

Name: BJ Woolston
OTA 1020-001
Assignment: Job Shadow #1

Introduction

I don't have a specific area that I would prefer to work in right now. I have been working with teenage males for the past eight years in a drug and alcohol setting and would like a change.

Two areas that I feel interested in are pediatrics and late adulthood.

Name of Facility and Description

I found a job shadow at Aspin Ridge Transitional Rehab. I worked with Shondell Gough, a COTA/L. Patients that come to Aspin Ridge are typically around age 50 and up. They have had hospital care and require specific attention.

Practice Area and Practice Setting

The practice area is a short-term residential rehabilitation facility, one week to a few months.

The typical reason for placement at Aspin Ridge is a physical injury such as broken bone, injury from a fall, or a hip replacement. While these are the issues that bring clients in, there are other issues that must be addressed such as psychological, cognitive, and biological concerns.

Description of Client Diagnosis

I was able to shadow during the care of two patients. I will refer to them as "Joe" and "Bob" for clarity purposes. Joe is on his third stay at Aspin Ridge. Each time he arrives because he has had a seizure and fallen at home. He has not received any injuries directly from the falls although each seizure does affect him cognitively. He reports having more and more trouble with reading. Joe does not have a specific diagnosis. His therapy consisted of getting out of bed and conducting ADL's. He could get around a little with a walker, but that was minimal so a wheelchair was needed. Joe was able to, for the most part, get himself on and off the toilet, put his own socks on and off, shower (in a seated stall), and brush his teeth and hair. Hearing was

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difficult and once he put his hearing aids in, communication was much easier. After his ADL's, we took him to get a little exercise before breakfast. He worked on an arm ergometer for fifteen minutes. During his workout Shondell talked with him about finding some ways to be able to read again.

The second client, Bob, has parkinson's. He needs treatment because he fell while getting out of a car and broke his right arm. After getting surgery he was placed at Aspin Ridge. He is very immobile. He needed lots of help sitting up and moving in any direction. He could move his arms well enough to brush his teeth, but that's about it. He needed extensive help bathing, using the restroom, dressing, and combing his hair. He recently had a catheter removed and controlling or sensing the need to go, was very difficult.

Summary Description of Interventions Observed

The majority of interventions focused on ADL's. Joe was mostly capable of taking care of himself. The type of interventions seen could be classified by Vygotsky as scaffolding. Shondell helped Joe complete tasks, but didn't do the work for him. She provided enough support that he could be successful, but allowed him to do as much work as he could. She provided him with lots of verbal encouragement, casual conversation, as well as breaks in-between reminding him to take breaths and breath deep.

Bob needed much more hands on care. He required verbal directions while physically helping him out of bed, into a wheelchair, on the toilet, into the shower, etc. Shondell also had to basically wash Bob. Again, using scaffolding, she didn't do it all. However, Bob was not capable of doing much. She used verbal directions, "lift your left foot", "sit forward for me", and "remember not to use your right arm". The arm was now out of a cast and this was the first time he could shower without a bag over the arm. Shondell talked with nurses to be sure that the

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wound looked ok. One other tool that I noticed for Bob was his eating utensils. Because of parkinson's, his utensils were much heavier than normal to help reduce shaking. He also had a guard around his plate to avoid food from falling off.

Conclusion

I really enjoyed working with this clientele and setting. I liked the sense of teamwork that I noticed between the PT's, OT's, nurses, and doctors. It felt like meaningful work that really seemed to help others. I do understand that some patient's situations are very sad and could be difficult to deal with. However, overall, I definitely feel like I could work in this field.