



**DCOTA Annual Conference “Centennial 100 Years of OT 1917~2017”  
Providence Hospital, St. Catherine’s Hall - Ross Auditorium ~ April 29, 2017**

**Confirmed Poster Presentations:**

<b>Title and Summation</b>	<b>Author</b>	<b>Affiliation</b>
<p><b>“A Qualitative Analysis of the Effectiveness of Caregiver Training on Patient Functional Performance in Coastal Ghana”</b></p> <p><b>Abstract:</b> Disabled people are estimated at 10 percent of the general African population, but possibly as high as 20 percent in the poorer regions (Disabled World, 2015). The vast majority of Africans with disabilities are excluded from schools and opportunities to work (Disabled World , 2015). Occupational therapists (OTs) work with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do (World Federation of Occupational Therapists, 2012). According to Peter Ndaa, the OT department chair at the University of Ghana, occupational therapy(OT) services are absent in the care delivery plans for clients who otherwise could have benefited from occupational therapy intervention (Ndaa, 2012). The formation of partnerships between different stakeholders and consumers is the key to the rendering of comprehensive occupational therapy services (Ndaa, 2012). While several international partnerships exist, there is still a lack of sustainable OT services and education, especially in regions outside of the Accra. February 27-March 3, 2017, 3 occupational therapists from the non-profit organization, GoTherapy, Inc. will provide occupational therapy services to patients, caregiver training and lead a healthcare conference at the Cape Coast Teaching Hospital in Cape Coast, Ghana. We will utilize demonstrations, visual and auditory aids for educational and training purposes while at Cape Coast Teaching Hospital. We will also implement periodic telehealth “functional classrooms” to ensure carry-over of techniques acquired as well as provide new information. We hypothesize that our services, will improve caregiver training and patient functional performance in Cape Coast, Ghana.</p>	<p>Robin Baker, OTR/L</p> <p>Christopher Gaskins, OTR/L</p> <p>Willie J. Haynes, OTR/L</p>	<p>GoTherapy, Inc.</p>
<p><b>“Occupational Therapy Role in Assessment and Treatment of Vision Deficits Among Individuals with Mild to Moderate TBI”</b></p> <p><b>Abstract:</b> Background: A significant percentage of individuals with history of mild to moderate traumatic brain injury encounter binocular vision deficits following their injury (Radomski et al, 2014, Ciuffreda et al, 2007), particularly in the areas of convergence, accommodation, and reduced visual stamina. Lingering vision issues can negatively impact an individual’s long term functional outcomes with regards to TBI recovery, and limit their overall participation in daily life tasks. However, recent literature indicatates an absence of consistent evidence and protocols for addressing TBI related vision deficits within our practice (Berger et al, 2016).Given the functional implications of TBI related vision deficits, it is critical for occupational therapists who might interact with these types of patients to develop a thorough understanding of 1) visual skills to assess post TBI, 2) terminology for communicating visual concerns to optometry and/or ophthalmology providers, and 3) strategies to maximize visual skills and restore visual efficiency post injury.</p>	<p>Dorothy Porcello, OTR/L</p>	<p>Walter Reed National Medical Center</p>
<p><b>“The Role of Occupational Therapy in Smart Technology”</b></p> <p><b>Abstract:</b> Coupled with accessible smart phone interface, smart home technologies hold enormous promise for persons with disabilities, improving quality of life and facilitating independent living”(2). Integrating this smart home technology into occupational therapy (OT) practice will allow our clients to become as independent as possible with their activities of daily living (ADLs) and instrumental activities of daily living (IADLs) (1). This not only includes their self-care activities, but it also encompasses one’s ability to access their home environment (operating a smart phone, turning on lights, unlocking doors, changing TV channel, etc). In the past, this has required specialized equipment called environmental control units (ECUs), which were very costly. With the rise of smart technology, people with disabilities are more easily able to use commercially available products to suit their needs. For less than \$100, someone can control their lights using their voice or unlock their doors through their smart phone. With the variety of companies on the market, people both with and without disabilities have a multitude of options. These home automation products are typically modular, which allow the client to choose what they want to control. It also allows someone to start small and add more pieces later on. Most of the smart home devices require an app on a smart device (smart phone or tablet) and wireless internet which most of our clients already have to make home automation for people with disabilities possible. As Occupational Therapists, we play a distinct role to assist the client with determining the best technology to meet their individual needs (3). This poster presentation will focus on the enormous potential of commercially available to help people with disabilities remain as independent as possible in their home environments.</p>	<p>Megan Mahaffey, OTR/L</p> <p>Kristen Mastony, OTR/L</p> <p>Amanda Summers, OTR/L</p> <p>Olvia White, OTR/L</p>	<p>Medstar National Rehabilitation Hospital</p>



