




**Reducing the Risk of Falls
& Injuries in the
Middle Stages of Cognitive
Impairment**

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OBJECTIVES

1. Describe at least one situation where a resident with Middle Stage cognitive changes may be at risk for fall/injury.
2. Describe at least one task modification that can be applied when caring for residents with Middle Stage cognitive changes to maximize abilities and minimize falls/injuries.
3. Describe at least one environmental adaptation that can be utilized when caring for residents with Middle Stage cognitive changes to maximize abilities and minimize falls/injuries.
4. Describe at least one change to caregiver approach that is recommended when caring for residents with Middle Stage cognitive changes to maximize abilities and minimize falls/injuries.

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 **Global Processing/
Functional Cognition**


- Cognitive Disabilities Model
 - CATG
 - ACLS/LACLS
 - ADM Placemat
 - RTI-E
 - EFPT
 - Others....


**Global Cognition/
Medical Model**

- SLUMS
- MoCA
- MMSE
- BIMS
- GDS/BCRS
- AxO (3-4)
- CDRS
- CLQT
- RIPA-G
- ABCD

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 **Cognitive Disabilities Model**



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Helps Us Know...



- Remaining Abilities (BATF)
- Can Do – Will Do – May Do
- Just Right Challenge

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Too Low

- Loss of Available Skills
- Increased Stress, Boredom
- Decreased Interest
- Decreased Participation

Too High

- Safety Errors
- Increased Stress, Frustration
- Fight or Flight Response
- Inability to Perform Task

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This slide features the Consonus Healthcare logo in the top left corner. The main title is "When Its Best To...". Below the title is a large graphic consisting of two overlapping arrows pointing in opposite directions. The left arrow is light green and contains the word "Rehabilitation". The right arrow is teal and contains the word "Habilitation". The background on the left side of the slide has a pattern of small, light-colored circles. The website address "consonushealth.com" is visible in the bottom right corner.

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When Its Best To...

Rehabilitation Habilitation

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This slide features the Consonus Healthcare logo in the top left corner. The main title is "And When We Should...". Below the title are three stacked, rounded rectangular boxes, each containing a different strategy. The top box is light green and says "Change the Task". The middle box is blue and says "Change the Environment". The bottom box is yellow and says "Change the Approach". The background on the left side of the slide has a pattern of small, light-colored circles. The website address "consonushealth.com" is visible in the bottom right corner.

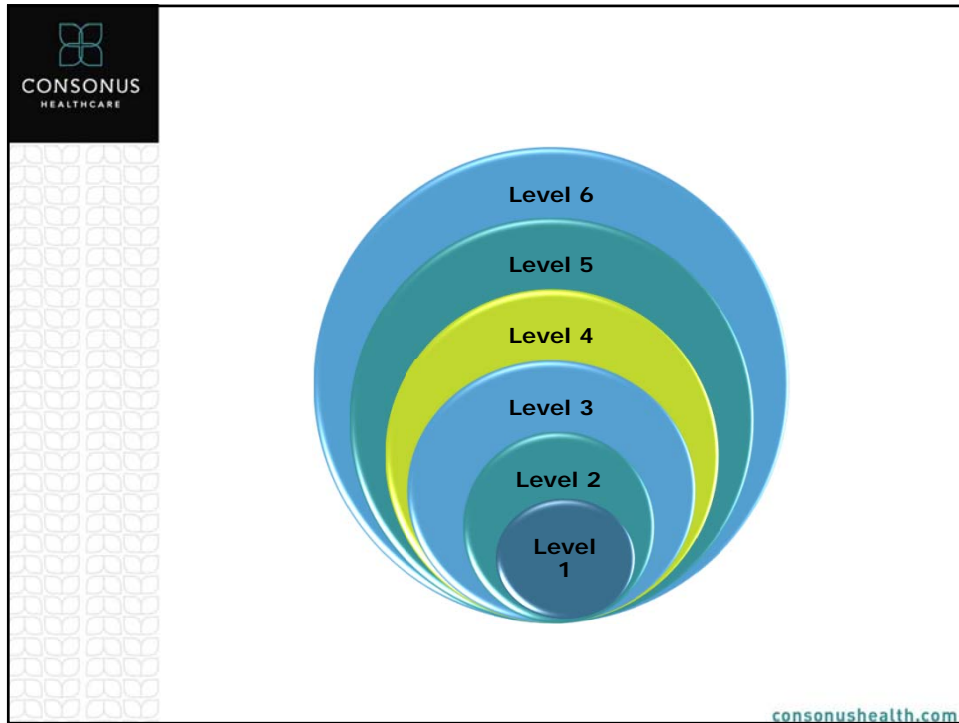
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And When We Should...

