

6.5 Activities of Daily Living (ADL) & Instrumental Activities of Daily Living (IADL)

There are many considerations that are crucial to promoting safety and optimizing recovery when working with people who have had a stroke. The TACLS Quick Reference Guides were developed from the TACLS resource and can be used as quick reference to help *support healthcare providers* and informal caregivers who may not typically work with and care for people who have had a stroke.

We recommend reviewing the full **TACLS resource** for more complete information:
strokebestpractices.ca/resources/professional-resources/tacsl

Quick reference guide highlights

- **Activities of Daily Living (ADL)** is a term used to describe various basic tasks and activities that people carry out daily, such as bathing, grooming, and getting dressed.
- **Instrumental Activities of Daily Living (IADL)** is a term used to describe more complex tasks and activities that require more thinking, planning, and organizational skills such as meal preparation, banking, managing medications, driving, employment and other vocational roles.
- A person who has had a stroke may have difficulties with ADL and IADL, and may need help, supervision or hands-on care. The goal is to help a person participate in meaningful and desired ADL and IADL as safely and independently as possible.
- There are many factors that could affect someone's ability to complete ADL and/or IADL such as: loss of movement or weakness, lack of sensation or decreased awareness to the affected side, cognitive impairments, changes in vision, impaired motor planning and sequencing.
- To promote independence, it is important to allow the person to complete as much of an activity that is safely possible and that their abilities allow, even if it takes extra time. Try to ensure the activity is important to the person, safe to carry out, and not too hard, tiring, or frustrating.

Strategies to support activities of daily living

Always follow the current care plan for the individual that you are working with.

- **Set the stage:** determine the person's goals and make sure they are ready to begin the activity, review and agree on expectations together, let the person know how you will assist, limit distractions, allow adequate time, let them lead, and be familiar with the person's impairments.
- **Prepare the tools:** gather assistive devices and supplies in advance, put items in a convenient place within the person's reach and arrange the items in the order they will be needed.
- **Position yourself properly:** always position the person and yourself according to the care plan, incorporate safe client handling procedures, work from the person's affected side to increase awareness of that side (where possible). Be ready to help if the person loses their balance, and support the affected arm according to the care plan.

- **Encourage use of the affected limb:** using the affected limb can help improve sensory awareness, promote motor recovery and/or increase functional use of the affected limb, which can lead to greater independence. Only provide assistance when necessary. Ask the occupational therapist (OT) how the person you're working with can safely incorporate their affected arm and hand during activities.
- **Cue and guide:** provide assistance and support by giving instructions and cues. It may be helpful to break the activity into small steps; give clear and simple instructions; talk about the required steps; and, if there are communication challenges, demonstrate how to proceed.
- **Use assistive devices:** have the person use recommended assistive devices to make it easier and safer to work towards greater independence (e.g., rocker knife, pants with an elastic waist band, bath bench or grab bars). An OT or other member of the stroke team can advise on the best equipment and assistive devices, based on each person's abilities and environment.
- **Recognize and encourage:** recognize and acknowledge a person's successes to help build self-esteem and motivate the person to keep trying. A person may require assistance with parts of an activity, but it is important to recognize the components that they are able to do.

See **TACLS slide deck** for additional tips on supporting toileting, bathing, grooming and dressing.

When providing assistance with IADL, the previously described strategies should be considered. At all times prioritize safety and encourage independence whenever safely possible. An OT or other member of the care team can provide further guidance and recommendations for IADLs.

Examples of assistive devices to support ADL

Toileting

- Wall grab bars and floor to ceiling poles can help the person rise and maintain their balance while you complete or assist with personal hygiene and clothing.
- Raised toilet seats and toilet frames can help make rising and sitting down on the toilet safer and easier. Commodes can be used as an alternative if the bathroom is not accessible and/or a commode at bedside would improve access and safety.

Bathing

- Bath and shower chairs, and bath boards allow those with low activity tolerance or reduced balance to sit and rest when needed while bathing. Tub transfer benches can be used to promote safety through the transfer and provide a secure surface to sit on while bathing.

Dressing

- It is typically easier to dress the affected side first and undress the unaffected side first.
- Specific clothing choices and adaptations may be used to support independence with dressing such as loose-fitting clothing or elasticized waist bands. Assistive devices such as a long-handled reacher, dressing stick and/or a sock-aid may also be helpful.

- To learn more on assisting with dressing, Heart & Stroke has a series of dressing after stroke demonstration videos for putting on common clothing items that can be accessed at: www.heartandstroke.ca/stroke/recovery-and-support/everyday-tasks/personal-care.

Strategies to support instrumental activities of daily living

Driving

- The ability to drive may be significantly impacted for a person who has had a stroke. The loss of this ability, whether temporary or permanently can be a devastating result of stroke.
- Safe driving can be impacted by impairments such as changes in vision, visual perception, cognition, movement and/or sensation.
- In accordance with the Canadian Council of Motor Transport Administrators (CCMTA) Medical Standards for Drivers:
 - People should be advised to **stop driving for at least one month after a stroke**.
 - People who have had one or multiple TIAs should be instructed to stop driving until a comprehensive neurological assessment shows no residual loss of functional ability and discloses no obvious risk of sudden recurrence that could create a hazard while driving.
- It is important that a person discuss whether they can resume driving with their physician and occupational therapist.
- A comprehensive driving evaluation by an occupational therapist and/or provincial driver examiner may be required to assess how a person's stroke has impacted their ability to safely resume driving.



How you can help

- Persons unable to drive should be educated and assisted on how to access transportation alternatives, and be offered support/counselling on coping with the loss of the ability to drive.
- Alternate methods of transportation may also be recommended, e.g., public bus, taxi or transportation services for people with disability.
- Encourage the person to work with their rehabilitation team (e.g., social worker, occupational therapist) to problem solve transportation challenges, and overcome barriers (e.g., new learning, costs, eligibility and applications for programs).

Return to work/Vocational roles

- Employment and other vocational roles are often a very important IADL. These roles can provide a sense of purpose, value, accomplishment, financial security, and promote social and community participation.
- A person's ability to resume a vocational role (e.g., employment) may be affected following a stroke (e.g., due to changes in physical functioning, cognition, energy levels, mood).
- Screening and assessment should occur to determine a person's abilities and readiness to return to work, school, or a volunteer activity. An occupational therapist (OT) and/or neuropsychologist may complete these assessments and assist with planning.



How you can help

- Counselling and referrals may be appropriate (e.g., vocational rehabilitation services) to assist with a gradual return to vocational activities. Encourage the person to speak with the OT and/or social worker for support.
- The stroke care team may make recommendations to support the person in returning to work. You may be asked to help the person practice activities that will promote recovery and return to work (e.g., cognitive or physical endurance activities).
- Always follow the care plan and ask questions if you are unsure how to carry out the recommendations.

Note: This information represents some of the priorities of care related to supporting ADL and IADL; consult with the OT for any questions or concerns regarding ADL and IADL.

References:

1. Canadian Stroke Best Practice Recommendations: www.strokebestpractices.ca, **Rehabilitation and Recovery following Stroke**, 6th Edition, Section 5
2. Canadian Stroke Best Practice Recommendations: www.strokebestpractices.ca, **Transitions and Community Participation Following Stroke**, 6th Edition, Section 4
3. Taking Action for Optimal Community and Long-Term Stroke Care (TACLS) – **ADL & IADL**

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