



Changing Images Art Foundation

## Breaking Down the Barriers: Adapting Activities to Increase Active Leisure Participation

By Kimberly Grandal BA, CTRS, ACC  
Executive Director, Re-Creative Resources Inc.  
[www.recreativeresources.com](http://www.recreativeresources.com)

Identifying and reducing an individual's barrier(s) to leisure pursuits is one of the most unique responsibilities of activity professionals and recreational therapists and an area of great importance in the revised CMS Activities Guidance to Surveyors. Often times, we have to adapt/alter activities, the environment, or the situation to make the activities more available to people who have limitations due to various social, cognitive or physical impairments.

Adapting activities proves to be very beneficial to individuals with various impairments and is an essential part of the comprehensive care plan. Adapted techniques decrease the barriers that a resident may have to numerous leisure pursuits, therefore increasing his/her participation in a variety of activities. Adapting is a great technique for those who have a new disability and need techniques or specialized equipment to actively participate in their favorite hobby or past time. Adapting also increase quality of life, accommodates residents' needs and interests, promotes quality of life, maintains or even increases functional status, and decreases learned helplessness. In many cases, residents may even learn new skills!

When adapting activities it is important to remember the following guidelines as suggested by Schleien, Meyer, et al., 1995).

- 1) Adapt only when necessary-consider whether or not the individual can participate actively without adapted equipment or techniques. It is important to thoroughly asses each individual and provide adaptive techniques only as needed.
- 2) View adaptations as temporary-an individual's abilities and skill levels may change therefore the need for adaptations should be assessed and re-assessed on a regular basis.
- 3) Adapt on an individual basis- not everyone requires adapted techniques or specialized equipment. For example: determine if all the participants in a bowling activity really need to use the bowling ramp. Some individuals may be capable of using a ball pusher, or a ball with a handle, while others may not require any assistance at all.
- 4) Adapt for congruence-it is crucial to try to keep the activity as close as possible to the original activity. This is necessary so as to not change the activity so it no longer resembles the original activity and so that there is not heightened attention on the individual who requires the adaptation.
- 5) Adapt for availability-it is important to offer adapted equipment and techniques that may be utilized in various settings, especially for those individuals that may be returning to the community. If you are utilizing specialized equipment that may not be available to the individual when they return home, consider alternate devices.

There are various ways in which a recreational therapist or activity professional may adapt activities. A common technique includes utilizing cues and prompts. An example of this includes the use of props and pictures, verbal and/physical cues, hand over hand assistance, physical guidance, verbal instructions, and so on. Another common technique is called task segmentation, which is breaking down the activity into a series of steps and performing one step at a time. Task segmentation is often used during a craft project or other activity that requires several steps for completion.

The environment truly affects the way we feel and behave therefore, the facilitator should be aware of room set-up, tables and chairs, glare, lighting, temperature, noise levels, distractions, etc. and make any necessary changes to provide an environment that is conducive to the activity. In addition, the facilitator may alter the activity, change the way the activity is normally done, or even change the rules.

Lastly, due to technology, there is a variety of adapted equipment available for individuals with impairments. The CMS revised F248 Activities Guidance to Surveyors, has placed strong emphasis on adapted equipment that is utilized across all disciplines. Recreation equipment often utilized in long term care include: books on tape, closed-caption TV, magnifying glasses, c-clamps, dycem, large print materials, adapted physical games,

adapted craft projects, cooking and sewing items, wheelchair gardens, adapted computers, and much more. For a list of vendors who sell adapted equipment, visit

<http://www.recreativeresources.com/linkadaptiveequipment.htm>

There are many creative adapted techniques that activity professionals utilize to increase active participation of their residents. The following is a list of sample adaptations:

### **Arts and Crafts**

- Assembly line approach- have the least able person complete the easiest task
- Use masking tape to hold down pictures
- Clipboards to hold paper or projects down
- Silly putty or clay on the end of a pencil or toothpick can be used to pick up small objects such as buttons.
- Use non-skid materials such as dycem
- Use larger letters, outline guides
- For poor grasp, larger handles, fatter pens etc.
- Focus on one step at a time
- Utilize task segmentation
- Post a chart of steps
- Have a finished project on display

