Identify, implement, evaluate, and adapt diversional therapy activities for people with identified health conditions

5789 V4
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Name ________________________________________________

Employer _____________________________________________

NZQA number _________________________________________

Date _________________________________________________

“All the answers in this workbook were completed by me.”

Signed _______________________________________________
Getting started

Welcome to Identify, implement, evaluate, and adapt diversional therapy activities for people with identified health conditions: one in a series of workbooks especially developed for support workers in the CPQ (Career Pathway Qualifications).

Before you start
- Think about what you know of identifying and adapting diversional therapy activities to meet the needs of people with identified health conditions.
- Be aware that this workbook includes a booklist and glossary of medical terms at the back.
- There is a significant amount of information in the workbook for Unit Standard 5786 about developing, implementing, evaluating and adapting personal diversional therapy care plans. There are also blank sample forms in this workbook that you may find useful for this unit standard, including a diversional therapy care plan form and a consent form for people participating in the activities for your assessment. Please refer closely to that information as you work through this workbook for Unit Standard 5789.
- Read the Resource Book for Readings (Diversional Therapy) provided with this workbook.

Pre-requisite
Unit Standard 23918 Describe the philosophy, purpose, and benefits of diversional therapy, and the role and skills of diversional therapists is a pre-requisite to this unit standard.

This means that you must have successfully completed the assessments for Unit Standard 23918 before being assessed on this unit standard.

Look before you leap!
Take the time to go through this workbook before starting on the activities. Read the sections and make notes as you go.
Getting started

How do I use this workbook?
- Use highlighters to identify the important ideas.
- Take your own notes.
- Complete activities as you go through the workbook and write answers in the spaces provided.

What will I learn about?
When you have finished this workbook you will have learned more about:
- Identifying and understanding health conditions.
- Implementing diversional therapy activities for people with identified health conditions.
- Evaluating and adapting diversional therapy goals and activities for people with identified health conditions.

Acknowledgements
This workbook has been designed to support your learning and prepare you for the unit standard assessments.

The contents of this workbook include scenarios, learning activities and activities for general health and disability settings. They are not specific to any setting and should be used as a general guide for learning.

Careerforce would like to thank the people who have contributed their time and effort into this workbook in:
- Research and content validation.
- Advice and expertise.
- Testing of activities and assessments and their personal experiences.

In particular, we wish to thank:
The staff and residents at:
- Bainswood Rest Home
- Metlifecare Merivale
- Rosewood Rest Home
And John McCombe, photographer, who took photographs at the above locations.
Identify, implement, evaluate, and adapt diversional therapy activities for people with identified health conditions.

Getting started

Stop activities
You will also come across this icon in places where you are asked to STOP (see the graphic on the left) and record your current knowledge or impressions, as a reference point to return to later.

Pause and Rewind activities
Pauses are for summarising, questioning, and reflecting as a reference point to return to later. Rewinds take you back to a PAUSE, STOP or TEST YOUR KNOWLEDGE and give you an opportunity to add to, change or validate some of your initial thoughts and ideas.

Trainee assessment portfolio
The trainee assessment portfolio contains assessed activities and workplace verification which must be completed to meet the requirements of the unit standard. These questions or tasks must be completed by you and signed by your workplace assessor in order for you to be credited with the unit standard.

Learning activities
These help you understand the content, and will help you with workplace verification tasks. The instructions and answer panels for learning activities have a light yellow/orange background like this.
Before you go any further in this workbook, think of what you know about health conditions...

TEST YOUR KNOWLEDGE

List below the different identified health conditions experienced by people you support in your place of work:

Describe how three of these conditions affect people’s participation in activities.

1
2
3
Your self-directed learning for this unit standard

This unit standard is registered at Level five on the National Qualifications Framework. This means that you are expected to undertake some self-directed learning, which requires you to research and source relevant information from libraries, health journals, health support organisations and websites to complement the teaching material provided in this workbook.

To help you research some of the topics covered in this workbook, there is a booklist included at the end. The books listed here were available from community public libraries at the time this workbook was printed. If your nearest library does not have the particular book you want, you can ask the library to source a copy from the interlibrary exchange service.

It is not compulsory to use these recommended books. Your workplace may have a range of reference books that you could use, and your library will have other books on the topics that you may also find useful.
The range of health conditions

The phrase “people with identified health conditions” refers to – but is not limited to – a wide range of particular physical, social, cultural or emotional needs, interests or abilities.

The “Definitions” section of the unit standard includes a list of health conditions that you need to be aware of, although your knowledge is not expected to be limited to that list. This workbook gives information on all these listed conditions but also provides detail on some variants and additional conditions that you are likely to come across in your work. This list is not comprehensive either, so you are free to choose from a very wide range of health conditions when completing your assessment.

This unit standard and workbook focus on:

- Identifying a range of health conditions experienced by people.
- Evaluating the impact of these identified health conditions on the people you support and on their ability to take part in the diversional therapy activities of their choice.
- Evaluating people’s choice of diversional therapy activities.
- Planning and developing adaptations to the activities.
- Implementing the adaptations to the activities.
- Evaluating the outcome of the adaptations to the activities.
- Identifying the benefits to the person of the diversional therapy activity adaptations.
The range of health conditions

Supporting people with identified health conditions
You need to be aware of the symptoms of a range of health conditions, and the impact of these health conditions on people’s level of functionality in a diversional therapy activity of their choice. What does the condition prevent them doing, and how does this situation impact on their ability and enjoyment from participating in the diversional therapy activity of their choice?

In the learning and assessment tasks for Unit Standard 5789, you need to provide support in a manner that maximises people’s independence. The support given must be appropriate to people’s needs and utilise their existing strengths and abilities. It also should respect their choices and preferences.

Where possible, diversional therapy support should use local community support options.

Adapted diversional therapy activities must be provided within the guidelines set down in the workplace service’s policies and procedures.
Think about either someone you support or someone you know with rheumatoid arthritis. Read Example 1 in the chart in italics, then complete the three blank columns for Example 2, based on your experience of the person you support or know.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Impact on the person</th>
<th>Diversional therapy activity of the person’s choice</th>
<th>How this health condition affects the person’s participation in the diversional therapy activity</th>
<th>How could this diversional therapy activity be adapted to become achievable for the person?</th>
</tr>
</thead>
</table>
| Example 1. Rheumatoid arthritis | Pain and reduced mobility | Playing indoor bowls | • Unable to stand for very long.  
• Difficulty walking the length of the bowling mat. | • Have the person seated in a chair to play.  
• Only play from one end of the mat.  
• Using lighter weight bowls to reduce hand and wrist pain.  
• Reducing the number of ends played. |
| Example 2. Rheumatoid arthritis | Pain and reduced mobility |                                  |                                                                                                  |                                                                                                  |
Our airways are structured like a many-branching, upside-down tree. The trunk (our trachea) receives air from our mouth and nose. It divides into the main branches entering the lung’s five lobes. With each successive branching, these airways become narrower and more numerous. Each branched pathway finally ends in a cluster of air sacs. This is where the oxygen in fresh air passes into our blood, while carbon dioxide passes from our blood into our lungs to be exhaled.
The following table describes three common respiratory conditions; the likely impact of the condition on an affected person; and the possible limiting effects of the condition on an affected person’s capacity to participate in activities.

