T he care of an elderly person with physical limitations and decreasing health can pose special problems for caregivers. This care is especially difficult when the person also demonstrates cognitive and visual-perceptual impairments (Carter, Oliveira, Duponte, & Lynch, 1988; Siev, Freishat, & Zoltan, 1986). The family’s endurance, patience, and abilities become especially stressed when the simplest tasks (e.g., dressing, grooming, toileting) are beyond the capabilities of the elderly person (Berni & Fordyce, 1977).

When a person cannot perform these simple tasks, he or she is more likely to be admitted to a nursing home. Despite other impairments that may be present, an elderly person who can perform simple activities of daily living is more likely to remain in the home care of a family member (Travis, 1990; Weiner, Terese, & Streich, 1983). Although cognitive impairment may pose an especially difficult obstacle to a person’s consistent performance of these daily skills, a cost-efficient and relatively simple technique can allow some patients to become independent in these areas.

This report describes dressing training for an elderly woman with both perceptual and cognitive impairments. Training, which involved teaching the patient to respond to a specially designed audiotape, facilitated her return to the home of her son, who was solely responsible for her care.

Patient History

The patient, Ethel, was a 74-year-old widow who had undergone a triple coronary artery bypass. As a result of a subsequent bitemporal cardiovascular accident, she developed left extremity weakness, mild confusion, and cortical blindness. After several months of receiving continued medical care and supportive services in a nursing home, Ethel showed signs of functional improvement and was admitted to a comprehensive rehabilitation unit. Her son expressed a desire to care for her alone in his home to reduce the financial burden of nursing home costs.

When admitted for rehabilitation, Ethel was confused, disoriented, and unable to remember the sequence of tasks involved in even the most basic skills (e.g., dressing). Her decreased hearing and visual acuity, visual-perceptual deficits, inappropriate object usage, and severely impaired short-term memory compounded the difficulty of every task.

Initial attempts at dressing training, which included positioning in a straight-back chair with clothing items within reach, intermittent verbal cues, tactile stimulation, and visual scanning were not successful. The combination of vision, object discrimination, sequencing, and memory skills that these techniques required were beyond Ethel’s capabilities. An alternative approach that allowed her to increase her functional independence in dressing was subsequently developed through the combined efforts of

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Key Words: aged • occupational therapy services • self care
an occupational therapist, an occupational therapy assistant, and a psychologist (the authors of this paper). This team evaluated Ethel's strengths and weaknesses in order to develop and implement a dressing training technique that would enable her to achieve the highest level of performance possible.

**Procedure**

A technique that did not rely on visual discrimination, memory, or sequencing skills and that was simple enough to use in the home on a daily basis was devised. First, we determined which intact skills could be used in a dressing program. Ethel was able to understand and respond to verbal instruction, and she could pick up and correctly put on most articles of clothing.

We decided to use an audiotape with a portable audiocassette player for dressing training. Ethel's clothing was stacked in a pile on her bed in a definite sequence: shoes (parallel), socks (parallel), pants, underpants, blouse, and an unfastened bra with touch fasteners. Thus, she did not have to discriminate among the articles of clothing or determine the sequence; her only task was to attend to the tape and take each article from the top of the pile. She was taught to listen to the tape and wait for the cues. If she reached for an article before she was asked to do so, the tape was stopped and she was told to wait until she heard the cue. Several tapes were tried in an effort to adjust the timing between cues. Sufficient time was needed to allow Ethel to deal with problems with various articles of clothing (e.g., putting two legs into one leg hole and then correcting the error), yet not so much that she was able to engage in superfluous activities. It was also necessary to add some cues and delete others. For example, Ethel frequently missed Cue 6, so an orienting cue, “Ethel, listen to the tape” was added to alert her to get ready to respond. In addition, she had difficulty knowing when the sequence was completed. When she had finished dressing, she might pick up another article of clothing (e.g., her nightgown) and put it on. A “Stop” cue, therefore, was added.

A checking sequence that followed the dressing segment was added to ensure that Ethel had put on all of her clothes. She sometimes had difficulty putting on her bra and missed the next cue for her blouse. The checking sequence ensured that she was able to put on clothing that she might have missed.

**Results**

Several audiotapes that varied in the amount of time between cues and in the cues themselves were used before the fifth tape trial was sent home with Ethel (see the Appendix). Her dressing skills improved after several weeks. At the time of discharge, she was able to dress herself with the use of the audiotape when her son stacked her clothes correctly and turned on the tape. Her son was instructed in how to use the tape and sequence the clothing. A written home program and audiotape were also provided. Ethel was discharged from the hospital to live with her son.

**Conclusion**

The ability to dress oneself on a daily basis is sometimes an important factor in the determination of whether a patient can remain at home or must be cared for in a nursing home. The use of a simple audiotape and the adaptive technique of stacking clothes in a consistent order can be used to allow the patient with cognitive and perceptual impairments increased independence in this area. In addition, once this type of patient learns to respond to the audiotape cues for the task of dressing, it would be easy to generalize to other activities of daily living (Stephan, 1987).

Cognitive and perceptual deficits in the elderly should not prevent self-care in some important activities of daily living. Use of innovative techniques will allow many of these patients greater independence.

**Appendix**

<table>
<thead>
<tr>
<th>Time</th>
<th>Cue</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>“Ethel, listen to the tape. It is time to dress.”</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>“Look at your bed. Do not touch your clothes until told to do so by the tape.”</td>
</tr>
<tr>
<td>12 sec</td>
<td>3</td>
<td>“Take off your nightgown.”</td>
</tr>
<tr>
<td>5 sec</td>
<td>4</td>
<td>“Put your nightgown on your bed BEHIND your pile of clothes.”</td>
</tr>
<tr>
<td>1 min 30 sec</td>
<td>5</td>
<td>“Pick up your bra. Put it on.”</td>
</tr>
<tr>
<td>1 min 50 sec</td>
<td>6</td>
<td>“Put on your blouse [slight pause] and button it.”</td>
</tr>
<tr>
<td>45 sec</td>
<td>7</td>
<td>“Put on your underpants.”</td>
</tr>
<tr>
<td>1 min 40 sec</td>
<td>8</td>
<td>“Put on your pants.”</td>
</tr>
<tr>
<td>50 sec</td>
<td>9</td>
<td>“Take ONE sock and put it on.”</td>
</tr>
<tr>
<td>50 sec</td>
<td>10</td>
<td>“Take the other sock and put it on.”</td>
</tr>
<tr>
<td>60 sec</td>
<td>11</td>
<td>“Take ONE shoe. Put it on and tie it.”</td>
</tr>
<tr>
<td>60 sec</td>
<td>12</td>
<td>“Take the other shoe. Put it on and tie it.”</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>“STOP. Make sure you have put on all of your clothes. Check your bra. Check your blouse. Check your underpants. Check your pants. Check your left sock. Check your right sock. Check your left shoe. Check your right shoe.”</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>“You are finished dressing. STOP.”</td>
</tr>
</tbody>
</table>
References


Editor’s Note. To continue the Case Report department, we need and welcome reports that document the practice of occupational therapy for specific clinical situations. Guidelines for writing case reports are available from the editor.

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