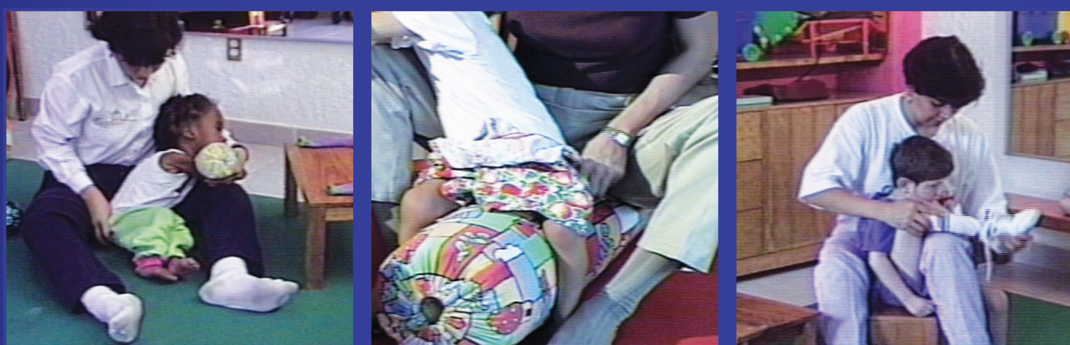
Dressing and Hygiene

AS THERAPEUTIC OBJECTIVES



by Christine A. Nelson, PhD, OTR

clinician's view®

DRESSING and HYGIENE as THERAPEUTIC OBJECTIVES

Presented by Christine A. Nelson, PhD, OTR

Dressing and Hygiene as Therapeutic Objectives

Forward

The ability to dress oneself is closely related to self-esteem, body awareness and independence. Even when physical coordination is severely impaired, the child can enjoy the process and take part in the dressing procedure by choosing the outfit, establishing color preferences and anticipating the event where the outfit will be worn. Learning this complex and variable process increases the richness of life and provides the individual with vocabulary and common experiences that form a basis for social communication.

The dressing process offers important opportunities for learning at various levels. As a daily activity it adds structure to the preparation that one makes to meet with other persons in school, work or other social settings. Appearance is an important aspect of social acceptance and takes on added significance for the person with physical challenges. The matching of colors and identification of size, position and sequence are skills that can be applied to other preschool activities and daily tasks. Midline orientation is an important basis for body perception and leads to the organization of learning at a more formal level as the environment is understood in reference to the self.

Occupational therapists will adapt easily to the use of dressing tasks as part of the "activities of daily living" program that they often manage. New ways of introducing perceptual tasks and sensory experiences are presented. Physical therapists may find in dressing activities an interesting way to increase and/or maintain ranges of limb movement. The ability to hold a posture, or maintain stability in part of the body while moving a limb is practiced on a daily basis. Sitting balance becomes more secure with daily practice in a structured situation. The advantage of incorporating movement tasks into an essential activity is that practice becomes more routine when incorporated into practical self care.

Speech therapists and teachers will find a wealth of vocabulary enrichment in dressing. Vocabulary related to body parts, clothing and movement direction is readily incorporated into the dressing experience. Kinesthetic and sensory information enriches the spoken labels that relate to self and to position in space. Matching, or deliberately mismatching colors, judging sizes and many other tasks will be addressed in this manual for possible incorporation into individual treatment and learning plans. Prepositions and directional terms are integrated kinesthetically while carrying out the appropriate body movement. Anticipation of future events is part of the motivation for clothing change and discussion of completed experiences is added naturally to the conversation.

By joining therapy objectives with daily care, regular practice is more likely and natural psycho-social reinforcers are activated for the individual.

