

Adaptive Sports and Recreation as Therapeutic Occupation

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Outline

- I. Introduction
- II. Overview of Presentation and Learning Objectives
- III. Program Description of Brooks Adaptive Sports and Recreation
- IV. Vision 2025
- V. Replicability
- VI. Barriers and Solutions to Authentic Occupation Centered Practice
- VII. Question and Answer
- VIII. Video

Learning Objectives

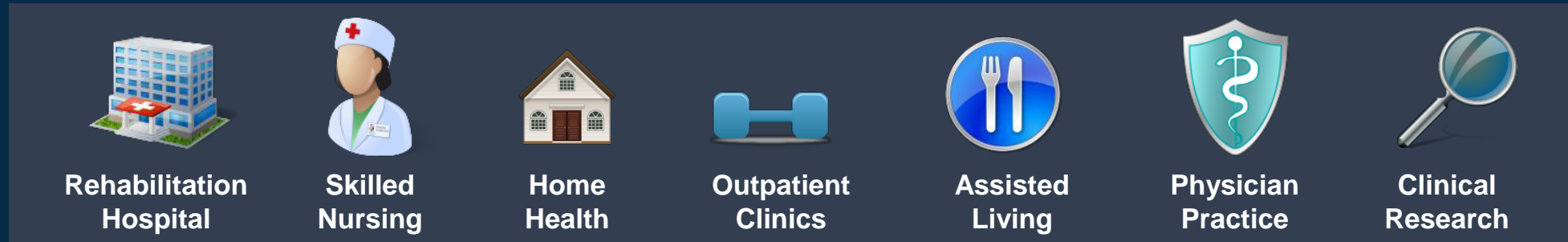
- To clearly see the AOTA Vision 2025 in action and identify the pillars of effectiveness, leadership, collaboration, accessibility, and diversity in this occupation-based practice model.
- To be able to translate this practice model using other occupations and with other populations to promote health, well-being, and quality of life.
- Identify barriers and solutions to authentic occupation-centered practice.

WHY

“The Story”



Brooks Rehabilitation System of Care



Ongoing Recovery: Community Health

- Adaptive Sports and Recreation Program
- Clubhouse
- Wellness Programs
- Neuro Recovery Center
- Aphasia Center
- School Re-entry
- Spinal Cord Injury Day Treatment Program

System Clinical Programs

- Neurology & Brain Injury
- Spinal Cord Injury
- Orthopedics
- Geriatrics
- Pediatrics
- Stroke & Cardiac

Health Care Delivery

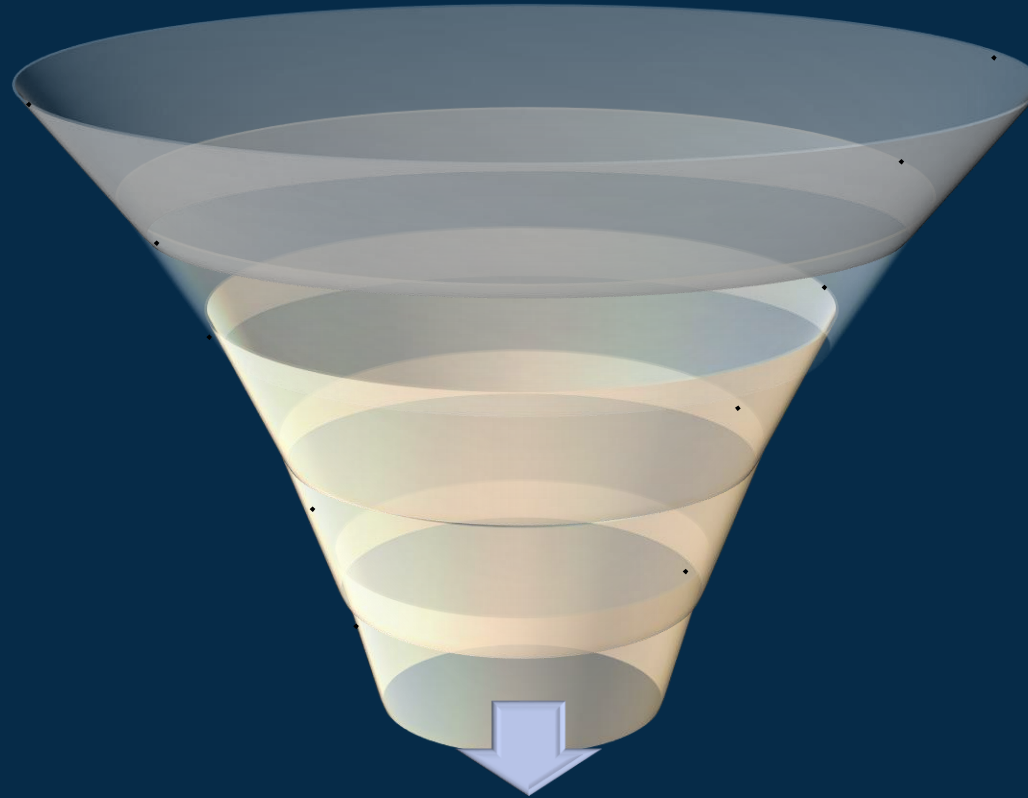
- Inpatient
- Outpatient
- Decreased reimbursement
- Decreased length of stay



