

focus on

Serious Injury Care

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Games help even the score against the effects of brain injury

A brain injury can have a devastating impact on a person's life, affecting both physical and cognitive abilities. Skills and tasks that were once easy, including activities of daily living and reading, understanding and remembering information, are suddenly overwhelming.

Every day, we do hundreds of activities – they are part of our routine and we rarely think about them. But when people lose the ability to do these “occupations,” this can have a serious impact on their well-being, including physical and emotional health.

Rehabilitation therapy can help people regain some or all of their abilities. “The first two years after the injury are when the most gains are made,” says Frank Diperdomenico, a social worker and case manager with FJD Disability Management Consulting in Windsor, Ont. “Therapy should be put in place early to minimize the long-term cost.”

Rehabilitation re-trains the mind and body so that people can become as independent as much as possible. “The majority of injuries occur in the frontal lobe, which affects higher reasoning, such as math skills,” says Diperdomenico. “The overall goal is to move the client forward and increase the level of functioning and independence.

A multidisciplinary team of professionals – including an occupational therapist, physiotherapist, rehabilitation therapist and social worker – looks at all aspects of a person's rehabilitation, from the physical and cognitive to his or her diet. They coordinate an individualized treatment plan that could include daily physiotherapy and cognitive therapy. The goals are modified as the case moves forward.”

To illustrate the challenges involved, Diperdomenico offers the example of a patient re-learning motor skills, such as moving objects. “It might be natural for you and me, but for someone with a brain injury, you've got to break it down: ‘Here it is, I'm going to roll the ball, and I want you to lift your foot, and move your foot forward.’ It seems simple, but for someone with a brain injury, it may be really daunting to put toothpaste on a toothbrush.”

Occupational therapy helps people regain the skills needed for daily living. Treatment is client-centred rather than diagnosis-specific – the objectives are based on clients' pre-injury life, their individual goals and level of function.

Therapists often use games to help clients re-learn skills such as mathematics, short-term memory and hand-eye coordination. “Games are a very important part of what goes on,” says Diperdomenico.



“Board games that challenge the mind, like *Snakes 'n' Ladders*, where you have to count and move pieces – that's an excellent rehab game. Or *Trouble*, where you're pushing down on the board, looking at the number on the die and counting spaces.”

Patricia Fleet, an occupational therapist based in Windsor uses games when working with brain-injured clients. “Games are a fun, distracting way to work on rehabilitation goals. For example, if I had someone with a major arm injury and I need to transfer him from being right-handed to left-handed, if I told him to squeeze a therapeutic ball for 20 minutes, that's pretty boring. But if I can get him involved in a board game, hobby or craft, he'd prob-

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ably work on the skills for longer without thinking, ‘Oh, yeah, this is therapy.’”

Over the years, Fleet has amassed a collection of familiar and not-so-familiar games. One of her favourites is *Set*, which involves thinking about multiple concepts, such as shape, colour, shading and numbers. She often leaves games at clients’ homes for them to try, and follows up later to see how it went. “I like to look at the physical skills used. Was there standing, reaching or hand skills, such as pinching, grasping, releasing objects or in-hand manipulation? I’ll say, ‘Those movements you did in the game – how are they used in your everyday life? What are the thinking skills you did? How does playing *Scrabble* get you back to your job?’”

It’s important to choose the right game at the right time

It’s important to choose the right game at the right time, Fleet says. “Just playing the game isn’t enough – it has to match up with the client’s interests and long-term goals. It should be challenging but not overwhelming.”

Games are often modified. For example, if a client whose motor skills have been affected has trouble maneuvering game pieces, Fleet replaces them with larger objects. If clients have difficulty with standing, she suggests putting the game at a higher level so they must stand for their turns. “They’re challenged to do some standing without thinking, ‘Now I have to stand.’”

Rehabilitation therapy has also become high-tech – video games are very popular with both therapists and clients. Fleet’s

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current favourite is Nintendo’s *Wii* system. “I think it’s fabulous. It’s very unobtrusive. People don’t see it as therapy until later, when the therapist says, ‘Did you notice how much arm movement you got out of that?’” says Fleet. “People play against others, but work at their own level. For example, for the bowling game, they don’t have the weight of the ball but still have arm movements, hand-eye coordination, memory and focus. And it’s a hoot!”

The length of therapy sessions depends on how long a client can concentrate before they feel mental or physical fatigue. Fleet typically books one-hour appointments at first, gradually increasing to two or three hours as a client’s stamina improves.

Therapy continues between sessions with the help of other health-care professionals, such as registered practical nurses and personal support workers from Bayshore Home Health who have completed extra training in caring for people with brain injuries. Fleet passes along information about skills the clients are working on and challenges she’s identified. “Bayshore staff are essentially therapy assistants,” she says.

Diperdomenico also works with Bayshore on many of his cases involving people with brain injuries. “The staff work directly with the clients, doing one-to-one intervention that’s monitored by an occupational therapist and physiotherapist, and they follow through on plans and recommendations set forth by those professionals,” he explains. “This costs a fraction

of the price of an occupational therapist’s or physiotherapist’s time, which helps keep the medical rehab budget under control.”

Therapy continues with RNs and PSWs

He adds that having Bayshore staff assist with both rehabilitation and personal care greatly benefits clients. “Familiarity is important – we want to minimize the number of people going in and out, because too many can be really disruptive,” Diperdomenico explains. “The fact that Bayshore can do both really helps. It also helps me, as a case manager, to coordinate these services.”

Personal support workers and RPNs can help clients play games that Fleet picks out. On her instructions, they increase or decrease the difficulty level. “I pick up the game at the next session and ask how it went, what the challenges were, and what physical and mental skills the client used,” says Fleet.

She encourages clients, family members and caregivers to be open-minded when it comes to playing games as a form of rehabilitation. “Some games might look childish but require interesting skills – checkers, for example. There’s a lot of strategy – working three steps ahead so the move I make now will set me up in good stead in a couple of moves. We help sort out the steps of the game and what challenges the client is working on.”