Module 21. Working with Clients with Physical Disabilities

Goal
The goal of this module is to introduce participants to the needs of clients who have physical disabilities.

Time
1 hour and 10 minutes (plus 20 minutes optional activity)

<table>
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<tr>
<th>Activities</th>
<th>Teaching Methods</th>
<th>Time</th>
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</thead>
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<tr>
<td>1. Introduction to Working with Clients with</td>
<td>Interactive presentation and brainstorming, individual</td>
<td>1 hour and 10</td>
</tr>
<tr>
<td>Physical Disabilities</td>
<td>exercise, and large-group discussion</td>
<td>minutes</td>
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<tr>
<td>Optional: Physical Disabilities Experience</td>
<td>Large-group discussion</td>
<td>20 minutes</td>
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<tr>
<td>during Break</td>
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</table>
Module 21. Working with Clients with Physical Disabilities

Supplies

- Flip chart, markers, and tape
- Paper and pencils
- Wheelchairs and/or crutches (enough for ¼ of participants, if possible)
- Cotton balls (enough for ¼ of participants)
- Eye patches or scarves (enough for ¼ of participants)
- Slings, neckties, or rope to confine one arm (enough for ¼ of participants)

Learner’s Book

1. Understanding Physical Disabilities
2. Types of Physical Disabilities
3. Working with Clients with Physical Disabilities
4. Assisting clients with Acquired Disabilities
5. The Americans with Disabilities Act

Handouts

- Handout 1. Key Terms
- Handout 2. Summary of Key Information

Advance Preparation

Review all the training instructions and learner’s materials for this module. Note that icons are used to remind the trainer of the following:

- When you are presenting or covering Key Content in the discussion. (Key Content is also addressed in the Learner’s Book and the handouts, but we use the “key” icon only when it is covered elsewhere in the learning process.)
- When it is important to ask a particular question to get participants’ input.
- When it is time to refer to the Learner’s Book.
- When it is time to distribute and discuss a handout.
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Copy all handouts for participants.

Gather all necessary supplies and equipment.

Consider inviting a client who has a physical disability and/or their home health aide to be guest speakers for this module. You can show them the learning outcomes and ask if there are any they would like to address. Or you can simply ask them to speak about their experiences, focusing on the tasks that are done with a home health aide. Some activities would have to be cut from the module for the sake of time, but it would be well worth it for participants to have a chance to hear from and ask questions of a client with physical disabilities.

Please note that the Key Content is meant to be background information for the trainer. **DO NOT READ OUT LOUD TO PARTICIPANTS.**

**Activity 1. Introduction to Working with Clients with Physical Disabilities**

Prepare the following flip chart pages:

- “Disability” (Step 2)
- “Physical Disabilities: Examples” (Step 3)
- “Goals of Working with Clients with Physical Disabilities” (Step 14)
- “The Role of the HHA in Assisting Clients with Physical Disabilities” (Step 15)

**Optional: Physical Disabilities Experience during Break**

Gather the wheelchairs, crutches, eye patches, scarves, cotton balls, slings, and ropes needed for the physical disabilities experience.

Prepare a flip chart page with discussion questions (Step 4).
Activity 1. Introduction to Working with Clients with Physical Disabilities

1 hour and 10 minutes

Learning Outcomes

By the end of this activity, participants will be able to:

- Define “disability” and describe the various types of physical disabilities that their clients may have.

- Describe the goals and the role of the home health aide in working with clients with disabilities and their families.

Key Content

- A disability is defined as a physical or mental impairment that substantially limits one or more major life activities. Disabilities may be physical, emotional, or developmental.

- A client with a physical disability is more likely to be a young or middle-aged adult, but elders may also have physical disabilities. The goals of working with clients with physical disabilities are to promote self-care and independence, to maintain dignity and self-respect, and to ensure safety.

