



Skill Development, Crafts and Physical Disabilities Patients

“There’s got to be a way to make it more fun.”

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I. Overview of crafts, human development and the use of crafts in rehabilitation settings focusing on physically disabled patients

Throughout history, crafts have been essential to every culture as a product of survival and a method to express culture, art and community. The industrial age left behind some of the essentials of cultural expression as products became more mass-produced. Cultural identity is resuming the important role it has played in self identity, group identity, health, wellness and art expression. For this reason alone, occupational therapists need to return the use of crafts in rehabilitation. Occupation therapy is based on the use of meaningful activity to promote wellness. Meaningful activity focuses on the patient's definition of what is meaningful through self expression, cultural identity and personal experience. The artistic, personal expression to which craft skills can lead makes up an important portion of the activities of human occupation. No patient will be motivated by, or express interest in, all potential activities. It is the responsibility of the occupational therapist to develop a sufficient repertoire of activity selection to help the patient rediscover motivation and self-worth. While this pamphlet does not address the cultural meaning of the crafts discussed, it is implied that the occupational therapist will have the education and training to consider these elements.

The short stay of most rehabilitation patients has influenced the selection of projects included in this booklet. It is hoped that this information will spark the creative process within each therapist to apply a wider range of functional activities in the emerging patient-focused healthcare environment. Since cost of materials is always a factor in selection, this too has been addressed, along with ideas for cost-effective applications. Specific projects have been selected for their application as assistive devices and contributions to an exercise program.

II. Activity analysis and documentation

Activity analysis is a fundamental principle of occupational therapy. The activity analysis techniques used for this pamphlet have been based on terminology as defined in *Uniform Terminology for Occupational Therapy, Third Edition: Application to Practice*: 1994, available from AOTA.

The activities and crafts have been selected to provide purposeful activities for the patient/client, with the focus on goals with measurable outcomes and products that can be used functionally wherever possible. The products may be assistive devices, exercise equipment, or have altruistic applications. The therapist must engage in a creative process, with potential to improve motivation for both patient/client and therapist.

Crafts are one facet of therapeutic media. By manipulating the environmental setup, a variety of performance components can be incorporated in the production of the craft items. The performance component may be the primary therapeutic intervention and may relate directly or indirectly to improvement in performance areas. The author has never found justification in using crafts-for-crafts'-sake in therapeutic intervention, anymore than dressing training

would be used with a patient for whom dressing had no substantial goal. The author does not propose or imply that the crafts herein mentioned are used to evaluate the patient/client. Common evaluation tools (range of motion, manual muscle testing, fine motor and dexterity assessments) are recommended for use as they might be used with any therapeutic intervention: to demonstrate baseline, discharge and follow-up changes for outcome data. Crafts are part of the process from baseline to discharge. Just as ultrasound might be used to facilitate change, so crafts are a part of the process to motivate, activate and engage the patient/client in the rehabilitation process that results in an increase in function and wellness that holds meaning to the patient/client.

A number of general goals are identified below, along with techniques for setting up the process through crafts as meaningful activity. In the discussion of specific craft projects later in this pamphlet, each has some goals specific to that craft. The goals listed here are intended to be broad and require individualization to the specific patient/client under consideration. The numbering system is merely to enable the reader to follow items and implies no hierarchy or sequence of skill relationship. Discuss the goals with the patient/client wherever possible. If the person understands the therapeutic process behind the setup, he or she will often perform therapeutic movements while engaged in an activity which has motivation and meaning to him or her.

GOAL	SETUP
1. Increase sitting balance.	Vary the surface and side supports on which the person sits: hard surface, soft surface. Use activities that require varying use of hands if the person needs to occasionally hold on for balance. The activity becomes a distractor to improve automatic balance reactions.
2. Increase standing balance.	Perform activity with patient standing or alternating sit and stand. Provides opportunity to practice safe sit-to-stand movements.
3. Increase bilateral upper extremity coordination.	Select an activity that requires bilateral use, or set up materials to require bilateral involvement.
4. Increase use of dominant hand.	Focus on one hand. This may involve using alternative techniques or assistive devices to enhance the use of the dominant hand.

