

# How do we help?

We will help you to continue your day-to-day life as normally as possible because carrying out everyday activities is important to your well-being.



Issues range from the most simple, such as:

- Being able to get in and out of bed or on and off the toilet
- Feeling too breathless to manage the stairs

Or they can be more complex, such as:

- Disrupted sleep because of anxiety, resulting in fatigue
- Coping with ongoing changes in abilities caused by a progressive condition.



We will work with you to **find solutions to the difficulties you may be having**. This may be by obtaining equipment to help or finding a different technique or approach for carrying out an activity.

Some of the common symptoms we can help with are:

- **Fatigue**
- **Anxiety**
- **Breathlessness**

We can help you **develop your coping strategies** and enable you to manage the impact of these symptoms on your day-to-day life.

As well as one-to-one sessions, we run group sessions called **Wellbeing Workshops**. We also run **relaxation sessions** for patients and carers to learn this valuable life skill.

## The Five “P” Principles of Fatigue Management:

PRIORITISE



PLAN



PACE



POSITION



PERMISSION



# Who's who in OT?

**Theresa Hopwood** qualified as an Occupational Therapist in 1980. Initially working at the Royal Surrey County Hospital and later moving to Frimley Park Hospital, her previous roles have included establishing a home rehabilitation service and an NHS Wheelchair Service. After obtaining a Diploma in Management Studies in 1990, she undertook a two year Quality Assurance Project.



Theresa has always had an interest in palliative care and took the opportunity in 2001 to develop an Occupational Therapy service at the Hospice. Theresa has spoken at both the Specialist Section and the College of Occupational Therapy National Conferences. Theresa's contribution to Occupational Therapy in Palliative Care was recognized in 2013 by a Merit Award from the College of Occupational Therapists.

**Catherine Fortescue** worked for the majority of her 20 years practice in a Community Rehabilitation setting, and was delighted to join Phyllis Tuckwell in 2010 to follow a growing interest in Palliative Care. She works mainly with patients attending the Day Hospice and visits them at home when appropriate, working with them and their families to find solutions to difficulties they may be experiencing with day to day activities. She also enjoys running our programme of Relaxation Sessions. She has a particular interest in student education, relaxation skills and Fatigue Management.



**Lisi Pilgrem** has been working with the Community Team at Phyllis Tuckwell for 5 years. Qualified as an Occupational Therapist at Dorset House, Oxford, she has recently completed the professional diploma in Social and Therapeutic Horticulture (STH) at Coventry University.



Previous experience in OT includes OT Team Lead at Earl Mountbatten Hospice, Isle of Wight, Acute Care for the NHS Trust, and management in Mental Health including designing an OT programme for Dementia Care.

**Liz Faulkner Manning** qualified as an Occupational Therapist in 1988 at the York School of OT. After a short period of working in Rwanda, she went on to specialize in long term mental health for the first half of her career. During this time, she completed a BSc (Hons) Health Studies. She then moved into Elderly Rehab before combining both areas of expertise in palliative care. Initially working at Sam Beare and Woking Hospices, she joined Phyllis Tuckwell in 2004.



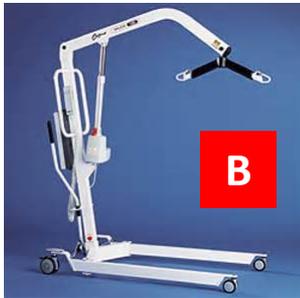
Liz enjoys being based in the Community Team, primarily visiting patients in their own homes, but also providing continuity for her patients who come to the Day Hospice or are admitted to the In-Patient Unit. Her particular interests are groupwork, anxiety and depression in palliative care, and teaching.

# Our 'cupboard of treasures'

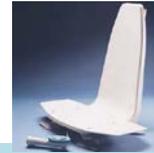
Occupational Therapists are probably best known for our provision of specialist equipment, to help people manage their day-to-day activities as independently and safely as possible.

Below is a small sample of some of the gadgets we recommend (some from our own cupboard and others from the county stores or for private purchase):

*How many can you recognise and can you work out what they are for?*



# Our 'cupboard of treasures' (answers)



## **A. ADAPTED CUTLERY**

A range for those who have difficulty gripping or manipulating conventional cutlery.

## **B. MOBILE HOIST**

To enable carers to safely transfer patients who are no longer able to safely weight bear.

## **C. MOWBRAY TOILET FRAME**

Goes over the toilet and adjusts in height for those who lack strength in their legs to stand up from sitting.

## **D. PRESSURE RELIEVING CUSHION**

To prevent or help treat pressure sores

## **E. LONG HANDLED GARDENING TOOLS**

For those who cannot bend down for low tasks. There are a range of long handled gadgets available, including the Easireach ('grabber').

## **F. HANDLING BELT**

For carers to use with those who need some assistance and guidance in transferring and walking.

## **G. BATH LIFT (POWERED BATH SEAT)**

For those who have difficulty getting in and out of the bath.

## **H. STAIR LIFT**

To enable *getting up and down the stairs* for those with loss of muscle strength, fatigue, or breathlessness but who are still able to transfer on and off and balance safely.

## **I. KEY SAFE**

A safe place to keep a spare key for those who find it difficult to get to the door for visitors, carers etc.

## **J. BED LEVER**

Slides between mattress and divan leaving a 'handle' to aid turning in bed, going from lying to sitting, and from sitting to standing.

## **K. SHOWER BOARD**

Grips the top of the bath so that someone can sit and swing legs over (instead of stepping over bath lip) for showering. Useful if legs are weak or person tires easily.

## **L. BOTTOM WIPER**

For those with grip or reach difficulties, toilet paper can be gripped by this for use and then released by a press of a button.

*Please note all equipment needs careful assessment with the patient first.*