Stroke Network
Southwestern Ontario
Serving Erie St. Clair and South West LHINs

Stroke Rehabilitation Unit Orientation

2021

Module 8:
Self-Care and Activities of Daily Living

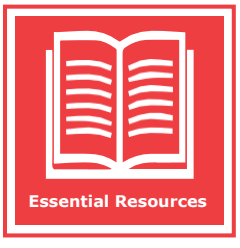
Learning Objectives

Upon completion of this module, nurses will be able to:

- Discuss the differences between basic activities of daily living (ADLs) and instrumental activities of daily living (IADLs)
- Identify ways to promote self-management
- Identify personal and environmental IADLs to consider when the patient transitions to the home or community
- List the steps take to support successful execution of ADL's and IADLs
- Describe the FIM® assessment tool
- Explain interventions to assist with maximal independence for performing ADLs

Please refer to the following content when reading this module:

1. Taking Action for Optimal Community and Long-Term Stroke Care A Resource for Healthcare Providers Chapter 6: Activities and Participation Section 6.5: ADL & IADL



Therapeutic interventions for self-care and ADLs are core principles of stroke rehabilitation nursing practice.

ADLs are defined as the basic self-care tasks and more complex or instrumental tasks one normally does throughout the day, within an individual's place of residence, outdoor environments, and other social settings. Adaptive processes may be used to enhance and increase independence in performing ADLs. When doing your ADL assessment be sure to include a conversation about special rules, customs or rituals they may use in self-care activities.

Basic Activities of Daily Living

Basic ADLs consist of self-care tasks:

- Bathing and showering (i.e., washing the body including the feet and hair)
- Dressing and undressing (upper and lower body)
- Self-feeding (not including chewing or swallowing)
- Functional mobility (moving from one place to another while performing activities)
- Personal hygiene and grooming (including brushing/combing/styling hair; shaving, oral care, foot care, nail care, eye/vision care and skin care)
- Toilet hygiene (i.e., completing the act of urinating/defecating)

Instrumental Activities of Daily Living

Instrumental ADLs (IADLs) are not necessary for fundamental functioning, but they let an individual live independently in a community:

- Housecleaning and homemaking
- Food preparation
- Medication management – taking medications as prescribed, managing refills
- Managing personal finances
- Shopping for groceries, clothing or any necessary items
- Basic communication skills such as use of telephone or other form of communication
- Using technology (e.g., television remote control, computer, iPad, smart phone)
- Transportation within the community, including driving, arranging rides, or using public transportation
- Leisure and the ability to access desired activities, places and roles
- Paid work, volunteering or other vocations

A useful mnemonic to remember what is included within IADLs is SHAFT: shopping, housekeeping, accounting, food preparation/medications, telephone/transportation.

An *Occupational Therapist* evaluates basic ADLs and IADLs when completing an assessment of the stroke survivor. Appropriately assessing, planning, intervening, and evaluating ADLs and IADLs can mean the difference between independent aging and needing daily assistance.

Nurses working in stroke rehabilitation must assess the patient's desire for maximum autonomy, independence and participation. Some cultures dictate that others perform the care for the patient while other cultures advocate maximizing patient independence to prepare for their transition home.

The nurse assesses the stroke survivor's relative/potential for independence on a continuum (complete dependence to complete Independence). This assessment, along with input from the *Occupational Therapist,* determines which interventions will lead to increased independence as well as what ongoing support is required to compensate for dependency. The assessment is ongoing and is used to determine how the patient can be supported to learn about, cope with, adjust and improve their health and challenges. Effective care is met through supporting the patient to meet those needs independently or providing the needed care directly or, preferably, by a combination of the two approaches.

Assessment of Abilities with ADLs and IADLs

It is important to recall that, depending on the area of damage to the cerebral cortex, the ability to plan, sequence, coordinate and time movements may be disrupted. Assessment should include the following psychosocial, biological and environmental factors.