5. Increase use of nondominant hand.	Select simpler tasks than would be used with the person's dominant hand. Alternative techniques or assistive devices may be used.
6. Increase ability to interact appropriately.	Works in individual or group settings. Set up materials to promote the patient/client's need to request materials or ask for items to promote interactions with others.
7. Increase ability to tolerate environmental stimulation while maintaining on-task behavior.	Control and orchestrate the amount of environmental distractions present. Use an activity in which several treatment sessions are needed and grade the complexity of distractions. Gradually increase the types of conversation or questions that the therapist asks the patient while involved in an activity. Adjust the distractions to maximize the patient/client's learning to deal with them.
8. Increase ability to follow 2 (3, 4 +) step directions.	Select an activity that lends itself to grading. Vary the complexity according to the amount of challenge that the patient/client can tolerate.
9. Increase fine-motor coordination.	Select an activity that requires or can be modified to require fine-motor skills.
10. Increase grip and/or pinch.	Select an activity in which a high percentage of the necessary movements involve grip or pinch. The newer types of clay can involve all the same pinch/grip exercises used with therapeutic putty.
11. Increase functional range of motion.	Set up work area to promote large movement patterns. Even when this setup is awkward, the patient/client will often participate when they know the therapeutic process involved.
12. Increase cognitive and problem-solving strategies.	Use projects that involve choices, or where grading is appropriate, allow the patient/client to select graded levels of involvement.

13. Increase ability to move out of synergistic tone patterns.	Select activities, or plan layout of work area to require combinations of flexion and extension to break synergy patterns.
14. Increase verbalization during interactions with 1 (2, 3 +) other persons to enhance community re-entry skills.	Lay out materials or plan for other persons around the treatment area to have materials that the patient/client must verbally request. Use a treasure hunt for the person to locate materials for themselves or for another patient/client's project.
15. Decrease inappropriate verbalization while involved with group activity to enhance community re-entry skills.	Utilize the same technique as in item 14. Prepare the people from whom items will be obtained to respond only to appropriate interactions.
16. Increase ability to maintain on-task behavior.	Utilize a task that you know is within the frustration tolerance of the patient/client and utilize planned environmental or conversational distractions that can be graded.
17. Increase ability to initiate functional activity.	Require the patient/client to request items. They should be told the required behavior and may or may not be provided a list. This can be graded for greater difficulty through the treasure hunt techniques described above.
18. Increase ability to use adaptive techniques or adaptive equipment.	Patients/clients may find it more interesting to train in the use of adaptive techniques or assistive devices when involved in a craft activity that has significance to them. This can range from built-up handles to mobile arm supports, etc.

III. Reimbursement issues

Good documentation, appropriate and achievable goals and data to support sustained outcome are the key to reimbursement of any treatment. Crafts are one application of functional activity. The projects discussed here focus on items that can have functional applications such as motivating to exercise, assistive devices or incorporating therapeutic movements with motivating tasks. The purpose of the incorporation of crafts in this model considers the materials to be consumable treatment supplies.

The goals must focus on the skills, positioning, motivation and movements involved in functional activity, not on leisure-skill development or on filling time. While the philosophical foundations of occupational therapy support the development of a balanced life with activities of daily living, work and productive activities and play or leisure activities are essential to health and wellness. Few third-party payers will consider the full scope of this mind/body approach. Through the appropriate application of crafts, the occupational therapist may be able to incorporate some work or play/leisure activities into treatment while maintaining the emphasis on development of skills and motivation needed to develop independent and safe basic living skills for patients/clients. It is imperative that the occupational therapist be constantly prepared to explain (and defend without defensiveness) the application of any functional task, whether it be basic self care, cooking projects or crafts. Exercises may lead to improved function but are not usually the focus of human occupation and therefore should be part of short-term goals with long-term goals rooted in functional activity.

Some projects result in assistive devices. The assistive devices do not need to be constructed by the patient/client who will be using the item. This approach could work for construction of wooden stools that could be used in donning and doffing shoes and socks by another person.

A facility could have a year-round project to contribute toys for the holiday season. Toys could be constructed by many patients over a period of time. If planned well in advance, the cost of materials could be budgeted through marketing for the facility. The donation of the toys would receive news coverage, and include patients/clients presenting the items to those needing them.

A community club or organization could work with the facility for donating completed items. A civic group could be approached to contribute funds based on the return of a specific number of items or toys donated to homeless shelters or holiday baskets. Budgeting for this type of project should be similar to approaching the facility administrators for funding. For example, regarding wooden toys, a request for \$100.00 with which to purchase wooden toy kits and an agreement to provide 34 wooden toys in time for inclusion in holiday gift baskets. Setting a specific date for providing the toys would be easier for an organization to support than a vague request for money. It may require that someone serve as a liaison between the organization and the facility, but this does not need to be a therapist. Anyone on staff, whether professional or support staff, could serve as liaison. The dates and quantities must be determined realistically, or the staff rather than patients/clients could end up working on projects to meet the deadlines. Once successful, this type of funding could be renewed on an annual basis.