- The home health aide achieves those goals by assisting the client with:
  - Personal care and other ADLs
  - Getting around safely, including going with the client to appointments and community or social engagements
  - Housekeeping
  - Shopping
  - Planning and preparing meals
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- As with other clients, Observe, Record, and Report (ORR) is an important function of the HHA when working with clients with physical disabilities. In particular, the HHA can see early signs of skin breakdown and can report it early enough to prevent pressure ulcers from forming.

- Another important function of the home health aide is to provide relief for other caregivers, typically family members.

- For people whose disability is the result of injury or illness (i.e., “acquired”), the disability causes many changes in their lifestyle. The home health aide can help reduce stress by assisting the client and the client’s family in managing these changes.

- Acquired disabilities often are accompanied by a sense of loss, leading to anger, depression, and denial. By being supportive and accepting, the home health aide can help the client to address this sense of loss.

- The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in the areas of employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications. The home health aide can inform the client and the family about their rights and may be able to refer them to resources to help them exercise their rights.

Activity Steps

Interactive Presentation and Brainstorming—10 minutes

1. **Invite participants to share knowledge.** Ask:

   ![?](image) What does the word “disability” mean to you? Or, what does it mean if we say someone is “disabled?”

2. **Define “disability.”** After a few responses, post and review the flip chart page on disability. Note that they will learn more about “acquired” disability later in this module.
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Flip Chart

**DISABILITY**
A physical or mental condition that limits one or more major life activities.

**TYPES OF DISABILITIES**
- Physical
- Emotional
- Developmental

**DISABILITIES MAY BE:**
- Temporary or permanent
- Caused by brain injury around time of birth
- Caused by illness, accident, or other injury (“acquired”)

3. **Facilitate brainstorming.** Explain that this module will focus on working with people with physical disabilities. (Emotional and developmental disabilities are addressed in another module.) Ask participants to brainstorm all the different kinds of physical disabilities that they know of. List their responses on a flip chart page.

Flip Chart

**PHYSICAL DISABILITIES:**
**EXAMPLES**
Module 21. Working with Clients with Physical Disabilities

Teaching Tip
This list should include being blind, deaf, or mute, and morbidly obese as well as various types of paralysis—e.g., paralyzed from the waist down, from the neck down, etc.

Individual Exercise—5 minutes

4. Set up individual exercise. Ask participants to choose the disability from the flip chart list that they feel would be the most difficult for them to experience, personally. Distribute a blank sheet of paper to each participant and ask them to write that disability at the top of the paper.

5. Give instructions. Ask participants to close their eyes and imagine that they have this disability permanently. Ask them to keep their eyes closed and think about the following questions. Pause for a moment after asking each question:

- How would your life change as a result of having this disability?
- What activities would you not be able to do on your own anymore, if any?
- How would your relationships change, if at all?
- Which change would be the most difficult for you to accept?
- What kind of assistance would you need to keep doing the things that you currently do?

6. Give additional instructions. Ask participants to open their eyes and immediately write on their sheet of paper what kind of assistance they would need to maintain their normal life with this disability.

Large-Group Discussion—10 minutes

7. Facilitate large-group discussion. After everyone has finished writing, ask participants to share some of their thoughts and feelings about having a physical disability. Ask for one or two responses to each of the questions from Step 6.
8. **Draw out lessons from the exercise.** Explain that imagining themselves having a physical disability is in no way the same as having that disability. But the hope is that they can begin to understand what a client feels and what he or she might need from a home health aide. Note that having a physical disability does not necessarily change how people feel about themselves and how they relate to others. For example, point out how participants were able to imagine continuing their normal life with a little assistance.

### Interactive Presentation—30 minutes

9. **Emphasize importance of terminology.** Note that you have been talking about “people with physical disabilities,” rather than calling them “handicapped.” Ask participants:

   ![Question Icon] **What does the word “handicapped” mean to you?**

   After a few responses, note that many people with physical disabilities dislike the use of that word. This is at least partly because, in the past, people who were called “handicapped” were treated badly and not allowed to do many normal activities that they were actually capable of doing. Many people associate the word “handicapped” with people whose only means of support was from begging.

