

# Occupational Therapy's Role in Assisted Living Facilities

**Assisted living facilities** are a “special combination of housing, personalized supportive services and health care designed to meet the needs—both scheduled and unscheduled—of those who need help with activities of daily living” (Assisted Living Federation of America, consumer section, paragraph 1). As our population of older adults continues to grow, assisted living provides a long-term-care choice for individuals to “share the risks and responsibilities for their daily activities and well-being with a staff geared to helping them enjoy the freedom and independence of private living” (National Council for Assisted Living, n.d.). Occupational therapy practitioners can provide a unique and valuable service in supporting clients residing in assisted living facilities, directly and indirectly, in their occupations and activities of choice, and in their efforts to remain independent and to successfully age in place.

**Occupational therapy practitioners are experts** at identifying the causes of difficulties limiting participation in activities of daily living (ADL), instrumental activities of daily living (IADL), leisure engagement, and vocational and educational pursuits. Client health, safety, and well-being are essential considerations for occupational therapy practitioners. Their expertise enables them to consider client needs and environmental factors to develop effective strategies that will maximize quality of life as well as independence in those daily activities that are important to each client. Occupational therapy practitioners can serve assisted living facilities in a number of different ways:

**Occupational therapy services** in assisted living facilities can be provided directly to clients who are experiencing a decline in their level of safety or independence or who face a specific illness or injury. These services may be provided through a hospital outpatient department, home health agency, or rehabilitation agency, or by a private practice. When developed in conjunction with a physician's plan of care, these services are reimbursable under Medicare and some private health insurances. Occupational therapy practitioners work individually with clients to restore function, compensate for lost skills, adapt the environment or activity to facilitate independence, and promote health. Areas of direct treatment intervention in assisted living facilities frequently focus on ADL skills such as bathing and dressing, and IADL skills such as money management and laundry. However, occupational therapy practitioners also possess the skills to facilitate a resident's participation in leisure activities, volunteer opportunities, and social interactions within the facility. In the assisted living environment, occupational therapy also addresses power wheelchair mobility training, functional continence retraining, environmental modifications, dementia management, low-vision programming, falls prevention, and psychosocial needs, especially depression (Fagan,



2001). The primary overarching goal of skilled occupational therapy services in this setting is to maximize independence and participation, thereby enabling a resident to continue to live successfully in the assisted living facility.

**Occupational therapy practitioners can enhance client well-being and participation** by serving as a consultant to architecture firms designing assisted living facilities, or to the assisted living facility that is planning a renovation.

Occupational therapy practitioners understand the functional impact of age-related changes from both normal aging and chronic disease perspectives. Occupational therapy practitioners recommend building design and universal design modifications that may enhance clients' performance in their daily occupations and may prevent future need for environmental adaptation. In these situations the occupational therapy practitioner may pay special attention to door sill height, and lighting and floor coverings to decrease glare and enhance visual contrast. They can recommend floor plans and environmental elements that promote socialization and support a resident's ability to participate in meaningful activities. Occupational therapy practitioners are also instrumental in recom-

mending adaptive equipment or changes to existing environments or structures that will accommodate changes related to aging. Examples include raised toilets, proper grab-bar placement, and suggestions ranging from furniture placement to lamp styles to color schemes.

**Occupational therapy practitioners can enhance** the health/wellness, recreational, and mental health support offered by the assisted living facility.

Occupational therapy has a unique perspective on health and wellness due to its focus on the beneficial effects of purposeful, productive, and meaningful occupation (American Occupational Therapy Association, 2000). By designing programs that focus on the clients' occupational needs, occupational therapy practitioners effectively enhance health and quality of life of older adults (Clark et al., 1997). Specific examples of some of the educational topics that occupational therapy practitioners can address include:

- Energy Conservation
- Falls Prevention
- Home Safety
- Joint Protection
- Benefits of Meaningful Activity (e.g., hobbies, leisure)
- Stress Management
- Safe Driving and Community Mobility

Occupational therapy consultants can create health promotion educational sessions that can be provided directly to residents or through peer education and training programs.

Occupational therapy consultants can also enhance recreational programming by suggesting a balance of activities that meet the social, cultural, spiritual, cognitive, creative, and physical needs of the residents, as well as suggesting productive activities that reinforce self-esteem and sense of purpose.

**Occupational therapy practitioners have achieved proven results** in addressing many of the behavioral problems associated with Alzheimer's disease and dementia and in assisting caregivers with these issues (Gitlin & Corcoran, 2005).

Many assisted living facilities serve older adults with dementia. This population requires specialized activity programming that focuses on supporting remaining capabilities while maintaining health and safety. The occupational therapy practitioner will carefully consider individual performance skills and factors that may have a negative impact on residents' ability to participate (e.g., lighting, noise, number of other people in the area) and recommend changes to support performance.

**Occupational therapy practitioners can provide staff training on a variety of issues** to enhance the independence and safety of the residents, as well as reduce staff injury. Occupational therapy practitioners provide training to the staff at assisted living facilities that will enable them to support client independence, engagement, and social participation within their assisted living community. Instruction on safe transfer techniques, adaptive equipment training, communica-

tion strategies for clients with cognitive or sensory impairments, and ways to prevent falls are just some examples of the broad range of caregiver education that occupational therapy practitioners contribute in the assisted living setting. ■

*Developed for AOTA by Pamela Toto, MS, OTR/L, BCG, FAOTA, and the Gerontology Special Interest Section Standing Committee*



## References

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**For more information**, contact the American Occupational Therapy Association, the professional society of occupational therapy, representing nearly 36,000 occupational therapists, occupational therapy assistants, and students working in practice, science, education, and research.



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Occupational Therapy: Skills for the Job of Living

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