Projects used in interdisciplinary therapeutic groups. Choose simple projects that can be completed with minimum detail, but graded to more complex qualities for the patient/client who needs a greater challenge. Co-led group treatment can effectively work into the applications described, since some of the goals described can apply to interventions provided in co-treatment. Task analysis can result in dividing steps for completing the projects. Group members can either complete one project each, or work as an assembly line so that less skilled members can contribute their skills and more skilled members can be challenged.

Apply uniform terminology for documentation wherever possible.
Keep the documentation focused on:

PERFORMANCE AREAS:

Activities of Daily Living
Work and Productivity Activities
Play or Leisure Activities

PERFORMANCE COMPONENTS:

Sensorimotor Components
Cognitive Integration and Cognitive Components
Psychosocial Skills and Psychological Components

Remember to keep the project gradable to promote successful skill development – keep it simple for patient/client success and therapist sanity!

IV. Specific craft projects

The following items can be used easily in therapeutic interventions based on the preceding discussion. While many projects could be discussed here for specific examples, only those listed below with asterisks are detailed in the remainder of this pamphlet.

Organizing the work and storage area are significant components in the decision to use crafts in treatment. Storage is always at a premium. Many sizes and varieties of translucent plastic storage boxes are on the market. The translucent quality allows the contents to be seen without having to open each box. The construction of the boxes allows easy stacking. If the boxes can be fit into existing storage, they often allow more efficient use of the space than if items are loosely stacked on shelves.

To mark storage boxes, office supply stores carry peel-and-stick label holders of varying sizes into which cards or paper can be slipped with the contents, patient/client name or other detailed information. Since the cards can be replaced, it allows easy identification of specific topics that can be dated and changed as needed. Even though parts of the projects may be messy, the boxes allow the department to remain organized. It can also speed therapeutic use since all needed items can be stored together and eliminate searching to gather the materials needed for this type of therapeutic media application.

ITEM#	DESCRIPTION	PACK SIZE
1. WOODEN TOYS		
GP619	Cloud Climbers	36
GP2049	Paddle Wheel Boat	12
WD637	Punch Buggy	1
GA7519	Cars of Yesteryear	6
GA7518	Antique Air Fleet	6
GP1177	Humming Toy	48
WD7550	Punch & Slot Wood Craft Kit Asst.	30
2. COPPER ORIGINALS		
GP7	Gold/Silver Tooling Pack	53
RE1	Praying Hands Foil Plaque	53
3. SCULPEY®		
CL72	Sculpey® White Modeling Compound	1
CL73	Sculpey® III, Classic Colors	10

ITEM#	DESCRIPTION	PACK SIZE
3. SCULPEY® (continued)		
CL74	Sculpey® III, Bright Ideas	10
CL75	Sculpey® III, Pearls and Pastels	10
CL115	Sculpey® III, Naturals	10
CL191	Sculpey® III, Sampler	30
4. STOOLS		
WD5659	Turtle Stool	1
WD625	3-Legged Stool	1
WD811	Fiber Rush Stool	1
WD7177	Slat Stool	1
Highly recommended additional projects are available from S&S® online @ ssww.com		
1. LARGE PARTY FLOWERS		
GP56	Tissue Paper Flowers	84
2. PICTURE FRAMES		
GP931	Shell Frames	18
GP1835	Shadow Box Frames	12
WD7305	Small Wood Frames 6"sq.	12
GP2034	Wooden Puzzle Frame	12
3. WOODEN BOXES		
WD50X12	Small Trinket Box	12
GP1773	Construction Box	12
GP1834	Shadow Box	12
WD7393	Heart Shaped Box	1
4. PLAIN CANVAS BAGS		
ST2270	Tote w/ Gusset	1
ST2271	Mid Size Tote	1
GP1863	Heart Bags	12
5. Bubber® Modeling Compound		
18477001	White	15 oz. Box
18477002	Yellow	15 oz. Box
18477003	Red	15 oz. Box
18477004	Purple	15 oz. Box
18477005	Blue	15 oz. Box
18477006	Green	15 oz. Box

HUMMING TOY, Craft Kit, GP1177, pack of 48.