Downward Spiral

Social Isolation

Physical Inactivity



+

=

Secondary Complications

- Obesity
- Depression
- Relationship Breakdown
- Cardiovascular Disease
- Addiction
- Unemployment
- Diabetes

Poor Quality of Life

Health Disparities

- Obesity
- Depression
- Addiction
- Diabetes
- Suicide
- Cardiovascular disease
- Hypertension
- Anxiety
- Relationship breakdown
- Unemployment

Problem Statement

Individuals living with disability do not have access to participate in meaningful occupations that promote and sustain lifelong health, well-being and quality of life.

Barriers to Participation

- Financial
- Transportation
- Awareness of options
- Accessible equipment and environment
- Attitude
- Noncompliant programs
- Staff knowledge and skills

WHAT

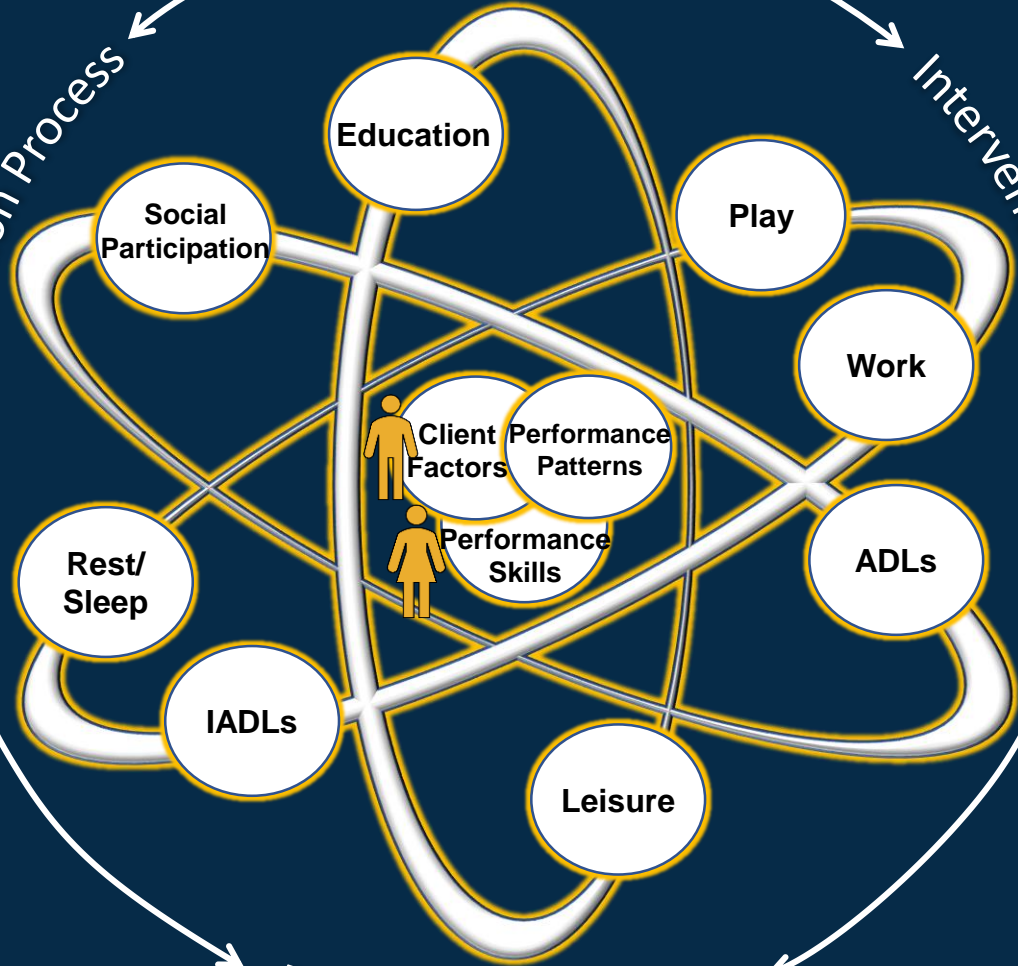
Context and Environment

Context and Environment

Achieving health, well being, and participation in life through engagement in occupation

Evaluation Process

Intervention Process



Occupational Therapy Domain and Process

Occupational Therapy Practice Framework

Context and Environment

Context and Environment

Targeting of Outcomes

Adaptive Sports & Recreation

Vision

That individuals with physical and/or visual disabilities will enjoy a higher quality of life as a result of Brooks sponsored adaptive sport and recreation activities.



Adaptive Sports & Recreation

Mission

Provide individuals with physical and/or visual disabilities the inspiration, education, and opportunity to participate in world class adaptive sport and recreation activities.



Current Program Activities

- Archery
- Billiards
- Boccia
- Bowling
- Climbing
- Cycling
- Dance
- Fishing
- Golf
- Horseback Riding
- Power Soccer
- Rowing
- Surfing
- Trap Shooting
- Water Skiing
- Wheelchair Basketball