<table>
<thead>
<tr>
<th>Respiratory condition</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
</table>
| 1. Asthma             | During an asthma attack airways become inflamed and swollen, and people have difficulty breathing. They may wheeze audibly when breathing in and out. Their lips can appear blue. Asthma attacks can sometimes be triggered by rapid temperature changes, plant/flower fragrances or pollens, spray cleaning products, and glues and chemicals. | • The effort to breathe can be exhausting.  
• During the attack conversation is difficult, and mobility and the ability to exercise are reduced.  
• There can be decreased participation in physical activities from fear of triggering an attack. | • The affected person may fatigue quickly.  
• Activity tolerance will be reduced.  
• Some environments may trigger an asthma attack (temperature).  
• Shortness of breath or wheezing will reduce volume of voice; and the person may have difficulty being heard.  
• Crafts, arts, or gardening materials may trigger an asthma attack.  
• An affected person may exhibit a lack of motivation because of anxiety about having an asthma attack. |
<table>
<thead>
<tr>
<th>Respiratory condition</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Chronic bronchitis</td>
<td>Chronic inflammation of the airways leaves the airways permanently swollen, which narrows them. The airway irritant causing the inflammation also makes them produce great quantities of mucus, which blocks them further.</td>
<td>• The affected person may have a chronic cough with heavy mucus production, and may cough frequently. • The breathing effort needed to pull air down into lungs and push exhaled air out through the narrowed airway requires a great deal of energy. • Lips and fingernail beds may be bluish (cyanosis). • The person may tire quickly.</td>
<td>• The need to cough and clear mucus may embarrass a person and limit his/her participation in activities. • The person will become exhausted quickly from activities. • Coughing and shortness of breath make conversations difficult.</td>
</tr>
<tr>
<td>Emphysema</td>
<td>In emphysema, overstretched and torn air sacs cannot hold much fresh air and cannot release (exhale) their stale, carbon dioxide-containing air. Eventually the lungs’ ability to transfer oxygen into the bloodstream and remove carbon dioxide is damaged. As carbon dioxide goes out, it can build up to toxic levels and eventually cause coma.</td>
<td>• The person may have a chronic cough. • The breathing effort needed to pull air down into the lungs and push exhaled air out through the narrowed airway requires a great deal of energy. • A posture change may be necessary: the person can be seated with shoulders curved forward and head and neck forward with pursed lips, to assist breathing in. • The person can become exhausted quickly when engaging in physical activity.</td>
<td>• Physical activity, particularly walking, will be difficult because of (breathing) posture. • The person’s voice will be weak due to breathing difficulties. • The person will tire very quickly when taking part in activities. • Crafts, arts, cooking or gardening materials may irritate the airways, increasing people’s breathing difficulties.</td>
</tr>
</tbody>
</table>
Think about either someone you support or someone you know who experiences an identified respiratory health condition. You can include conditions other than those three conditions listed in the preceding table.

Remember to check the “Glossary of medical terms” section at the end of this workbook for short definitions and explanations of some of the main medical conditions described in this section of the workbook.

In the box below, write the person’s identified respiratory health condition. Then describe how it affects the person’s abilities to carry out daily routines, work or leisure activities.

Identified respiratory health condition:

The impact of this condition on the person’s abilities to carry out daily routines, work or leisure activities:
Arthritis means inflammation of the joint. A joint is where bones meet to allow movement – for example, elbow and knee joints allow our arms and legs to bend and move.

Important parts of our joints are:

- Cartilage, which covers the ends of bones to protect them.
- Synovial membrane (sac), which surrounds the joint and produces a synovial fluid that oils the joint.
- Muscles – elastic tissue that supports the joint and, by lengthening or shortening, moves the bones of the joint.
- Tendons – like fibrous cords attaching the muscles to the bones.
- Ligaments, which are fibrous cords shorter than tendons. They attach bone to bone.

There are many types of arthritis. They all affect one or more joints of the body.
## Arthritis

The following table lists four common arthritic conditions; describes some of the main impacts of the condition on the affected person; and describes the impact of the arthritic condition on the person’s capacity to take part in activities.

<table>
<thead>
<tr>
<th>Arthritic condition</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Rheumatoid arthritis</td>
<td>Rheumatoid arthritis is inflammation of the synovial membrane, leading to damage or destruction of bone, ligaments, tendons, cartilage and joint capsule. This condition usually impacts on the affected person’s wrists, knees and knuckles of both sides of the body. Sleep patterns may be disturbed by pain.</td>
<td>• On the affected person’s joint areas there can be: swelling, redness, heat, pain, tenderness, nodules and stiffness. • The person may exhibit muscle aches and fever. • The person may experience reduced mobility and chronic fatigue.</td>
<td>• The person’s mobility may be reduced. • The person’s range of movement may be limited, eg he/she may be unable to reach out to pick up an item. • Pain and stiffness of the wrist, hands and fingers reduces dexterity. Fine motor tasks may be very difficult to carry out. • Pain and poor sleep may cause people to fatigue quickly.</td>
</tr>
<tr>
<td>2. Osteoarthritis</td>
<td>Osteoarthritis results in cartilage degeneration, usually from wear and tear. This condition usually affects hands, spine, knees and hips, and may affect only one side of the body. It leads to localised pain and stiffness; and fingers develop bony knobs. The person’s sleep patterns may be disturbed by pain.</td>
<td>A person with osteoarthritis may experience: • Reduced mobility. • Reduced dexterity (ability to use hands and fingers). • Limited activity tolerance before pain sets in. • Fatigue. • Reduced motivation to participate in activities.</td>
<td>• Pain in hips and knees will limit mobility. The person may need assistance to move from a seated to a standing position. • Pain and swelling of the hands will make picking up objects difficult. • Shoulder pain will limit the range of arm movement and the weight of objects that can be picked up. • The person will quickly become sore and fatigued.</td>
</tr>
<tr>
<td>Arthritic condition</td>
<td>Description</td>
<td>Impact of the condition</td>
<td>Impact on activity ability</td>
</tr>
<tr>
<td>---------------------</td>
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<td>---------------------------</td>
</tr>
</tbody>
</table>
| 3. **Osteoporosis** | Osteoporosis is also known as “brittle bones” and is more common in the elderly, especially women. Bones lose calcium, becoming less dense and more prone to fracture, commonly in the hips. The reduced bone calcium also causes deformity of the spine (Dowager’s hump), reducing people’s height. | A person with osteoporosis may experience:  
- Pain in spine and neck.  
- Reduced mobility.  
- Fear of falls.  
- Reduced motivation to participate in activities.  
- Inactivity that makes this condition worse. | A person with osteoporosis will experience the following limitations on possible activities:  
- Limited range of neck movement due to posture and pain.  
- Difficulty raising head to look straight ahead.  
- Increasing frailty, with muscle loss and loss of arm and hand strength.  
- Low activity tolerance.  
- Anxiety about the risk of falls. |
| 4. **Fibromyalgia** | Fibromyalgia results in prolonged muscle contraction or spasm. Joints are not affected but tender points occur on muscles, tendons and ligaments. The person will experience overall body aching and stiffness, and sleep disturbance. | • Pain levels are usually greater in the morning.  
• Pain can reduce mobility.  
• The person can experience sleep disturbances, and resulting fatigue from pain and poor sleep. | • The person may experience difficulty and exhaustion from morning daily living routines.  
• The person’s mobility and range of movement may be reduced.  
• The person will become fatigued quickly. |
Think about either someone you support or someone you know who experiences an identified arthritic health condition. You can include conditions other than those four conditions listed in the preceding table.

Remember to check the “Glossary of medical terms” section at the end of this workbook for short definitions and explanations of some of the main medical conditions described in this section of the workbook.

