

**Bossier Parish Community College**  
**Master Syllabus**

**Course Prefix and Number:** OCTA 212

**Credit Hours:** 2

**Course Title:** Occupational Therapy Strategies and Interventions for the Elderly

**Course Prerequisite:**

Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.

**Textbooks/Learning Resources:**

**Required Textbook:**

Padilla, R., Byers-Cannon, S. & Lohman, H. (Eds.). Occupational Therapy with Elders: Strategies for the COTA, 4<sup>th</sup> Edition

**Course Description:**

This course will provide knowledge about issues related to aging trends, concepts and theories, health and well-being, cultural diversities and ethical aspects related to elders. Topics include emphasis on occupational therapy interventions with the elderly population including working with families and caregivers, mobility and other common medical and psychosocial issues.

**Relationship to the Curriculum Design:**

This course is designed to provide knowledge about the aging process and the issues faced by elders, health and well-being and strategies, interventions and implementation of treatment using different occupational therapy practice models.

**Learning Outcomes:**

At the completion of OCTA 212 the student will be able to:

- A. Communicate the aging trends and concepts about aging.
- B. Demonstrate reading comprehension through the utilization of information about the aging process to understand the physical changes that occur and the effects on the older adult.
- C. Appreciate cultural diversity among older adults.
- D. Communicate an understanding of federal public policies related to older adults.
- E. Implement, reassess, and revise the plan of care with entry level skills when treating older adults in various environmental settings.

**Course Objectives:**

1. Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an understanding of the epidemiological factors that impact the public health and welfare of populations. **(B.1.3) A**
2. Demonstrate knowledge of the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance. **(B.3.5) A**
3. Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to implement the intervention plan. **(B.3.6) E**
4. Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart

rate, respiratory status, and temperature) to ensure that the client is stable for intervention.

**(B.3.7)B**

5. Demonstrate knowledge of scientific evidence as it relates to the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations. **(B.3.4) B, A**
6. Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments. **(B.2.1) E**
7. Contribute to the evaluation process of client(s)' occupational performance, including an occupational profile, by administering standardized and non-standardized screenings and assessment tools and collaborating in the development of occupation-based intervention plans and strategies. **(B.4.4) E**
8. Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy. **(B.4.10) A, E**
9. Demonstrate an understanding of the intervention strategies that remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance. **(B.4.9) B**
10. Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction. **(B.4.1)E**
11. Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances. **(B.4.18) C, E**
12. Explain the need for and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being. **(B.4.11) A**
13. Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors. **(B.4.16)A, B,E**
14. Define the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions. **(B.4.17) E**
15. Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness. **(B.4.23) A**
16. Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices. **(B.4.13) E**
17. Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies. **(B.4.26) E, A**
18. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist. **(B.4.22) E, A**
19. Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. **(B.4.28) A, E**
20. Identify how the various practice settings (e.g., medical institutions, community practice, school systems) affect the delivery of occupational therapy services

21. Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.(B.2.1) C, E, A

### **Topical Outline**

- I. Aging Trends and Concepts
  - A. Health, Illness and Well-Being
  - B. Stages of aging
  - C. Intergenerational Concepts
  - D. Ageism, Myths and Stereotypes about the aged
- II. Social and Biological Theories of Aging
  - A. Biological Theories of Aging
  - B. Social Theories of Aging
- III. Aging Process
  - A. Aging Changes
  - B. Cognition
  - C. Integumentary system
  - D. Cardiopulmonary system
  - E. Skeletal system
  - F. Muscular system
  - G. Neurological system
  - H. Sensory system
    - I. Gustatory
    - J. Olfactory
    - K. Tactile
    - L. Kinesthetic
- IV. Psychological Aspects of Aging
  - A. Myths and facts about aging
  - B. Stressors, Losses, and emotions associated with aging
- V. Aging Well: Health Promotion and Disease Prevention
  - A. Role of OT
  - B. Assessment
  - C. Intervention and activities
- VI. Regulation of Public Policy for Elders
  - A. Public sources
  - B. Omnibus Budget Reconciliation Act
  - C. Resident Assessment Instrument
  - D. Medicare Part A (PPS) and Part B
  - D. PPS
  - F. Insurance, Acts and Trends in health care policies
  - G. Advocacy
- VII. Occupational Therapy Practice Models
  - A. Overview
- VIII. Opportunities for Best Practice in Various Settings
  - A. OTR/OTA Partnership
  - B. Process of evaluation
  - C. Competencies with Evaluation, Intervention and Outcome process

