



Training Your Caregiver: Activities of Daily Living

While there is some variation from one professional to the next, most agree that there are six activities commonly considered to be the activities of Daily Living (ADLs): feeding, bathing, dressing, toileting, transferring, and mobility. To these the Veterans Administration adds two additional activities: grooming and bed mobility. The VA goes further and names three of these activities as Critical Activities: bed mobility, transferring, and toileting.

This module will review what the ADLs are, why the veteran employer may have difficulty with them, and what you can do to help. It will review the dangers of being unable to perform ADLs, as well as, specific contexts, both permanent and temporary that cause the loss of certain ADL functions.

The role of the home caregiver is crucial to successful ADLs. It may be tempting to do everything for your veteran, for the sake of time and efficiency. However, you should encourage your veteran to strive for independent follow-throughs of ADLs. If you think your veteran is having trouble with ADLs, talk to your options counselor and the veterans VA primary care physician. It is possible that something as simple as an assistive device available through the veteran's VA benefits or education by a VA team nurse could help your veteran become more independent. Be sure to offer praise for tasks that the veteran can do, but ensure safety by helping with ADLs which the care team has determined as unsafe for the veteran.

Activities of Daily Living (often called ADLs) are basic self-care activities that are considered essential for day-to-day living. The VA notes that there are eight activities that constitute ADLs: feeding (eating), bathing, dressing, grooming, bed mobility, transfer in and out of the bed and/or chair, mobility, and toileting. The VA Case Mix Assessment marks bed mobility, transferring in and out of the bed, and toileting as critical (i.e. very important) ADLs. Most of the veterans in this program require some assistance with one or more of their ADLs or they would not be approved for VDHCB services. Some of them will need less assistance and some may be totally dependent. Some veterans will never be able to be any more independent than they are now, but many of them can improve their abilities to perform ADLs through your help and support.

People who have lost their ability to perform ADLs are at a much higher risk for hospitalization and death than other people the same age who are independent. The percentage of people needing help with ADLs is very high among elderly veterans. The most frequently reported ADL limitation is bathing.

Most veterans need help performing ADLs for one of three reasons: paralysis or loss of physical function, weakness or decreased endurance due to disease process or surgery, and confusion or cognitive disorders. Some of the more common reasons may include:

- **Recent Surgery.** Many times home bound veterans have reduced endurance following surgery and are not able to perform ADLs. Many of these veterans will improve as you are caring for them and will become more independent in several weeks.
- **Fractures and casts.** The presence of a cast on one's arm or leg can make it very difficult to the veteran to bathe him/herself or perform other ADLs without assistance. Many of these veterans will improve and, when the casts are removed they will return to their prior level of independence.
- **Strokes.** Many homebound veterans have some degree of extremity paralysis or weakness following a stroke. If the stroke is recent, the veteran may be able to make a lot of progress in his or her ability to perform ADLs. However, if the stroke occurred a long time ago and the veteran has had extensive therapy and has been using adaptive equipment, then he or she may not have any further improvement and will never be independent.
- **Heart disease or chronic lung disease.** These veterans may have such difficulty breathing that they need assistance in ADLs. For most of these veterans, performing ADLs takes much longer time than is normal because they often have to rest during the activity. With better control of their symptoms, they may improve in their abilities to perform ADLs, but may continue to require some assistance.
- **Severe arthritis.** The joint stiffness and deformities of severe arthritis make it harder for these residents to perform ADLs. They may also have a great deal of pain. However, many of them may be able to show improvement if they have devices to assist them and can learn different methods of bathing and dressing.
- **Neurological disease.** Depending on the severity and involvement of the disease, veterans with neurological diseases may require assistance with ADLs. In some cases (like multiple sclerosis)

the disease has periods of remission and the veteran's symptoms may improve enabling him/her to require less assistance. Veterans with Traumatic Brain Injury (TBI) will have to be trained to regain ADLs that they lost with the brain injury. The VA offers rehabilitation but as a home caregiver you will need to assist them gently through ADLs praising their successes and assisting those areas they are weak in until lessons learned rehabilitation are acted upon by the veteran. Alzheimer's disease progressively worsens and these veterans may not improve their abilities to perform ADLs.