In the box below, write the person’s identified arthritic health condition. Then describe how it affects the person’s abilities to carry out daily routines, work or leisure activities.

Identified arthritic health condition:

The impact of this condition on the person’s abilities to carry out daily routines, work or leisure activities:
Neurological conditions affect the nervous system. The nervous system coordinates our actions and transmits signals between different parts of the body.

The following table lists three common neurological conditions; describes some of the main impacts of the condition on the affected person; and describes the impact of the neurological condition on the person’s capacity to take part in activities.

<table>
<thead>
<tr>
<th>Neurological condition</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
</table>
| 1. Motor neuron disorder | “Motor neurons” are the cells which control all the voluntary movements of our muscles. Disorders of this type can affect overall body movement, including breathing, speaking, swallowing, mobility and dexterity. | A person with motor neuron disorder may experience:  
- Wasting and weakness of the muscles.  
- Stiffness in the arms and legs.  
- Slurred speech.  
- Low volume of speech.  
- Difficulty swallowing and controlling saliva.  
- Choking risk.  
- Difficulty breathing.  
- Fatigue. | A person with motor neuron disorder is likely to face limitations including:  
- Reduced physical ability with limited limb strength and range of movement.  
- Speech that is unclear and of low volume.  
- A greatly reduced activity tolerance.  
- A high level of fatigue. |
## Neurological conditions

<table>
<thead>
<tr>
<th>Neurological condition</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
</table>
| 2. Parkinson’s disease | A part of the brain called the “substantia nigra” loses many of its nerve cells and is unable to function normally, sending messages to other parts of the brain and the spinal cord that control coordination of all movement. | A person with Parkinson’s disease may experience:  
  • Stiffness of muscles.  
  • Slowness of movement (bradykinesia).  
  • Lack of coordination.  
  • Tremor.  
  • A shuffling gait.  
  • Loss of facial expression.  | A person with Parkinson’s disease is likely to face limitations including:  
  • Stiffness of muscles and a shuffling gait that makes mobility difficult.  
  • Difficulty in starting walking again once stopped.  
  • Falls risk.  
  • The tremor and lack of coordination limit the person’s ability to use hands and fingers.  
  • Lack of facial expression can be misunderstood as lack of interest. |
| 3. Multiple sclerosis (MS) | A progressive disease, where the myelin covering of the nerve fibres of the brain and spinal cord are damaged.                                                                                               | First symptoms of this disease can be visual disturbances or tingling in the fingers and toes or on one side of the face.  
  • As the condition progresses the person experiences: tremor and muscle spasm, muscle weakness, unsteadiness walking, dysarthria, dysphagia, ataxia, and cognitive impairment. | A person with MS is likely to face limitations including:  
  • Visual disturbances and problems with bright light.  
  • Unsteady gait and poor mobility (falls risk).  
  • Reduced coordination and control of limbs.  
  • Tremor or spasm of arms that limits the person’s ability to use fine motor skills.  
  • Swallowing difficulties. |
Think about either someone you support or someone you know who experiences an identified neurological health condition. You can include conditions other than those three conditions listed in the preceding table.

Remember to check the “Glossary of medical terms” section at the end of this workbook for short definitions and explanations of some of the main medical conditions described in this section of the workbook.

In the box below, write the person’s identified neurological health condition. Then describe how it affects the person’s abilities to carry out daily routines, work or leisure activities.

Identified neurological health condition:

The impact of this condition on the person’s abilities to carry out daily routines, work or leisure activities:
The brain is a vital organ which controls our mental and intellectual functioning, including thinking and memory. Different parts of the brain control different physical, emotional and behavioural functioning.

The brain is divided into two hemispheres. The left hemisphere controls actions on the right side of the body. The right hemisphere controls actions on the left side of the body. The brain contains brain cells called neurons, supported in turn by cells called glial cells, cerebrospinal fluid and blood vessels.

To function properly, the brain requires a constant 24-hour supply of circulating blood.
# The brain

The following table lists two common brain conditions; describes some of the main impacts of the condition on the affected person; and describes the impact of the brain condition on the person’s capacity to take part in activities.

<table>
<thead>
<tr>
<th>Brain condition</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
</table>
| 1. Cerebral vascular accident (CVA, stroke) | An acute vascular injury of the brain, caused by a blood clot blockage, the narrowing (clogging) of the blood vessels or a rupture of the blood vessels. Interruption of the brain’s blood supply of about seven to ten seconds can result in irreversible damage to the affected part of the brain. | A person recovering from a CVA may experience:  
- Hemiplegia (paralysis) of one side of the body, limiting normal functioning.  
- Loss of sensation in the face, arm or legs of the affected side of the body.  
- Speech and swallowing difficulties.  
- Partial visual loss or disturbances.  
- Reduced cognitive functioning. | A person recovering from a CVA is likely to face limitations including:  
- Reduced mobility. The foot on the affected side may drag.  
- The arm and hand of the affected side may have weakness and reduced function, or may have no level of functioning remaining.  
- Poor balance.  
- Memory loss.  
- Difficulty understanding or following instructions. |
| 2. Transient ischaemic attack (TIA) | A TIA is often referred to as a mini-or minor stroke. The symptoms are similar to those of a stroke but usually disappear within 24 hours or fewer. However, having had a TIA is a major risk factor for having a CVA. | Usually there are no ongoing symptoms. But you need to be aware that people who experience a TIA have a high risk of having a cerebral vascular accident. | If the person becomes clumsy, loses balance, experiences numbness especially on one side; or if speech becomes slurred or indistinct, seek medical help urgently. |
Think about either someone you support or someone you know who has experienced a cerebral vascular accident or a transient ischaemic attack.

You will need to research in greater depth the conditions that you are going to use for the assessment of Unit Standard 5789.

<table>
<thead>
<tr>
<th>Identified health condition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The impact of this condition on the person’s abilities to carry out daily routines, work or leisure activities:</td>
</tr>
</tbody>
</table>
Mental health

The World Health Organisation defines mental health as “not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.

Mental health “refers to a broad range of activities directly or indirectly related to the mental well-being component included in the WHO’s [World Health Organization’s] definition of health: ‘A state of complete physical, mental and social well-being, and not merely the absence of disease’. It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.”
# Mental health

The following table lists two common mental health conditions; describes some of the main impacts of the condition on the affected person; and describes the impact of the mental health condition on the person’s capacity to take part in activities.

<table>
<thead>
<tr>
<th>Mental health condition</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
</table>
| 1. Depression           | Depression is a state of low mood, associated with feelings of sadness, hopelessness and helplessness. Biological influences on depression can be: poor diet, heredity, hormone imbalance, stress, illness and long-term sleep difficulties. Depression is a predictable reaction to some life occurrences such as the death of a loved one, or loss of roles, employment or health. | A person with depression may experience:  
• Lack of energy or interest in usual activities.  
• Disengagement from people and activities happening around them.  
• A tendency to become withdrawn, and an inability to socialise.  
• Difficulty with daily living tasks.  
• Day/night reversal of sleep patterns. | A person experiencing depression is likely to face limitations including:  
• Loss of interest in previous activities.  
• Difficulty in becoming motivated.  
• Limited activity tolerance.  
• Tendency to become fatigued.  
• Inability to cope with other people. |
| 2. Transient ischaemic attack (TIA) | Anxiety is a mood condition that often occurs without an obvious trigger. It is different from fear, which is a reaction to an observed threat. Anxiety can result from some health conditions, as a side-effect of some medications and from disempowering life changes such as becoming dependent on others for health and daily life cares. | A person with anxiety may experience:  
• Heart palpitations, chest pain, nausea, headaches, trembling and difficulty breathing.  
• Pale or sweating skin.  
• Enlarged pupils.  
• A tense posture and inability to relax. | A person experiencing anxiety is likely to face limitations including:  
• Reluctance to participate in activities.  
• A fear of failing.  
• Poor motivation.  
• Quietness and a tendency to become withdrawn.  
• Poor concentration.  
• Reluctance to ask for help.  
• Inability to cope with groups of people. |
Think about either someone you support or someone you know who experiences an identified mental health condition. You can include conditions other than those two mental health conditions listed in the preceding table.