- Wheelchair Rugby
- Yoga

WHO

- ✓ Anyone with a physical or visual impairment
- ✓ All ages
- ✓ All abilities
- ✓ No fee to participate
- ✓ No physician referral needed

We Serve Individuals with

- Spinal Cord Injury
- Stroke
- Traumatic Brain Injury
- Parkinson's Disease
- Multiple Sclerosis
- Limb Amputation
- Cerebral Palsy
- Arthrogryposis
- Spina Bifida
- Muscular Dystrophy



HOW



Time for an individual to develop the program...



...and money to run the program.

Our Team

- 5 FT & 6 PRN Staff
- Volunteers
- Family and Friends
- Participants
- Community Partners
- Students



WHERE

Variety of public and private partners

- YMCA
- City of Jacksonville
- Jacksonville Beach Golf Club
- Fort Caroline Archery Club
- Jacksonville Clay Target Sports
- Jacksonville University
- Microsoft Store
- Bowl America
- Qball Billiards
- Blue Cross and Blue Shield



WHEN

- Six days a week
- 13-15 activities a week
- Year-round versus seasonal sports programming

As an occupation based program, we want to enable participation in health promoting activities throughout the year. This is in contrast to a traditional competitive sports program that adheres to a seasonal calendar.

Health Promotion

Our program was developed to help enable people to take control of their health by recognizing the relationship between participation, health, well-being and quality of life.



Distinct Value

Occupational therapy's distinct value is to improve health and quality of life through facilitating participation and engagement in occupations, the meaningful, necessary, and familiar activities of everyday life.

Occupational therapy is client-centered, achieves positive outcomes, and is cost-effective.

AOTA Vision 2025

As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living.

