

Upper Limb Rehabilitation Awareness Training

for

Nurses, Health Care Assistants, Support Workers, and other interested health and social care professionals.

A major focus of occupational therapy is rehabilitation related to impairments of the upper extremity (i.e., shoulder, elbow, forearm, wrist, hand), But whether in a specialized hand clinic, community or general rehabilitation unit, or acute care setting, the role of occupational therapy in upper extremity rehabilitation is to return the client to meaningful participation in his or her daily activities.

Benefits of Occupational Therapy

Upper extremity disability can result in disruption of many if not all activities of daily living and instrumental activities of daily living. Occupational therapy professionals receive a strong educational component in psychosocial development and pathology. This provides the basis for understanding the impact of upper extremity dysfunction on key daily activities and roles. Course work in mental health gives occupational therapists the skills to evaluate clients' psychosocial and emotional needs, modify the treatment approach to facilitate compliance with the rehabilitation program, and promote the best outcome possible. Because of the holistic, client centered approach of occupational therapy, clients are met at their current level of function.

Through activity analysis, the occupational therapist is able to address each client's priorities, along with his or her pathologies, with activity modifications and compensatory techniques to facilitate performing at his or her greatest level of independence from the start, and at every step of the rehabilitation process. This independence encourages integration of the affected upper extremity as soon as possible, thereby making the journey to maximal function seamless.

Occupational Therapy Assessments and Evaluations

Occupational therapy assessments and evaluations reflect a client-centered, comprehensive approach. They include not only musculoskeletal (e.g., muscle strength, range of motion); sensory; cognitive or perceptual (if indicated); and vascular, skin, or connective tissue assessment, but also relevant medical, vocational, and/or avocational history. As part of the evaluation process, occupational therapists identify psychosocial, environmental, and other factors that may influence rehabilitation outcomes. In addition, they evaluate the demands of the client's workplace and home, including caregiving roles and leisure activities, in order to ensure that interventions are designed to meet tangible, realistic outcomes like returning to work or living safely at home.

The following are examples of conditions and injuries of the upper extremity (i.e., hand, wrist, elbow, shoulder girdle, rotator cuff, multiple joints) that are treated by our occupational therapy practitioners.

- Brain injuries and conditions (e.g., neuropathies, palsies)
- Pain (e.g., hypersensitivity, stiffness due to immobility)
- Neuromuscular pathologies.

Occupational therapy interventions are designed to meet individual client needs and may include the following as part of a comprehensive plan of care:

- Therapeutic activities
- Therapeutic exercise
- Orthosis design, fabrication, fitting, and training
- Joint protection and/or energy modification in home, work, or leisure activities
- Sensory re-education
- Mirror therapy
- Pain management
- Training in activities of daily living and adaptive or assistive devices

Upper Limb rehabilitation services are offered to clients at Peartree

From a practical perspective, occupational therapists at Peartree, working in the area of upper-extremity rehabilitation achieve competency in adjunct areas of intervention, which may include:

- Design and fabrication of selected orthoses for post-injury, or long-term use
- Ergonomic principles
- Manual therapy
- Biofeedback techniques
- Compression therapy
- Mirror box therapy
- FES
- GRASP programme

Conclusion

As a holistic, evidence-based profession, occupational therapy's approach to rehabilitation goes beyond addressing upper extremity injuries in isolation to include the whole person and his or her functional needs and roles in all the appropriate environments. Occupational therapy practitioners also work closely with physiotherapists or treating physicians to ensure the most favourable therapeutic outcomes.

- ✚ Do you work with people who would like to be able to continue with UL exercises.
- ✚ Do you work with people where UL could enable the person, carer or their family to do something that would not be possible without it?

- + Do you want to promote positive experiences and optimal independence with their environment?
- + Do you want to reduce the risks associated with the UL forming contractures? Do you want to learn more about maintenance of the upper limb and how this can improve the independence levels of individuals?

We are here to work in partnership with you to achieve the best possible outcomes in supporting people live well and safely.

Our experienced Occupational Therapy Team will create and deliver bespoke, practical and interactive Upper Limb Awareness Training to provide your staff with the skills and knowledge needed to meet the specific requirements of your service.

Learning Objectives: To enable delegates to develop their knowledge and understanding of:

Functional use of the affected arm.

- + increased choice, safety, independence and sense of control
- + improved quality of life
- + maintenance of ability to remain at home
- + reduced burden placed on carers
- + improved support for people with long-term health conditions
- + reduced accidents and falls in the home
- + ethical issues
- + Information sources
- + How to refer to Occupational Therapy

To discuss your needs and potential costs please contact Karolina Wasilek on **02380 448168 / 07921 897858** or email **k.wasilek@peartreerehab.co.uk**