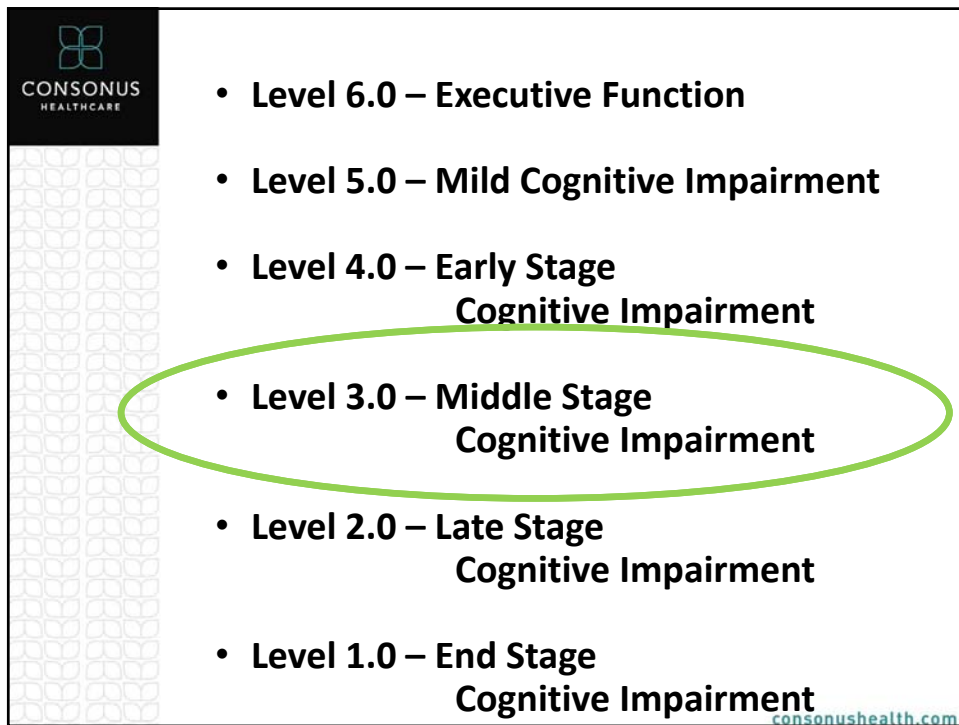
- Change the Task
- Change the Environment
- Change the Approach

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- Level 6.0 – Planned Actions
- Level 5.0 – Independent Actions
- Level 4.0 – Goal Directed Activity
- Level 3.0 – Manual Actions
- Level 2.0 – Postural Actions
- Level 1.0 – Automatic Activities

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**Middle Stage
Cognitive Changes**
(CL: 3, GDS: 6)

What Abilities Remain?


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Manual (One-Step) Actions

ONE STEP AT A TIME





☀ Daily Routine ☀

Wake Up	Morning	Afternoon	Night
<input type="checkbox"/> Enter Task Here	<input type="checkbox"/> Enter Task Here	<input type="checkbox"/> Enter Task Here	<input type="checkbox"/> Enter Task Here
<input type="checkbox"/> Enter Task Here	<input type="checkbox"/> Enter Task Here	<input type="checkbox"/> Enter Task Here	<input type="checkbox"/> Enter Task Here
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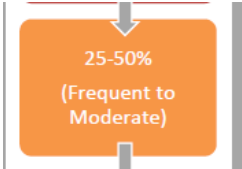
Storyboard

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Cognitive Assist



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Cognitive Level	Visual Attendance
<p>ACL 3.0 – 3.8 (and/or GDS 6)</p> <p><i>NDT Timeline:</i> 1.5 to 3 y/o</p>	<p>3.6 & 3.8 = Able to Locate Items within 2 to 3 ft</p> <p>3.0 – 3.4 = Able to Locate Items within 12 – 18 in</p>

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Cognitive Level	Communication Abilities	Processing Times
<p>ACL 3.0 – 3.8 (and/or GDS 6)</p> <p><i>NDT Timeline:</i> 1.5 to 3 y/o</p>	<p>3.6 & 3.8 = Simple Directions</p> <p>3.0 – 3.4 = Short Phrases (Has one minute attention span)</p>	<ul style="list-style-type: none"> 10 – 15 second delay May take up to 2-3x longer to respond, act, & complete task

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 **Where Are the Greatest Risks?**



attention
span

LOOK!
A Distraction!