PILLARS

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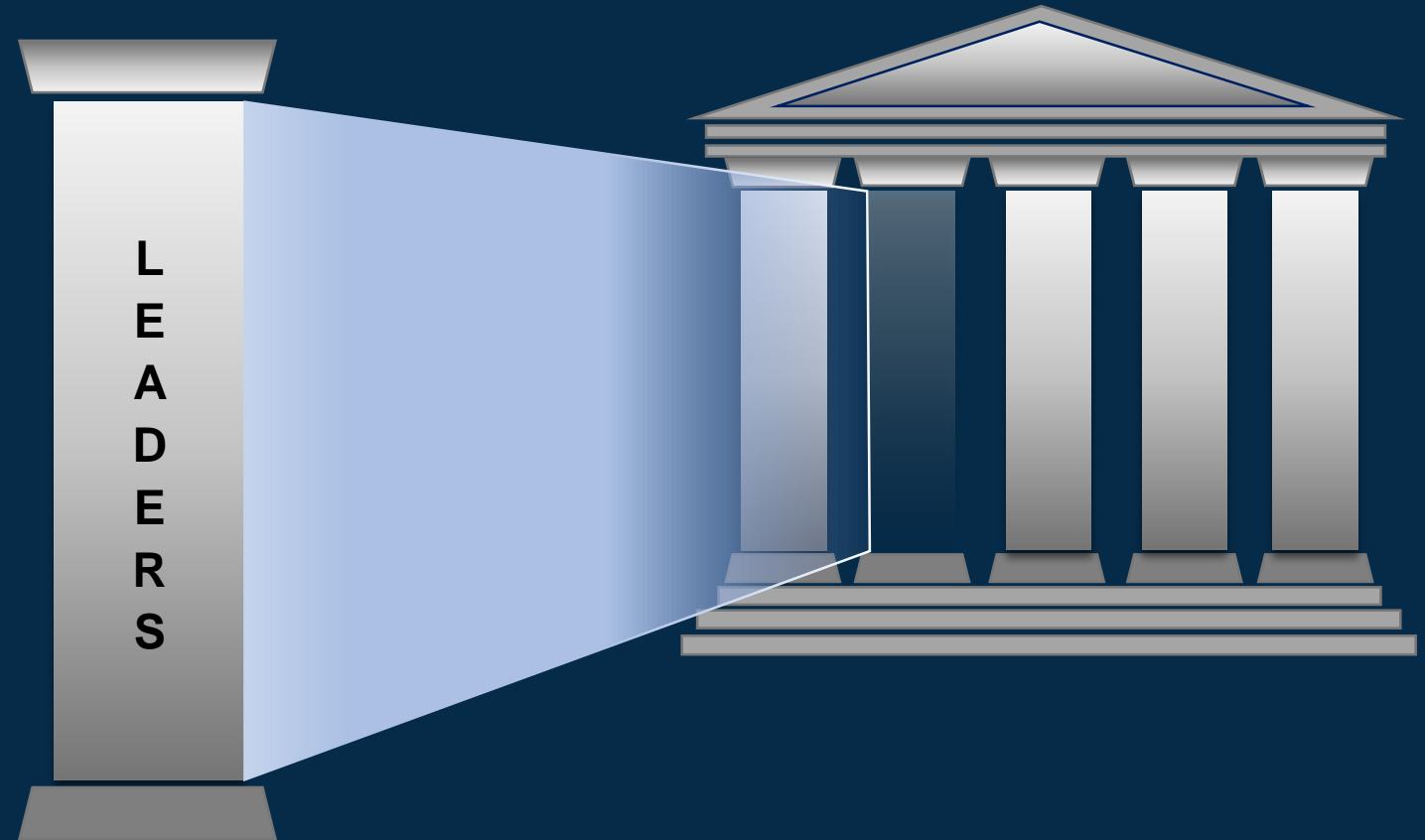
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- Evidence based
- Client centered
- Cost-effective



