



Short Communication

Occupational Therapy for Persons with Haemophilia

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ABSTRACT

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Objective: To discuss briefly about the role of Occupational Therapy in rehabilitating people with Haemophilia. **Summary:** Occupational Therapy helps a client in doing their daily routines such as daily living skills, work/academic related skills and leisure pursuits. The rehabilitative approach could be preventive, remedial or adaptive. This article outlines the role of occupational therapy for a client with Haemophilia.

Key words: Haemophilia, occupational therapy, rehabilitation.

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INTRODUCTION

Occupational Therapist uses the term “occupation” to represent activities that individuals need and/or want to do and that are meaningful to them (AIOTA, 2011). A typical day includes Activities of Daily Living (ADL), Work and Leisure.

Role of occupational therapy in haemophilia

- Helps them to maintain, restore or increase their ability to **care for themselves (ADL)**, engage in **work/ school and leisure**.
- Develops individual & group programs for all age groups to be as **independent & functional as possible** in different environments
- Enhances physical and psychological wellbeing.

Approaches used in Occupational Therapy

- Preventive approach
- Remedial approach
- Adaptive approach

Preventive approach: To promote health, prevent onset or increase of problems.

Splints: To prevent & correct contractures & deformities.

- Preventive: support, protect /immobilize joints to allow healing
- Corrective: **correct** the existing deformity through dynamic & progressive splints

Remedial approach: To restore functions

- Activities to improve upper limb strength & range of motion for enabling daily living skills.

Adaptive approach: To use compensatory strategies to enhance functions.

3 types of strategies: Altering task methods, Altering the task objects and environmental modifications.

1. **Altering the task methods:** Method of performing daily activities/task is altered to cope with physical demands using the following techniques.

(a) Energy conservation techniques

- Respect pain
- Rest frequently
- Prioritize activities
- Avoid prolonged static positioning

(b) Work simplification techniques

- Arranging the things within the reach
- Plan ahead
- Simplify the steps of the work that has to be done
- Use efficient methods

(c) Joint protection techniques

- Avoid positions of possible deformity
- Avoid holding joints or using muscles in one position for long time

- Use the strongest joints available
- Do not start an activity you cannot stop
- Use each joints to its mechanical advantage
- Respect pain
- Provide Regular rest periods

2. **Altering the task objects:** Objects that are used for doing the daily activity/ task may be altered to facilitate performance. E.g: use of Assistive & Adaptive devices (Hortensia De la & Carlos Rodriguez C E, 2012)

- a. **Eating:** nonskid mat, scooped plate and adapted glasses
- b. **Bathing:** modified handles, shower seats, long handled sponges, etc.
- c. **Dressing:** Velcro, reachers, long shoehorns
- d. **Functional Mobility:** walkers, canes, crutches, wheelchair.

3. **Environmental modifications:** When the related problems still persist even after altering the task method or task object, environmental modifications are advised to facilitate task performance. E.g. Raised toilet seat, Cut out stool, Grab bars/ handles, Nonskid mat in bathroom and also environmental modifications to prevent falls.

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