

Occupational Therapy: Treating Pain & Providing Comfort for People with Dementia

As we know, pain can be physical, emotional, psychological or even spiritual. This is true for people with dementia as well, and there are ways that occupational therapy can be helpful in all these areas. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in order to support engagement in activities that affect physical and mental health, well-being, and quality of life. Thus, the most effective way to treat pain and bring comfort is by using a person-centered approach that takes into account someone's values, needs, environment, routines, and supports.

Because the person with dementia is likely to have difficulty expressing themselves, identifying and then effectively addressing the cause of their distress can be especially challenging. Regardless of the cause, however, occupational therapy has an important role to play. For example:

- It is not uncommon that someone who spends most of the day in a wheelchair experiences physical pain if they have not been evaluated for their individual seating and positioning needs. Occupational therapists (OTs) can assess and adjust wheelchair seating and supports to promote good ergonomics that help prevent pain, as well as pressure wounds or contractures.

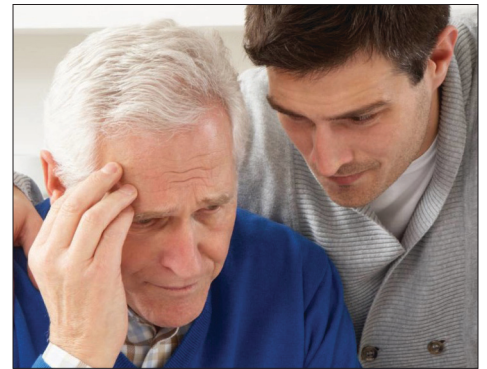
- OTs can provide education for staff and families on how to facilitate comfortable, upright sitting for better engagement in mealtime or social activities.

- If recreational activities are important to a person, OTs can collaborate with recreational therapists to provide adaptive grips and improve their access to various art supplies.

OTs are able to adapt, remediate, compensate, prevent, advocate, create, and use different tools to promote success. Occupational Therapy seeks to empower people to do the things they need or want to do.

Fred's Story

"Fred" tries to hit staff when they attempt to get him dressed in the morning. When staff working on his neighborhood came together to talk through how to help him, they started by asking, what is Fred trying to tell us through his actions? They noted he had fallen several times in the past two months, and that he has limited movement in his right shoulder. Because of this, they believed that his rejection of their efforts to help him dress might be a signal that he hurt, so they agreed to do regular behavior-based pain assessments (using the PAINAD) to help them ascertain whether he was in pain, and if so, how much pain and how best to treat it. To help him feel more at ease at the start of the day,



they also decided to engage him in conversation about his family before starting morning care, play his favorite music, and give him something to eat and drink.

An OT was part of this meeting and offered to provide heat/ice to his shoulder if the pain assessment identified that Fred was in pain and could benefit from this treatment. In addition, she offered to work with Fred and other staff to incorporate strategies that avoided moving his shoulder, so as to reduce pain during dressing. To teach these strategies, she used an "errorless learning" approach, meaning gently testing the most effective way to prompt Fred to move during dressing so that he can complete the task successfully on each attempt, without pain. See below for more information about this technique.

They also noted that Fred worked the night shift at a local warehouse for nearly 50 years. Fred's rejection of morning care could be Fred's way of telling staff that he doesn't want

RESOURCES

During the fall of 2020 CaringKind presented a four-part webinar series on *Pain and Dementia: Approaches that Work*.

This issue of *ADvancing Care* shares highlights from Session 2: *Organizing to Treat Pain*, and focuses on the presentation by Libby Gross, OTD, OTR/L, Occupational Therapist, Burke Rehabilitation Hospital, White Plains, New York.

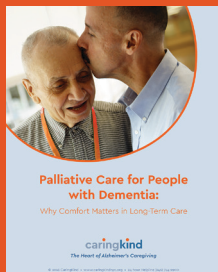
Recordings of all four sessions can be found on the CaringKind website.

Pain Assessment in Advanced Dementia (PAINAD) Scale

geriatrictoolkit.missouri.edu/cog/painad.pdf

Palliative Care for People With Dementia is a publication Of CaringKind, and can be found on our website:

caringkindnyc.org/publications/#pcguide



We wish to acknowledge the generosity of the Mayday Fund for under writing this issue of *ADvancing Care* and for support of our work in palliative care and pain management for people with dementia.

CaringKind

360 Lexington Avenue, 3RD Floor
New York, New York 10017
www.caringkindnyc.org

[f /caringkindnyc](https://www.facebook.com/caringkindnyc)
[@caringkindnyc](https://twitter.com/caringkindnyc)
[@caringkindnyc](https://www.instagram.com/caringkindnyc)

to get up at 7 AM. Staff worked to identify and use Fred's preferred personal sleep routine, and Occupational Therapy agreed to schedule Fred at the time of day when he would be most receptive to participation.

Any or all of these may be the cause (and the solution) for Fred's distress in the morning...there may even be other factors...the important thing is for staff to work together to get to the root of the problem and find what works.

In Fred's situation, we know that one of the reasons he may be showing signs of discomfort is because he has a history of shoulder injury, and the movements involved in getting dressed may be causing him more pain. In occupational therapy, one of the strategies used with individuals with one-sided weakness or pain is known as the "hemi-dressing" technique. With this method, individuals thread their weaker arm through their shirt first to make it easier to put on the rest of the shirt independently. In order to facilitate use of this strategy with Fred, he must be approached in a way that allows him to have success using the strategy time after time, also known as "errorless learning", because that will give him the best chance of carrying the strategy over into his routine and thereby limiting his pain. Examples of how to facilitate errorless learning may include having a therapist provide constant tactile cues or side by side demonstration throughout the task.

Maximizing OT effectiveness on behalf of people with dementia:

- Make interdisciplinary and comfort care a priority and value within the department
- Scheduled time for OT presence in multi-disciplinary meetings
- Consistent assignment for OT staff, across units and residents
- Increase the range of activities during which the PAINAD (or another behavior-based pain scale) is used (including during therapy sessions)
- One-on-one sessions
- Provide opportunity for treatment in various locations, especially in environments that are naturally used during a person's daily routines
- Include comfort care in orientation and training for therapy staff
- Rely on intact abilities, such as procedural memory (i.e., the memory of knowing how to do things without needing to think about them)
- Engage people when they are alert and motivated, and show interest in activities, including attention to the most effective time of day for them
- Find out what they like, what motivates them, and try to incorporate those into their experience
- Attempt to establish familiar routines, so they know what to expect upon arrival

Challenges

Whether a therapy team is directly employed or working on a contractual basis, productivity guidelines, scheduling challenges, turnover of staff and the utility of concurrent treatments tend to make these approaches more challenging for practitioners. However, one of the most consistent things we learn when caring for people with dementia is that taking the extra time to know and understand how best to reach them and help them be as comfortable and independent as possible, is the most effective approach, and, more often than not, saves time as well.