**DCOTA Annual Conference “Centennial 100 Years of OT 1917~2017”  
Providence Hospital, St. Catherine’s Hall - Ross Auditorium ~ April 29, 2017**

<p><b><i>“Use of occupational therapy intervention to address financial management challenges following acquired brain injury: A case Study example”</i></b></p> <p><b>Abstract:</b> The Occupational Therapy Practice Framework: Domain and Process defines financial management as an Instrumental Activity of Daily Living (IADL) that involves “using fiscal resources, including alternate methods of financial transaction and planning and using finances with long-term and short term goals (AOTA, 2014).” Many individuals with history of traumatic or acquired brain injury encounter difficulties navigating financial management tasks post injury due to ongoing cognitive deficits, particularly deficits in the areas of impulsivity, working memory, and executive functioning (Bottari et al, 2011; Koller et al, 2016). Financial capacity has been closely linked to long term outcomes among patients with brain injury (Engel et al, 2016), but minimal evidence currently exists regarding treatment strategies to target specific functional impairments. Objective: A single case study will be utilized to describe several common financial challenges encountered by individuals with brain injury, as well as compensatory strategies and financial resources which can be applied to help facilitate greater independence among this population. Conclusion: Occupational therapists have a unique role in helping patients with brain injury address their financial challenges and minimize vulnerabilities to fraud or misuse of financial resources post injury.</p>	<p>Willie Haynes, OTR/L</p> <p>Dorothy Porcello, OTR/L</p>	<p>Walter Reed National Medical Center</p>
<p><b><i>“The Use of a Proposed Outcome Measure Battery in Evaluating Clients Receiving Advanced Heart Failure Therapies”</i></b></p> <p><b>Abstract:</b> Heart failure is a common condition with advanced heart failure (AHF) affecting over 570,000 Americans<sup>1</sup>. Once an individual has attempted to manage AHF failure symptoms with lifestyle changes and medical optimization treatment options without success, heart transplant is the gold standard for treatment. When a heart transplant is not available, advanced therapies are utilized to optimize heart function; however, these advanced therapies are often offered to an individual without assessing their capability to manage a complex life sustaining system. Research has determined 40% individuals with heart failure have greater than 5 non-cardiac comorbidities, including 18% with stroke, 9.2% with dementia, and 16% affected by osteoarthritis<sup>3</sup>. Individuals with AHF often have underlying cognitive deficits due to long term hypoxia and/or cerebral ischemia due to cardiac insufficiency<sup>2</sup>. With this increased prevalence of cognitive dysfunction and co-morbidities in individuals with advanced heart failure, it is important as occupational therapists to assess an individual’s capability to perform the cognitive, visual, fine motor skills, safety awareness, and visuo-perceptual