to work on committees and provide consultation to planning teams. Network with others and actively advocate for occupational therapy services.

Involvement in disaster preparedness activities can occur at the larger system or community level, but also at the occupational therapy practitioner's own health care or work facility. At all levels, occupational therapy practitioners need to educate

disaster preparedness team members about the positive effects of providing opportunities for engaging in daily life occupations for individuals and populations affected by disasters. Providing structure in familiar and new daily life routines at emergency evacuation sites, offering opportunities for engaging in leisure time or play activities, and providing mechanisms for people to share concerns and help each other are examples of occupation-centered approaches that will assist individuals to cope with stress and adapt to their changed world. Occupational therapy practitioners also can educate the disaster preparedness team about their expertise in providing mental health support services, environmental adaptations, direct disaster response services to special needs populations (i.e., persons with disabilities), and training programs for volunteers in how to effectively help persons with special needs. Practitioners who make themselves known to local agencies involved in disaster preparedness and response before the need for services occurs alert the agencies and the community to the valuable contribution that occupational therapy can provide. Networking with others and sensitizing them to the role that occupational therapy can play can help ensure that practitioners' skills and expertise are requested when disasters do occur. ■

Reference

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