Section I

The Infant Dressing Experience

The newborn infant has his/her position changed for three basic reasons: feeding, cleaning and dressing. The new mother very gently lifts the infant's body one pert at a time to dress and undress the baby. The most frequent change is that of the diaper, which requires lifting the pelvis and lumbar area to replace it on the clean diaper. Initially the body is supported directly with the pelvis cradled in the hand of the parent, but with increasing age and strength in the baby it is possible to lift the lower body by holding the legs. By five or six months of age the baby most commonly has the feet and legs in the air when lying on his/her back, making it almost automatic for the adult to catch the baby's ankles to move the lower body. For the infant who does not have these automatic movement patterns the adult can pass his or her forearm under one leg and hold the opposite knee of the infant to lift the pelvis symmetrically and place the diaper. This also helps to avoid the pushing that may occur at the hip of infants with high tone. Low tone infants may require direct lifting of the pelvis for a longer time due to the laxity of the joints.

Effective intervention at the infant level of development includes attention to the parents' growing confidence in handling an atypical infant, as well as fostering simple physical changes in the infant's control of posture and movement. Effective modifications of position can be made by using a foam wedge or a roll made with a towel for supporting the head. As the infant becomes more capable, the diaper change is a good moment to assist the infant in learning the postural pattern necessary for coming to sitting. This is done by holding the infant's right hand and forearm to cross to the left hip. This shifts the body weight to the left hip and cues the infant to follow the movement with the head. Once the face of the infant has aligned with the left side, the right arm is used to assist the transition to a sitting position. As the body comes forward the left arm is in a position to partially support, even if only the forearm is used.

The body is guided forward until the alignment of the trunk occurs over the base of support, even if active assistance by the adult is required to keep the baby's trunk steady and aligned. The photo series below illustrates the procedure, step by step, and it is important that it is carried out to both sides in turn.

•Girls generally show earlier interest in clothing than boys
•Cultural differences play a significant role in the relative age of skill development.

By encouraging interest and choices in dressing the self-esteem of even the more limited person can be enhanced.

When adaptive devices are introduced prematurely learning opportunities may be lost.

PHYSICAL CHALLENGES AND DRESSING

It is important to keep in mind that the child with special physical challenges passes through many of the same social-emotional stages that are mentioned above. The difference is that this child has had to overcome some movement limitations and may have passed through some of the experiences a little later than another child of his or her age. Complete physical independence may not be an option, so the mental, social and emotional participation may not have been encouraged, nor even considered by the family. By encouraging interest and choices in dressing the self-esteem of even the more limited person can be enhanced.

In order to maximize independence and self-esteem, the therapist will want to assist the child with special challenges to acquire one skill at a time and to progress to the best level possible. Between nine and twelve years of age it is appropriate to introduce adaptive devices to increase independence to the maximum possible for the individual. When adaptive devices are introduced prematurely learning opportunities may be lost. At any age a child can be introduced to new positioning and the use of supports that permit more efficient use of the limbs and existing abilities. Pulling on trousers may be impossible in standing, but could be achieved by sitting on a bench with a grab rail in front of the child. Soft hand splints may be the answer to provide more stabile gripping in the presence of lower tone and consequently assist better coordination of hand use.

As the child enters adolescence the therapist has a new level of cooperative effort, but it is also the critical moment to re-evaluate the need for adaptations that give greater security and success. Adolescence itself is a challenge to most people and the facts of a disability and its accompanying limitations must be integrated into a self image. This is a predominant challenge for the young people who are already part of a larger group of peers who do not have their special challenges. The attitudes of parents, teachers, therapists and other adults who are interacting with the adolescent are particularly important. The young person may turn to someone outside the family as a confidant. It is an especially difficult time for those children who were overprotected and made to feel helpless or invalid during their growing years. Patience and some true interest in discovering the personality of the individual will be needed by the therapist. Some self-expressive art opportunities may be helpful in assisting the process of self-discovery.

Initial practice sessions in dressing or other self care should be carried out in the presence of the therapist who is supervising the individual therapy program. Areas of difficulty may require careful analysis to discover alternative ways of accomplishing the task. Specific objectives for the particular child should to be clear to therapist and caregiver alike. It is important to make success possible before a home program is recommended and this may require several sessions with the therapist. The older child is often

more willing to share frustrations and difficulties with a therapist than with other family members, and can be an active participant in the problem-solving process. The young person should be encouraged to participate in making choices and to use the therapist as a resource. The young child learns many dressing skills presented in the guise of play and these ideas will be presented under the topics of sensory-motor learning and perception.