skills necessary for managing these AHF therapies. A new battery of standardized interventions has been created to assess these common deficits in order to improve the occupational therapy practitioner’s ability to evaluate this specific population. Utilizing 5 different standardized assessments and screens, the Advanced Heart Failure Screen provides a comprehensive screening tool for deficits in cognition, vision, fine motor skills/dexterity, safety awareness, and visuo-perceptual skills necessary for managing AHF therapies. The information gathered by this battery would aid the occupational therapy practitioner in determining plan of care as well as provides the interdisciplinary team, including physicians, LVAD coordinators, and social workers, with valuable information and recommendations on how to best educate and provide continuing treatment in the acute, rehabilitation, and community settings to the patient. This poster aims to introduce this battery to occupational therapy practitioners.</p>	<p>Brittany Robertson, MSOT, OTR/L</p>	<p>Medstar/Washington Hospital Center</p>
<p><b><i>“Effect of Cursive Handwriting Program on Legibility of Written Work for Male Middle School Students”</i></b></p> <p><b>Abstract:</b> Handwriting is an essential life skill required of children in school, and carries over as a broader means of communication in society as the child ages (Feder &amp; Majnemer, 2007). An average of 10 to 34% of school-age children fail to master handwriting (Smits-Engelsman, et al. 2001). As emphasis on academic work has increased, the focus on handwriting legibility has decreased (Berninger et al., 2006). Boys have primarily been identified with having poor handwriting skills, which makes them more susceptible to the possibility of encountering the negative impacts it could have on their school performance, as well as confidence in their abilities (Graham et al., 2000). This project aims to provide more research in the area of cursive handwriting instruction and occupational therapy interventions for middle school-aged students. A small group of selected middle school aged boys with handwriting difficulties will be seen weekly for 8-weeks for cursive handwriting interventions. The Evaluation Tool of Children’s Handwriting (ETCH) tool will be used as a pre- and posttest assessment to evaluate the student’s current print handwriting speed and legibility. A survey will be administered pre and post intervention to the students to assess their satisfaction in their written work. The researchers will use the Handwriting Without Tears: Can Do Cursive handwriting tool as the instructional method. The teachers will be administered a survey to note any changes in their students’ handwriting skills in the classroom following the intervention. The results are expected to show that the students’ handwriting legibility, speed, and overall satisfaction with their handwriting performance will be improved.</p>	<p>Lynda Hill, OTR/L</p> <p>Aynia Dorsey, OTS</p> <p>Quaniece Green, OTS</p> <p>Brittany Jackson, OTS</p> <p>Gloria Rinonos, OTS</p> <p>Elise Stanislav, OTS</p>	<p>Howard University OT Dept</p>