- D. Setting OTAs can work in with elders
- IX. Culture Diversity of the Aging Population
  - A. Overview of Cultural Diversity
  - B. What is Culture?
  - C. Levels of Culture
  - D. Issues of Diversity
- X. Ethical Aspect in the Work with Elders
  - A. Ethics and Elder Care
  - B. Awareness
- XI. Working with Families and Caregivers of Elders
  - A. Roles for the OTA
  - B. Role changes in the Family
  - C. Recognizing signs and reporting abuse/neglect
- XII. Addressing Sexuality of Elders
  - A. Values about Sexuality
  - B. Myths about elders and sexual functioning
  - C. Elder Homosexuals
  - D. Role of treatment in sexual education
  - E. Addressing elder sexuality in a nursing facility
  - F. Educating and counseling the elder client
  - G. Effects of health conditions on elder sexuality
- XIII. Use of Medications by Elders
  - A. Medications commonly prescribed for elders
  - B. Medication-Related problems
  - C. Skills required for independent self-medication
  - D. Assistive aids for self-medication
  - E. Self-Medication Program
- XIV. Consideration of Mobility
  - A. Restraint reduction
  - B. Wheelchair Seating and Positioning
  - C. Fall Prevention
  - D. Community Mobility
- XV. Working with Elders with Vision Impairments
  - A. Psychological implications of vision impairments
  - B. Effects of the normal aging process on vision
  - C. Specific ocular pathologies
  - D. Visual dysfunction after neurological insult
  - E. Framework for Visual dysfunction
  - F. Principles of treatment
  - G. Decreased acuity
  - H. Visual field loss
  - I. Oculomotor dysfunction
  - J. Reduced contrast sensitivity
  - K. Impaired visual attention and scanning
  - L. Visual-Perceptual deficits (higher level)
  - M. Setting in which visual impairments are addressed

- XVI. Working with Elders with Hearing Impairments
  - A. Hearing conditions associated with aging
  - B. Psychosocial aspects of hearing impairments
  - C. Rehabilitation and the hearing-impaired elder
  - D. Improving elder communication
- XVII. Strategies to Maintain Continence in Elders
  - A. Urinary and fecal incontinence
  - B. Anatomy and Physiology
  - C. Etiology
  - D. Types of urinary incontinence
  - D. Fecal incontinence
  - F. Interdisciplinary team strategies
  - G. Environmental adaptations
  - H. Clothing adaptations and management
  - I. Adaptations for elders with functional incontinence
  - J. Prevention of skin erosion
- XVIII. Dysphagia and other Eating and Nutritional Concerns with Elders
  - A. Role of the OTA
  - B. Normal swallow
  - C. Etiology of Dysphagia
  - D. Intervention Strategies
- XIX. Working with Elders who have Cerebrovascular Accidents
  - A. Background information
  - B. Psychosocial aspects
  - C. Evaluation
  - D. Interventions, goals and strategies
  - E. Treatment
- XX. Working with Elders who have Dementia and Alzheimer's Disease
  - A. Person-centered care
  - B. Communication
  - C. Behavior and psychosocial aspects
  - D. Treatment
  - E. Terminal stage issues
  - F. Reimbursements for services
- XXI. Working with Elders Who have Psychiatric Conditions
  - A. Background
  - B. Assessment
  - C. Interventions
- XXII. Working with Elders Who have Cardiovascular Conditions
  - A. Background information
  - B. Psychosocial aspects
  - C. Evaluation
  - D. Interventions, goals and strategies
  - E. Treatment
- XXIII. Working with Elders who have Orthopedic Conditions
  - A. Fractures

