| POCKET GUIDE FOR HUNTINGTON'S DISEASE OCCUPATIONAL THERAPY REFERRAL | | |
|---|---|---|
| **History and Exam** | **Role of OT** | **Guidelines for Intervention** |
| **Initial diagnosis or gene positive test with potential for decline.** | Provide education<br>regarding the effects of HD on ADL/IADLs, physical and cognitive function at various stages of the disease. | Occupational therapists (OTs) should screen a client for performance factors that may be impeding or have the potential to impede participation in functional tasks.<br><br>OTs should use patient reported outcomes during assessments, when possible, including, but not limited to, the SF-36, Manual Ability Measure and UE Quick DASH. |
| **Activities of Daily Living (ADL)**<br>Complaints related to:<br>● Dressing, bathing, toileting, feeding, etc.<br>● Urinary Incontinence<br>● Sexuality/intimacy<br>● Leisure pursuits<br>● Sleep<br>● Home safety | Evaluate and treat ADL performance deficits and home safety needs to preserve independence and prevent injury. | OT interventions may include adaptation, modification, restoration/ADL re-training, home safety, energy conservation techniques as well as address care-partner strain/burnout.<br><br>May educate on/refer to support groups, resources and/or social work.<br><br>May recommend durable medical/adaptive equipment (safety bars, shower chair, anti slip mats, toilet safety rails, etc.). |
| **Instrumental ADL**<br>Complaints related to:<br>● Working, housekeeping, caring for children/pets, etc.<br>● Driving<br>● Accessing the community | Evaluate and treat IADL performance deficits and desired roles and routines to preserve independence and quality of life. | See intervention recommendations above.<br><br>OTs may discuss driving safety with patients, caregivers, family and friends early on in care. Education on driving safety evaluations and alternative transportation methods may also be discussed. |
| **Physical Function**<br>Complaints including:<br>● Arm/hand weakness<br>● Incoordination<br>● Difficulty with functional mobility<br>● Sensory/regulation changes<br>● Fatigue/poor sleep | Evaluate and treat coordination deficits, balance impairments, and functional mobility/transfers to preserve independence and safety during meaningful activities. | OTs may use standardized assessments including, but not limited to Nine Hole Peg Test, Jebsen-Taylor Hand Function test, Action Research Arm Test, Timed Up and Go, Functional Reach Test.<br><br>OTs may assess fall risk/educate on fall prevention, promote routine exercise engagement, and/or educate on fatigue management and sleep hygiene.<br><br>*Referral to PT may also be beneficial |
| **Cognitive Function**<br>Complaints related to:<br>● Memory<br>● Multi-tasking<br>● Attention<br>● Emotional regulation<br>● Decreased safety awareness/insight | Evaluate and treat cognitive deficits including safety/self-awareness and how they affect performance during daily activities. | OTs may use standardized assessments which may include: St. Louis University Mental Status Examination, Montreal Cognitive Assessment, Mini Mental State Exam, Trail Making Test A/B<br><br>OTs may educate on compensatory strategies, educate and train carepartners on strategies and techniques to assist patients based on their cognitive needs.<br><br>OTs may provide exercises and activities targeting memory, attention and/or problem solving.<br><br>*Referral to speech/psych may also be beneficial |