You will need to research in greater depth the conditions that you are going to use for the assessment of Unit Standard 5789.

<table>
<thead>
<tr>
<th>Identified mental health condition:</th>
<th>The impact of this condition on the person’s abilities to carry out daily routines, work or leisure activities:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Orthopaedic joint replacement refers to surgical procedures for correcting a joint that has been damaged to a degree that it: severely limits a person’s ability to perform everyday activities or participate in preferred activities; and/or interferes with walking or sleeping patterns; and/or causes pain to a degree that prevents a person from carrying out normal social activities.

The following table lists two joint replacement procedures; describes some of the main impacts of these procedures; and describes the impact of the procedures on the person’s capacity to take part in activities.

<table>
<thead>
<tr>
<th>Orthopaedic joint procedure</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total hip replacement</td>
<td>A surgical procedure to correct a hip joint damaged by a degenerative disease, often arthritis. The head of the femur is replaced with a metal ball-shaped joint. A metal shaft secured in the thigh area of the femur holds the new replacement (prosthetic) joint in place.</td>
<td>• Following the procedure the person may experience less pain when mobilising, but needs to learn the correct way to walk with a replacement hip. • The timeframe for mobilising with confidence varies from person to person.</td>
<td>• Special care must be taken to protect the hip joint to minimise the risk of hip dislocation. • The recovering person should not cross his/her legs or sit in low chairs. • The recovering person should not bend the hip more than 90 degrees (a right angle). • The recovering person should avoid swivelling or twisting on the affected leg.</td>
</tr>
</tbody>
</table>
## Orthopaedic joint replacement

<table>
<thead>
<tr>
<th>Orthopaedic joint procedure</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
</table>
| 2. Total knee replacement   | Arthroplasty is a surgical procedure to correct a knee joint damaged by a degenerative disease. The knee is not usually totally replaced. Rather, the joint is resurfaced and cartilage surfaces are removed and replaced with metal and plastic components. | • The person’s knee will be stiff for some time after surgery.  
• A range of regular exercises is required to regain movement of the knee joint and strengthen muscles. | • Muscle soreness typically occurs a day or two after exercise.  
• There is a gradual and progressive increase of levels of mobility.  
• Care is needed going from one type of flooring surface to another, eg from carpet to tiles or lino.  
• Some people regain normal movement in six to 12 weeks. Others may take up to a year. |
Think about either someone you support or someone you know who has experienced a total joint replacement procedure. You can include procedures other than the hip and knee replacement procedures listed in the preceding table.

You will need to research in greater depth the conditions that you are going to use for the assessment of Unit Standard 5789.

<table>
<thead>
<tr>
<th>Identified health condition:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>The impact of this condition on the person’s abilities to carry out daily routines, work or leisure activities:</th>
</tr>
</thead>
</table>
Visual impairment

Visual impairment is the loss or partial loss of vision in one or both eyes of a person, caused by disease, trauma or a degenerative condition. Visual impairment may be corrected or improved by an assistive aid, medication or surgery.

The following table lists four visual impairment conditions; describes some of the main impacts of these conditions; and describes the impact of the conditions on the person’s capacity to take part in activities.

<table>
<thead>
<tr>
<th>Visual impairment condition</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Macular degeneration</td>
<td>Macular degeneration is more common in older people. It occurs when there is deterioration of the central part (macular) of the retina.</td>
<td>A person with macular degeneration may experience:</td>
<td>A person with macular degeneration is likely to face limitations including:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Loss of vision in the centre of the field of vision; however usually enough peripheral vision remains to allow the person to carry out basic daily living activities.</td>
<td>• Difficulty seeing or recognising faces.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Difficulty reading.</td>
</tr>
</tbody>
</table>
## Visual impairment

<table>
<thead>
<tr>
<th>Visual impairment condition</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Cataract</td>
<td>A gradual clouding of the eye’s lens. As a result, light does not pass through the lens well to the retina, so vision is affected.</td>
<td>• In the early stages, if the cloudiness only affects a small portion of the lens, cataracts may not cause vision problems. • Vision can deteriorate rapidly. • Vision becomes blurry, so people have difficulty seeing distant details, need more light for close work, and their eyes tire easily when reading.</td>
<td>A person with a cataract is likely to face limitations including: • Loss of clear vision. • Tiredness when reading. • Limited long distance vision. • The requirement for extra lighting for any close work.</td>
</tr>
<tr>
<td>3. Glaucoma</td>
<td>Glaucoma occurs more often in older people. The pressure of the fluid in the eye becomes too high. Eye pressure is created by the aqueous humour, which normally drains into the back chamber of the eye. This can become blocked, raising the pressure in the eye which then damages the retina. If diagnosed early, glaucoma can be treated. Left untreated, it can ruin the optic nerve and lead to blindness.</td>
<td>A person with glaucoma may experience loss of visual field.</td>
<td>If untreated, vision loss can lead to the level where the person is recognised as legally blind.</td>
</tr>
<tr>
<td>4. Diabetic retinopathy</td>
<td>Diabetic retinopathy results from years of elevated blood sugar levels. Fluid leaks out of diseased blood vessels of the eye into the retina, or bleeds into the vitreous cavity.</td>
<td>Blood seeps into the vitreous humour, obscuring vision.</td>
<td>Vision becomes blurred and indistinct.</td>
</tr>
</tbody>
</table>
Think about either someone you support or someone you know who experiences a visual impairment. You can include visual impairments other than the four conditions listed in the preceding table.

You will need to research in greater depth the conditions that you are going to use for the assessment of Unit Standard 5789.

In the box below, write the person’s identified visual impairment. Then describe how it affects the person’s abilities to carry out daily routines, work or leisure activities.

**Identified visual impairment:**

**The impact of this condition on the person’s abilities to carry out daily routines, work or leisure activities:**
The circulatory system is made up of the vessels and muscles that control the flow of blood around the body. The circulatory system transports nutrients, water and oxygen to cells throughout the body.

Blood leaves the heart from the left ventricle and goes into the aorta – the largest artery in the body. The blood leaving the aorta carries oxygen round the body through the system of arteries into the smallest arterioles. On its way back to the heart, the blood travels through a system of veins. When it reaches the lungs, carbon dioxide is removed from the blood and replaced with fresh oxygen that we have inhaled through the lungs.

Abnormalities of the circulatory system heighten cardiovascular risk of stroke and heart attack.
The following table lists one circulatory condition, namely: hypertension; describes some of the main impacts of hypertension; and describes the impact of hypertension on the person’s capacity to take part in activities.