- **Cancer or other debilitating diseases such as AIDS.** Whether or not these veterans will improve depends upon the extent of their diseases and/or responses to treatments. Some veterans will be able to improve, while others will continually decline.

How do you help veterans in your care improve in ADLs?

There are many things that a home caregiver can do to help the veteran improve their performances of ADLs. The key to success lies in good communication with the primary care physician or other members of the care team like the team nurse or therapist who is seeing the veteran. In addition to carefully reviewing the assignment sheet, you should talk with members of the treatment team about how much the veteran can be expected to improve and how can you best help. It is important for you to know whether the veteran has already reached his or her maximum level of functioning, or whether the veteran may be able to do more.

It takes a team effort with the veteran and family, physician, nurse, therapist, and the home caregiver to help the veteran improve in performing ADLs. Some areas in which you may help include:

Dressing

- Help the veteran establish a routine for dressing that follows a logical sequence. Help him/her select and arrange his/her clothes in the order they will be put on.
- Encourage the veteran to sit while doing most of the dressing.
- Encourage the veteran to choose clothing that is comfortable and easy to put on and remove. Elastic waistbands and Velcro closures are much easier to use than zippers and buttons. Pull-over shirts or sweaters have to have large neck holes to make them easier to get on and off. Elastic shoelaces make it easier to put on shoes.

- If the veteran has a paralysis or weakness of the arm or leg, remind him/her to dress the “weak” arm or leg first.
- Learn how to use any dressing aids the veteran has. A veteran may use buttonhooks, reaching sticks, long-handled shoe horns, spoons, or other devices. Discuss this with your options counselor or members of the VA care team. Many of these devices are available through the VA system at no cost to the qualified veteran.
- Always encourage the veterans to do as much as possible for themselves. This may take more time, but it is more important in helping the veterans care for themselves.

Bathing

- Help the veteran establish a good time for bathing. This should be a time when the veteran is not rushed or tired from other activities.
- Help the veteran organize everything that need for the bath. The veteran or the veteran’s family should be able to tell you what type of bath they prefer.
- Never assist a veteran into the shower or tub if it cannot be safely done. The VA Care team should have assessed the tub for safety. If your veteran needs a bath seat, non-skid mats, or grab bars in order to be safe, ***DO NOT*** put the veteran in that tub or shower until those items have been installed! Contact your options counselor or members of the VA Care Team to request the needed items. The VA system will normally provide those items at no charge to the eligible veteran.
- Learn how to use any bathing aids the veteran may have.
- Allow your veteran to bathe him/herself as much as possible. Assist them in any area they cannot reach or adequately bathe.

Eating

- Help the veteran establish a quiet, calm time for eating.
- Encourage the family to prepare or you may prepare finger foods that might be easier to manage.
- Help the veteran and family to organize the table so that things are within easy reach.
- Learn to use assistive devices the veteran may already have. There are numerous aids your veteran may have, including utensils with wide handles, swivels, straps, non-skid mats to keep plates from sliding, plates with plate guards so food can be pushed onto the spoon, and special

glasses and cups. If you think your veteran could benefit from such devices please contact your options counselor or a member of the VA Care Team.

- Never rush the veteran as he/she eats. Encourage the family to allow plenty of time for meals.

Toileting (Note: VA Critical ADL)

- If necessary, help the veteran establish a bathroom routine. Some veterans do not have the normal advance warning of the need to urinate. These veterans may do well to use the toilet routinely every three hours to prevent incontinence.
- Many veterans do better with a raised toilet that makes rising to a standing position much easier.
- Notify the VA Care Team social worker or contact your options counselor if there are structural barriers that keep the veteran from getting to the toilet.
- Learn how to use assistive toileting devices.