10. **Emphasize “abilities” vs. “disabilities.”** Explain that people with disabilities can lead active lives. Note the importance of looking at what a person with a physical disability *can* do (i.e., his or her ability), rather than what he or she *cannot* do. With some assistance, many clients with physical disabilities are able to maintain a home, raise a family, hold a job, be active in their community, and pursue personal goals and dreams.

11. **Include sexuality in their thinking about “abilities.”** Note that people with physical disabilities may still have sexual interests and may still be able to have intercourse, depending on the disability. It is important to respect a client’s feelings and rights in the area of sexuality.
12. Refer to 1. Understanding Physical Disabilities in the Learner’s Book. Note that this summarizes what they have discussed so far.


14. Review focus of home care for people with physical disabilities. Post and discuss the prepared flip chart page on “Goals of Working with Clients with Physical Disabilities.”

*Flip Chart*

<table>
<thead>
<tr>
<th>GOALS OF WORKING WITH CLIENTS WITH PHYSICAL DISABILITIES</th>
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<tbody>
<tr>
<td>• Promote self-care and independence</td>
</tr>
<tr>
<td>• Maintain dignity and self-respect</td>
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<tr>
<td>• Ensure safety inside and outside the home</td>
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15. Give additional information on the role of home health aides. Refer participants to 3. Working with Clients with Physical Disabilities in the Learner’s Book. Post and review the prepared flip chart page on “The Role of the HHA in Assisting Clients with Physical Disabilities.” Note how many of these tasks were mentioned by participants in the discussion of what assistance they would like if they had a physical disability.
Module 21. Working with Clients with Physical Disabilities

**Flip Chart**

<table>
<thead>
<tr>
<th>THE ROLE OF THE HHA IN ASSISTING CLIENTS WITH PHYSICAL DISABILITIES</th>
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</thead>
<tbody>
<tr>
<td>• Personal care</td>
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<tr>
<td>• Getting around safely</td>
</tr>
<tr>
<td>• Housekeeping</td>
</tr>
<tr>
<td>• Shopping</td>
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<tr>
<td>• Plan and prepare meals</td>
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<tr>
<td>• Provide relief to other caregivers</td>
</tr>
<tr>
<td>• Go with client to appointments and community or other social engagements</td>
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<tr>
<td>• Observe, Record, and Report</td>
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**Large-Group Discussion—15 minutes**

16. Explain the impact of an acquired disability. Note that in situations where a disability is acquired from injury or illness—as opposed to being something the client was born with—changes in the client’s life and the family’s life are **sudden**. Helping to decrease the stress for clients and their families is one important role for a home health aide.

17. Discuss the difficult adjustments that accompany an acquired disability. Refer to 4. Assisting Clients with Acquired Disabilities in the Learner’s Book. Review the list of changes from an acquired disability. For each type of change, ask participants to discuss these two questions:

- ? How might the changes be stressful for a client with an acquired disability and/or the client’s family?

- ? How can the home health aide help to reduce that stress?
18. Discuss the importance of providing emotional support. Note that many of these changes are experienced by the client and the family as a “loss.” This can lead to emotional responses similar to grief—e.g., denial, anger, or depression. Explain that by using the communication skills of listening and asking open-ended questions, the home health aide can show support for and acceptance of the client, which can help reduce some of the emotional stress from the sense of loss.

19. Discuss the impact of discrimination. Note that some of the “losses” people with acquired disabilities experience are the result of discrimination—e.g., it may be more difficult to find a job or a place to live. Refer to 5. The Americans with Disabilities Act in the Learner’s Book. Explain that the Americans with Disabilities Act is a law that makes it illegal to discriminate against a person because he or she is disabled. This applies to employment, public accommodations, commercial facilities (e.g., banks, restaurants, stores, and other businesses), transportation, and telecommunications. The home health aide can inform the client and the family about their rights and provide them with information about resources to help them exercise their rights, if needed.

