

Wound Care: Occupational Therapy Roles

Activities of Daily Living

- Dressing, bathing, toileting, meal preparation
- Assessment and recommendation of techniques and/or equipment

Assess and Recommend

- Mobility with changes in status to lower extremity weight bearing
 - Is a wheelchair and seating cushion or support surface required?
 - Transfer techniques and/or equipment
 - May need to change from previous methods due to location of wound
- Self-management behaviours such as:
 - Skin checks, Footwear/clothing type,
 - Smoking/Nutrition
 - Management of skin health

Wound Care: Occupational Therapy Roles

- Support 24 hour Approach to Pressure Management
 - Determine cause of pressure, shear and friction and recommend changes
 - Positioning, Postural Support and Repositioning
 - ❖ Bed – Hospital Beds, Mattresses, Therapeutic Sleep Surfaces (positioning, turning protocols)
 - ❖ Toilets, commodes, bath seats, furniture, vehicles to ensure support of posture and to eliminate/minimize pressure, shear, friction
 - ❖ Wheelchair- Seating components, Sitting protocols, Support surfaces, Weight shifting
 - Wound monitoring when support surfaces are in place

Assess, Refer and Communicate

- In community settings may see the wound or wound risk first, refer to team members
- Liaise with team members

Wound Care: Occupational Therapy Role

Education

- Daily checks to assess and monitor skin
- Lifestyle and clothing choices
- Pressure prevention and management techniques
- Wound identification
- Wound prevention and wound risk reduction

Wound Care: Physiotherapy Roles

Depending on setting can be similar to Occupational Therapy and in addition

- **Education**
 - Avoidance of wound aggravators/positions such as prolonged sitting or standing
 - Diabetic foot care
- **Mobility**
 - Gait aids to offload pressure
 - Casts, Footwear, Orthotics and Walking boots
- **Prevention**
 - Compression wrapping and stockings (certain cases)
 - Exercises
 - Heel protection
 - Positioning