



ConnOTA Annual Spring Conference 2019
Session and Speaker Information

Physical Disabilities Track

Session D	Navigating Dementia: Building Capacity of Persons Living with Dementia and their Carepartners – Kate Keefe, OTD, OTR/L
<p>This presentation begins with a panel of experts sharing their perspectives on what matters most during the first year of diagnosis. Therapists will learn first-hand how to customize therapeutic approaches necessary to provide person-centered, holistic care drawing upon first person narrative and a review of evidence-based OT interventions.</p> <p>According to the Alzheimer’s Association (2018):</p> <ul style="list-style-type: none"> • Approximately 5.7 million Americans - living with Alzheimer’s disease • 77,000 reside in Connecticut • In 2015, there were 1500 emergency room visits (per 1,000 beneficiaries) • 59% of family CP rate emotional stress of caregiving as high or very high • 30-40% of CG experience depression, 44% experience anxiety <p>Evidence indicates that PLWD experience increased healthcare transitions during the first year of diagnosis; elucidating a need for health resource, support and personalized navigation services. Navigating the changes during the first year of diagnosis prove difficult for the PLWD and CG. Knowing what to expect as the disease progresses and how to adapt activities of daily living may frustrate the PLWD and CG. Occupational Therapy (OT) services promote health, wellbeing and quality of life (QOL) of PLWD and CG.</p> <p>OT interventions improve behavioral symptom management, preserve function, prevent unnecessary psychotropic medications and early placement. These interventions are designed to instill knowledge, skills, and preparedness improving self-efficacy, QOL, health and well-being for all.</p> <p>LiveWell, a mission-driven, not-for-profit organization and pioneer of high-quality dementia services for PLWD, CG and professionals, has been awarded the Administration for Community Living grant. In collaboration with Alzheimer’s Scotland and Healthcare Improvement Scotland, LiveWell will adapt evidence-based community models and implement a navigation process for PLWD and their CG to improve knowledge, preparedness, and QOL. Proactive, customized, EB OT interventions will include: Home Based Memory Rehabilitation, designed for community-dwelling PLWD-early stage, who live alone; Skills-2-Care, Skills-2-Care-ID; Care of Persons in their Environments (COPE).</p>	



Kate Keefe, OTD OTR/L has a post-professional doctoral degree and 20+ years of clinical, supervisory, and academic experience. Dr. Keefe has taught nationally on best practices in dementia care; promoting use of the cognitive disabilities model, habilitation approaches and person-centered care of persons living with cognitive changes associated with Alzheimer's disease and other related dementias. Dr. Keefe believes strongly in the biopsychosocial model and a strengths-based approach; where care-partner education and environmental adaptation are integral in the promotion of meaningful engagement for those living with cognitive changes.

Session H	My Patient Needs a Complex Wheelchair. What do I do? – Edward Bank, PT, ATP/SMS
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Medicare requires a specialty evaluation for Complex Rehab Technology (custom wheelchairs) performed by an Occupational Therapist, Physical Therapist, or Physician specializing in rehabilitative medicine.

Most OTs & PTs do not have in depth training on this topic while in undergraduate/graduate school and must obtain detailed training after they graduate and are in the field.

Medicare uses an Algorithm of Mobility Assistive Device to determine what device is most appropriate for their patient. The coverage criteria include: the patient must have a mobility limitation that significantly impacts their ability to participate in Mobility Related Activities of Daily Living (MRADLs) such as toileting, feeding, dressing, grooming, & bathing in customary locations in the home. A mobility limitation is one that:

- Prevents the beneficiary from accomplishing the MRADLs entirely, or
- Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL or
- Prevents the beneficiary from completing an MRADLs within a reasonable timeframe

The presentation will present not only the Medicare guidelines but give real life examples to help educate therapists on how to document their patient qualifies for the equipment they are requesting.



Edward Bank PT, ATP/SMS: Ed is a PT who is the Clinical Business Developer for National Seating & Mobility. Ed Graduated from Quinnipiac College in 1982, became an Assistive Technology Professional in 2014, and was one of the first 26 RESNA (Rehab Engineer & Assistive Technology Association of North America) certified Seating & Mobility Specialists (SMS). He has developed numerous CEU courses for Hudson Seating & Mobility, which was acquired by National Seating & Mobility in 2014.

Session L	Managing Urinary Incontinence in Adult and Geriatric Clients – Jaimee Hegge, OTD, OTR/L, CKTP
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Urinary incontinence (UI) is an issue that can affect individuals at various stages of life and for a variety of reasons. The prevalence of UI among long-term care residents in a skilled nursing facility can range from 50-65% of the population. Approximately 40% of adults receiving home health services report UI and the estimated cost per year in the United States is \$14.2 billion dollars (Gorina et al., 2014; Leung & Schnelle, 2008). With the increasing older adult population, occupational therapists will need to demonstrate competence evaluating and treating UI. This presentation will be reviewing the impact UI has on occupational participation and engagement. Occupation based assessment tools and treatment methods will be discussed, as well as data collection tools for adult and geriatric clients. The presentation will also review the outcomes of my doctoral project completed at St. Catherine University. The purpose of my doctoral project was to increase the knowledge and confidence of home-based occupational therapy practitioners working with adults and geriatrics who have urinary incontinence. This project utilized a peer coaching model and knowledge translation seminar to improve confidence and competence of the OT practitioners.



Jaimee Hegge is an occupational therapist specializing in adult and geriatric rehabilitation. She has worked in the public school system, outpatient clinics, skilled nursing facilities, and home health. She received her master of science in occupational therapy from Sacred Heart University and her doctoral degree in occupational therapy from St. Catherine University. Jaimee is a clinical assistant professor at Sacred Heart University and teaches functional anatomy, conditions, and the adult and geriatric curriculum. Her area of research interest is in pelvic rehabilitation with a focus on urinary incontinence.