20. Summarize the module. Distribute and review Handout 1. Key Terms and Handout 2. Summary of Key Information. Ask participants if they have any questions.
Optional: Physical Disabilities Experience during Break 20 minutes

Activity Steps

Individual Exercise—10 minutes

1. **Introduce activity.** Explain that before the next module, there will be a short break. To begin to develop empathy for persons with physical disabilities, participants will experience a variety of physical limitations during this break. These limitations are meant to give them a sense of what a client with that physical disability might experience when trying to do daily activities like eating or using the toilet. However, it should be viewed only as an introduction to that experience.

2. **Give instructions.** Participants will be assigned a physical “limitation” to experience during the break. They should go to the restroom or get something to eat or drink. When they return, they will discuss what they experienced—as much as they are comfortable, that is!

   Explain that the experiential “limitations” will be:
   - Eye patches or a scarf over both eyes
   - Cotton in the ears
   - A sling, tie, or rope for their dominant arm
   - A wheelchair or crutches, with the instruction that no weight can be put on their right leg.

3. **Assign limitations.** Ask participants to count off by 4’s—1-2-3-4, 1-2-3-4, and so on. All the “1’s” will be assigned eye patches, all the “2’s” will put cotton in their ears, etc. Assist participants to put on or use the props necessary for their limitations.
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AFTER THE BREAK: Large-Group Discussion—10 minutes

4. Facilitate discussion. Welcome participants back from break. Post the prepared flip chart page with discussion questions. Ask a volunteer to start by answering the first question. Encourage a few responses to each question.

Flip Chart

EXPERIENCING DISABILITY--DISCUSSION QUESTIONS:

1. What is one thing you learned about having this physical disability?
2. How did you feel while experiencing that physical limitation?
3. How has your thinking about people with physical disabilities changed, if at all?
4. What questions would you now want to ask a person with a physical disability?

5. Wrap up the activity. Thank participants for their willingness to try something different and to share how that felt. Note, again, that this is not meant to convey what it feels like to deal with a physical disability on a full-time, lifelong basis. But it is hoped that, by just considering what they felt after experiencing the limitation for 10 minutes, they will be more curious and empathetic when working with clients with physical disabilities.
Activity 1. Introduction to Working with Clients with Physical Disabilities

1. Understanding Physical Disabilities

2. Types of Physical Disabilities

3. Working with Clients with Physical Disabilities

4. Assisting Clients with Acquired Disabilities

5. The Americans with Disabilities Act
1. Understanding Physical Disabilities

A disability is a condition that limits the way we:
- Move
- See, hear, touch, taste, or smell
- Think
- Feel

Physical disability:
A physical disability means that a part of the body (or a body system) does not work the way it is supposed to. This makes it harder to do daily activities.

A physical disability may last only for a while. Or it may last for the rest of a person’s life.

Some people are born with a disability (example: muscular dystrophy). An “acquired disability” is when someone becomes disabled after being injured or getting sick (example: being paralyzed after a spinal cord injury).

People with physical disabilities may still have sexual interests. They may still be able to have intercourse, depending on the disability. Their feelings and rights in this area need to be respected.

“People with Disabilities”: In the past, disabled people were called crippled, handicapped, deaf, blind, or retarded. Those words have negative meanings to a lot of people. So now we say: people with disabilities, hearing challenged, visually impaired, or differently abled.
2. Types of Physical Disabilities

Muscular Dystrophy (MD)
- MD is a disease that causes muscle weakness.
- It may appear during childhood and gradually gets worse.
- It causes twitching of the hand and arm muscles.
- It may affect the legs and the client may need a wheelchair.

Amyotrophic Lateral Sclerosis (ALS)
- ALS causes muscles to get weaker and weaker.
- It affects the arms, legs, and throat.
- A client with ALS may need a ventilator or tubes for breathing and eating.
- It usually leads to death after 3 to 5 years.
- ALS is also called Lou Gehrig’s Disease.

Multiple Sclerosis (MS)
- MS attacks the nervous system.
- It is usually diagnosed in early adulthood and then gets slowly worse.
- Messages cannot get to the brain properly, so it can affect many parts of the body.
- A client with MS may have blurred vision, shakiness, poor balance, difficulty walking, weakness, numbness, incontinence, and behavior changes.

