



OCCUPATIONAL THERAPY EVALUATION FOR PERSONS WITH DEMENTIA **BY TALINE BOROYAN MS, OTR/L**

Begin Evaluation – Introduction of role of OT in this setting, who you are, and basic outline of the plan for that day (one great way to describe OT is “I am going to help you get back to the activities that “occupy” your day and teach you how to get back to doing the tasks that are most meaningful to you”)

Social History and Prior Level of Function Questions – may need to ask family member due to memory deficits associated with dementia. It is okay to ask the person and confirm with the family later because when you are communicating with the person, you are assessing them.

1. Who do you live with or do you live alone?
2. Do you have supportive people in your life and nearby that can help you?
3. What does your home setup look like? House or apartment, how many stairs do you have to enter your home? Do your stairs have railings? Can you stay on the first floor temporarily?
4. What is the setup of your bathroom? Tub/shower or walk-in shower? Supports next to toilet?
5. What are you able to do on your own and what do you need help with? Including ADLs, IADLs, and mobility. Who helps you?
6. Do you drive?
7. Do you work, and if so, what do you do for work?
8. Do you own any assistive devices or equipment, such as walker, cane, crutches, shower chair, commode?
9. **What does a typical day look like for you?** (this is a great question to ask a person with dementia because you can learn about their daily routine, interests, while also assessing their memory and communication skills. Again, may need input from family/friends for reliable information).

How to Assess Orientation (questions progressively get easier, start difficult and work your way down, unless you already know the person has impaired orientation at baseline can start easier)

Person	Place	Time	Situation
What is your first name?	Where are we right now?	What is today’s date? What day of the week is it?	Why are you here in the



<p>What is your last name?</p> <p>What do you like to be called?</p> <p>Is your name *incorrect name*?</p> <p>Is your name *correct name*?</p>	<p>What is the name of this place?</p> <p>What type of place is this?</p> <p>Look around the room, what type of place does this look like to you?</p> <p>Are we at your house?</p> <p>*Give 2-3 choices.</p>	<p>What year is it?</p> <p>What month is it?</p> <p>How old are you?</p> <p>When is your birthday?</p>	<p>*hospital/rehab/other facility?</p> <p>Do you remember something happening at home?</p> <p>Do you think you are here for *incorrect answer* or *correct answer*? Give 2-3 choices.</p>
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Evaluate:

1. Pain
2. Skin
3. ROM and strength of extremities
4. ADLs and IADLs
5. Mobility
6. Cognition – memory, problem solving, safety awareness, attention, comprehension
7. Sensation
8. Coordination
- 9. Vision – more common to be impaired in elderly population and be missed**
- 10. Hearing – more common to be impaired in elderly population and be missed**

Standardized Assessments¹

1. Milner’s Test (Verbal Fluency Test)
2. Mini-Cog Test (Recall and Clock Draw)
3. Mini-Mental Status Exam
4. St. Louis University Mental Status (SLUMS)
5. Montreal Cognitive Assessment (MOCA)