<table>
<thead>
<tr>
<th>Circulatory condition</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
</table>
| Hypertension          | Everyone’s blood is under pressure – otherwise it wouldn’t circulate around the body. If blood pressure is too high (hypertension), it damages the walls of the arteries, increasing the risk of coronary heart disease, heart failure, stroke, bleeding or detachment of the retina, and kidney failure. Some contributing factors are: being overweight, high levels of sodium (salt) in the diet, stress and alcohol. | • The higher the blood pressure, the greater the risk factor.  
• Usually high blood pressure does not have recognisable symptoms. The level must be measured by a health professional before hypertension can be diagnosed. | Long-term hypertension has an impact on many areas and functions of the body. You must get up-to-date information about the health status of people affected by hypertension before engaging them in a programme of activity. |
Think about either someone you support or someone you know who has a circulatory condition. You can include a condition other than hypertension that is listed in the preceding table.

You will need to research in greater depth the conditions that you are going to use for the assessment of Unit Standard 5789.

In the box below, write the person’s identified circulatory condition. Then describe how it affects the person’s abilities to carry out daily routines, work or leisure activities.

Identified circulatory condition:

The impact of this condition on the person’s abilities to carry out daily routines, work or leisure activities:
Our heart is a small pump sitting in the centre of the chest under the sternum and rib cage. It circulates blood around the body, through the circulatory system.

The following table lists two cardiac conditions; describes some of the main impacts of these conditions; and describes the impact of the conditions on the person’s capacity to take part in activities.

<table>
<thead>
<tr>
<th>Cardiac condition</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
</table>
| 1. Coronary artery disease (atherosclerosis) | Arteries become hardened and blocked, starving the heart muscles of much needed oxygen. This is a progressive disease. Fat builds up on the artery wall, attracting calcium. Fibrous tissue forms what is called "plaque", building up undetected over many years. The earlier this condition is detected, the easier it is to control. | • A person with coronary artery disease may experience:  
• Chest pain when participating in physical activity, eg running to get out of the rain, mowing the lawn.  
• A feeling of tightness or heaviness in the upper body, which may radiate to neck and left upper arm. | It is important to have up-to-date information about the health status of people with cardiac conditions before engaging them in a programme of activity. |
| 2. Angina                             | A condition where insufficient blood gets to the heart muscle.                | A person with angina may experience chest pain or discomfort on exertion, when under stress, or when breathing in cold air, eg in winter. | • A person with angina may be reluctant to participate in physical activities from fear of triggering an angina attack.  
• Outdoor activities on a cool or windy day may trigger an angina episode. |
Think about either someone you support or someone you know who has a cardiac condition. You can include cardiac conditions other than the two conditions listed in the preceding table.

You will need to research in greater depth the conditions that you are going to use for the assessment of Unit Standard 5789.

Identified cardiac condition:

The impact of this condition on the person’s abilities to carry out daily routines, work or leisure activities:
The pancreas produces hormones that are released into the bloodstream. The most important of these hormones is insulin.

Diabetes is caused by a shortage of insulin. Without insulin, the body cannot make full use of the food that has been eaten or store the surplus glucose, which instead builds up in the bloodstream.

Another hormone produced by the pancreas is glucagon, which has the opposite action to insulin and can be used to correct the insulin imbalance.
The following table lists two diabetic conditions; describes some of the main impacts of these conditions; and describes the impact of the conditions on the person’s capacity to take part in activities.

<table>
<thead>
<tr>
<th>Diabetic condition</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Hypoglycemia: low blood sugar</strong></td>
<td>Blood sugar can sometimes drop to very low levels (below four) in people who take certain types of tablets or insulin for their condition. Being in this state is called having a “hypo”, which can make people pass out if not treated quickly. Some people get warning signs before a hypo and others do not.</td>
<td>A person experiencing hypoglycemia may:</td>
<td>• There needs to be consideration around timeframes for food intake: the need for food at correct intervals.</td>
</tr>
<tr>
<td></td>
<td>• Feel dizzy, weak and trembling.</td>
<td>• Have blurry vision.</td>
<td>• A strict diet may need to be maintained.</td>
</tr>
<tr>
<td></td>
<td>• Have pale and sweaty skin.</td>
<td>• Have a thumping heart.</td>
<td>• It may be necessary to carry an emergency supply of quickly absorbed glucose to treat a hypo.</td>
</tr>
<tr>
<td></td>
<td>• Experience hunger, headache, or pins and needles in the lips and tongue.</td>
<td>• Feel confused or anxious.</td>
<td></td>
</tr>
<tr>
<td><strong>2. Hyperglycemia: high blood sugar</strong></td>
<td>Sometimes the blood sugar level rises above normal (above eight). This may be due to eating sugary foods, forgetting to take medications, missing an insulin injection, being sick or having an infection or a fever. High blood sugar if not managed can be dangerous.</td>
<td>A person experiencing hyperglycemia may:</td>
<td>A person with hyperglycemia is likely to face limitations including:</td>
</tr>
<tr>
<td></td>
<td>• Be very thirsty.</td>
<td>• Pass a lot of urine.</td>
<td>• The need to go to the toilet a number of times during an activity.</td>
</tr>
<tr>
<td></td>
<td>• Feel very tired.</td>
<td>• Feel very tired.</td>
<td>• Feelings of tiredness and fatigue.</td>
</tr>
<tr>
<td></td>
<td>• Be prone to infections, or experience infections that do not heal.</td>
<td>• Be prone to infections, or experience infections that do not heal.</td>
<td>• Cuts and scratches from everyday activities such as gardening or crafts which will need to be treated and documented as the risk of infection is high.</td>
</tr>
</tbody>
</table>
Think about either someone you support or someone you know who has a diabetic condition. You can include diabetic conditions other than the two conditions listed in the preceding table. You will need to research in greater depth the conditions that you are going to use for the assessment of Unit Standard 5789.

<table>
<thead>
<tr>
<th>Identified diabetic condition:</th>
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</thead>
<tbody>
<tr>
<td>The impact of this condition on the person’s abilities to carry out daily routines, work or leisure activities:</td>
</tr>
</tbody>
</table>
Hearing impairment

The ear has three sections: the outer ear, middle ear and inner ear. The outer ear and the middle ear are the conductive functioning parts, and the inner ear is the sensorineural part.

The conductive sections collect and channel all the sounds. From the middle ear, sound travels to the cochlea in the sensorineural inner ear. Special hair cells in the cochlea change the sounds into signals which can then be sent to the brain through the auditory nerve, where the brain interprets what we have heard.
## Hearing impairment

The following table lists three hearing impairment conditions; describes some of the main impacts of these conditions; and describes the impact of the conditions on the person’s capacity to take part in activities.

<table>
<thead>
<tr>
<th>Hearing impairment condition</th>
<th>Description</th>
<th>Impact of the condition</th>
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</tr>
</thead>
</table>
| **1. Conductive hearing loss** | Conductive hearing loss arises from damage to parts of the conductive sections, limiting or distorting the sounds travelling from the outer ear through the middle ear. Conductive hearing loss can be caused by: wax build-up, perforation of the eardrum from injury or infection, glue ear, or abnormal growth of bone. This type of hearing loss can often be overcome by medical treatment. | Hearing aids improve this condition by increasing the volume of sound entering the inner ear. | A person with conductive hearing loss is likely to face limitations including:  
• The need for visual instructions.  
• The need to face the person speaking to them.  
• The inability to hear someone talking or calling to them from behind.  
• The circumstance that hearing aids magnify all noise as well as speech.  
• The circumstance that hearing aids take time to adjust to.  
• The circumstance that hearing aids do not help in noisy crowded situations. |
## Hearing impairment

