

Special topic : Community-based support

Title: Implementation of the occupational therapy in consideration of local resources

Organization: Toyonaka Municipal Institution School

Author: Hiroyasu Ko , OTR

Keyword: cooperation, occupational therapy and the Bobath approach

Abstract:

The function differentiation of medical institutions and healthcare centers is advancing through the revision of the medical system. This has led to a shortening of hospitalization periods at medical institutions. Therapists must now be knowledgeable about the various medical institutions, nursing and personal care facilities near them.

The local rehabilitation support center of Osaka Toyono established the Toyono district rehabilitation Hospital Network to share information between the institutions which belong to the Toyono area. This paper shows the efficient treatment of two patients based on the successful sharing of information between these institutions.

Case 1: The transfer of a left hemiplegic patient with a severe consciousness disorder to a rehabilitation hospital had been planned. The author obtained information from the Toyono District Rehabilitation Hospitals Association about the hospital to which the patient would be transferred. Based on the information that the hospital had no

physical or occupational therapy, the patient's family was worried that she might become bedridden. After talks between the family and the author, the family expressed the hope that the patient could raise her level of independence in regard to taking meals and grooming. Before the transfer the author gave treatments in order to help her perceive visual information during meals more easily. The author also helped her integrate her tactile information and her upper extremities' activities. As a result, the patient became able to take meals and groom herself with a minimum of assistance. The author heard later that assisting with meals was a significant and valuable time for both the patient and the family after transferring hospital.

Case 2: After leaving the hospital, a patient with left hemiplegia, who had difficulty walking in practical situations such as in the bathroom, wished to return to the day service center to which she had belonged before the onset of the stroke. However, as the day service programs did not include a bathing service, she had to take care of her own bathing. Her unstable trunk, hip and shoulder girdle in the paralyzed side made her posture stiff and asymmetry in order to compensate for them. As a result, her eyes had come to be fixed on a single point. The author treated her so that she could coordinate visual changes and her postural control. As a result, the patient became able to move independently in a bathroom. The patient left the hospital at home got possible use the

day service center which she wants.

These cases show that therapists must stay informed about regional services. Patients plan their future lives based on information from therapists. However, the most important information for patients is confirmed during the therapy. Information obtained from therapy makes goals real and more feasible. The Bobath approach is a task-oriented one. The author was able to reaffirm the fact that clinical practices based on the Bobath approach rebuild patient's lives giving their hope for their future.

**Title:** The community-based support for adults with severe disabilities - Roles of rehabilitation staff at a day care welfare center –

**Organization:** Suita support and community center for the handicapped Aihoupu Suita

**Author:** Kaname Ando ,RPT

**Keywords:** adults with severe disabilities, general health stability and daytime activities

**Abstract:**

Users of our institution are the people who have intellectual, physical or psychological disabilities and they are 18 years old or over. The three major roles of rehabilitation

staff are as follows:

Support for the general health stabilization of both users in their 40's, or older, and users requiring medical care.

Rehabilitation staff provide therapy programs to users with severe swallowing disabilities, breathing problems and severely reduced activity level in order to stabilize their general health condition. Welfare staff also use these programs based on the same concept to support them during daytime meals and activities. However, it is essential to build relations with family members based on a mutual trust to be able to intervene in their living conditions at home (e.g., selection of food texture and size, methods to assist in meals and management of posture). Therefore this matter requires further work.

#### Support for daytime activities

Rehabilitation staff work with welfare staff using these programs to prevent any further diminution of physical and mental functions in groups of users all with severe mental retardation, autism or other mental disorders through various forms of physical exercises and sensory stimuli. Rehabilitation staff help welfare staff understand how sensory stimuli through exercise contributes to users' discovering various ways of using their bodies, receiving sensations and developing the motivation to interact with their environment. Rehabilitation staff also create sensory training tools and toys.

Support for improving patients' living conditions and environment in which assistance is given to the patients

Any increase in the degree of physical disabilities imposes a heavier care-related burden on family members and staff at institutes. Therefore, consultations about assistive devices, welfare equipment, self-help devices and residence renovations are increasing.

**Title:** The life support for a bedridden senior patient in senior nursing care homes

(The report of a case where reductions in chronic pain, promoted systemic endurance and improved ADL and QOL)

**Organization:** Geriatric health Services Facilities Hamasaki 2

**Author:** Kazuki Uchimoto , RPT

**Keywords:** chronic pain, systemic endurance and QOL

**Abstract:**

Physical therapy and multidisciplinary team approaches were implemented to reduce pain in a bedridden senior patient due to chronic pain caused by resection of femoral head. The objective of this case report is to discuss the relationship between reduced chronic pain and systemic endurance, ADL and QOL which were brought about by these physical therapy and team approaches through one case study.