Therapeutic use of product and cost considerations: The Humming Toy becomes an easy-to-construct bilateral exerciser. Many older adults will recall using a large button and piece of string similarly when they were children. It provides an inexpensive bilateral exerciser that can be measured in terms of length of time that the activity can be sustained, or using other more conventional or standardized evaluations.

Description of activity: Precut cardboard circles are glued together, taking care to match prepunched holes. The plain white cardboard can be decorated using marking pens with designs that enhance the spinning circle. Rug yarn is provided to string through the holes. When frequently used, however, a stronger cord or string is recommended. A piece of cylindrical foam commonly used for built-up handles can be strung on each side of the cardboard circle to enhance grasp of device.

GOAL	SETUP
<i>During construction:</i> Increase standing balance.	Have patient stand at counter, raised table or in standing table during construction.
Increase attention span.	Vary the amount of distraction from isolated work to construction in group that includes social interaction.
Increase ability to use nondominant UE.	Size of markers can be varied from broad points in coarse designs, to fine points in more intricate designs.
Increase ability to interact appropriately.	Construct project with two or more patients sharing construction materials. Set up materials to enhance patient interaction rather than predistribution of supplies. Two patients could construct all the humming toys needed for a group to use in another therapy context.
<i>Use of completed project:</i> Increase bilateral strength and/or coordination.	Use the humming toy within an individual or group exercise program, or send home following use in the clinic to enhance the patient's home program. Angle of use can be changed to vary use of upper extremity muscle groups.
Increase grip strength.	Use of the humming toy provides a simple activity involving grasp.

WOODEN TOYS Cars, Trucks and Buses

WD7559	Wood School Bus	1
WD7567	Wood Truck	1
GA7519	Classic Model Cars	6

Therapeutic use of product and cost considerations: The therapeutic applications of this construction project are in the completion of the toys rather than the use of the completed item. While providing an opportunity to exhibit altruism is not a reimbursable goal, it nonetheless influences motivation. If the completed toys are given to hospitalized or homeless children, then the project becomes purposeful in an altruistic sense. Those patients who want the completed toy for their own children or grandchildren may need to purchase the kits directly from the therapy department since this is not commonly a reimbursable expense. It can be billed under treatment supplies if that is a covered item. Because of the appeal of working with wood, and the availability to order from S&S®, the patient could be provided with ordering information to continue the projects post discharge.

Description of activity: Two basic levels of construction are represented in the kits. The bus and truck represent the minimal steps for construction, while the model cars are multi-step with much smaller pieces. Either type of kit can be made more complex based on painting and finishing. Painting and finishing can be simplified by using marking pens and paste shoe polish.

GOAL	SETUP
Increase standing balance.	Have patient stand at counter, raised table or in standing table during construction.
Increase ability to use nondominant UE.	Use Dycem® to stabilize small parts. Size of markers can be varied from broad points to cover large surface areas, to fine points for intricate designs.
Increase ability to interact appropriately.	Construct project with two or more patients. Set up materials to enhance patient interaction rather than predistribution of supplies.
Increase ability to tolerate complex environmental stimulation while maintaining on-task behaviors.	Use assembly line techniques for patients of varying skill levels: painting, detailing, assembly of pieces.
Increase ability to follow 2 (3, 4 +) step directions.	Utilize written directions that come with kits to allow patient to organize and/or follow sequence for construction.
Increase bilateral and fine-motor coordination.	Set up work area to promote bilateral involvement, crossing midline, visual tracking, etc.

WOODEN STOOLS

Therapeutic use of product and cost considerations: Four footstools are recommended for this project with the specific selection based on the grading and complexity which the patient can tolerate during construction. The finished product can be used in dressing training (donning shoes and socks). The patient who constructs the stool does not need to be the same patient who utilizes the stool as an assistive device. The assembly could be done by day treatment or out-patients, while the product is used with in-patients. The stools also could be used similar to the toys since most children enjoy having a small stool.

Description of activity: Construction of a wooden footstool, with variations in the four stools as described below. Except for the rush stool, these could be completed with minimal detailing in two half-hour treatment sessions:

STOOL	CONSTRUCTION SUMMARY
3-Legged Stool, WD625.	Sanding, painting, optional detail painting, gluing.
Slat Stool, WD7177.	All of the above, plus nailing.
Turtle Stool, WD5659.	All of the above, detailing is less optional for finished product to resemble turtle.
Fiber Rush Stool, WD811.	Most complex of the stools, requires bilateral coordination to weave rush seat, and could not be completed in two treatment sessions; cognitively, this is the most challenging of these stools.