Parkinson’s Disease
- Parkinson’s disease attacks part of the brain.
- It causes shaking that makes it hard to do ADLs.
- It also causes muscle stiffness, hunched shoulders, and shuffling.
2. Types of Physical Disabilities

**Head or spinal cord injuries**

- These are caused by accidents (car, diving, falls) or violent injuries in war or from crime.
- Depending on the injury, the affects range from mild confusion to coma, paralysis, or death.
- Head injuries can result in temporary or permanent brain damage.
- Spinal cord injuries can cause paralysis. This is because the messages from the brain cannot travel to the rest of the body if the spinal cord is cut.
- If the injury is higher on the spinal cord (that is, closer to the head), more of the body will be paralyzed.
- Paraplegia means the person is paralyzed from the waist down. (They cannot use their legs.)
- Quadriplegia means the person is paralyzed from the neck down. (They cannot use their arms and legs.)

**Hearing impairment (deafness)**

- Hearing impairment can happen over time, or the person may be born deaf.
- If the person is slowly losing their hearing, they may:
  - Speak louder
  - Lean forward when someone is talking
  - Cup the ear to hear better
  - Ask the speaker to repeat
  - Avoid groups or act angry when other people are talking
- People with hearing impairment may use hearing aids, or use sign language, or read lips. It helps if they can see you clearly when you talk with them.
2. Types of Physical Disabilities

Vision impairment (blindness, cataract, glaucoma)

- Vision impairment can also happen over time, or the person may be born blind. It can happen on one eye, or both.
- Cataract and glaucoma are problems that happen to people over 40.
- With a cataract, the lens of the eye becomes cloudy. The person’s vision is blurry and dim. Eye surgery can replace the lens and the person can see clearly again.
- Glaucoma is a disease that increases pressure in the eye. It can happen suddenly or slowly, and it causes blindness. It is treated with surgery or medication.

Amputation

- Amputation is when a part of the body has been removed. This is usually due to disease or injury.
- A person with an amputation may feel like the body part is still there (“phantom sensation”). They may still feel pain from that body part. This is because nerve endings are still there, so the pain is real.
- Some people with an amputation may get an artificial body part. This is a “prosthesis.”
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3. Working with Clients with Physical Disabilities

When a HHA works with a client with physical disabilities, the goals are to:

- Assist the client to take care of themselves and to live as independently as possible
- Assist the client to maintain dignity and self-respect
- Ensure safety, both inside and outside the home

Home Health Aides can assist clients with physical disabilities by:

- Assisting with personal care—including bathing and personal hygiene, toileting, and getting dressed
- Assisting the client to get around safely inside and outside the home
  - Following safety guidelines to prevent falls for clients with muscle weakness
  - Using hands on an imaginary clock to describe where things are located, for a client with visual impairment
- Assisting with housekeeping
- Assisting with shopping
- Assisting to plan and prepare meals—respecting the client’s personal preferences, culture, and budget, and following the care plan
- Going with the client to appointments and other activities outside the home
- Providing relief to other caregivers

Observe, Record, and Report

The HHA needs to observe, record, and report changes in the client’s condition to the nurse or supervisor. Skin breakdown, which can lead to pressure ulcers, is a serious risk for clients with physical disabilities. So it is especially important for the HHA to observe and report early signs of skin problems.

Rehabilitation means helping clients to adapt to disabilities. There may be special tasks that you will be assigned to do, such as assisting with prescribed exercises, as part of the client’s rehabilitation.
4. Assisting Clients with Acquired Disabilities

People with acquired disabilities and their families **suddenly** have to deal with major life changes. This causes a lot of stress. These changes include:

- Changes in routine
- Changes in income
- Interrupted life plans
- Role changes within the family
- Changes in self-image

People with acquired disabilities and their families often feel a sense of loss. This can lead to anger, depression, and denial. The home health aide can help by being supportive and accepting.
5. The Americans with Disabilities Act

The **Americans with Disabilities Act** (ADA) makes it illegal to discriminate against people with disabilities in these areas:

- Employment (jobs)
- State and local government services
- Public accommodations (hotels, restaurants)
- Commercial facilities (stores)
- Transportation (buses, trains, airports)
- Telecommunications (telephone)

The home health aide can tell the client and the family about their rights. The HHA may also be able to refer them to information or organizations to help them exercise their rights.
Handout 1. Key Terms

**Acquired disability** [1]
When someone becomes disabled from getting hurt or sick (example: a spinal cord injury causing paralysis).

