



**COHESIVE HEALTHCARE MANAGEMENT & CONSULTING**

**Mangum Regional Medical Center**

TITLE		POLICY
Activities of Daily Living and Self Care Techniques		706
MANUAL	EFFECTIVE DATE	REVIEW DATE
Rehabilitation		
DEPARTMENT	REFERENCE	
Rehabilitation Services	APTA Guide to Physical Therapist Practice	

**SCOPE:** All professional rehabilitation staff providing activities of daily living/self-care techniques for patient care at Mangum Regional Medical Center.

**PURPOSE:** To ensure that all ADL training is administered safely and effectively within established guidelines.

**DEFINITION:** “*Functional training in self-care and domestic life* integration and reintegration is the education and training of individuals to improve their ability to perform physical actions, tasks, or activities in an efficient, typically expected, or competent manner. *Self-care* includes activities of daily living (ADL), such as bed mobility, transfers, dressing, grooming, bathing, eating, and toileting. *Domestic life* includes more complex ADL and instrumental activities of daily living (IADL), with training in activities such as caring for dependents, maintaining a home, performing household chores and yard work, and shopping. Education and training may include accommodation to or modification of environmental and home barriers, guidance and instruction in injury prevention or reduction, functional training programs, training in the use of assistive technology during self-care and domestic life activities, task simulation and adaptation, and travel training.

*Functional training in education life* integration or reintegration is the education and training of individuals in the assumption and resumption of roles and functions in the education environment, so that the physical actions or activities required for these roles and functions are performed in an efficient, typically expected, or competent manner. Education and training may include accommodations to or modifications of environmental barriers, functional training programs (eg, conditioning programs), guidance and instruction in injury prevention or reduction, and training in the use of assistive technology in a school environment.” doi: 10.2522/ptguide3.0\_36Published in: Guide to Physical Therapist Practice 2014.

**POLICY:** Physician order is received, order may be for “exercise”, range of motion”, “strengthening”, “therapeutic activity”, “patient education”, “activity

modification”, “ADLs” or other variations of terms. Order may state therapist to evaluate and treat as indicated.

ADL/self-care/home management training (ADLs) is a direct (one-on-one/patient-therapist) procedure optimizing the patient’s ability to perform activities of daily living and home management activities.

Activities of Daily Living includes:

- Personal hygiene (bathing, grooming, oral, peri, nail and hair care).
- Continence management, patients mental and physical ability to properly use the bathroom
- Upper body and lower body dressing
- Meal preparation and feeding
- Ambulation
- Memory care and stimulation
- Medication management

Indications:

- Any pathology or condition which effects the patient’s ability to perform activities of daily living/home management activities including limitations in strength, flexibility, range of motion, circulation, balance, coordination, cognition, vision, and endurance.
- Patients needing to learn compensatory training strategies/techniques
- Patients needing to learn how to use assistive technology devices/adaptive equipment.

Contraindications:

- Physician order specific for “no activity” or “exercise”.
- Physician order states specific modalities and physician signs prescription under “may not substitute”.

Precautions:

- Cardiac and respiratory patients
- Acute pain
- Recent fracture
- Fall risk

**PROCEDURE:**

1. Before initiating treatment, patient is evaluated by therapist to determine appropriateness of ADLs/self-care activity.
2. The use and design of specific activities is based upon:
  - a. The therapist assessment of the patient’s problem and need;
  - b. Therapist knowledge of self-care/ADLs training and the pathology involved;
  - c. Limitations/precautions indicated by the physician.

3. Progression of self-care/home management activity may be determined by the therapist assistant under the supervision of the therapist.
4. Technicians/aids may only assist directly with the therapist/therapist assistant with provision of ADLs/self-care training
5. Self-care/home management training may include use of furniture, beds, toilets, transfers, matts, treatment plinths, free weights, adaptive equipment, assistive technologies, and any other exercise/activity equipment.

**REFERENCES:**

APTA: Guide to Physical Therapist Practice

**REVISIONS/UPDATES**

<b>Date</b>	<b>Brief Description of Revision/Change</b>