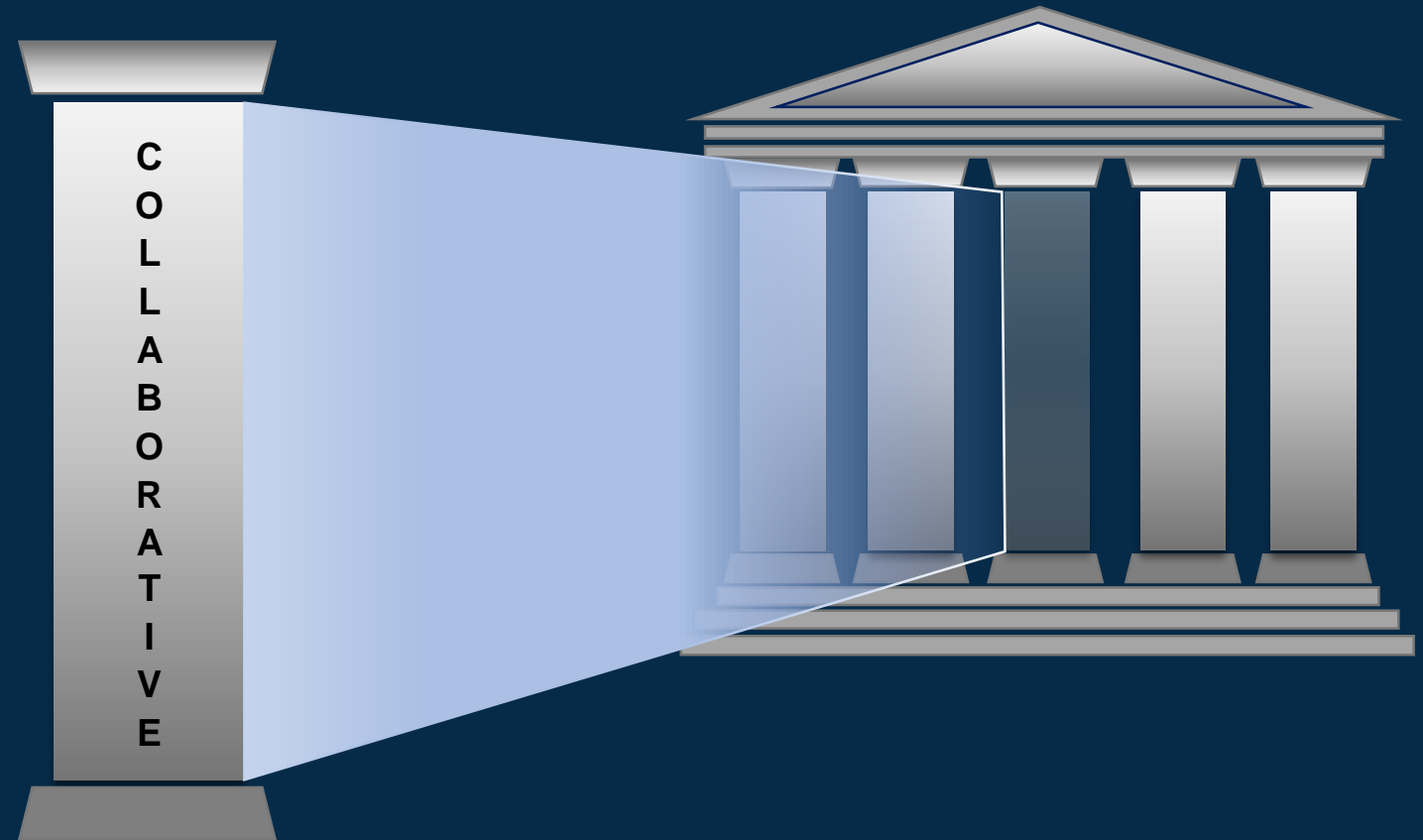
Influential in changing

- Policies
- Environments
- Complex systems

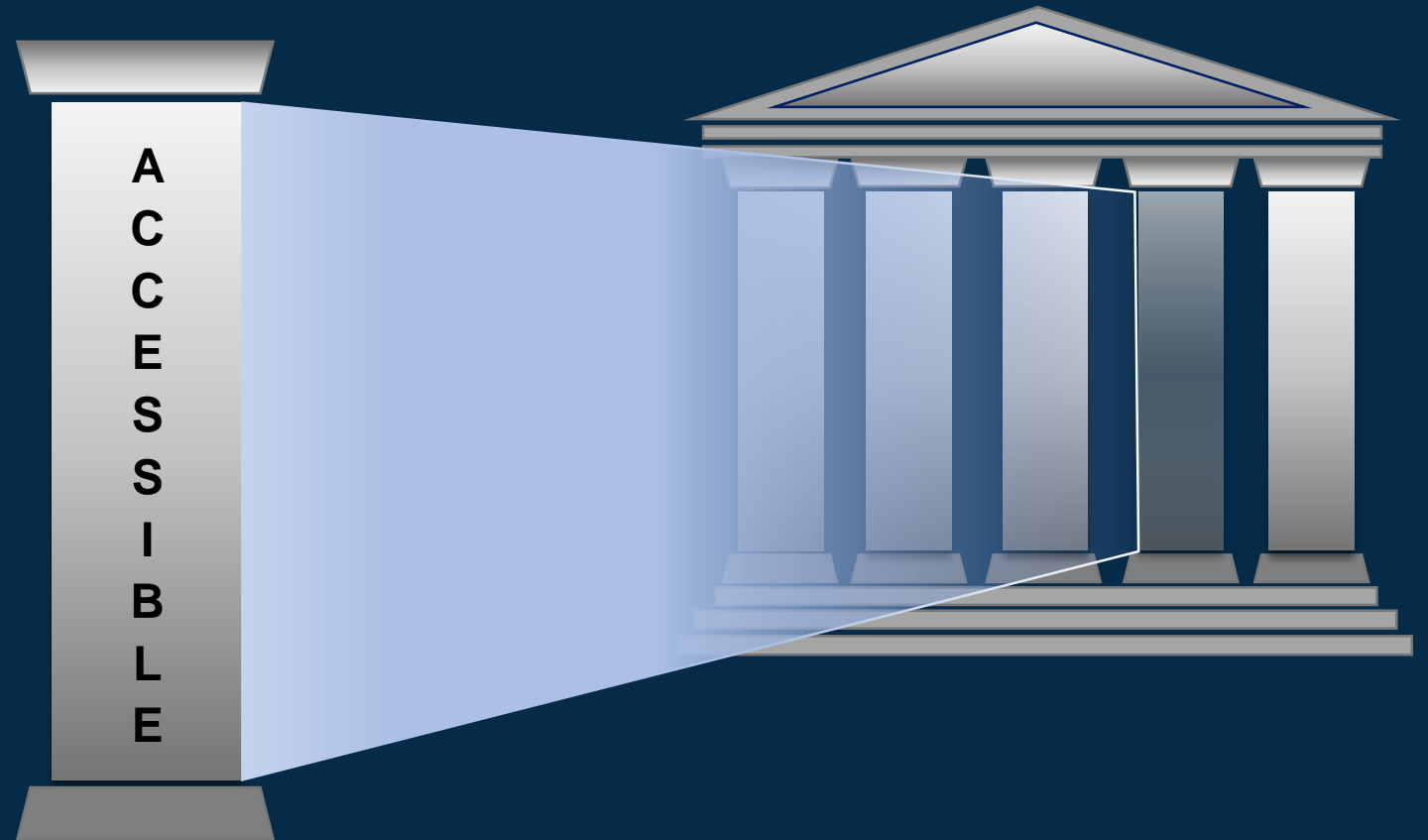


Working

