

Keeping in Touch

A NEWSLETTER FOR CLIENTS AND FRIENDS DEVOTED TO OUR ELDER'S' QUALITY OF LIFE



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"How old would you be if you didn't know how old you was?"

-- Satchel Paige
(1906-1982)



Therapeutic Activities for Those with Alzheimer's & Dementia

Recently, HTHC founder Bess Wray, had the opportunity to hear Catherine Piersol, the Clinical Director of Jefferson Elder Care, speak at a meeting of the Professional Care Alliance of the Delaware Valley. Dr. Piersol specializes in caring for individuals suffering from Dementia and Alzheimer's. She explained some concepts that can be very helpful when we are trying to engage individuals with cognitive loss in activities. By understanding these concepts, Caregivers, both family and professional, can engage even severe dementia clients in activities that can help reduce agitation and restlessness:

LACK OF INITIATION

Elders suffering from dementia may not have the cognitive capacity to initiate their favorite activities anymore, so the family member or caregiver will now need to "set-up" the activity. For instance, Mom may not be able to go out and garden, but if you fill a watering can and start the process, she may be prompted to take over, and water her favorite flowers with just a bit of supervision.

PROMOTING PARTICIPATION AND MODIFYING COMPLEXITY

Try to tap into an existing or previous interest. Sweeping with a broom is an activity even some clients with advanced dementia love if their caregiver begins the activity for them. This activity is no longer meant to clean the kitchen, but rather to direct the elder's energy into an enjoyable activity. If Mom loved to go shopping but can't anymore, she may enjoy matching and pairing socks. It's okay to relax the rules. If Dad loved jigsaw puzzles but can't manage the complexity of a 500-piece puzzle anymore, try placing a simpler puzzle (with large bold colored pieces) on a

table and let him work at his own pace.

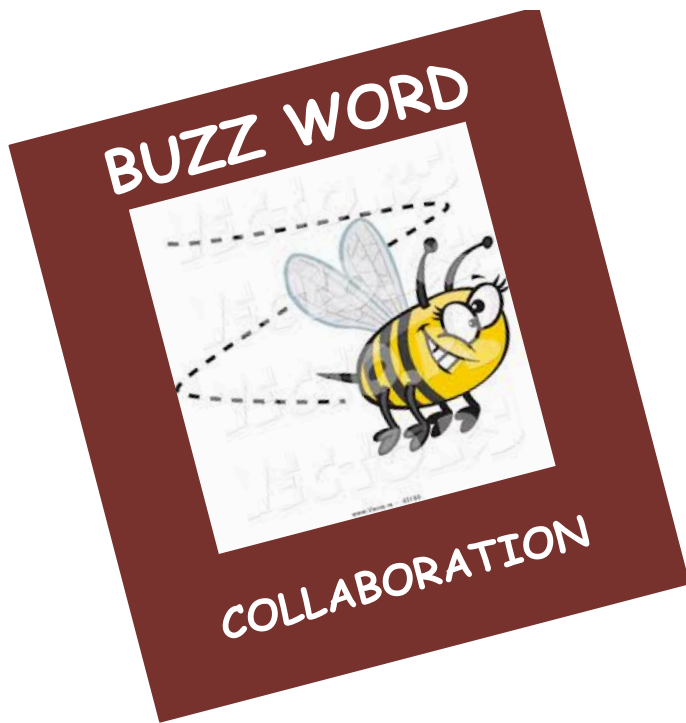
REDIRECTION

If your loved one has acquired negative behaviors, use 'redirection' to turn the behavior into a positive activity. For example, rummaging through the trash can be turned into a stimulating activity if the trashcan is removed and in its stead, Mom is directed to 'rummage' through a special drawer with scarves, socks, and gloves.

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to relax
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Dr. Piersol explained that the best way to communicate with individuals with dementia is to speak slowly, and offer a visual cue at the same time as the verbal one. For example, when asking the elder to 'stand up', extend your hand in assistance.

For more information on this topic, visit the Alzheimer's Association's brochure "Activities at Home: Planning the Day for a Person with Dementia" at https://www.alz.org/national/documents/brochure_activities.pdf



Getting to Know the Visiting Nurses Association (VNA)

The Visiting Nurse Associations (VNAs) sends nurses and other health care professionals to help “home-bound” seniors with medical care. A senior is considered “home-bound” if he or she is unable to leave home without considerable and taxing effort.

The VNA is a valuable community resource for teaching about medical self-care, monitoring new medical conditions, observation and therapy. In most cases, Medicare covers VNA visits.

Our senior population could be eligible for VNA visits by a RN or other healthcare professional, such as an occupational therapist or a physical therapist, if any one of the following conditions exists:

- The individual has just returned home from the hospital or rehab center;
- A new diagnosis has been made;
- The existence of chronic conditions (e.g. diabetes, cardiac conditions, high blood pressure);
- Skin conditions such as pressure sores or bed sores, or even redness on a pressure point which could indicate the beginning stages of a bedsore;
- Multiple medications or new medications have been prescribed;
- Wounds, tubes, drains and special treatments that require care;
- Depression, anxiety or sudden changes in cognitive state;
- Evaluation of need for rehabilitation services in the home (such as physical therapy);
- Mobility issues and/or the need for assistive device such as a walker or cane;
- A home safety evaluation based on any new medical conditions or weakening abilities.

Under some conditions, such as a hospitalization, your physician or hospital discharge planner should make the referral for VNA home care services for you. But if you think you need help from the VNA, you can call them directly. Just make sure they contact your primary doctor to get the required referral so Medicare can cover the cost.

These services do not take the place of non-medical Caregiver services such as the referral services provided by **HUMAN TOUCH HOME CARE, LTD.**, but are often provided in collaboration with us.

**When we are able to put together a team –
the family support system, the non-medical Caregiver,
the VNA, and your doctor
– our clients receive the best possible care at home.**