Section II

Assisted Dressing for the Child with Neuromotor Challenges

Under ideal circumstances parents begin receiving professional support shortly after the birth of a child with special needs, especially when there is a more severe problem. Early identification of a problem improves the outlook for the child's future functioning and for the family dynamics.

Beginning infant massage at home permits the parents to relate to the child in a more intimate way and builds their confidence in dealing with special needs. Both Morn and Dad become familiar with the special characteristics of the child's body and any atypical reactions that occur under certain circumstances. This helps the parents get past the feeling that the child rejects them because he or she pushes away with excessive extensor tone or doesn't respond to affection in the usual way. It gives the parent a relaxed time with the child to observe positive responses and characteristics. The parent then becomes a valuable source of feedback for the therapist when the child receives direct treatment and has some corresponding home activities carried out by the parent. Careful observation of physiological changes that occur as a result of the infant massage, prepares the parents to observe the same kind of changes when an older non-verbal child is in distress because a reading of body language has been established early.

It is a natural transition from the infant massage to the dressing procedure that follows. The adult who is familiar with the unique responses of the infant or small child feels more confident in putting a small arm through a sleeve and stopping excessive leg movement to put on a shoe. These experienced parents more often understand the body language of their child, in spite of distortions caused by CNS dysfunction. They notice nuances of intentional movement that indicate the child's interest in participating actively in the activity of the moment.

As the child becomes older, the parent has more difficulty maintaining enthusiasm and interest for any activity that must be carried out daily. Ideas for introducing new ways of doing the same process must be generated by the therapist and other adult helpers in touch with the child and the family. As with any activity that becomes almost automatic for the adult, dressing and undressing for the dependent child and adolescent too often becomes a completely passive procedure adapted for the convenience of the caregiver. By introducing the learning opportunities inherent in the process the caregiver may be helped to vary the dressing sequence.

Well-being of the caregiver must be given consideration, and more so as the child with severe physical limitations grows. While the habitual ways of moving the child may still be possible, they may not be efficient for the adult. To avoid back problems and other discomforts parents should be introduced to alternative ways of bathing, dressing and caring for their child. Just as placing a large heavy child into a floor level bathtub should be avoided, dressing may be more efficient if done on a wide padded bench at a height that avoids extra lifting.

Remember that perceptions are formed by means of the accumulated sensory impressions that begin in infancy.

PRE-SCHOOL LEVEL

Sensory-motor learning and perception:

The natural learning of the preschool child begins with exploration, trying things and matching sensory impressions. Something that is seen with the eyes is often touched to confirm the first impression. Parts are fitted together and then separated. Objects are turned in space to integrate different visual impressions of the same object. Recognition of pictures that depict familiar persons, animals and objects is a skill that brings much delight.

These learning interests can prepare for the dressing process through the use of puzzles that depict a child and his/her clothing. Paper dolls and real dolls can be dressed with assistance as necessary. These activities permit choices and decisions that involve color, size, shape and sequences. Vests and fun clothing can be made with contrasting colors and large buttons and fastenings for young children. Performance pressures should be avoided with young children and the components of dressing introduced in the guise of play and guided sensory experiences.

Remember that perceptions are formed by means of the accumulated sensory impressions that begin in infancy. Infants who did not have the physical freedom to touch their clothing, roll around freely in their cribs and explore texture toys commonly provided for infants have lost opportunities to build up a reference library of experiences. Before expecting them to demonstrate an interest in the dressing process it may be necessary to stimulate an interest in colors and textures and other sensory experiences. Therapeutic dressing makes the entire dressing process a guided accumulation of sensory impressions to be used for learning by the child.

Vocabulary concepts:

The toddler uses label words to identify familiar objects, and also to indicate action (car, door). Gradually the action is indicated by the verb (car go). Descriptive words are learned from the

environment (tall, far, over), from eating experiences (big, soft, sour), from play (into, on) and from the process of being dressed.