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| 2. Sensorineural hearing loss | Any damage to the inner ear is usually permanent as the hair cells of the cochlea cannot be replaced. This type of hearing loss is not easy to correct. There are many causes of sensorineural hearing loss, including: viral or bacterial infection, congenital or hereditary factors, tumours (rare), head injury, vascular accident. | • If the hearing loss has occurred before birth or in the first months of life (pre-lingual deafness), children’s normal language responses and speech will not develop, as they cannot hear the speech of people talking to them. Most people in this group use sign language as their main method of communication.  
• If the hearing loss has occurred after speech has developed, (post-lingual), eg from an accident, speech will remain. However hearing aids will not always help this type of hearing loss. | A person with sensorineural hearing loss is likely to face limitations including:  
• Pre-lingual:  
  • Communication only by sign language.  
  • Disengagement from much of the social activity in the community.  
Post-lingual:  
• Need to use lip reading.  
• Speech can be very soft or too loud because the speaker cannot hear its volume.  
• A feeling of isolation in groups or social activities. |
## Hearing impairment

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>3. Tinnitus</td>
<td>The cochlea in the inner ear is disrupted from its usual function and generates a stream of irregular or abnormal signals. Causes of tinnitus are not clear. It does not lead to hearing loss or become worse with time. Tinnitus is more prevalent in people over 45. It can rarely be cured, but over time people adapt and learn to live with it.</td>
<td>• The irregular or abnormal signals generated by the cochlea are often very high pitched buzzing or humming sounds and/or a range of ringing sounds. • Maskers or white noise generators help reduce the impact of the tinnitus sounds by producing a pleasant non-invasive sound to distract the person or mask out the sound. • Tinnitus seems worse when a person is in a quiet bedroom preparing to sleep. A pillow speaker playing a sound masking tape can help the person fall asleep without disturbing others in the room.</td>
<td>A person with tinnitus is likely to face limitations including: • (In severe cases), difficulty in concentrating. • Increased irritability. • Sleep disturbance leading to tiredness and fatigue in the day. • The need to use a portable white noise masking player during activities.</td>
</tr>
</tbody>
</table>
Think about either someone you support or someone you know who has a hearing impairment. You can include hearing impairments other than the three conditions listed in the preceding table.

You will need to research in greater depth the conditions that you are going to use for the assessment of Unit Standard 5789.

In the box below, write the person’s identified hearing impairment. Then describe how it affects the person’s abilities to carry out daily routines, work or leisure activities.

Identified hearing impairment:

The impact of this condition on the person’s abilities to carry out daily routines, work or leisure activities:
Brain cells need a steady supply of nutrients to remain healthy and repair themselves. They also need to be able to communicate with each other. Dementia results from failing brain functions. It can cause profound changes in a person’s personality and abilities.

The following table lists four dementia conditions; describes some of the main impacts of these conditions; and describes the impact of the conditions on the person’s capacity to take part in activities.

<table>
<thead>
<tr>
<th>Dementia condition</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
</table>
| Multi-infarct dementia (MID)           | MID results from a haemorrhage of cerebral blood vessels, usually repeated small strokes. Also known as vascular dementia, it is more prevalent in men than women, and the likelihood increases with age. | A person with MID may experience:  
  • Cognitive impairment.  
  • Memory loss, but with better recall than most people with Alzheimer’s disease.  
  • Repetitive behaviour patterns.  
  • Changes to coordination and speech.  
  • Problems with orientation and attention span. | A person with MID is likely to face limitations including:  
  • Tearfulness.  
  • Restlessness.  
  • Withdrawal from former enjoyed activities.  
  • Poor coordination.  
  • Changes in speech patterns and effectiveness of communication. |
# Dementia

<table>
<thead>
<tr>
<th>Dementia condition</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
</table>
| Alzheimer’s disease | Alzheimer’s disease is a progressive condition in which brain cells fail and die. Plaques develop which interfere with the normal transmission of nerve impulses in the brain. Tangles develop within the brain cells destroying the cells from inside. This process not only disrupts the ability of cells to communicate with one another, but eventually causes them to “starve” to death as vital nutrients cease to be distributed through the entire cell. The condition may start with forgetfulness which steadily becomes worse until it begins to interfere with daily life and the independence of the person. | As the condition progresses people are likely to:  
• Forget important events.  
• Get lost in familiar surroundings.  
• Experience personality changes.  
• Lose skills and abilities.  
• Have difficulty word finding or naming objects.  
• Become confused and unable to make decisions.  
• Experience agitation and restlessness.  
• Be unable to recognise family members, and lose social skills.  
• Be unable to initiate a task. | A person with Alzheimer’s disease is likely to face limitations including:  
• Inability to follow instructions.  
• Disorientation of time and place.  
• Deteriorating communication skills.  
• Restlessness.  
• Repetitive behaviour patterns.  
• Repetitive sounds or noises.  
• Memory loss.  
• Confusion, anger, agitation or anxiety.  
• Loss of ability to perform self cares. |
## Dementia

<table>
<thead>
<tr>
<th>Dementia condition</th>
<th>Description</th>
<th>Impact of the condition</th>
<th>Impact on activity ability</th>
</tr>
</thead>
</table>
| **Korsakoff’s syndrome** | Korsakoff’s syndrome is a dementia related to severe head injury or to alcohol over-use, as excessive alcohol consumption over a long period of time damages the brain. | A person with Korsakoff’s syndrome may experience:  
  - Long and short-term memory loss. Some information is only stored for a few moments before it is permanently lost.  
  - Loss of social behaviour inhibitors.  
  - Loss of comprehension, and difficulty following instructions.  
  - The inability to problem-solve.  
  - Limited ability to carry out self cares, including poor diet, missed or inappropriate meals. | A person with Korsakoff’s syndrome is likely to face limitations including:  
  - Memory loss.  
  - Making up real sounding stories to cover memory loss.  
  - Difficulty recalling names so employs a range of greetings or statements to cover this loss.  
  - The need for verbal prompts in steps to carry out a task.  
  - Loss of insight of his/her behaviour patterns.  
  - Socially inappropriate behaviour. |
| **Lewy body dementia**  | Lewy body dementia is an abnormality of the brain whereby Lewy bodies are able to spread throughout the brain. Lewy bodies are deposits found in the brain which contain damaged nerve cells. | Depression is common in people with Lewy body dementia. In addition to the symptoms of Alzheimer’s disease, visual hallucinations, stiffness, poor balance and becoming a falls risk can occur. | A person with Lewy body dementia is likely to face limitations including:  
  - Confusion.  
  - Memory loss.  
  - Deteriorating communication skills.  
  - Agitation, anxiety or anger.  
  - Loss of ability to perform self cares.  
  - Repetitive behaviour patterns.  
  - Increased risk of falling. |
Think about either someone you support or someone you know who has a dementia condition. You can include dementia conditions other than the four conditions listed in the preceding table.

Identified dementia condition:

The impact of this condition on the person’s abilities to carry out daily routines, work or leisure activities:
Adaptation to diversional therapy activities and environment

There are many ways in which a diversional therapy activity or the activity environment can be adapted. The adaptations that you may choose to make will depend on the health conditions of the people you are planning the activity for, and any participation problems they may experience which you are planning to overcome.

Here are some ways that the environment can be adapted to assist people who are experiencing the impact of recognised health conditions, in order to maximise their participation in the chosen activity. There are many more types of adaptation possible.

Adaptations to the environment

Size of the activity environment

A small, less threatening activity area may be beneficial to people who:

- Are easily distracted
- Are restless, anxious or confused
- Have a hearing impairment
- Have a visual impairment

Benefits of a smaller activity environment are:

- More personal contact or help from the diversional therapist.
- A quieter environment that is less stressful for an anxious or confused person.