**DCOTA Annual Conference “Centennial 100 Years of OT 1917~2017”  
Providence Hospital, St. Catherine’s Hall - Ross Auditorium ~ April 29, 2017**

<p><b>“Effects of Therapeutic Listening Training on Students’ Emotional Intelligence and Engagement: A Meta-Analytic Review”</b></p> <p><b>Abstract:</b> The United States Department of Health and Human Services’ Healthy People 2020 (<a href="https://www.healthypeople.gov/">https://www.healthypeople.gov/</a>) makes a clarion call to health care providers to increase quality care by becoming better listeners. Therapeutic listening is defined as a “multi-step process, including making empathetic comments, asking appropriate questions, and paraphrasing and summarizing for the purpose of verification” (Mcnaughton, Hamlin, McCarthy, Head-Reeves, &amp; Schreiner, 2008). The communication skills used in therapeutic listening are the basis for building collaborative relationships between client and healthcare provider, subsequently improving treatment outcomes. Training in therapeutic listening has the potential to increase emotional intelligence (EI) (Shapiro 2011). Increased EI in healthcare providers has been shown to increase job performance, mental and physical well-being in the provider and improves collaboration with co-workers. Improvement in collaboration between co-workers has been shown to increase patient-centered care. The purpose of this study is to determine whether or not therapeutic listening training increases emotional intelligence in healthcare students in an occupational therapy education program. Therefore, this research follows the construct of the Scholarship of Teaching and Learning (SoTL). Our objective in this study is to improve the education of occupational therapy and other allied healthcare students and to ensure that they have the requisite skills to be competent professionals. The quantitative and qualitative sampling for our study consists of a meta-analysis of a compilation of completed studies.</p>	<p>Vikas Sharma, OTR/L</p> <p>John Sillup, OTS</p>	<p>Stanbridge University (California)</p>
<p><b>“Historically Black Colleges and Universities Contribution to Occupational Therapy”</b></p> <p><b>Abstract:</b> For over 100 years, Historically Black Colleges and Universities (HBCUs) have been the primary vessel for educating African Americans (Abelman &amp; Dalessandro, 2007; Howard, 2014). These programs have a rich history of breaking racial barriers; contributing towards the elimination of health disparities; increasing the diverse workforce, and producing leaders in the field of occupational therapy (OT). Yet, there is a gap in the literature, with both the historical presence and unique contributions of Historically Black Colleges and Universities to the profession of occupational therapy. The purpose of this study is to gain a deeper understanding of the history and unique contributions of Historically Black Colleges and Universities (HBCUs) in OT, and to examine the success of these programs, and their impact on diversity in the occupational therapy profession. This research uses a mixed methods approach consisting of survey research, and in-depth interviews. Quantitative data was analyzed using SPSS Version 22.0, and recorded interviews will be transcribed using a Computer Assisted Qualitative Data Analysis Software (CAQDAS) for textual analysis.</p>	<p>Felecia Banks, PhD, OTR/L, FAOTA</p> <p>Marshae Franklin, OTS</p>	<p>Howard University OT Dept</p>
<p><b>“Interdisciplinary Teams/Telehealth: 21st Century OT and SLP Collaboration”</b></p> <p><b>Abstract:</b> The American Occupational Therapy Association (AOTA) defines telehealth as “the application of evaluative, consultative, preventative, and therapeutic series delivered through telecommunication and information technologies” (AOTA, 2013). The American Speech Language Pathology Association (ASHA) has adopted the term telepractice as “the application of telecommunications technology to the delivery of speech language pathology and audiology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation” (ASHA, 2017). Clinicians working via telepractice face several professional, clinical and logistical challenges. This poster proposal will describe a “Virtual Interdisciplinary Team” approach for online mentoring and developing Occupational Therapists and Speech-Language Pathologists working via telepractice/telehealth. Collaboration between Occupational Therapists and Speech-Language Pathologists working via telehealth/telepractice in the school setting will be illustrated. Perspectives and resources utilized by both disciplines to collaborate, problem-solve and support online team building will be provided.</p>	<p>Lesley Edwards- Gaither, CCC- SLP</p> <p>Rachel Morris, OTR/L</p>	<p>Howard University (PhD Candidate) &amp; Presence Learning</p>
<p><b>“Knowledge, Access, and Utilization of Low Vision Assistive Technology”</b></p> <p><b>Abstract:</b> Overview of pilot project aimed to see if OT can improve elders (who are at risk of developing visual disorders), ability to access low vision adaptive equipment.</p>	<p>Joylynn Wills, OTR/L,</p> <p>Grace Kelly, OTS,</p> <p>Marion Koroma, OTS</p> <p>Morgan Madonna, OTS</p>	<p>Howard University OT Dept</p>



## DCOTA Annual Conference “Centennial 100 Years of OT 1917~2017” Providence Hospital, St. Catherine’s Hall - Ross Auditorium ~ April 29, 2017