### **Physical Activities**

- Bounce a ball, instead of throwing it
- Slow down the action (use a balloon or slow motion ball rather than a regular ball)
- Use larger or smaller playing objects
- Use contrasting colors for games
- Move target closer or further away
- During exercise, give clues- right, left, straight ahead, up, down
- Provide hand over hand assistance
- Provide passive range of motion
- Have residents become scorekeepers or cheerleaders
- Change the rules (i.e.) give 3 chances for bowling instead of 2
- Utilize props such as colorful scarves, rhythm instruments, etc. during exercise programs
- Have a sports competition (bowling, basketball, any toss game, etc. amongst those who either prefer to stay in their rooms or have to for medical reasons)

### **Word Games/Trivia/Discussion Groups/Table Games**

- For individuals who are non-verbal, provide paper and pen, pictures, communication board etc.
- Utilize multiple choices. (narrow down between 2 or 3)
- Use phrases like, "it sounds like" or it begins with the letter \_\_\_"
- Use gestures, verbal/physical cues
- Utilize pictures and objects to promote participation
- Encourage a resident with severe physical limitations to call bingo
- Have a trivia contest amongst those who either prefer to stay in their rooms or have to for medical reasons

### **Individuals with a visual impairment**

- Sit near the person within the range of his/her vision
- Use bright colored inks in bold letters on a contrasting background (black on white is easiest to see)
- Position individuals with poor vision nearest objects or persons to be seen
- Provide good lighting (natural daylight is best)
- Provide physical guidance
- Provide descriptive verbal instructions
- Utilize large print items, magnifying glass, audio books, magnified TV screen, etc.
- When applicable, make sure glasses are being worn and are clean
- Be cautious of glare from windows and floors
- Approach from the front rather than the side

### **Individuals with a hearing impairment**

- Sit close to the person
- Do not yell. Speak normally.
- First attract the person's attention and establish eye contact
- Face the person
- Speak slowly and distinctly
- Wait patiently for a response.
- Ask only one question at a time
- Use body movements and gestures often
- Repeat yourself or re-phrase the question
- Include in small group activities
- Minimize background noises and distractions
- Utilize closed caption TV and/or earphones
- Utilize a microphone
- When applicable, make sure hearing aid is in place and working
- Utilize sign language
- Utilize visual aides
- Write down what you are trying to say
- Sit person near the source sound

### **Individuals with a physical impairment**

- Utilize a variety of adapted equipment such as card holders, card shuffler, adapted scissors, adapted handles on paint brushes, gardening tools, cooking tools, sewing, etc., bowling ramp, ball pusher, simple musical instruments i.e. egg shakers, wrist bells, dycem, clamps, book holders, etc.
- Provide hand over hand assistance
- Provide passive range of motion
- Put supplies and materials in reach
- Talk with PT/OT about adapted equipment options
- Encourage resident to provide passive range of motion to self by using good hand/arm

### **Individuals with a cognitive impairment**

- Provide task segmentation
- Involve in small group programs that are shorter in length
- Provide validation and reassurance
- Utilize extensive cues and prompts
- Focus on long-term recollection
- Utilize familiar movement during exercise programs i.e. swimming, climbing a ladder, mixing batter, etc.
- Provide task-oriented activities based on interests and previous lifestyle
- Provide 1x1 assistance as needed
- Provide hand over hand assistance
- Utilize pictures and props
- Utilize simple, direct communication
- Allow time for response
- Provide a therapeutic environment
- Provide spontaneous programming

In summary, the use of adapted techniques and equipment is instrumental to the quality of life and functional status of the elderly in long term care, short-term rehabilitation centers, assisted living, and adult day care centers. Some equipment can be expensive; however, we must make all attempts to provide specialized equipment and services. Often times, we can be very creative in our approaches for recreational therapists and activity professionals are very innovative and resourceful!

### **References**

Schleien, S., Meyer, L., et al. (1995) *Lifelong leisure skills and lifestyles for persons with developmental disabilities*. Baltimore, Maryland: Paul H. Brooks.

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