**Amputation** [2]
When a part of the body has been removed.

**Amyotrophic Lateral Sclerosis (ALS)** [2]
A disease that causes muscles to get weaker and weaker. It usually leads to death after 3 to 5 years.

**Blindness** [2]
Complete loss of eyesight. It can happen over time or at birth.

**Cataract** [2]
When the lens of the eye becomes cloudy. The person’s vision is blurry and dim.

**Consumer** [1]
A person with a disability who directs their own care.

**Deafness** [2]
Loss of hearing. It can happen over time, or the person may be born deaf.

**Disability** [1]
A condition that limits the way we move; see, hear, touch, taste, or smell; think; or feel.
Glaucoma [2]
A disease that increases pressure in the eye. It can happen suddenly or slowly, and it causes blindness. It is treated with surgery or medication.

Hearing impairment [2]
Loss of hearing, or deafness.

Multiple Sclerosis (MS) [2]
A disease that attacks the nervous system. MS can lead to blurred vision, shakiness, poor balance, difficulty walking, weakness, numbness, incontinence, and behavior changes.

Muscular Dystrophy (MD) [2]
An inherited disease that causes muscle weakness.

Paralysis [2]
When part of the body does not work, because the nerve path to the brain has been damaged.

Paraplegia [2]
When a person is paralyzed from the waist down.

Parkinson’s Disease [2]
A disease that attacks part of the brain. It causes shaking, muscle stiffness, hunched shoulders, and shuffling.
Handout 1. Key Terms

Phantom sensation [2]
After an arm or leg has been amputated, the person may still feel tingling or itching in the area where the body part used to be.

Physical disability [1]
When part of the body (or a body system) does not work the way it is supposed to. This makes it harder to do daily activities.

Prosthesis [2]
An artificial body part.

Quadraplegia [2]
When a person is paralyzed from the neck down.

Rehabilitation [1]
Helping consumers to adapt to disabilities.

Spinal cord injury [2]
Any injury that causes damage to the spinal cord. Messages from the brain cannot travel to the rest of the body if the spinal cord is cut. If the injury is higher on the spinal cord (that is, closer to the head), more of the body will be affected,

Vision impairment [2]
Loss of eyesight. It can be partial, or total (blindness).
“People with Disabilities”: In the past, disabled people were called crippled, handicapped, deaf, blind, or retarded. Those words have negative meanings to a lot of people. So now we say: people with disabilities, hearing challenged, visually impaired, or differently abled.

Goals for assisting consumers with disabilities:

- Assist the consumer to take care of themselves and to live as independently as possible
- Assist the consumer to maintain dignity and self-respect

You can assist consumers with physical disabilities by:

- Assisting with personal care
- Assisting to get around safely
- Assisting with housekeeping
- Assisting with shopping
- Assisting to plan and prepare meals
- Going with the consumer to appointments and other activities outside the home
- Providing relief to other caregivers
- Observing, Recording, and Reporting changes in the client’s condition (with special attention to changes in the skin)

People with acquired disabilities and their families suddenly have to deal with major life changes. This causes a lot of stress. They can also feel a sense of loss. This can lead to anger, depression, and denial. The home health aide can help both consumers and their families by being supportive and accepting, as well as assisting with ADLs and other tasks.
The Americans with Disabilities Act (ADA) makes it illegal to discriminate against people with disabilities in many areas of life. The home health aide can tell the consumer and the family about their rights. The HHA may also be able to refer them to information or organizations to help them exercise their rights.