<p><b>“Making Yoga Accessible in Acute Inpatient Rehabilitation”</b></p> <p><b>Abstract:</b> A report issued by the Center for Disease Control (CDC) in 2015 stated that within the United States alone, 1 in 5 adults is living with a disability. The most common disability to affect 1 in 8 adults is with mobility closely followed by impairments with “thinking and/or memory, independent living, vision, and self-care” (1). As mind body fitness programs, such as yoga, become more popular, that is a large number of the population that may not be able to participate because of a disability, or are no longer able to participate because of a disability (2). According to the 2008 Physical Activity Guidelines for Adults with Disabilities, “activities that are moderate or high intensity and involve all major muscle groups on 2 or more days a week, to include adapted yoga, provide health benefits” (3). As occupational therapists, we are experts in, but not limited to, evaluating occupational profiles, the assessment of movement and breathing, evaluating positioning, adapting activities, and developing activity programs. As an occupational therapist and a certified yoga instructor it became clear to me how using yoga addresses not only the physical aspects of recovery and return to pre-morbid leisure, social participation, and health management and maintenance activities, but also spiritual activities and expression. The larger question became, “how do I make yoga accessible across varying diagnoses and precautions?” While researching this exact question, I came across multiple resources for the modification of standing “asanas” or poses, and using a chair as a prop but few resources for adapting yoga for clients with limited standing ability, poor endurance, significant cardiovascular changes, hemiparesis, and the list goes on. I began to evaluate the poses that I use in my own yoga practice and using the problem-solving approach that occupational therapists are experts at, I began to adapt these poses. Through this process, I realized that providing the poses in a group setting could improve the therapeutic impact, clients would have the ability to develop a rapport with others, share experiences, and participate in a social experience. I began to develop a group protocol and basic timeline for how the group could successfully run. As I was developing the protocol and timeline I realized I’d left out two essential components of yoga: “pranayama” or breathing, and meditation. I incorporated a 3 part, diaphragmatic breathing technique to begin the group, as well as a quote or idea to contemplate during the practice and then ending the group with a guided imagery meditation. I also began to incorporate taking requests and accepting feedback from the group members, which allowed them to be a participant in improving their outcomes. I have created handouts for our clients to take with them as an Activity Plan, and for other therapists to use as a guide. I use yoga within my occupational therapy practice daily with the majority of my clients and am continually adapting poses, breathing, and meditation to serve their needs at a supine, seated or standing level. There are many research studies, and AOTA Critically Appraised Papers that conclude that yoga may improve quality of life and sense of well-being while confronting the hardships of a disability, may enhance muscular strength and flexibility and balance, improve respiratory and cardiovascular function, reduce pain and stress, and improve sleep. (2, 4, 5) My practice as an occupational therapist and as a yoga instructor has improved exponentially throughout this problem-solving approach of adapting yoga poses and making yoga accessible to clients living with a disability and my objective is to provide knowledge to occupational therapists.</p>	<p>Olivia White, OTR/L</p>	<p>Medstar National Rehabilitation Hospital</p>
<p><b>“The Development and Reliability of the PRESS to Function Approach: A Systematic Method for Upper Extremity Assessment”</b></p> <p><b>Abstract:</b> The aim of this study is to examine the development of a conceptual framework and provide evidence for reliability and responsiveness of the PRESS to Function Approach as an outcome measure used to assess upper extremity function. The PRESS to Function Approach is designed to be easily used at the point-of-care, and will serve as a valuable approach for evaluating and monitoring progress in the recovery of upper extremity function. A multi-site reliability study will be conducted using subjects with upper extremity musculoskeletal disorders from two outpatient clinics. Subjects will be evaluated using the PRESS to Function Approach. Internal Consistency Reliability and Test-Retest Reliability will be determined. Preliminary findings were analyzed using Cronbach's alpha ranges and correlation coefficient with SPSS Version 22.0 to determine if PRESS to Function is an effective approach to use in clinical practice.</p>	<p>Felecia Banks, PhD, OTR/L, FAOTA</p> <p>Phyllis Ross, OTR/L</p> <p>Brandon Blackwell, OTS</p> <p>Ariel Brown, OTS</p>	<p>Howard University OT Dept</p>
<p><b>“The Effectiveness of Decongestive Therapy on Activities of Daily Living to Improve Lower Body Dressing Skills Among Persons with Secondary Lymphedema”</b></p> <p><b>Abstract:</b> A quantitative single-case study design of three participants with secondary lymphedema in the lower extremities. Decongestive therapy was utilized and data collected to determine effectiveness of use.</p>	<p>Phyllis Ross, OTR/L, Alan Harding, OTS Victoria Dec, OTS, Tamika Henderson, OTS, Crystal Wilson, OTS</p>	<p>Howard University OT Dept</p>





**DCOTA Annual Conference “Centennial 100 Years of OT 1917~2017”  
 Providence Hospital, St. Catherine’s Hall - Ross Auditorium ~ April 29, 2017**