- With clients
- Within systems
- To produce effective outcomes



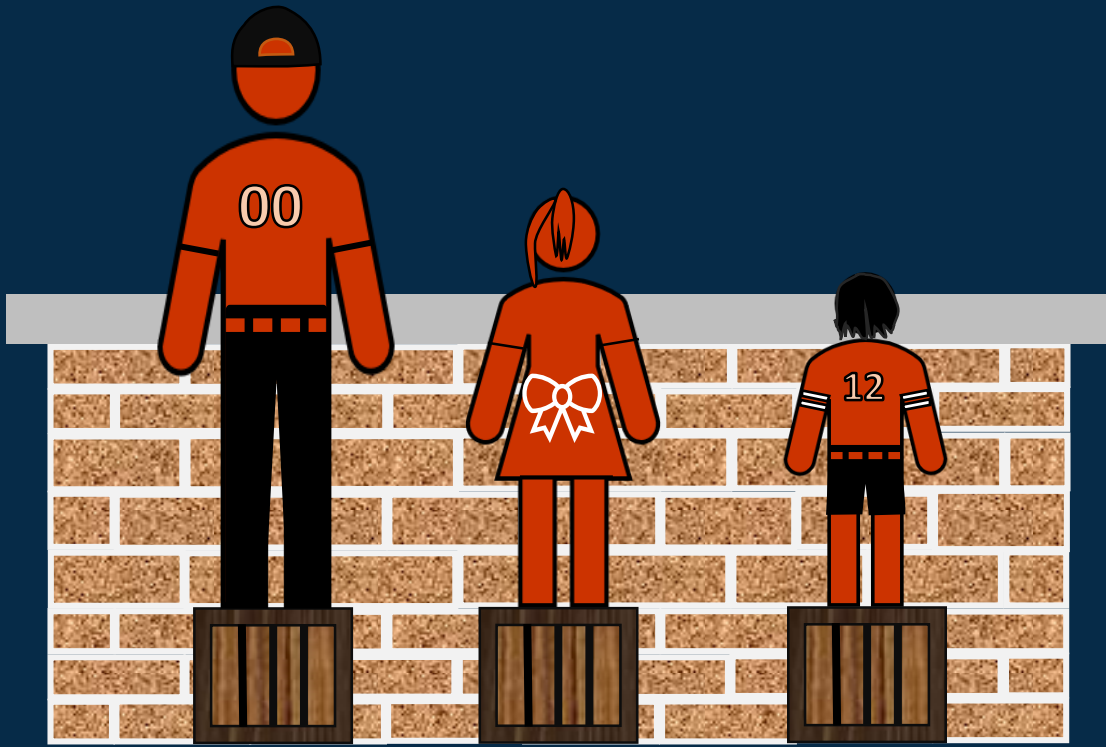
- Culturally responsive
- Customized services