WARNING WARNING WARNING
WARNING WARNING WARNING
WARNING WARNING WARNING

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 **How Can We Best Help & Support?**

How Can We Best Adapt Our Care?

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Task Modifications: Single Steps




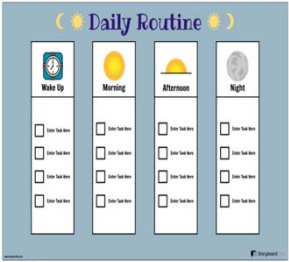


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Task Modifications: Routines


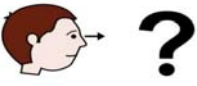
discovery



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 **Environmental Adaptations**

CAN YOU SEE?

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 **Environmental Adaptations**



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Caregiver Approaches



Cueing Hierarchy

Minimum Support

- Facial Expression**
Give a simple "nod" to indicate you are awaiting them to tell their own story or to respond to you.
- Wait Time**
Allow them extra time to complete the task without additional cues from you.
- Verbal Reminder**
A quick reminder of what skill your looking for.

Moderate Support

- Tactile Cue**
Gently give a tap to guide them forward along what you're asking.
- Phonemic Cue**
Verbally start the word for them.
- Visual Cue**
Provide a picture reminder of what you want them to do or say.
- Gestural Cue**
Gesture or point as a reminder of what you want them to do or say.

Maximum Support

- Hand-Over-Hand**
Physically gently guide to do what you're asking.
- Model**
Do exactly what you want them to do, how you want them to do it.

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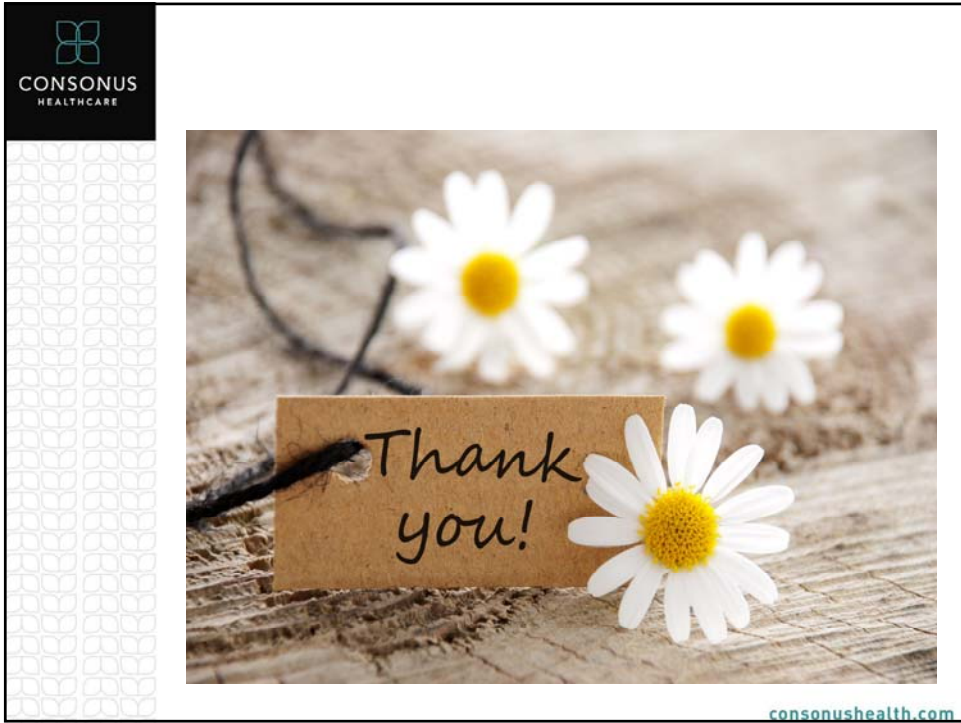
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Caregiver Approaches

- Give simple direction or Ask simple question
- Wait 5-15 seconds
- During pause, can add Visual, Tactile, and/or Demonstration Cues
- Repeat simple direction or Ask simple question only after 5-15 seconds has past

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