Hello!

**Physical and Occupational Therapists Innovate to Provide Care**

Before SteppingStone’s Centers were temporally closed by the COVID-19 pandemic, two of the core activities that happened every day were physical and occupational therapy. Each of the four Centers have a gym where program participants worked with therapists both in groups and one-on-one. In addition to the gym, a variety of therapeutic activities took place ranging from group exercise and dance classes to walking short distances with a therapist. These are core activities of adult day health care and greatly valued by program participants who know their importance and enjoy the activity.

Physical and occupational therapy are complementary, sharing the same goals to
restore function, decrease pain, decrease barriers to function. Physical therapy focuses on improving overall strength, balance and range of motion including gait and standing balance concerns. Occupational therapy focuses on improving the ability to do daily activities of living such as walking, standing, bathing, etc.

This is the challenge now facing SteppingStone’s therapists: How to provide care to clients that urgently need it with the Centers closed and in-home visits or any form of hands-on assistance impossible? Even participants that could go for walks are strongly cautioned by public health authorities to remain in their homes because of the danger of corona virus infection.

“Clients are at increased risk for overall decline during the Shelter-in Place. The majority of clients and their caregivers have reported a functional decline in client mobility. Many complain about the difficulty in maintaining an exercise routine at home and reduced endurance in walking due in part to the limits of home confinement.” Elaine Dong, Physical Therapist Golden Gate Center.

To meet this need SteppingStone’s physical and occupational therapists innovated, creating a series of overlapping activities to provide essential therapies to participants. These include phone calls, doorstep visits and evaluations, mailed therapy instructions, providing equipment that can be used at home, outdoor therapy sessions and online classes via ZOOM.

Each Center has both an Occupational Therapist (OT) and a Physical Therapist (PT) who know their clients well having worked with them for months or years. Upon returning to work in July and August, these clinicians reviewed the notes of their colleagues on the health of their clients and then followed-up to create individual plans of care specific to physical and occupational therapies.

Seeing that most participants needed written instructions for physical therapy at home, Karen Ande, the PT at Presentation Center, created them with illustrations. This was modified for use by all Centers and translated into Chinese, Korean and other languages as needed. The instructions were mailed or delivered to participants along with a TheraBand, a basic exercise tool. Some clients had special needs so individualized therapy instructions were created to help them.

The use and impact of the home physical therapy exercises are monitored in each Center’s daily phone call to clients, however self-reporting is not ideal. Physical and Occupational Therapists often want to see
their clients, to “lay eyes on them” and evaluate their health. This is accomplished through doorstep visits where therapists can see participants even if they do not enter their home. Can they come to the door? Have they lost weight? How does their posture and balance seem? These simple questions inform the therapists about the client’s health and if changes should be made in the care plan.

Both the PTs and OTs can order and recommend equipment or home modifications for clients. This might be for a new walker, hand strengthening equipment, raised toilet seats, vision or hearing magnifiers or other adaptive devices.

Jamie Lew, OT at both Mabini and Presentation Centers, gives an example: “During a zoom video call with a participant we learned that the caregiver was having difficulty helping the client during a shower. We recommended a tub bench, which turned out not to be viable because of the size of the shower, so we recommended that they install a grab bar. We provided pictures and catalogue links. In addition the team social worker offered to help them place an order which can covered under Medi-Cal or paid privately.”

Beyond doorstep visits, some therapists met clients in the hallways outside their homes to watch them exercise or walk a short distance. In this way, personalized instruction can be provided while still maintaining social distancing.

Presentation physical therapist Karen Ande explains. “We asked one couple, both Presentation Center participants, if we could come watch them do some of the exercises from the instructions we had sent. They were ready for us and then brought their chairs out into the hallway. It was a test run to make sure they could do the exercises from the written script. They did great and that was encouraging.”

Because all SteppingStone Centers are located in senior housing complexes staff have been able to take advantage of their courtyards to provide therapy outdoors. All Centers are offering outdoor therapy classes multiple times each week for SteppingStone participants that reside in the building.
These courtyard classes are limited both by where clients live and weather conditions, including the recent smoky air San Francisco has experienced. To reach more clients all Centers are now offering a variety of therapies online, using ZOOM. Most Centers are currently offering multiple classes each week. However, internet access and ZOOM familiarity is limited among SteppingStone participants so classes are starting out small.

Mission Creek Center is further along with ZOOM services offering both physical therapy and counseling. MC’s physical therapist Deirdre O’Brien reports: “Generally I have 8 to 12 participants in each class. Some people are attending every class, some come once a week and some show up as they are able. Some participants are able to get themselves connected and others rely on their caregivers. A few participants needed assistance on a regular basis to get connected, but are gradually getting the hang of it. What is wonderful about Zoom is that not only are they getting distantly supervised regular exercise but also getting to see and say hello their fellow participants- so important for socialization!”

Using these multiple approaches, SteppingStone’s physical and occupational therapists are pushing to deliver care to their clients in difficult circumstances. These innovative activities are being strengthened over time and new ways to deliver therapies explored. The need of SteppingStone participants for this care is clear and the agency’s physical and occupational therapists are responding despite the limitations created by the pandemic.

SteppingStone’s Physical and Occupational Therapists are: Mission Creek Center: Deirdre O’Bryan-PT, Carla Stern-OT; Golden Gate Center: Elaine Dong-PT, Linda Hennessey-OT; Mabini Center: Sarah Jourdin-PT, Jamie Lew-OT; Presentation Center: Karen Ande-PT, Jamie Lew-OT

Photos: (Masthead) Presentation Center physical therapist Karen Ande assists participants with exercises in the hallway of their home during a doorstep visit. (Top) Golden Gate Center physical therapist Elaine Dong (Middle 1) Presentation and Mabini Center occupational therapist Jamie Lew reviewing instructions with a participant’s caregiver during a doorstep visit. (Middle 2) Screen shot of ZOOM class in progress at Presentation Center (Bottom) Mission Creek Center physical therapist Deidre O’Bryan leading ZOOM class.