

## Evidence Supports the Distinct Value of Occupational Therapy for Older Adults

For older adults and people with disabilities, health can be enhanced and promoted through support for independent living. Occupational therapy practitioners have a major role in enabling independent living and continued activity in older adults as a means to better health and reduced costs (Clark et al., 1997; Hay et al., 2002; Knapp, Lemmi, & Romeo, 2013). OT practitioners are effective members of their interprofessional team of colleagues. By incorporating interventions that have strong and moderate evidence, such as those listed below, occupational therapy practitioners can provide effective, high-quality, and cost-effective services.

### **Instrumental Activities of Daily Living (IADL)** (Leland, Elliott, & Johnson, 2012)

Aging in place, reducing rehospitalization, and promoting independence are all critical areas that occupational therapy can address. A variety of OT approaches effectively address IADLs, which are essential to healthy independent living and may affect long-term health and health care costs, including the following:

- Client-centered occupational therapy promoting improved activity levels, such as the Lifestyle Redesign® program.
- Exercise programs involving functional activities for older adults improve IADL performance.
- Progressive resistance strength training to improve community mobility and meal preparation.

### **Fall Reduction & Home Modification** (Leland et al., 2012; Siebert, Smallfield, & Stark, 2014)

The need for home modifications may arise from a change in an older adult's living circumstances as well as changes in performance. Home modifications are an important component of a fall prevention program. The following are effective occupational therapy interventions:

- Multicomponent or multifactorial interventions that address multiple risk factors to reduce falls, keeping people safe at home.
- Occupational therapy assessment of the client and home followed by home modifications to reduce falls for clients with a history of falls, enhancing safety.
- Home modification and adaptive equipment provided by occupational therapy practitioners to reduce functional decline and improve safety.
- Physical activity (regardless of type) to decrease fall risk and prevent falls.
- Home modification for older adults aging with a disability to reduce perceived difficulty with ADLs and instrumental activities of daily living (IADLs), facilitating participation and independence.

### **Older Adult Driving** (Stav, in press)

Interventions provided by occupational therapy practitioners improve driving performance and community mobility for older adults, enabling them to remain living in the community.

- Combining in-class sessions with individual on-road training improves driving knowledge and on-road driving performance.
- Physical retraining improves skills of older drivers.
- Cognitive-perceptual training reduces at-fault crashes, delays driving cessation, and improves driving performance in clients with stroke and right hemisphere lesions.
- Standardized driver simulation training improves on-road driving performance in persons with a history of stroke.
- Driving cessation support groups for clients with dementia and their caregivers reduce depression and improve acceptance of circumstances and preparedness for transition from driving.

### **Low Vision** (Kaldenberg & Smallfield, 2013)

Occupational therapy's focus on engagement in valued occupations promotes participation through compensatory strategies; this can decrease falls and chance of rehospitalization, while increasing independence and well-being.

- Problem-solving strategies increase participation in ADL and IADL tasks.
- Problem-solving strategies, including enhanced illumination, increase leisure and social participation, supporting mental well-being.
- Multicomponent patient education and training improve occupational performance, improving overall function.
- Patient education programs improve self-regulation in driving and community mobility, supporting independence and function.

### **Stroke** (Wolf & Nilsen, in press)

Occupational therapy can be important and effective at all stages of recovery to achieve optimal function in home, community, work, education, and other life activity sectors.

- ADL-specific home-based interventions improve ADL performance.
- Repetitive task practice improves occupational performance.
- Constraint-induced movement therapy improves upper-extremity function and occupational performance.
- Cognitive rehabilitation improves global cognitive function and improves ADLs for clients with apraxia.
- Strengthening and exercise improve upper-extremity function, balance, mobility, and occupational performance.
- Problem-solving techniques and motivational interviewing reduce depression following stroke.
- Home-based leisure programs improve participation in and satisfaction with leisure pursuits, supporting mental well-being.

### **Health Management** (Leland et al., 2012)

Managing chronic conditions is key to healthy living for older adults. Occupational therapy practitioners provide interventions that enable clients with chronic clinical conditions to restore and maintain participation in a variety of occupations and can be incorporated into comprehensive care systems.

- Client-centered occupational therapy targeting health management in frail older adults and older adults with osteoarthritis or macular degeneration improves physical functioning and occupational performance.
- Individually tailored self-management health programs coordinated by health professionals help to maintain health gains.
- Peer-led self-management programs that include diagnosis-specific information, medication management, and problem-solving skills enhance self-care.