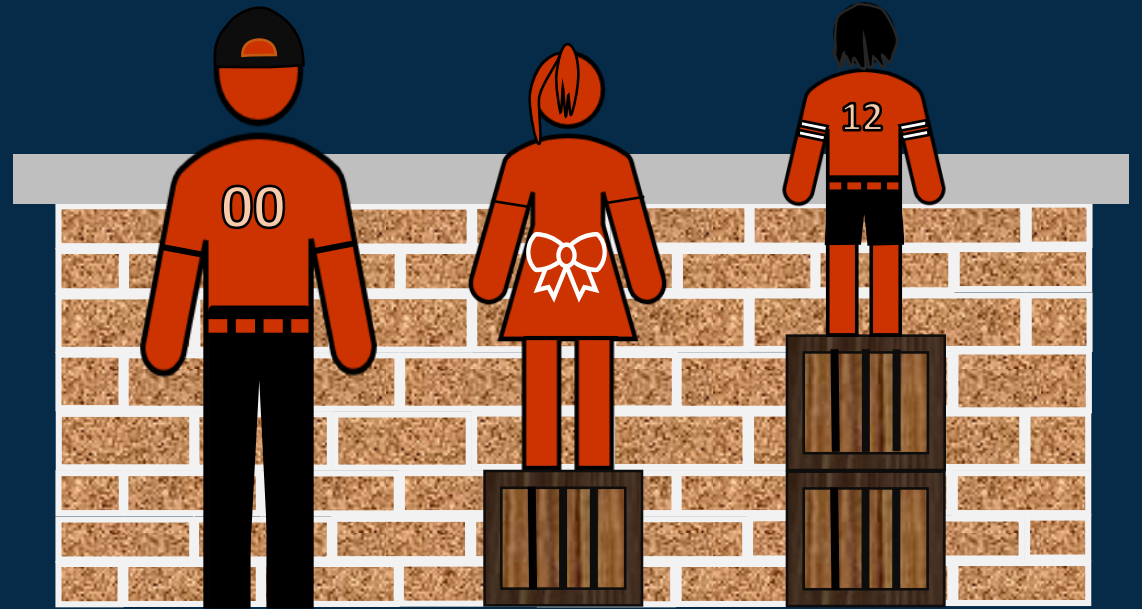
Intentionally

- Equitable
- Inclusive
- Embracing of diversity





Equality



Equity

Nondiscrimination and Inclusion

Inclusion requires that we ensure not only that everyone is treated fairly and equally but also that they have the same opportunities to participate in naturally occurring activities of society to include social events, public transportation and recreation.

AOTA

REPLICABLE

To be able to translate this practice model using other occupations and with other populations to promote health, well-being, and quality of life.

REPLICABLE

Ground yourself in expertise using:

- The underpinnings of our profession found in AOTA's Official Documents.
- Evidence, either adding to body of knowledge for the profession or using in support of your program.
- Your Occupational Therapy experience.

REPLICABLE

Identify a population to serve.

homeless

refugees

addicts

trafficking
victims

developmental
disabilities

other

REPLICABLE

- How do you know there is a need?
 - Look at data in your community
 - Census data
 - Department of Health
 - CDC-Centers for Disease Control
 - Community Health Needs Assessment
 - Form a focus group
 - Complete surveys

REPLICABLE

- Theory/model/frame of reference to serve as a guide
- Influencing Brooks
 - CMOP, Canadian Model of Occupational Performance
 - MOHO, Model of Human Occupations
 - PEOP, Person Environment Occupation Performance
 - Occupational Adaptation
 - KAWA

REPLICABLE

Identify an OCCUPATION to use therapeutically

- Baking
- Gardening
- Outdoor play
- Art
- Pottery
- Bicycle riding
- Hippotherapy
- Yoga

REPLICABLE

- Additional programs of OCCUPATION in action
 - Cupcake Bakery—Sarah Bellum's in Oregon
 - Community Gardens
 - Outdoor Play—outdoorkidsot.com in California

REPLICABLE

Commit to the integrity of the vision.

