

RECTH 4310
Recreation Therapy Assessment of an Older Adult

Identifying Data	
Resident name	Ron Williams
Age	93
Gender	Male
Date of Admission to Facility	6/21/2018
Primary Diagnosis (The dx/s that caused the admission of the resident)	Atherosclerotic Heart Disease/Native Coronary Artery
Secondary Diagnoses (Other dx/s that are still active – the person is still experiencing – that are not the primary reason for admission of the resident)	Essential hypertension Gastro reflux disease Anxiety Muscular degeneration Major depressive disorder Hearing loss bilateral Muscle weakness Benign prosthetic hyperplasia
Past medical history (Other dx/s that the resident had in the past that are no longer active)	None noted
Precautions	Feels lonely a lot of the time Hearing loss
Diet	Regular
Medications	Lactaid tablets Aspirin Potassium Losartan Metamucil fiber packet
Education (highest level achieved)	Bachelor's Degree
City & state of residence; characteristics of home & living situation	Salt Lake City, Utah; William E Christoffersens Salt Lake Veteran Nursing Home
Employment status & occupation	Business owner
Social roles/social support	Daughter/son who both visit
Religious and cultural values	LDS
Life habits	No smoking, drinking
Resident goals (what the resident states he/she hopes to achieve)	I want to attend at least 1 social activity every week to get to know the other residents.

	I want to be able to choose what activities I want to go to. I want to keep being able to care for myself the way I do right now. I don't want to have any falls.
Reasons for admission (What is the main reason the person is at your particular facility; e.g., respite, decreased independence in functioning, rehabilitation)	Not able to care for himself alone
Reason for referral to RT (Reason for referral will vary by setting. Even if a formal referral is not made, explain what is hoped to be accomplished through Rec Therapy services for this individual at this facility?)	Loneliness and depression

Functional Skills Assessment Using the facility RT assessment tool, secondary sources (e.g. chart, family, staff, etc.), and/or a standardized RT assessment tool, conduct a functional skills assessment of your resident and list your assessment findings in the chart below. This should be a detailed/comprehensive list and should include strengths as well as limitations.				
Assessment Methods	Assessment Domains	Assessment Findings		Interpretation of Findings
Instructions: <u>What</u> assessment tool/source/method did you utilize (e.g., medical chart review, observation within activity, discussion with a specific team member/team/physician, resident or family interview, standardized assessment tool, etc)? <u>What</u> specifically did you look for/do? <u>Why</u> did you do this (how does it relate to the resident's diagnoses)?	Instructions: The assessment domains you need to consider are listed below. You do not write anything in this column.	Instructions: Report measureable assessment findings. After each finding, indicate the source where you obtained the information using the below codes: (e.g. Hard of Hearing – O,MC; Loneliness – SR; R Hemiparesis – O, MC, P)		Instructions: After reviewing your assessment findings, what preliminary conclusions can you draw from the assessment data? How do you foresee the resident's strengths/weaknesses impacting his/her recreation/leisure engagement, health, and quality of life (RT scope of practice)? *Pay careful attention to when it is appropriate to use absolute (e.g., will) verses flexible (e.g., could, might, may) terms.
		O	Observation	
		MC	Medical Chart	
		T	Standardized Assessment Tool (administered by you)	
		P	Pt hx (anything told you to by the family, other team members, etc.)	
		SR	Self Report (items told you to you by the resident)	