Also, in a smaller activity environment:

- People with a hearing impairment can focus on the person speaking and follow a conversation or instruction more easily.
- People with a visual impairment can be seated close to the activity to enhance their field of vision or receive prompts or assistance from the diversional therapist.

There is a significant amount of information in the workbook for Unit Standard 5786 about developing, implementing, evaluating and adapting personal diversional therapy care plans. There are also blank sample forms that you may find useful as you work through this workbook, including a diversional therapy care plan form and a consent form for people participating in the activities for your assessment. Please refer closely to this information.
Adaptation to diversional therapy activities and environment

Seating options and benefits

Sitting in a chair with a higher seat and with arms will:

- Assist someone to self-mobilise.
- Reduce the risk of over-stretching and a possible fall.
- Provide somewhere for people to rest their arms and assist control of arm tremor.
- Enable people to gain a relaxed leg position from the higher seat, and reduce the possibility of leg tremor or spasms.

Chairs with an adjustable angle for the position of the back of the chair will also assist people with respiratory or cardiac conditions to sit upright, making their breathing easier and/or reducing chest pain and discomfort.

Use of light

- Closing curtains and/or providing participants with sunglasses will benefit people who experience problems with glare or bright light, for example someone with multiple sclerosis.
- Covering shiny work surfaces with a cloth so they do not reflect the glare will assist people with visual impairment or multiple sclerosis to participate fully in an activity.
- Focusing a portable lamp on the activity materials or maximising natural light will assist people with visual impairment to participate independently in the activity.
Adaptation to diversional therapy activities and environment

Enhancing sound in the activity environment
Choosing a site for the activity away from noisy areas such as the main lounge, offices or food preparation areas will reduce background noise and enhance the participation of people who experience:
- Hearing loss
- Tinnitus
- Confusion
- Anxiety
- A short attention span, and who are easily distracted
Choosing an environment with good acoustics or one with a loop sound system will benefit people with a hearing impairment, and also those with visual impairment (ensures that they receive the information they need to participate).

Access to the activity environment
Running the activity close to where people spend most of their leisure time reduces the distance that people must travel to take part in the activity. This will benefit people who:
- Have reduced independent mobility
- Have difficulty initiating walking (as with Parkinson’s disease)
- Have a history of falls
- Fatigue quickly
- Are disorientated or at risk of wandering
- Experience confusion or anxiety (because they remain in a familiar environment)

Remember, there are many more types of adaptation possible than the suggestions listed here. It’s up to you to get thinking!
Adaptation to diversional therapy activities and environment

Adaptations to the activity
Timeframe
There are many ways in which the timeframe of an activity can be adapted to benefit the people participating. Dividing the activity into several smaller sessions will benefit people who may:

- Tire or fatigue quickly
- Experience pain
- Have difficulty breathing
- Have a reduced attention span
- Become restless
- Have a reduced activity tolerance
- Experience hearing or vision impairment

Changing the time of day that the activity is presented will benefit people who may:

- Experience morning pain and stiffness (arthritic conditions)
- Have disturbed sleep patterns
- Be fatigued by daily care routines
- Become restless in the early evening (dementias)
- Require rest in the early afternoon (some people affected by Parkinson’s disease and multiple sclerosis)

Equipment
Often small changes to equipment and resources will make an activity achievable and more enjoyable for a person. Possible changes to equipment and resource include:

- Reducing the weight of equipment, eg playing indoor bowls with lightweight bowls or small carpet bowls will benefit people affected by: stroke, arthritic conditions, Parkinson’s disease or multiple sclerosis.
- Playing indoor bowls from a seated position with the bowls in a bucket or basket on small table beside the player will benefit people who have: poor balance, limited activity tolerance, reduced range of movement or upper limb pain or stiffness.
- Changing the colour of the bowls with a bright sticker on the side will benefit people with vision impairment.
- Building up the handle of a paintbrush or other tool with plastic foam will assist people with reduced hand function, pain or tremor from stroke, Parkinson’s disease, arthritic conditions, multiple sclerosis or diabetic conditions.

Caption: This person wears a purpose-made belt with holes designed to steady the knitting needles.
Adaptation to diversional therapy activities and environment

- Ensuring that the resources and equipment are a contrasting colour to the work surface of the activity will benefit people with a visual impairment.
- Enlarging printed material (instructions, recipes, game rules etc) on the photocopier will enable people with a visual impairment to participate.
- Breaking an activity down into simple steps will benefit a person who: has poor memory (dementias), experiences confusion or is easily distracted, has reduced activity tolerance due to pain or stiffness, or is restless or anxious.
- Pre-preparing materials, for example cutting out the fiddly bits or difficult shapes ready for the person to use, will benefit people with poor fine motor skills.
- Preparing a cognitive activity so it can be engaged in at different levels (easy, medium, hard versions) will benefit people who enjoy the challenge of a quiz or puzzle without drawing attention to the cognitive changes they have experienced: dementias, depression, anxiety, stroke or neurological conditions.
- Positioning the equipment and resources for ease of access, visibility and use will benefit people with macular degeneration, cataracts, heminopia due to stroke, reduced range of movement, tremor or pain.
- Instructions written as a sequence of prompt cards will benefit people with: cognitive impairment, poor memory, hearing impairments, reduced concentration levels, or who work at a slower pace than other participants in the activity.
- Instructions drawn on prompt cards will benefit people with: dementias, vision impairments, blurred vision (MS).
- Adapting the activity to provide people with a role or responsibility, using one of their skills within the activity, will: raise the self esteem and confidence of most people, and enhance their enjoyment of activity participation.
Contraindications

There are some situations where not carrying out an activity or an adaptation of an activity is the best choice for the person’s wellbeing. For example:

- When participation causes the person to experience increased pain, discomfort, confusion, agitation or anxiety.
- The person’s tremor increases to a level where hand and arm movements cannot be controlled, so participation has become unpleasant.
- When some part of the activity triggers the person to respond with outbursts of anger. (Remember to document what triggered this behaviour.)
- When someone becomes out of breathe from physical activity. (In this case, stop the activity, seat the person, monitor the person’s recovery, and document what has occurred.)
- When the person has become distracted and restless.

When you have stopped the activity for any of the above reasons, always record the following details in the person’s care plan:

1. Why the activity was stopped.
2. What impact the activity was having on the person.
3. What triggered the person’s adverse health or behaviour reaction – the reason or trigger may have come from another source, not the actual activity itself.

When the person’s adverse health or behaviour reaction has been resolved – which may be later in the day or quite some time later – discuss with the person if he or she would still like to participate in the adapted activity, and plan a time for this activity to take place.
Evaluating the adaptations

Consider and record the following points when writing an activity evaluation, and when evaluating an adaptation to an activity or to an environment.

- Did the adaptation to the activity make it easier for the person to take part?
- How did the person benefit from the adaptations made to this activity?
- Did the person appear to enjoy the adapted activity?
- What was the person’s verbal feedback about the changes (adaptations) you made to this activity to enhance participation?
- Did the adapted activities undertaken still match the person’s preferences and personal choices?
- Did the adapted activity respect the person’s individuality?
- Did the person require more or less assistance than you expected?
- Was the time allowed for this activity sufficient?
- Were the adaptations to the environment suitable?
- Was the adapted equipment or resources suitable for the purpose of the activity?
- How did the adaptations improve the activity?
- What went really well in this adapted activity?
- What didn’t go so well in this adapted activity?
- What changes would you recommend when running this activity in the future?

