

The Role of Occupational Therapy in Skin Care

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The following information may or may not be appropriate to your clinical setting. Please review the information and determine the appropriateness of the content prior to sharing with your staff.

Eligible for LMS Credit: Yes

An interdisciplinary team approach is a best practice model for addressing skin care. It is imperative that the Occupational Therapist (OT) understands the role that he/she plays in this process. The OT can use their expertise to identify causative factors for skin breakdown. Additionally, the therapist should make clinical recommendations which are intended to preserve skin integrity and/or promote wound healing while the client engages in meaningful occupations and daily activities.

The OT should consider the person-environment-occupation interaction when addressing risk factors. Considerations may include:

<u>Person</u>	<u>Environment</u>
<ul style="list-style-type: none"> • Previous skin breakdown • Sensory impairment • Decreased consciousness • Cognition • Pain • Psycho-emotional status • Decreased mobility • Skeletal deformity, muscular atrophy & contractures • Posture • Nutrition/hydration status • Incontinence • Positioning preferences • Extremes of age 	<ul style="list-style-type: none"> • Pressure • Shearing • Friction • Moisture • Socio-economic status • Support surfaces over a 24-hour period <p><u>Occupation</u></p> <ul style="list-style-type: none"> • Lifestyle choices • Caregiver support

OTs should pay particular attention to vulnerable areas of the patient’s body, especially over bony prominences. When skin integrity is already impaired, the therapist should identify causes including positioning in chair versus bed. Individuals who are either restricted to bed level, spend prolonged time in a chair or seating system, present with limitations due to surgical interventions (i.e. flap surgeries), or suffer from joint restrictions should be assessed for skin breakdown due to pressure risk and the potential for friction/shearing during activities of daily living. The assessment of mobility should include all aspects of movement including the ability to transfer, reposition, and ambulate in relation to activities of daily living (ADLs).

It is important for OTs to record their risk factor assessments related to skin integrity as part of their evaluative workup. The therapist can use this information while collaborating with the client and other health team members to develop a patient specific care plan. It is important to remember that any interventions the occupational therapist considers must reflect the identified risks and causative factors for skin breakdown.

OTs should reassess these risks throughout the plan of care as the client’s clinical presentation (i.e. cognition, mobility, etc) may change warranting an update to the plan of care. Ultimately, OTs should continue to communicate these risk factors to the interdisciplinary team, client, and caregiver to reduce the risk of pain, infection, and loss of function.