- B. Joint replacements
- C. Arthritis
- XXIV. Working with Elders who have Pulmonary Conditions
  - A. Chronic obstructive pulmonary disease
  - B. Psychosocial effect of COPD
  - C. Sexual functioning
- XXV. Working with Elders who have Oncological Conditions
  - A. General overview of common conditions
  - B. Psychosocial aspects
  - C. Treatment

### **Course Grading:**

The student's grade for this course will be based on:

### **Evaluation Methods:**

Class Participation:	5%
Intervention Plans (3):	10% each
Exam 1:	15%
Exam 2:	15%
Exam 3:	15%
Final Exam:	20%

Instructional methods include lecture, presentation, case studies, and small group activities.

**Course Requirements:** To earn a grade of "C" or higher the student must earn 70% of the total points for the course and meet all of the following course requirements.

- satisfactory completion of all course assignments (minimum score of 75%)

### **Assignment Descriptions**

All chapters and chapter review questions are to be read and completed before class in order for discussion to flow. Three (3) intervention plans will be assigned throughout the semester from case studies located in the textbook. Intervention plans are to be turned in on the scheduled day. For each day late, **5 points** will be deducted from the grade on the intervention plan.

### **Student Expectations:**

- a. Course faculty will determine if class absence is excused. Unexcused absences will result in a zero (0) for the exam, assignment, or class participation due on the date of absence.
- b. **One** tardy will be excused per semester. All other tardies will constitute a decrease of one percentage point each in final grade.
- c. Make-up work or exams for excused absences will be given at the discretion and convenience of the instructor.
- d. Satisfactory completion of ALL assignments is required. Late assignments will receive a 10% deduction per day. Instructor has discretion to give a grade of zero for late assignments and is determined on a case by case basis.

- e. All written work will be typed and produced according to the *APA Publication Manual, 7th edition* unless otherwise indicated in assignment directions.
- f. **Active** participation during class time, community outings, fieldwork experiences, and other professional experiences is mandatory. Passive note taking and silent observation is not considered active participation.
- g. Professional development is an integral part of becoming an Occupational Therapy Assistant. Students are expected to accept constructive criticism from faculty and peers and modify behavior accordingly.
- h. Advising appointment requests with faculty must be made in writing.

### **Course Grading Scale:**

**A** - 90% or more of total possible points and satisfactory completion of assignments and activities.

**B** – 80-89% or more of total possible and satisfactory completion of assignments, activities and/or presentations.

**C** – 70-79% or more of total possible points and satisfactory completion of assignments, activities and/or presentations.

**D** – 60-69% or more of total possible points and satisfactory completion of assignments, activities and/or presentations.

**F** - Less than 60% of total possible points or failure to satisfactorily completion of lab assignments, activities and/or presentations.

Students must have a “C” or better and a semester GPA average of 2.5 or better to receive credit toward the OTA program requirements and to move to the next level of coursework.

*The syllabus is comprehensive and covers a lot of detail. Read it carefully and ask questions about anything you do not understand. The syllabus is subject to change, but all changes will be announced as far in advance as possible.*

**Attendance Policy:** The college attendance policy, which is available at <http://catalog.bpcc.edu/content.php?catoid=4&navoid=231&hl=attendance&returnto=search#class-attendance>, allows that “more restrictive attendance requirements may apply to some specialized classes such as laboratory, activity, and clinical courses because of the nature of those courses.” The attendance policy of the OTA program is described in the OTA Program Student Handbook.

### **Nondiscrimination Statement**

Bossier Parish Community College does not discriminate on the basis of race, color, national origin, gender, age, religion, qualified disability, marital status, veteran's status, or sexual orientation in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of its operations. Bossier Parish Community College does not discriminate in its hiring or employment practices.

COORDINATOR FOR SECTION 504 AND ADA

Angie Cao, Student and Disability Services Specialist

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Equity/Compliance Coordinator

Teri Bashara, Director of Human Resources

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**Reviewed by K. Brandon 5/20**