### Balance Ideas and Treatment Progression for OT

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### Static Balance

* **In the Bed**- good place for ADLs for low level/ highly complicated patients.
  + Elevate head of bed and allow patients to try and sit unsupported (long sitting). If the patient has a weak core but strong arms, you can use both bedrails to start and have the patient pull up on them to sit up. Then, progress to one bedrail and eventually sitting up without using the any bed rails
  + Can also have the patient long sitting unsupported with the head of the bed elevated and slowly lower the head of the head of the bed so it’s as flat as possible.
  + ADLs: Once patients have demonstrated competence in basic sitting balance at the bed level, you can incorporate simple ADLs to isolate one hand support (combing hair with one hand still on a bed rail) then progressing to performing ADLs without hand support (using both hands to bring shirt overhead).
  + Other: functional reach within and across base of support. Activities- identify patients interests and leisure tasks: writing, card playing, puzzles, board games, crafts, computer or video games, etc.
  + Keep track of sitting time/ position and document to demonstrate progress.
  + Integrate weight shifting and pressure relief techniques- education for skin integrity and healing!
* **Sitting at the Edge of the bed** with feet supported on the floor.
  + Move lines, tubes, drains etc before you move the patient. Keep a blood pressure cuff closeby. Assess vitals throughout.
  + You may put a block or stool under their feet if the patient is short.
  + Progress from both arms supporting, to one arm support, to no arm support. Can do ADLs, grooming, functional reach tasks in base of support, leisure tasks, etc as mentioned before
  + Keep track of sitting time and document to demonstrate progress. After each attempt at standing, encourage the patient to meet the previous amount of time or stand for long as they can!
* **Sitting in a wheelchair** 
  + Sitting with back support from wheelchair vs sitting without back support
    - Engage the patient in an activity that keeps their trunk in midline, such as eating a meal, playing cards, or reading a book. If they start to lean to one side give them a rest break if needed or encourage them to correct their posture. Provide physical assistance as needed. Consider lateral support or roll up towels to support the weak side of trunk and encourage upright/ midline postural control.
  + Document the duration of time that the patient can tolerate sitting, what the position was to demonstrate progress.
  + Can progress to activities that challenge base of support- upper extremity therex, lateral weight shifting and pressure relief education (crucial for skin integrity and healing!)
* **Static standing**
  + Consider assistive device: walker, crutches, cane or no device - collaborate with the Physical Therapist
  + Standing with upper extremity support on countertop at sink for grooming tasks
  + Standing at elevated table for tabletop tasks: games, computer, puzzles, etc
  + Evaluate base of support and progress from a normal base to narrow (feet close together ⇒ then touching), then tandem (one foot in front of the other).
    - If you are narrowing the patients base of support, consider simplifying the activity and adding arm support.
  + Pay attention to the patient's vitals and offer rest breaks as needed. Keep track of standing time and document to demonstrate progress. After each attempt at standing, encourage the patient to meet the previous amount of time or stand for long as they can!

### Dynamic Balance

* Progress in the same way- In the bed with head of bed elevated ⇒ sitting in bed without back support ⇒ edge of bed ⇒ sitting in wheelchair using wheelchair back ⇒ sitting in wheelchair without back support, standing
* Consider level of arm support during task
* Ask your patient what their responsibilities will be at home / after discharge … For example, do they prepare meals or coffee for themselves? Do they make their own bed? Do they shop for groceries? These types of questions help inform you to provide improved quality of care and a relevant treatment plan for your patient
* **Ideas for Initiating Dynamic Balance**
  + Weight shifting
    - If in bed or seated at the edge of the bed, have the patient lean on one elbow, have them try to correct their posture to upright. Then lean on opposite elbow.
    - If standing (supported or unsupported), have the patient shift weight from one leg to the other, back and forth. Next, progress to marching feet in place. Then, reach for items one arm at a time outside base of support.
* **Dynamic reaching** **task Ideas**
  + reaching for ADL / grooming items outside base of support and across midline,
  + reaching for items above and below the patient’s waist or shoulders (I.e. by their feet or overhead), assess patient for safety awareness
* **Progression to Instrumental Activities of Daily Living (IADLs)** as appropriate
  + Start with simple tasks such as wiping a table / windows, or warming a drink in the microwave while seated in a wheelchair
  + Progress to standing higher level tasks like putting clothes away / laundry or standing level meal preparation (making tea, cooking a meal), child care, pet care, etc.
* **Other ideas**
  + Perform exercise with weights in standing
  + Tap a balloon back and forth with patient
  + Badminton
  + Throwing, dribbling, and catching a ball
  + Item retrieval and transport
  + Neurologic Music Therapy
  + Integrate functional cognition: Multiple Errands Test, Kettle Test