<p><b>“A Study Assessing Awareness, Attitudes and Interest of Four Non-Dental Medicare Clinical Providers Related to an Alternative Intervention to Improve Oral Health Outcomes in Medical Facilities”</b></p> <p><b>Abstract:</b> [INTRODUCTION] This study was guided by the Medicare Oral Health Enhancement Act of 2008, which would allow dental referrals to Occupational Therapy Providers. Medicare was not designed to cover formal routine dental services at its inception and to this present day, therefore basic oral healthcare services in medical facilities must be provided by a non-dental interdisciplinary clinical treatment team, preferably [OT] Occupational Therapy, [SLP] Speech Therapy, and [RRT] Respiratory Therapy and Nursing professionals that are currently receiving Medicare reimbursement through the Centers for Medicare and Medicaid Services (CMS) physician fee schedule. CMS in 2002, estimated U.S. dental services to be \$70.1 billion, which did not take into account non-dental related medical costs, such as diabetes, heart disease, pneumonia and cancer (DHHS, Healthy People 2020, 2011). [METHODS] The purpose of this study was to assess the following issues in the four targeted Medicare clinical providers, (1) Awareness of the Oral-Systemic connection, (2) Attitudes toward providing routine interdisciplinary oral health services and (3) Interest in attending an interdisciplinary oral health training course. Although the 27 item questionnaire was distributed by three outlets, US mail, mobile devices and electronically via <a href="http://www.freeonlinesurvey.com">www.freeonlinesurvey.com</a>, all data was collected only electronically. The participants (n=116) who responded were recruited from professional national professional associations’ email membership databases, mailing addresses and network list-serves on social media outlets of the four targeted groups. [THEORETICAL FRAMEWORK] In this study the Diffusion of Innovations theory was utilized to understand and communicate a novel idea to develop an interdisciplinary treatment team (OT, SLP, RRT, Nursing) for the purpose of providing routine daily routine oral hygiene. Each discipline has existing clinical duties and responsibilities; therefore it would be necessary to get these Medicare providers to “buy-in” and adopt this new program. [STATISTICAL ANALYSIS] Data were evaluated by One-Way ANOVA using Statistical Package of Social Science for Windows version 22.0 (SPSS, Inc., Chicago, IL). Descriptive analysis was conducted for both true/false and 5 point Likert scale questions regarding oral health services in medical facilities. ANOVA was conducted to compare means of both within and between groups of target providers. The level of significance used for this study was p=0.05. [RESULTS] Data indicated that the target providers have a strong Awareness of the oral-systemic connection. All four of the target disciplines answered 8 of 10 true/false questions correctly. However, responses to question 12 were very significant. The ability for dentist and dental hygienist to provide direct services to Medicare patients was stated true by 93 respondents (80.2%). This is a FALSE statement, because at its inception and to this present day, the Center for Medicare and Medicaid Services [CMS] does not include dentistry as a covered service. Target providers have less than positive Attitudes toward routine interdisciplinary oral health, because of the lack of insight into other scopes of practice. More than half of the participants (n=62, 53.0%) indicated that they either “never”, “monthly” or only “weekly” utilized/incorporated oral hygiene swab care kits in their clinical practice. Target providers have some Interest in attending an oral health training course. Sixty-five respondents (56.5%) indicated they would be either “Likely” or “Very Likely” to attend a formal oral health training course. Comparisons of means between disciplines and within disciplines were subsequently conducted to examine the data to generate a simple One-Way Analysis of Variance (ANOVA). The data showed a significant association for all disciplines’ responses to: Question 9, p=0.00 (Nursing professionals provide oral hygiene to patients every shift). This data further indicates that a majority of target providers agree that it is false that nurses provide oral hygiene care to patients every shift. Question 19, p=0.006 (Speech Therapy Scope of Practice mandates oral healthcare intervention requirements), and Question 20, p=0.00 (Respiratory Therapy Scope of Practice mandates oral healthcare intervention requirements) both suggest that their Scopes of Practice are not well defined regarding oral health services in medical facilities.</p>	<p>Delvin Champagne, MSHE, CHES, COTA/L</p> <p>Roberta Hollander, PhD, MPH</p> <p>Brian Laurence, DDS, PhD</p>	<p>Howard University Graduate School, Dept of Health, Human Performance and Leisure Studies</p>
---	--	---