Children who are not able to move their body independently, learn by watching the action of others and by feeling the assisted movement they are given. It is most important to help parents and caregivers develop the habit of talking, talking, and talking some more while dressing and carrying out other routine care activities. Language should be simple and sentences short, without resorting to the distortions of "baby talk" articulation. Gestures and body language may be used freely to reinforce the learning process.

Posture and movement concepts:

Once the ability to walk has been established, the toddler wants to climb and reach and push the limits of the environment. The two to three year old child with full expression of his/her physical capacities is actively moving about the environment during most of the waking hours available. The hands are used to support, to grab and hold for climbing, to push and pull. Legs bend and straighten as pushing the body weight upward or along a surface. The body moves in a swing by bending and straightening the legs.

When a child has had all this experience it is easy to transfer the learning to the physical movement needed to put on clothing. The child with less experience may need some time to gain more security in postural control. Play that incorporates these large movements may be used before similar movements are facilitated in the dressing process. For example, pushing small toys across a surface will prepare for putting an arm in a sleeve.

The dressing process, by its nature, lends itself to thinking of movement, rather than groups of muscles. Changes in the limb positions require postural adaptations of the central body. These are small adaptations that occur around the vertical midline of the body. Coordinated timing of limb movement and functional grasp is needed to place and remove garments. Compensatory patterns of movement may be developed due to the strength of the individual's motivation to achieve independence, or even to show a parent a new skill.

OLDER CHILD AND ADOLESCENT

As the child reaches the age of 9 or 10 years there is an increased drive for psychosocial independence. The child who may have looked to adults for guidance now begins to have opinions about what to wear, what to eat, and where to go.

The child with physical challenges should be encouraged and supported in thinking independently, and permitted to develop personal preferences, regardless of his/ her level of cognitive function. The adults who are significant in the child's life include parents, therapists and teachers. All must look for ways to give options and responsibilities to the evolving young person. The learning of independence is a slow process and is strongly related to opportunities offered by the environment. The parent may have to be creative in finding chores in the home setting as the teacher may have to do in the classroom. It is time for the therapist to recognize the child as a full partner in active treatment sessions, regardless of the child's reported intellectual function.

To facilitate physical independence the child who has received adequate direct6 therapy earlier in life may now be ready for adaptations that permit more independence in dressing, feeding and self-care. These adaptations may take the form of soft splints, adapted cutlery or special clothing. Changes of

seating, improved visual function and new orthotics have all served to make function more adequate in specific children at the time of this maturational transition.

Children who have had inadequate opportunities for direct handling in therapy at an earlier age still have potential for change, and may benefit from 2 or 3 weeks of daily treatment with an orientation to mastering postural transitions, functional hand use, self-care or other functional goals that form the basis for dressing and hygiene independence. By focusing on a function that has importance for the individual a new level of motivation is often awakened and new control of posture and movement is goal-oriented.

Concept learning and perception:

This older group consists of children have been in some type of educational program, but their learning rate is very individual. Children who may have limited cognitive skills have even more need for training in dressing skills. Some of them will learn more by repetition, and may have specific areas of difficulty. By checking the school record or interviewing family members one can know whether a particular individual has mastered colors, forms or directional terms.

The child of school age who has never had formal education for whatever reason may find in the dressing experience a learning opportunity. As the personal clothing styles have great importance for the pre-adolescent it is easier for new learning to occur. Even children who have failed to learn basic concepts when they were presented in workbooks or other school programs have the capacity to learn the same information when it is related to them on a personal level.

For some individuals with brain dysfunction the most difficult aspect of dressing is the organization of the task. Sequencing correctly may present a challenge. By structuring the practice situation and always using the same steps that have proven important for the individual the therapist or guiding adult can assure learning of the routine. The need for decision-making is eliminated.

Another perceptual area that may present problems is avoiding the excessive twisting and turning of clothing, which results in the shirt or slacks being put on backwards. This difficulty is perceptual in nature and may occur in individuals who have completely intact cognition. For such persons it is helpful to draw attention to clothing labels, which are usually at the inside back of the garment. It may he helpful to practice putting a small hoop over the arm before practicing with a cloth sleeve. By placing the garment carefully on a surface and following sequential steps to put it on, dressing will become successful.

