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## **Activities of Daily Living: Tips for the Family Caregiver**

### **Definition**

Activities of daily living (ADLs) are the everyday activities involved in personal care such as feeding, dressing, bathing, moving from a bed to a chair (also called transferring), toileting and walking. Physical or mental disabilities can restrict a person's ability to perform personal ADLs. It is extremely difficult to depend on another person to perform these basic tasks. It can also be difficult for the new caregiver to undertake these tasks for a loved one. When a friend or family member becomes disabled, the inclination of the caregiver is to over-care.

Caregivers will almost always benefit from learning:

- The significance of ADLs in the world of caregiving,
- What type of ADL care is needed in a specific caregiving scenario, and
- How to perform ADL care appropriately to meet the unique needs of your loved one.

### **Significance of ADLs**

"Activities of daily living" is a commonly used term in the health care and professional caregiving world to describe a person's ability to care for him or herself. Often the ability or inability to perform specific ADLs is used as qualifying criteria for special services or programs. For example, services that measure ADLs as a part or all of their eligibility criteria include:

- Adult Day Care Centers
- Assisted Living
- Home Health Agencies
- Nursing Homes and
- Hospice

As a caregiver you should ask the health care professionals in your life to tell you how they use ADLs to determine eligibility for services or to make a plan of care.

## **Types of Care**

In evaluating an individual, a plan of care must be developed that allows for meeting both the physical and psychosocial needs of the care recipient. There are two types of goals associated with a plan of care: *rehabilitative* and *habilitative*.

If the inability to provide self-care is the result of a health crisis such as a stroke, the care recipient may be totally dependent and require assistance with all ADLs. However, this dependence may be temporary and there may be an excellent prognosis for full or partial recovery. In such cases, the plan of care is *rehabilitative* with the goal of restoring independence.

Some diseases, such as dementia of the Alzheimer's type, cause a gradual loss of the ability to provide self-care. The plan of care in such cases is then *habilitative* with the goal of helping the person to function at their highest level.

## **Caregiver Tips for ADL Care**

Evaluate the severity of the condition and develop a plan. It is difficult to predict the long-term effects of an event such as a stroke or of Alzheimer's disease. The first decision to be made is: Who is the caregiver? Families may be unable to provide the needed care. With the guidance of the health care professionals families must answer this question. Next, they must be educated about what care is needed and how to provide it. Families need this information even if they will not be the direct caregiver, as they will be the most important partner of the health care professional.

1. ***Help only when help is necessary.*** This often presents the greatest challenge. We all have been conditioned to see people who are unable to care for themselves as sick. We confine them to bed and do for them what they can in fact do for themselves. While acceptable in early life, this type of care can be the death knell for an older person. Even short periods of confinement can result in serious muscle loss and weakness.
2. ***Break big tasks into smaller tasks.*** If the plan is rehabilitative, as with a stroke, the care recipient may be overwhelmed by the inability to perform simple tasks. Depression, fear and humiliation are major obstacles. If tasks are

too complex, the care recipient may feel frustrated and defeated. If the care is habilitative, as with dementia, the care recipient may have permanently lost the ability to complete complicated tasks. Presenting the care recipient with such tasks can result in angry, even violent outbursts that can result in injury to the caregiver.

3. **Encourage movement and exercises.** This is essential in rehabilitative and habilitative care. Mobility increases independence and decreases complications due to inactivity. Exercises that put the major muscle groups through the full range of motion (ROM) must be encouraged. If the care recipient is unable to do ROM exercises independently, then these must be done passively. This means that the caregiver moves the affected limb through the ROM. It is important to remember that even the smallest efforts, if done consistently, will lead to greater independence. Complications of immobility include muscle wasting, pneumonia, constipation, edema (swelling), pressure ulcers, urinary problems, osteoporosis, and blood clots.
4. **Provide training as needed.** Regaining lost abilities or learning new ways of doing things is never easy. Caregivers must first learn what to do and how to do it. Then they must teach their care recipient. It may be easier and quicker for the caregiver to perform the task, but this temptation must be resisted. Over caring for someone can result in severe, even permanent physical and psychological harm. Even though someone may not be able to bathe their own body completely - a wash cloth and encouragement can go a long way to maintaining dignity and some sense of control. Being able to accomplish bathing his or her own face can be a major triumph for a person recovering from a stroke.
5. **Encourage the use of assistive devices.** Mobility aids include wheelchairs, canes and crutches and walkers. Sensory assistive devices include: vision aids, hearing aids and dentures. Other assistive devices include everything from uniquely designed eating utensils, to special devices that facilitate enjoyment of hobbies such as reading, playing music and gardening. These devices encourage independence. Physical Therapists and Occupational Therapists are specially trained health professionals who can teach care recipients and caregivers about these devices and how to use them correctly.
6. **Recognize the need for dignity.** Care must be provided in a manner that preserves dignity. The humiliation of losing the ability to self-toilet can be worsened by insensitive care. Closing doors, avoiding excessive exposure, allowing choice and participation in care is essential. Frequent clothing changes

for people who are incontinent is critical. Daily shaves, frequent manicures, and regular visits to the hairdresser can also contribute to the care recipient's sense of well being. Encouraging independence is important, as is knowing how to intervene when the care recipient's attempts at self-care are inadequate.

7. **Recognize changes in skin condition.** The skin is the largest organ of the human body and the condition of the skin is a barometer of health. Dry skin is a normal part of aging. Keeping the skin clean (using oil-based cleansers) and well lubricated is especially important for the care recipient who has lost mobility. Caregivers must assist the care recipient with frequent position changes if the care recipient is unable to do so independently. Skin should be examined regularly for signs of pressure, especially on the bony parts of the body. If pressure is not relieved, bedsores (pressure ulcers) can form. If left untreated these ulcers can penetrate through the skin, into the muscle and bone. Pressure ulcers are extremely painful and often require surgical repair.
8. **Monitor nutrition closely.** Eating a well-balanced diet is especially important for people who are very ill. Two common, serious hindrances to good nutrition are difficulty swallowing and problems with chewing. Food may need to be pureed and liquids thickened to facilitate swallowing and to prevent choking. Care recipients with dementia may have a greater caloric need. Serving six small meals is often preferable to the traditional three meals per day. Also, speak with your health care professional about the benefits of a nutritional supplement.
9. **Provide for psychosocial needs.** Care recipients who are ill or disabled have an increased need for acceptance from family, friends and care providers. Entertainment and social interaction are essential to all of us; especially if we are recovering from an illness or living with a deteriorating health condition. Caregivers should observe closely for signs of withdrawal and isolation. Care recipients with dementia often benefit from activities such as music and reminiscence therapy. Reminiscence therapy is remembering the past by looking at pictures or talking about different events.

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