GOAL	SETUP
Rather than repeating previous content, see previous items for general goals and ideas related to varying position of patient and construction materials to promote increased functional movement.	Use marking pens, shoe polish or paint tubes rather than paint and brushes to color, decorate and finish stools.

CLAY – SCULPEY®.

Therapeutic use of product and cost considerations: The construction process provides the therapeutic opportunities and applications with this product. The most common products that fit clinical time frames are picture frames, beads and other jewelry items. Many of these products can be made by manipulating the clay in similar movement patterns to therapeutic putty exercises. To finish the clay products, the items are baked for short periods (10 to 20 minutes, depending upon size) at a low temperature (275°F) in a standard home-style oven. The cost would be covered under the same area as therapeutic putty because of the related therapeutic application. Sculpey® remains malleable until it is baked, although the longer it is exposed to air, the shorter the baking time to avoid a “toasted” discoloration of the clay. Since the actual cost depends on the size of the finished product, a rough estimate would be that a minimum of 10 patients could complete projects from one 1.75-lb. package (CL72). An average necklace of medium-sized beads costs between 40¢ and \$1.00.

Description of activity: Single color or multiple colors of Sculpey® can be combined through pinching, squeezing, rolling, cutting or other fine-motor techniques and formed into beads of varying shapes and sizes, or more complex patterns to make other small objects. For groups, making beads can be divided into assembly line production, creating an increased opportunity for group interaction. The most complex fine-motor task for beads is making the hole for stringing. The hole must be made prior to baking. By refrigerating the beads for at least 30 minutes, then using a medium-sized nail to push through the bead, distortion of the bead can be minimized.

GOAL	SETUP
Rather than repeating previous content, see previous items for general goals and ideas related to varying position of patient and construction materials to promote increased functional movement.	See descriptions in earlier project descriptions. Arrange work area to meet individual needs of the patient(s) involved in the activity.
Increase grip and/or pinch.	Instruct patient in hand patterns that promote increased strength. Tell the patient why certain hand patterns are desirable even if awkward, so they understand the therapeutic purpose behind the position choices.
Increase fine-motor coordination.	Select projects requiring more fine-motor components.
Increase cognitive and problem-solving strategies/skills.	Shapes cut from the clay can be assembled in patterns to create pictures or patterns similar to using parquetry blocks for decorations.

COPPER, GOLD AND SILVER TOOLING.

Therapeutic use of product and cost considerations: Copper pictures can be made at an easy level with the reusable plastic molds, or more creatively using simple drawings. The malleability of copper allows for the creation of various three-dimensional artwork. Protect sharp edges by taping them. The most advanced product resembles sculpting. The kit describes the simplest line drawing type of copper work. Working with the copper on a cushioned surface, the copper can gradually be pressed out for resolution, and flipped over to press in for background. A mouse pad for computers works well as a cushioned surface. For easier grasp, use a rounded chopstick. A pencil or broad-tipped ball point pen can also work, however, the tip must be rounded or it will pierce the copper. If pencil or ink stain the project, the copper can be cleaned, or the area buffed, creating an antiqued appearance without resorting to toxic materials. The process may require rubbing alcohol, most easily available in medical alcohol swabs. Adding a built-up handle will increase the ease in handling the tooling implement. Clay sculpting tools with blunt round ends also work well, but cost \$6 to \$10 each. Copper squares are available in precut packs of 40 (MT29).

Description of activity: At the simplest level, the copper squares are taped over plastic molds. The patterns are rubbed into the copper. At the more complex levels, patterns are drawn on paper and traced onto the copper by drawing the impressions into the copper. To maintain the raised pattern, soft modeling clay or paraffin can be pressed or poured into the back of the picture to prevent denting the raised areas. The finished copper picture can be aged or antiqued using sulphur compound (smelly and toxic), using the marks from a pen/pencil tooling device (described above) or using paste-style shoe polish to rub and burnish the copper.

GOAL	SETUP
Rather than repeating previous content, see previous items for general goals and ideas related to varying position of patient and construction materials to promote increased functional movement.	Vary patient/client position and position of materials to promote body position and movement patterns consistent with goals.
Increasing the grip and/or pinch, and fine-motor coordination are the primary focus of this activity. Other goals as listed in previous items can be incorporated.	The tooling device (whether pencil or chopstick as described above) is vital to the success of this medium. The grip needs to maximize the patient’s ability to exert controlled pressure on the copper, to allow shaping, but not piercing, of the copper. Other goals can be effected by therapeutic positioning of the patient.

NOTES