Record all of these evaluation results in the person’s diversional therapy care plan or service delivery plan for future reference when you are planning to re-run this or a similar activity.
As explained at the beginning of this workbook, you are expected to complete some self-directed research and learning to complement the teaching material provided in this workbook.

The following books were available from community public libraries at the time this workbook was printed. If your nearest library does not have the particular book you want, you can ask the library to source a copy from the interlibrary exchange service. It is not compulsory to use these recommended books. Your workplace may have a range of reference books that you could use, and your library will have other books on the topics that you may also find useful.

<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
<th>Publishing details</th>
</tr>
</thead>
<tbody>
<tr>
<td>The arthritis helpbook</td>
<td>Kate Lorig and James F Fries</td>
<td>Cambridge, Mass.: Da Capo Lifelong, 2006</td>
</tr>
<tr>
<td>The bipolar handbook</td>
<td>Wes Burgess</td>
<td>New York: Avery, 2006</td>
</tr>
</tbody>
</table>
### Booklist

<table>
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<tr>
<th>Title</th>
<th>Author</th>
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</thead>
<tbody>
<tr>
<td>families, and helping professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip replacement, care and management</td>
<td>Max C Pfitzner</td>
<td>Eastwood, S. Aust: M Pfitzner, 1991</td>
</tr>
<tr>
<td>Mosby’s medical, nursing, &amp; allied health dictionary</td>
<td>Douglas M. Anderson [Chief lexicographer]</td>
<td>St. Louis, Mo.: Mosby, 2002</td>
</tr>
<tr>
<td>The osteoporosis book</td>
<td>Nancy E Lane</td>
<td>New York: Oxford University, 1999</td>
</tr>
<tr>
<td>recovery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your heart, an owner’s manual</td>
<td>Victor Marks, Monica Lewis and Gerald Lewis</td>
<td>Auckland: Tandem Press, 2002</td>
</tr>
</tbody>
</table>
### Glossary of medical terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aqueous humour</td>
<td>Clear fluid between the cornea and lens which keeps the eye in the correct shape.</td>
</tr>
<tr>
<td>Ataxia</td>
<td>Unsteady and clumsy motion of the limbs or torso from loss of muscle coordination.</td>
</tr>
<tr>
<td>Bradykinesia</td>
<td>Slowness of movement.</td>
</tr>
<tr>
<td>Chiasma</td>
<td>The crossover point where visual messages from the right eye are sent to the left hemisphere of the brain, and messages from the left eye are sent to the right hemisphere of the brain.</td>
</tr>
<tr>
<td>Choroid</td>
<td>In the eye, the layer behind the retina which contains the blood supply to the macular.</td>
</tr>
<tr>
<td>Cochlea</td>
<td>In the sensorineural inner ear. It is a fluid-filled coiled structure containing specialised hair cells. Sends signals to the auditory nerve, which transmits the signal to the brain.</td>
</tr>
<tr>
<td>Cornea</td>
<td>Transparent part at the front of the eye that bends light so that the light focuses on the retina.</td>
</tr>
<tr>
<td>Dysarthria</td>
<td>Speech problems including slurred speech.</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>Problems with swallowing liquids and solid foods.</td>
</tr>
<tr>
<td>Eardrum (tympanic membrane)</td>
<td>A membrane between the outer and middle ear which vibrates as sound passes through it from the ear canal.</td>
</tr>
<tr>
<td>Ear canal</td>
<td>The narrow tube between the pinna and the eardrum.</td>
</tr>
<tr>
<td>Fovea</td>
<td>The fovea is a depression in the macular in the eye where light focuses. It is responsible for our high visual acuity or central vision.</td>
</tr>
</tbody>
</table>
# Glossary of medical terms

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<thead>
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<tr>
<td>Heminopia</td>
<td>A visual field deficit usually the result of a stroke.</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>Weakness or paralysis on one side of the body. Commonly caused by a CVA/stroke.</td>
</tr>
<tr>
<td>Iris</td>
<td>The coloured part of the eye which controls the amount of light into the eye.</td>
</tr>
<tr>
<td>Lens</td>
<td>The lens in the eye is behind the aqueous humour. It changes shape so that distant and close objects can be brought into focus.</td>
</tr>
<tr>
<td>Macular</td>
<td>The central part of the retina in the eye, close to the fovea and optic nerve.</td>
</tr>
<tr>
<td>Malleus, incus and stapes bones (Hammer, anvil and stirrup)</td>
<td>The three smallest bones in the human body, which are in the middle ear in the tympanic cavity, along with the oval and round windows. Here the sound is concentrated for transfer into the inner ear.</td>
</tr>
<tr>
<td>Optic nerve</td>
<td>Transmits the visual messages from the eye to the brain to be interpreted by the brain, so that we know what we are looking at.</td>
</tr>
<tr>
<td>Organ of balance</td>
<td>The semicircular canals in the sensorineural inner ear that control our balance.</td>
</tr>
<tr>
<td>Pinna</td>
<td>The outer section of the ear. The first part of the ear to collect sound for transfer through the auditory system on its journey to the brain.</td>
</tr>
<tr>
<td>Prosthesis</td>
<td>An artificial joint or limb.</td>
</tr>
<tr>
<td>Pupil</td>
<td>The opening in the centre of the iris through which light enters the eye.</td>
</tr>
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### Glossary of medical terms

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<td>Range of movement (ROM)</td>
<td>The range of distance a limb can stretch or rotate to.</td>
</tr>
<tr>
<td>Retina</td>
<td>At the back of the eye. It contains the nerves to communicate objects seen to the brain.</td>
</tr>
<tr>
<td>Sclera</td>
<td>This is the section of the eye known as the white of the eye. It is fibrous and strong</td>
</tr>
<tr>
<td>Spasm</td>
<td>Uncontrolled contraction or cramping of muscles.</td>
</tr>
<tr>
<td>Substantia nigra</td>
<td>A small part of the brain that produces dopamine, which is needed to keep the body’s motor system running smoothly.</td>
</tr>
<tr>
<td>Total knee arthroplasty (TKA)</td>
<td>Total knee joint replacement.</td>
</tr>
<tr>
<td>Tremor</td>
<td>Uncontrolled shaking or movement of muscles.</td>
</tr>
<tr>
<td>Vascular</td>
<td>System of blood vessels</td>
</tr>
<tr>
<td>Vitreous humour</td>
<td>A clear gel which fills the back cavity of the eye and protects the retina.</td>
</tr>
</tbody>
</table>
Do you agree with your initial thoughts and ideas?

yes
no

If yes, do you have anything you would like to add?

If no, what would you change?
You have come to the end of the workbook for:

Identify, implement, evaluate, and adapt diversional therapy activities for people with identified health conditions.

Now you have finished this workbook you will have learned more about:

- Identifying and understanding health conditions.
- Implementing diversional therapy activities for people with identified health conditions.
- Evaluating and adapting diversional therapy goals and activities for people with identified health conditions.

Check the following:

☐ Please check over all the activities to make sure you have completed them.

☐ Complete the trainee assessment portfolio and remember to sign your assessment portfolio in the place provided, verifying that you are the one who has completed all the assessments.

When you have completed the trainee assessment portfolio and have been signed off as competent by your assessor, your assessor will complete a Certificate and give it to you.

If you wish, you could frame it for display or mount it in a record book.
You have now completed

5789 V4 Identify, implement, evaluate, and adapt diversional therapy activities for people with identified health conditions:

part of a Careerforce learning series designed for support workers in a health or disability setting.

Disclaimer: The images contained in these workbooks are visual illustrations only and are not representative of actual events or personal circumstances.