REPLICABLE

- Program evaluation initially.
- Numbers collected:
 - ✓ Unique individuals served
 - ✓ Total participation = number of visits
 - ✓ Annual customer satisfaction survey
 - ✓ Annual interest survey
 - ✓ Quality of Life Tool from WHO
 - Initially
 - Six months
 - Twelve months

From Willard and Spackman

“The process of developing appropriate interventions and programs to address aspects of prevention and to promote health should follow several basic steps. Occupational therapy practitioners must

- (1) understand the role of OT in health promotion and prevention and the potential to assist in making meaningful change,
- (2) identify the clients' needs and wants,
- (3) select an appropriate theory to guide reasoning and joint decision making,
- (4) develop an intervention based on available evidence,
- (5) ethically implement the intervention, and
- (6) evaluate the program for effectiveness during and after the program is completed.”

Barriers and Solutions to authentic occupation-centered practice.

Barriers and Solutions

Brooks Adaptive Sports and Recreation
was initially BASED in Occupational Therapy,
now it is INFORMED by Occupational Therapy.

Barriers and Solutions

Philosophical Differences

- Importance of the distinct value of Occupational Therapy.
- Cost difference between an Occupational Therapy professional and other skilled or non-skilled employees.

Barriers and Solutions

Budgetary Pressure

- Staffing
 - paygrade of individual
 - number of budgeted hours
- Managerial Responsibilities
 - marketing
 - fundraising
 - community partner development

Barriers and Solutions

The program grew too fast.

Recommend slow, strategic growth.

Barriers and Solutions

Lack of Facility

Effectiveness

- The vision of the program is improve health and quality of life and to support social, emotional and physical needs of our clients.
- Currently yoga is held once a week, where in a dedicated space, this could be offered five times a week to better serve our vision.
- Opportunity for job coaching, supportive employment, employment and volunteerism again to serve our vision.

Efficiency

- One staff person could run multiple programs to serve more people.
- On-site storage would make better use of time. Currently 6 trailers, two storage units, one truck and one van which present logistical challenges with each event.

Barriers and Solutions

- Evidence gathered to date has not been effectively compiled.
- Questioned the sensitivity of the research tool used.
- Solution to gain evidence on effectiveness of program includes collaboration with research project being performed by Occupational Therapy professors at Jacksonville University.

References

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- American Occupational Therapy Association. (2017). Vision 2025. *American Journal of Occupational Therapy*, 71, 7103420010. <https://doi.org/10.5014/ajot.2017.713002>
- Graham, K., Reitz, S. (2019). Health Promotion Theories. In B. Schell, G. Gillen (Eds.), *Willard and Spackman's Occupational Therapy* (p.675-692), Philadelphia: Wolters Kluwer.
- *Occupational Therapy Practice Framework: Domain and Process* (3rd ed.; AOTA, 2014)

Videos

Brooks Adaptive Sports & Recreation Overview

<https://youtu.be/wCK38XjyBMU>

<https://youtu.be/wCK38XjyBMU>

Recovery Through Adaptive Sports and Recreation

<https://youtu.be/-ROl8K4jujc>

<https://youtu.be/-ROl8K4jujc>

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Thank You.

BROOKS[®]
Rehabilitation

EFFECTIVE—evidence based

- 18.7% of the US population are living with a chronic disabling condition
- 4 ½ times less physically active than their non-disabled peers
- 70% chance of being obese as adults
- 190 billion dollars are spent annually on obesity related health complications
- Disabled are among the most marginalized groups in the world

WHO

Social Model of Disability

Disability is from environment and is simply a condition of life, not a deficit.

Barriers to participation include:

- Financial
- Architectural
- Environmental
- Community Mobility
- Attitudinal
- Policy
- Legislative

REPLICABLE

- Lean into your passion.
 - Determined
 - Hard work
 - Immersion

Community

To be denied the capacity for potentially successful social participation is to be denied one's humanity.

Doyal and Gough

Inclusion is not a strategy to help people fit in to the systems and structures which exist in our societies; it is about transforming these systems and structures to make it better for everyone. Inclusion is about making a better world for everyone.

Diane Richler

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