Fact Sheet

Occupational Therapy's Role in Adult Cognitive Disorders

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Cognition includes processes such as orientation, attention, perception, problem solving, memory, judgment, language, reasoning, and planning. It is essential for taking in information, synthesizing it, and using it to affect behavior. Therefore, a cognitive deficit will have at least some impact on function. Cognitive disorders may be caused by traumatic brain injury (TBI), infection, tumors, stroke, dementias such as Alzheimer's disease, or existing congenital conditions.

Cognitive disorders are a growing problem in the United States. The incidence among older adults is accelerating as people are living longer and as demographics shift toward an aging population. In 2010, it was estimated that 5.3 million people in the U.S. had Alzheimer's disease and an additional 3.7 to 5.3 million people had other types of dementia, ¹ most of whom were over 65 years of age.



Among younger adults, cognitive impairment is often caused by injury. It is difficult to find statistics for the total number of adults with cognitive impairment, but from 2002 to 2006 TBI alone accounted for almost 750,000 annual injuries of people between the ages of 15 and 64.²

Occupational Therapy's Role in Cognitive Rehabilitation

Occupational therapists are experts at determining how cognitive deficits can impact everyday activities, social interactions, and routines. Their knowledge about neurology and neuroanatomy helps them understand the impact of the brain disorder on deficits, administer appropriate tests and measures to identify the extent of functional loss, and determine the extent to which deficits are likely to be remediated or circumvented. Occupational therapists have the skills to assess the cognitive aspects of functional activities and design an intervention plan, from acute care to community reintegration.

There is significant evidence that the brain has considerable neuroplasticity, or the capacity to redirect pathways and relearn skills, even many years after damage has occurred.³ Occupational therapy practitioners facilitate this process through the use and modification of motivating daily activities and adaptation of the client's environments.

Where Do Occupational Therapy Practitioners Provide Cognitive Rehabilitation?

Occupational therapy services for cognitive impairment are provided in a number of settings.

Acute Care:

Typically for individuals with sudden onset, such as stroke or TBI.

- Evaluation of performance ability for safety and independence in self-care activities
- Preparatory activities to facilitate balance and stability
- Family and caregiver education
- Home program may be developed, with client/caregiver training as needed

Rehabilitation Center or Skilled Nursing Facility:

Follow up to acute care interventions when incident is severe.

- Intensive, daily therapy to improve all aspects of function
- Intervention to address attention, problem solving, and perceptual deficits, and to manage impulsive behavior

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 Intervention initially to address basic activities of daily living (ADLs) such as eating, bathing, dressing, grooming, and sequencing tasks. If basic skills are achieved, progression to more difficult tasks may include:

- preparing meals;
- managing medication;

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- balancing a checkbook/paying bills;
- organizing daily routines;
- doing laundry and light housekeeping;
- responding to an emergency situation, using the telephone, and engaging in socially appropriate behavior; and
- preparing for community re-entry, driving, and workplace assessment as appropriate for the client's level of progress.

Outpatient/Home Health Services or Community Re-Integration Day Programs

- Adapt remediation/compensatory strategies as required to support performance in the person's home, workplace, etc.
- Carry-over of cognitive strategies in different environments (workplace, place of worship, grocery store, etc.) contexts.



When the cognitive disorder has a gradual onset and degenerative course, as is the case with most dementias, the client will usually be seen at home or in a setting with supervision, such as adult day care, an assisted living facility, an outpatient clinic, or a nursing home. Intervention often revolves around educating caregivers, adapting the environment, setting up compensatory strategies, and reorganizing and simplifying tasks. These approaches allow the individual to engage in familiar activities to maintain quality of life. Progressive cognitive disorders worsen over time, but with appropriate treatment, clients can remain independent in self-care and other activities well into the disease process.

Conclusion

Occupational therapy practitioners serve a vital role for adults with cognitive impairment to facilitate new brain pathways and improve functional skills through adapting activities and retraining. Enabling individuals to participate more fully in self-care, work, leisure, and community activities enhances quality of life while reducing the burden on caregivers and societal resources.

References

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Occupational therapy enables people of all ages live life to its fullest by helping them to promote health, make lifestyle or environmental changes, and prevent—or live better with—injury, illness, or disability. By looking at the whole picture—a client's psychological, physical, emotional, and social make-up—occupational therapy assists people to achieve their goals, function at the highest possible level, maintain or rebuild their independence, and participate in the everyday activities of life.