Getting a good start with a stabile position:

If the older child or adolescent has not mastered self-dressing skills in a natural progression and needs a special program, it is likely that the individual has some physical limitations or that some structure of the physical environment is needed. It is very helpful to use a bench for sitting as the postural adaptations shown are easier with the extra space provided by a bench from which the feet rest on the floor. For some individuals it is also important to have a surface on which the clothing can be organized. This is particularly important for the individual who demonstrates sequencing problems.

Some persons will need assistance in laying out the clothing, but will then be able to proceed independently. If necessary a grab bar can he added to the bench for additional security and support. Some therapy suggestions are provided for specific activities to prepare the individual for the dressing process. Analysis of the movements that are difficult for the individual will be helpful to the therapist.

Movement skills, new and previously established:

Compensatory movement patterns are more common in the older child and adolescent. Some of these compensations are functional and do not interfere with the maintenance of independence in other areas, so they may be permitted to continue.

However, it is important to be aware of the potential for new learning in adolescents and even adults. Specific therapy sessions are useful to prepare the movement ranges and postural adaptations that will be needed for self-dressing. It is useful to remember that the functional range of movement that is used in any activity is only a limited expression of the full range originally prepared through development or through therapy. In settings where a multi-disciplinary approach is used all professionals should be informed of the current goals so that all levels of learning can be offered simultaneously.

It may be necessary for the therapist to alter some movement patterns in order to obtain the reaching arm movements that are used in dressing. It is sometimes necessary to work on use of the arms for support in order to establish the control of lateral weight shifts used in putting on clothing. If balance is not secure the individual needs guidance in finding an adequate way to maintain the body in position while the clothing is moved and adapted.

Adaptations, commercial and homemade:

The most common adaptations for dressing serve to assist grasp and extend reach. They have been designed for persons with paralysis and weakness, but may also be helpful when spasticity or athetoid movements are the primary interferences. Button hooks are useful when fine finger coordination is inadequate, or when one hand is not functional. “Reachers” are available in many styles and may be used by persons who lack sufficient balance or range of movement to pick up clothing articles that fall to the floor. These items are available in a number of catalogs that can be located through the AOTA publications.

Adolescents may need special help in dressing skills because they are preparing for some type of independent living, whether it be a future apartment, a group home or the University away from home. At this age it is important to consider some focus on caring for clothing. Even if laundry is done by someone else, the clothing must be placed in drawers or on shelves in some kind of order. The process of placing used clothing in a receptacle for laundry and sorting different colors and/or articles of clothing may need to be taught. The therapist must keep in mind that a child who presented moderate or severe physical limitations in his/her early years may appear as an adolescent who has little or no idea how clean clothing appears in the closet or dresser drawer.

Therapeutic Dressing for the Child with Severe Limitations

There are many children who will never achieve independent dressing skills and there are some who will always need some adult supervision and guidance. However, this familiar and complex activity has characteristics that make it a very satisfying and therapeutic activity at home.

The parent or caregiver feels more confident when shown some modifications to a familiar process, and dressing is done with any child, no matter how sick the child, or physically limiting the condition. There is not another separate and seemingly complex activity to be fit into the day, but just a new way of doing something already familiar and necessary.

Physically, the process of taking off and putting on clothing provides opportunity for limb range of motion, changes in weight-bearing and adaptations in the base of support. The child may be able to participate in pushing or pulling, or perhaps has insufficient strength to participate at all. In such a case the child receives physiological benefits of improved circulation and respiration from the movement experience. Potential pressure sores are avoided and the caregiver has more opportunity to observe changes of any type in the physical body.

Sensory stimulation is a major influence on well-being and the dressing activity offers endless variations in texture experience that occurs in a functional orientation. Not only are differences to be found in fabrics, but the moving of the fabric over the limbs and the opportunity for assisted gripping offer sensory experiences.

Effective vestibular stimulation is found in the more upright body positions combined with weight shifts and the accompanying movement experience. With careful physical control of alignment even the child who is physically passive receives some of the sensory experience that is associated with movement. The vestibular input helps to regulate tone distribution and contributes to the physical stability of the body.