Psychosocial considerations

- Pre-morbid learning abilities and cognition (i.e., memory, attention, orientation, concentration, following directions, problem-solving)
- Pre-morbid physical function
- Pre-morbid vocation or leisure functioning
- Pre-morbid educational level
- Socioeconomic situation
- Altered affect and emotional health
- Decreased self-esteem due to altered role performance

Biological considerations (level of assistance required)

- Hemiplegia or hemiparesis of hand, arm and/or leg
- Abnormal tone - flaccidity or spasticity
- Altered sensation of hand, arm and/or leg
- Perceptual deficits such as body image disturbances (i.e., neglect), spatial orientation, apraxia (i.e., lack of motor programming and purposeful movement), impulsivity (initiating an action without adequate planning, resulting in unsafe behaviour) and perseveration (uncontrollable repetition)
- Hemianopsia - visual field deficit
- Aphasia - impacts one's ability to comprehend verbal or written instructions

Refer to *Module 7 Cognition, Perception and Vision* for further information on how cognitive, perceptual and visual deficits may impact ADLs.

Environmental considerations

The nurse can consider the following suggested tasks, techniques, and skills when assisting the stroke survivor with their ADLs, based on the presenting deficits:

- Access to home
- Access to telephone
- Access to community areas
- Access to assistive devices
- Safety - awareness of possible injury to self or others

(Jacelon, 2011)

Refer to *Module 1 Pathophysiology of Stroke, Neuroanatomy and Stroke Syndromes* for further information on how right and left deficits may impact ADLs.

Formal Assessment Tool

Uniform Data System for Medical Rehabilitation Functional Independence Measure® (FIM ®) is a part of the National Rehabilitation Reporting System (NRS) assessment and is required to be completed on admission and discharge. It provides a consistent assessment of how much assistance is required (burden of care), and is helpful information for the patient/family/caregiver, treatment team and policy/decision makers. The FIM includes:

- 18 items (13 motor tasks; 5 cognitive tasks considered basic activities of daily living)
- Tasks that are rated using a 7-point scale (1 = total assistance and 7= complete independence) from no helper required, modified independence to complete dependence
- Six categories - self-care (eating, grooming, bathing, upper body dressing, lower body dressing, toileting), sphincter control (bowel and bladder management), transfers (bed to chair, toilet and shower transfer), locomotion (ambulatory or wheelchair and stairs) communication (cognitive comprehension, expression), social cognition (social interaction, problem-solving and memory)

General Tasks, Techniques, and Skills

The nurse can consider the following suggested tasks, techniques and skills when assisting the stroke survivor with ADLs, based on the presenting deficits:

Deficit	Left Hemisphere	Right Hemisphere
Paresis or paralysis	• Involve affected side determining and providing the level of assistance that is required at the time • Provide care using graduated scale of assistance – demonstration, hand-over-hand, verbal cueing; visual cueing (set-up), buffering when patient missteps	Involve affected side determining and providing the level of assistance that is required at the time • Provide care using graduated scale of assistance – demonstration, hand over hand, verbal cueing; visual cueing (set-up); buffering when patient missteps
Language	• Encourage using positive and constructive feedback with gestures and symbols such as printed word or graphics; use commands with fewer steps	• Use repetition and/or one-step commands
Cognition	• Be patient, don't rush Use short time-frames and • small tasks • Exhibit acceptance	• Pay special attention to safety Work on a routine and stick • with it • Use a memory book with instructions for ADLs • Mark the patients' room so objects for ADLs are easily found with cueing
Visuospatial/ perception	• Right neglect is less common. If present, use strategies as per left neglect	• Pay special attention to safety Work on a routine and stick • with it • Use a memory book with instructions for ADLs • Mark the patients' room so objects for ADLs are easily found with cueing
Fatigue and attention	• Do shorter sessions • Allow extra time and don't appear rushed • Don't fragment care	• Do not leave unattended in bathroom or shower room if impulsive or lacking insight • Work in quiet settings one-on-one • Minimize distractions

Strategies to enhance the acquisition of ADL skills

- Make sure the environment is conducive to the task (e.g., lighting, privacy, safety).
- Ensure the patient is medically able to perform tasks, considering oxygen levels, blood pressure, etc.
- Schedule adequate time for mitigating fatigue, gathering supplies and sequencing tasks.
- Establish a routine. Work from simple to complex, breaking the tasks into organized steps. All tasks require consistency in set-up and instructions.
- Grade difficulty, levels of encouragement and feedback.
- Be patient and calm, ensuring a supportive environment and buffering with humour and/or empathy
- Practice ADLs at every opportunity. Repetition is important in gaining skill.
- Be clear, concise, and speak slowly when giving instructions. Check in to make sure the patient heard and understood before you begin. You may need to demonstrate the task.