During physical therapy sessions, the case's body image was reconstructed through movement to change the patient's posture from a supine position to a side lying position in order to reduce chronic pain. At the same time, physical therapists, nurses, and care workers took a team approach by means of a care plan. The changes in the case were objectively evaluated for 12 months on an ongoing basis. Evaluation indicators included the Visual-Analog Scale (VAS), resting heart rate, sitting tolerance and Functional Independence Measure (FIM). Consequently, VAS was reduced by 60% in a sitting position and 80% in a lying position. Resting heart rate was reduced from 88/min to 69/min. Sitting tolerance was extended from 30 minutes to 120 minutes. FIM was improved from 45/126 to 70/126. This data suggests that reduced chronic pain is correlated with a reduction in resting heart rate, improves sitting tolerance, and greatly improves ADL and QOL. This research indicates that it is important to reconstruct the body image by way of an approach that takes into account the mechanisms of pain and the central nervous system.

**Title:** Experience of visiting rehabilitation support for community child-care centers and elementary schools

**Organization:** Osaka Developmental Rehabilitation Center

**Author:** Yoshihiro Matsui, RPT

**Keywords:** visiting service, community support and outpatients' treatment

**Abstract:**

Introduction: At the request of the regional service institute, I participated in visiting services with some professionals for three years, one type of community support service.

In this report, I would like to create partnership between outpatients' treatments at the Developmental Rehabilitation Center and community-based services through my experiences to help the cases.

Overview of visiting service and cases: Patients who received the visiting service were aged 3 to 11, including three male and four female infants. Three of these cases were cerebral palsy (spastic quadriplegia: 2, spastic hemiplegia: 1), two cases were mental retardation, one was Klinefelter's syndrome and the last one was Prader-Willi syndrome.

I visited the child community -care centers and elementary schools once a week and treated the cases. This paper reports last two cases of them who I introduced.

Report: Visiting physical therapy motivated the cases with severe disabilities to participate in the different kind of activities and games. Furthermore, our cases were able to develop personal skills and acquire successful experiences. Additionally, visiting physical therapy allowed for a more effective administration of postural management.

Their functions were improved through competition with friends. Also I could help build

good relationship between parents and community service. However, it was difficult to set the regular visiting times because of the cases have a lot of schedules. And moreover I could not for each case to intervene in their meal time and recreational activities because the other children could not concentrate on their tasks. .

Discussion: Experiences from visiting physical therapy served to clarify the fact that community programs should be supported based on a thorough consideration of the specific conditions of each community. It also became clear that the current situation of cases needs to be understood and analyzed by exchanging reports and that cooperation between outpatients' treatments and regional services is necessary.

Conclusion: Visiting physical therapy was effective and required. However, at present, the provision for visiting physical therapy is often limited. Consequently, it has become apparent that the partnership between outpatients' treatments and regional service providers needs to be enhanced by the exchanging of reports. The experience during the visiting services provided an opportunity to re-examine the future of outpatients' treatment.

Title: Preparation for elementary school enrollment of a child with motor disorder –  
Understanding clinical picture and support for school attendance

Organization: Osaka Developmental Rehabilitation Center

Author: Hiromi Yoshikawa, OTR-

Keywords: preparation for school enrollment, recognition and  
children with multiple severe disabilities

Abstract:

One objective of occupational therapy for infants is to prepare them for school enrollment. In this article, the preparation for elementary school enrollment of a child with motor disorder and mental retardation is reported.

The patient was a six-year-old male diagnosed with cerebral palsy, and classified as spastic quadriplegia. He also had esotropia as a complication. He belonged to a day care center for children with physical disabilities and was going to enter a mainstream elementary school. While he sometimes showed an interest in objects and people in his daily life, he would spend most of his time licking his hands with his eyes closed. His mother and nursery staff wanted him to participate in play, other activities, and enjoy himself with others..

The author investigated which objects he was likely to bring his attention to and situations where he would close his eyes. More specifically, the author evaluated his ability to tactually discriminate objects with his hands, his visual function, his ability to

maintain his posture, function of his upper extremities, and eye-hand co-ordination. As a result, it became apparent that the inability to maintain his head and trunk posture made gazing and visual tracing difficult, and that the level of his sensory discrimination was at a primitive stage. In the light of these problems, the author set up an environment in which the child could readily maintain his posture. Additionally, the author introduced sensory stimuli, which could be easily identified visually, into activities and compensated for the tactile deficiencies of his hands by management of sensory input through the handling. As a result, he easily came to understand the causal associations of events and also began to participate in activities. Using this evidence, the author explained this method of support to teachers at the elementary school in order to help him adapt himself to school life.

During occupational therapy, the author could better understand the behaviors of the patient by analyzing the relationships between sensation, perception, cognitive function and motor ability. The author was able to create an effective support by taking account interaction between the case and the environment.