The value of "skin to skin" contact has been confirmed by many studies of animals, ill adults and newborns who receive infant massage. The child who is unable to initiate movement or control the body in at least a limited way often suffers a true deprivation of sensory, and especially tactile, experiences. By expanding the movements and sensations of being dressed as a means of developmentally appropriate stimulation in a functional context, the child receives, on a regular basis, important input for the central nervous system.

View Video Clip Part 1: Eddie - Neuromotor Disorder Diplegia

It is not necessary to have a goal of independent dressing to use this sequenced, functional activity effectively. It can be used in a therapeutic way to meet a child's needs for sensory stimultation, human contact and movement. In many instances the child is learning from the repetition of the sequence on a regular basis, and from the multi-sensory input.

View Video Clip Part 2: Terry - Near Drowning Accident

Section III

Working for Independence in Dressing

The child or young person who is ready to work toward greater independence has had, either at home or in structured programs, the experience of assisted dressing. They have some idea of colors, textures, numbers and know the parts of the body. However, these abilities should not be thought of as "pre-requisites" as each youngster will come to this need for dressing and hygiene skills with unique strengths and weaknesses. The therapist or guiding adult will begin where the individual is functioning and supplement weaknesses where necessary. By recognizing and using strengths the adult provides more consistent success and learning is facilitated.

It is helpful to associate this training with a larger goal. Perhaps a child wants to spend the night with a friend, or wants to go to a "sleep-over" camp with some school friends. A adolescent may want to prove his or her own abilities, in order to feel more adequate in preparing to control other aspects of daily life. A young person may be preparing to live in a group home, where some self care is essential. Another may be preparing for the University or having that first apartment. In each case specific goals must correspond to the life situation of the individual, in addition to other information and personal characteristics.

Section VI

Hygiene Considerations

CLEANLINESS AND SELF ESTEEM

Beautiful outfits are only the external covering, and far more important is true cleanliness to make the person with a disability feel their own value. Regular bathing is something that is made a habit during the early years. A young child most often enjoys the experience of being in water, and consequently looks forward to the bath. Children who have limitations in their control of body movement and postural control are often able to move more easily in a water environment. The buoyancy gives them a different impression of their bodies and there is no need to struggle against gravity.

It should be remembered that many children who move with greater effort expend more energy than another person of their size and weight. This causes more perspiration and accompanying odor, especially for the child over ten years of age. Metabolic or systemic problems may also cause more odorous perspiration that need to be controlled with deodorants earlier than would be considered for another child.

The more physically dependent the child the more important is daily skin care with cream or lotion. Making the child comfortable is important, but clean and attractive skin is an invitation for more handling in the clinic or classroom. In some cases the daily care at home needs to be reviewed, and suggestions given for fitting this type of routine into the family schedule.

Remember that touching or skin-to-skin contact is the most primitive and basic reassurance that humans and animals receive. Love is not only transmitted in this way, but may be generated by the giving of massage to an individual. The practice of giving infant massage to a disabled infant stimulates acceptance and affection for the child by the parents. As this type of communication is non-verbal, there is less cognitive interference and an emotional adaptation is made more readily.

DEVELOPMENTALLY APPROPRIATE ASSISTANCE

In our eagerness to see a child be "completely independent" we professionals sometimes err in the direction of forcing isolation. A small child with no special challenges will vary in the amount of assistance that he or she wishes to have on a particular day. As much as possible the child with neuromotor problems should be accorded that courtesy in the same way. A small child may he asking for assistance just to have an opportunity to talk about something else that is troubling him/her at the moment.

True fatigue can be a legitimate reason for not carrying out the skills that are known. This is especially true for children who are coming to a therapy session after school, or who have overly full schedules.

After the age of about seven years both boys and girls are naturally shy about taking off their clothing or having an adult enter the bathroom with them. This should he respected. Practice with related activities can be used. Items of clothing one size larger could be sent from home. The motions of bathing and cleaning the body after toileting can be practiced with all clothing in place, but should be done with a familiar adult and without other children nearby.