Interprofessional coordination

- Incorporate specific techniques provided by the interprofessional staff into the performance of ADLs.
- Suggested use of adaptive aids such as bath seats, bath sponge, reacher, shoe horn, etc. require considerable practice, assurance and encouragement.

Specific Tasks, Techniques and Skills

Below are recommendations on how to work on specific ADLs. Nurses should also integrate directions from the treatment team. Always arrange for privacy and dignity.

Toileting

- Provide toilet, commode or bed pan
- Decide if patient is safe to be left unattended
- Guide the preparation and placement of tools before beginning as level of assistance dictates
- Transfer according to level of assistance required; provide protection for affected limbs
- Provide assistive devices (e.g., grab bars, raised toilet seats, hygiene products)

Refer to *Module 4 Continence* for further information

Bathing

- Assess for safety risks and hazards (e.g., initially peri-care may need to be done in bed if patient is unable to stand safely at the sink)
- Provide equipment needed for bathing (e.g., mechanical lift to tub bath, manual transfer to tub bath, roll-in shower, walk-in shower or bathing at the sink)
- Guide the preparation and placement of tools before beginning as level of assistance dictates (e.g., temperature of water)
- Transfer according to level of assistance required, providing protection for affected limbs
- Use assistive devices (e.g., roll-in shower chair, bath bench/seat, handheld shower head, long-handled sponge, wash mitt)

(HSF, 2015)

Grooming

- Provide regular chair or wheelchair at sink with adequate support for affected limb and a mirror
- Guide the preparation and placement of tools before beginning task, as level of assistance dictates (e.g., toothpaste, make-up)
- Teach special attention to foot care (e.g., dry between toes after bathing, alternate pairs of shoes or footwear daily, socks with cotton/wool/polyester blends for wicking, inspect the affected foot before and after bathing, inspect affected foot with shoe donning and doffing [Klein, n.d.])
- Teach skin inspection and care in pressure-sensitive areas
- Ensure access to any assistive devices provided (e.g., Suction cup denture brush, toothbrush with built-up handle, electric toothbrush, liquid soap dispenser, electric razor) and consult Occupational Therapy for recommendations and provision of assistive devices

Dressing

- Arrange for adaptive clothing (e.g., Velcro fasteners, loose-fitting clothing, elasticized waistbands)
- Encourage patient selection of clothing and accessories, offering appropriate choices when required
- Provide regular chair or wheelchair
- Arrange clothing in order to mitigate sequencing difficulties
- Encourage use of affected limb, dressing this limb first and undressing it last
- Ensure access to any assistive devices provided (e.g., sock-aid, long-handled reacher, button hook, footstool) and consult *Occupational Therapy* for recommendations and provision of assistive devices

(HSF, 2015)

Seven Steps to Success

When attempting to assist the patient with their ADLs/IADLs, consider the following:

1. **Set the Stage** – ensure the patient is ready for the activity; review steps and expectations; limit noise and original distractions
2. **Prepare the Tools** – gather the tools and supplies you will need in advance, and arrange in order they will be needed
3. **Position Yourself Properly** – incorporate safe handling methods to prevent injury to you or the patient. If possible, work from their affected side to increase awareness
4. **Encourage Use of Affected Limb** – assist only as necessary as using the affected limb will help promote awareness, motor recovery and functional use
5. **Cue & Guide** – provide assistance by giving instructions and cues e.g. hand over hand guidance or other methods
6. **Use Assistive Devices** – aids such as reachers, hearing aids, or horns can make things safer and easier for the patient
7. **Recognize & Encourage** – recognize each success to help build self-esteem and motivate the patient

HSF, 2015

Community Re-engagement and Transition

A home assessment by an ***Occupational Therapist*** may be required to assess accessibility and to recommend adaptations to the exterior and interior of the home environment for safety, security and maximal independence.