### **Parkinson's Disease** (Preissner, 2014)

Parkinson's disease is a significant chronic condition for which proper management can improve quality of life, health, and function, and reduce long-term costs and consequences.

- Individualized interventions focusing on participant wellness, lifestyle modification, and personal control improve quality of life.
- Client-preferred external cues during ADLs improve motor control.
- Complex and multimodal activity (e.g., Tango dancing) to improve functional movement on a short-term basis, supporting participation.
- Multisession, repetitive physical exercise tasks improve diachronic motor and sensory–perceptual performance skills, improving function.
- Environmental cues, stimuli, and objects improve task and occupational performance.
- Auditory rhythmic external cues are more effective than visual, tactile, or other forms of cues to help regulate walking in clients with Parkinson's disease, supporting community mobility.

### **Alzheimer's Disease and Related Disorders** (Schaber, 2010)

Alzheimer's disease and dementia affect about 5 million adults 65 and older (Alzheimer's Association, 2013) and affect the health care system's ability to achieve good health for clients and caregivers.

- Client-centered occupational therapy can identify occupational performance issues and help clients implement compensatory and environmental strategies, helping to maintain function.
- Client-centered activities (e.g., leisure) tailored to people with dementia improve participation in and satisfaction with activities.
- Compensatory and environmental strategies that include cueing and step-by-step instructions improve participation in activities and reduce caregiver burden.
- Caregiver education, including problem-solving strategies and technical skills (e.g., task simplification, communication), simple home modifications, and stress management, reduces caregiver burden and increases caregiver self-efficacy, improving overall care.
- Strategies that manage the physical environment (e.g., multifaceted interventions including removal of physical restraints, fall alarms, exercise) promote participation in daily activities, enhancing wellness.
- Sleep routines and sleep hygiene strategies that manage daytime activities and nighttime sleeping, and prompted voiding strategies for toileting, assist with caregiver burden.

## References

- Alzheimer's Association. (2013). *Alzheimer's disease facts and figures*. Retrieved from [http://www.alz.org/downloads/facts\\_figures\\_2013.pdf](http://www.alz.org/downloads/facts_figures_2013.pdf)
- Clark, F., Azen, S. P., Zemke, R., Jackson, J., Carlson, M., Mandel, D.,...Lipson, L. (1997). Occupational therapy for independent-living older adults: A randomized controlled trial. *JAMA*, 278, 1321–1326. <http://dx.doi.org/10.1001/jama.1997.03550160041036>
- Hay, J., LaBree, L., Luo, R., Clark, F., Carlson, M., Mandel, D., ...Azen, S. P. (2002). Cost-effectiveness of preventive occupational therapy for independent-living older adults. *Journal of the American Geriatrics Society*, 50, 1381–1388. <http://dx.doi.org/10.1046/j.1532-5415.2002.50359.x>
- Kaldenberg, J., & Smallfield, S. (2013). *Occupational therapy practice guidelines for older adults with low vision*. Bethesda, MD: AOTA Press.
- Knapp, M., Lemmi, V., & Romeo, R. (2013). Dementia care costs and outcomes: A systematic review. *International Journal of Geriatric Psychiatry*, 28, 551–561. <http://dx.doi.org/10.1002/gps.3864>
- Leland, N., Elliott, S. J., & Johnson, K. J. (2012). *Occupational therapy practice guidelines for productive aging for community-dwelling older adults*. Bethesda, MD: AOTA Press.
- Preissner, K. (2014). *Occupational therapy practice guidelines for adults with neurodegenerative disorders*. Bethesda, MD: AOTA Press.
- Schaber, P. (2010). *Occupational therapy practice guidelines for adults with Alzheimer's disease and related disorders*. Bethesda, MD: AOTA Press.
- Siebert, C., Smallfield, S., & Stark, S. (2014). *Occupational therapy practice guidelines for home modifications*. Bethesda, MD: AOTA Press.
- Stav, W. (in press). *Occupational therapy practice guidelines for driving and community mobility for older adults* (2nd ed.). Bethesda, MD: AOTA Press.
- Wolf, T. & Nilsen, D. M. (in press). *Occupational therapy practice guidelines for adults with stroke* (2nd ed.). Bethesda, MD: AOTA Press.

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