<p>For this assessment, I reviewed the resident's medical chart, interviewed the resident, observed him in activities such as bingo and socials, and discussed his health status and goals with a member of the care team. While I was interviewing the resident, observing him, and discussing his information with professionals, I was focused on gathering all the information I could about the resident, all aspects of his functioning, and his interests that could be used to increase his quality of life throughout his stay at the facility.</p>	Physical functioning	Sufficient. Resident can walk independently and eat with minimal assistance; MC	Resident is able to physically perform with little to no trouble. He can participate in all activities without staff having to adapt. He may be able to go on outings and walk as much as was planned.
	Cognitive functioning	Short term memory impaired is really only concern; MC	Resident should have someone with him during activities to repeat instructions and help to guide him when necessary. He should be a part of discussions where reminders are provided to notify what has been talked about. He may also need cues or prompts from staff during functioning.
	Speech/language/communication functioning	Sufficient. Resident communicates his needs well; P	Resident is able to participate in daily and planned activities where talking is required without difficulty expressing his thoughts and ideas.
	Psychological/emotional functioning	Major depressive disorder, Anxiety; MC	Resident is able and should be participating in most activities to combat MDD. He should receive one-on-one visits also to get time talking to one person.

	Sensory functioning	Hearing: moderately impaired Vision: difficulty with reading small fonts and seeing far away; MC	In activities, Resident should be seated close to the action so he can see and hear what is going on. As far as having to read, handouts with bigger font should be provided.
	Social functioning	Sufficient. He is very friendly and polite with everyone- staff, fellow residents, and visitors. He enjoys social interaction of all kinds and comes to activities for the social interaction that comes with them.	Resident's strength of being social should be capitalized upon. Activities that allow time for visiting and interaction should be a priority for Resident to attend.
	Self-care functioning	Sufficient. He performs most daily activities alone.	Resident is independent for the most part, only needing assistance with fine motor skills such as buttoning/unbuttoning while dressing and writing. He should be encouraged by staff to maintain that level.
	Play/leisure/recreation/community functioning	He attends most activities.; P	Resident should continue to be encouraged by staff to keep attending all activities he wants to.

Leisure Lifestyle Review

Identify leisure interests and activity patterns for your resident. Each activity should be coded as a current, past and/or future interest. Add additional rows if needed.

Current (C), Past (P), & Future (F) interests *List in this order	Activity	How often	With who	Where	Other Notations (possible information to include): 1) Provide other specific notations about the activity that does not fit in the previous columns. 2) Explain the barriers (or foreseeable barriers/challenges) to performing the activity. 3) Explain the facilitators that could enhance the resident's ability to participate in the activity. 4) Explain any reasons to be concerned about the activity (e.g., unhealthy, could cause harm to self or others). 5) Explain reasons (if known) about why past activities are not being done any more. 6) Explain motivation for participating in this activity.
C, P, F	Music- listening to, dancing, singing	As often as possible, whenever there's music	Other residents, staff, family	At activities mainly, when talking about it with others	2. The risk of falling could become a barrier. Also being able to hear the music is sometimes a barrier. 3. The facility should continue to have music programs as activities as they do now. In these programs, ensure that Resident has a seat in the front so he can hear. 4. Staff should watch for instability and tiredness to try to prevent falls. 6. Dancing and singing along to music helps Resident to stay in a positive mood.
C, P, F	Visiting with other people/storytelling	Daily, as often as possible	Other residents, staff, family	At meals, at activities, in the hall when just walking around	2. Resident's difficulty hearing is a barrier to conversation. 3. Resident could wear hearing aids in order to hear who he's visiting better. Staff could encourage him to visit in quiet areas. 6. To prevent feelings of loneliness and isolation.

Major Concerns	
Given your assessment findings, what are two priorities for treatment/service? List one <u>overarching goal</u> area in each box.	Why is this a priority? Explain how it relates to participation in healthy leisure activities (especially those that are meaningful to the resident), as

This is not a specific treatment goal for the resident. It is an area of major concern (e.g. Increase Social Interaction, Cognitive Stimulation, etc.)	well as how it relates to health promotion, rehabilitation, and/or quality of life.
Decrease loneliness/depression.	Participating in activities, interacting with others, and being a part of the community will help to reduce the feelings of loneliness and hopefully combat the symptoms of MDD that resident experiences.
Cognitive Stimulation	Assisting the resident in continually working on his short-term memory will help him to feel more included in happenings and activities as he is able to keep up with what is going on. This will help prevent him from feeling lost and out of it.