

## ROLEPLAYER CARD NO. 5

## OCCUPATIONAL THERAPY

SETTING

Hospital Rehabilitation Unit

**PATIENT**

You are 80 years old and recently had a total knee replacement on your right knee. You are being assessed by an occupational therapist for discharge from hospital.

**TASK**

- When asked, say you're glad to be going home but you're also feeling a bit nervous; you're not sure how you're going to cope.
- When asked, say you live by yourself. There is one set of stairs in your house, about 12 steps.
- When asked, say your bathroom only has a shower. You already had your house assessed and rails were placed in several areas: the bathroom (near the toilet and in the shower) and outside. You also have a personal alarm. Your bedroom and the bathroom are upstairs. The kitchen is downstairs.
- Say you don't want to make any more changes to your home; you like it the way it is.
- Say you'll have your home assessed again and make any recommended changes.

## CANDIDATE CARD NO. 5

## OCCUPATIONAL THERAPY

SETTING

Hospital Rehabilitation Unit

**THERAPIST**

Your 80-year-old patient has recently had a total knee replacement (right knee). You are seeing the patient to assess him/her prior to discharge.

**TASK**

- Confirm reason for seeing patient (assessment prior to discharge). Find out how patient is feeling about going home.
- Reassure patient about going home (e.g., gradual improvement expected in strength/mobility, support/assistance available if required, etc.). Find out relevant details about patient's living situation (e.g., if patient lives alone, any stairs in home, etc.).
- Find out more details about patient's home (e.g., shower/bath, existing adaptations, location of: bedroom, kitchen, bathroom, etc.).
- Confirm benefits of current adaptations (e.g., handrails in bathroom, personal alarm system: good safety precaution, etc.). Advise possible need for additional home adaptations (e.g., handrails on staircase, etc.). Recommend other equipment/assistive devices (e.g., walker, shower chair, etc.).
- Stress importance of home adaptations (e.g., home more accessible, easier living situation, etc.). Explain risks after discharge (e.g., trying to do too much, no immediate assistance available if required, alone for long periods, etc.). Outline next steps (e.g., home assessment, provision of aids, patient discharged, etc.).