

❖ Fundamental Therapeutic Principles

Activities of Daily Living (ADL)

As we begin teaching ADL, keep in mind that these are only some of the possibilities. There are many ways of doing each of the following tasks. You may want to modify your hand placement and continue with facilitation of a task to meet your individual patient's abilities and specific problem areas.

Therapeutic Benefits of Self-Care Activities

Self-care tasks have many therapeutic benefits in addition to overall functional independence.

- Improved joint range of motion of the involved side.
- Increased awareness of the involved side.
- Improved problem-solving abilities. We know that tasks done repetitively, on a daily basis and in different situations, improve problem solving skills and opportunities for learning.
- Facilitation of normal movement components of the trunk and limbs. It's not uncommon to see some spontaneous movement on the weak side during familiar activities.

Therapy Tips for Self-Care Activities

- **Grade the activity.** If a patient has limited endurance, begin with light hygiene at the sink. Progress to upper extremity dressing and, as their endurance and tolerance to activity improve, assist with lower extremity dressing as well. Don't attempt too much in the beginning.
- **Monitor fatigue and frustration.** What typically took 10 to 15 minutes prior to the stroke, may now take 30 to 45 minutes with full concentration.
- **Assist your patient as needed.** Don't just sit and watch your patient (unless you are evaluating their independent status). Avoid saying "What comes next?" or "What did you forget?" This only adds to their frustration.
- **Think normal movement.** In order to help facilitate normal movement patterns, I often think about how I would move.
- **Incorporate the weak side into the task,** as appropriate, when assisting your patient. Even if the patient has absolutely no movement of the weak side, you can still incorporate that side into the task.
- **Grade your facilitation as your patient improves.** When moving the limb, gradually "lighten" your assistance as your patient begins to take over. Be prepared to "take over" if more assistance is needed again. For the higher level patient, you may need to assist only at the moments where they experience difficulty.
- **Try to discourage abnormal patterns of movement.** Reposition your patient or guide their movements to encourage more normal movement patterns.
- **Use the three ways to incorporate a nonfunctional upper extremity into self-care activities** (see *Improving Function & Awareness: Improving Upper Extremity Function*):
 1. weight bearing or stabilizer
 2. guiding
 3. bilateral