Transferring in and out of bed (Note: VA Critical ADL)

- Consult with the VA Care Team (staff nurse or physical therapist) to find out exactly how the veteran should be assisted with transfer and to what extent she/he is expected to improve. A joint visit with the therapist or staff nurse can be very helpful in establishing a consistent approach.
- Assist the veteran as directed by the team allowing the veteran to participate as much as possible.
- Assist the veteran with any assigned exercises. These will condition and strengthen the muscles and help the resident become more independent.

Mobility (Note: VA Critical ADL)

- Follow the care Team instructions in assisting the veteran with ambulation or in the use of the wheelchair.
- Encourage the veteran to participate as much as possible.
- Give lots of praise and encouragement.
- Help the veteran schedule activities so there is time for rest in between.

Key points in helping the veteran improve ADL functionality

- Do not be tempted to do everything for the veteran. Encourage the veteran to do as much for him/herself as possible. While it may seem to be easier and may take less time to perform ADLs for the veteran, doing so will not promote the veteran's independence.
- Be an advocate for your veteran. Don't be reluctant to talk with the options counselor or members of the veteran's care team if you think the veteran needs assistive devices to help him/her do their ADLs.
- Give lots of praise and encouragement. Show the veteran how much progress he/she is making. Focus on what the veteran can do, not what they cannot do yet.
- Many times a given task will take much longer if the veteran does it for him/herself. Keep in mind that the resident needs to learn to do these things so he/she can manage when the veteran is no longer receiving home care. Be patient, allow time for the veteran to participate in the ADLs.
- Help the veteran be realistic. If the nurse or therapist informs you that the veteran will never be able to do a certain task, help the veteran adjust. Keep in mind that some veterans will never be independent in ADLs no matter what assistive devices are available.

Carefully document the resident's progress. Stay in close contact with the nurse, therapist, and other team members about the improvements that may have taken place.

Exam Follows on Next Page



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Employee Name: _____

Date: _____

Mark the correct response:

1. Which of the following is not considered an activity of daily living (ADL)?
 - a. Bathing.
 - b. Toileting.
 - c. Transferring.
 - d. Cooking.

2. All patients can improve in doing ADLs if they really want to.
 - a. True.
 - b. False.

3. Which of the following is true about ADLs?
 - a. If you are unable to do any of them, you are considered in need of skilled nursing.
 - b. They include such household chores as washing clothes and doing laundry.
 - c. They are the basic activities of caring for oneself that are essential for day-to-day living.
 - d. All of the above.

4. To help a veteran you care for improve in performing ADLs, which of the following are important steps for the home caregiver to take?
 - a. Scheduling regular bathroom trips to facilitate bowel and/or bladder training.
 - b. Scolding a veteran for being wet.
 - c. Monitoring continence patterns.
 - d. Caring for complications stemming from ineffective elimination.

5. Which ADL limitation is reported most often?
 - a. Requiring assistance with eating.
 - b. Requiring assistance with bathing.
 - c. Requiring assistance with toileting.
 - d. Requiring assistance with dressing.

6. Which of the following is NOT a common reason that a veteran will need help with ADLs?
 - a. Having a baby.
 - b. Having paralysis.
 - c. Having a fracture.
 - d. Having chronic lung disease.

7. A key to success in improving ADL function is good communication between Home Care Giver and the VA Care Team (Physicians, Nurse, Social Workers, and Therapists).
 - a. True.
 - b. False.

8. The VA states that there are _____ activities commonly called ADLs.
 - a. Four.
 - b. Eight.
 - c. Six.
 - d. Seven.

9. Which of the following is considered to be one of the ADLs?
 - a. Transferring
 - b. Using the Phone
 - c. Doing Laundry
 - d. Washing Dishes.

10. Which of the following diseases/conditions may cause a patient to need assistance with ADLs?
 - a. Stroke.
 - b. Traumatic Brain Injury.
 - c. Severe arthritis.
 - d. All of the above.

In order to receive your state-required home caregiver CEUs, you must mail this test along with your signed FORM 1732 Management and Training of Service Provider (on the next page) to:

**CTADVRC – VDHCBS
PO Box 729
Belton TX 76513**

Score: _____ of 10

Pass – Fail