IADLs are not necessary for fundamental functioning; however, when an individual is anticipating returning to live independently in the community, the following are important considerations:

- Medication management
- Care of others (including selecting and supervising caregivers)
- Care of pets
- Parenting and caring for children
- Shopping for supplies
- Communication Interactions for immediate needs, emergencies and social integration
- Community mobility for health and social integration
- Financial management, health management and maintenance
- Home maintenance (e.g., cleaning, painting, roof, driveway, garbage collection)
- Meal preparation and cleanup
- Religious observances or spiritual needs
- Safety procedures and emergency responses

Promoting Self Management

The following will promote self-directed behaviour and enable optimal caregiver support in preparation for discharge:

- Include the family early on and as much as possible
- Schedule ADLs practice sessions with the family/caregiver at all levels of assistance and all times of day
- Demonstrate techniques, provide supervised instructions, and assist with hand-over-hand intervention as needed according to the treatment team recommendations
- Verbalize next steps for progress towards achieving greater independence with tasks
- Provide constructive feedback, encouragement and support for patient/family/caregiver
- Educate family/caregiver on:
    - when to standby, allowing patient to use their own abilities to regain independence in ADLs
    - stroke deficits that may create barriers to achieving independence in ADLs and projected recovery
    - techniques for maintenance of privacy and dignity, setting up supplies and space prior to beginning task using patient direction and choice, reinforcing techniques and tools provided by treatment team, allowing time for activity and rest periods, and promoting self-care using affected limb
- Consult with the *Occupational Therapist* to recommend purchase of assistive devices or adaptive equipment such as reachers or long handled shoe horns

Think of a time when you worked with a patient and they demonstrated increased independence with their ADLs:

- What were some of the key factors of success?
- How did you contribute to that success?
- What were some of the barriers to success?
- How soon did you involve the family/caregiver?
- What special training or instructions were required for the family/caregiver to allow the patient to demonstrate their level of independence before opting in to assist?

Which pieces of information in this module were new to you? What will you consider doing differently in the future?

References

Heart and Stroke Foundation of Canada. (n.d.). *Taking Action for Optimal Community and Long-Term Stroke Care: A Resource for Healthcare Providers* Chapter 6: Activities and Participation Section 6.5: ADL & IADL. Canadian Stroke Best Practices. Retrieved April 20, 2021, from https://www.strokebestpractices.ca/resources/professional-resources/tacls

Heart and Stroke Foundation of Canada. (2015). Chapter 6 – Activities and Participation: Activities of Daily Living and Instrumental Activities of Daily Living. In *Taking Action for Optimal Community and Long-Term Stroke Care.* Toronto, ON.

Hoeman, S.P. (2008). *Rehabilitation nursing: Prevention, intervention and outcomes* (4th ed.). St. Louis, MO: Elsevier Mosby Inc.

Jacelon, C.S. (2011). *The specialty practice of rehabilitation nursing: A core curriculum* (6th ed.). Chicago, IL: Association of Rehabilitation Nurses.

Klein, M.D. (n.d.). *Foot care for stroke survivors*. Retrieved from http://www.strokesurvivor.com/foot_care.html

Mountain, A., Patrice Lindsay, M., Teasell, R., Salbach, N. M., de Jong, A., Foley, N., Bhogal, S., Bains, N., Bowes, R., Cheung, D., Corriveau, H., Joseph, L., Lesko, D., Millar, A., Parappilly, B., Pikula, A., Scarfone, D., Rochette, A., Taylor, T., … Cameron, J. I. (2020). Canadian stroke best practice recommendations: rehabilitation, recovery, and community participation following stroke. Part two: transitions and community participation following stroke. *International Journal of Stroke, 15*(7), 789–806. https://doi.org/10.1177/1747493019897847