

Celeste Bailly

Independent Study and Mentorship

Mr. Speice

March 8, 2018

Type of Observation: Home-Health Therapy (no location given for privacy purposes)

Mentor: Alice Petranek

Date of Observation: February 20, 2018

Time: 1:30-2:30 pm

Being a Cheerleader

Observation Assessment 1

After initially interviewing my mentor, Alice Petranek, the biggest takeaway I had was that an OT must be a cheerleader to their patients. I understood that this was an essential element of the profession, but I did not quite realize the extent to which this applies literally in the practice. After my very first observation of Mrs. Petranek in the field, I have discovered new information and technique that I never anticipated, and had a very positive experience doing so. I have developed a more detailed understanding of the effects of strokes on therapy patients, the emotional encouragement shown to the patients, and the physical exercises performed by the patients under the direction of the therapist.

Before the therapy session began, Mrs. Petranek explained to me that the man whose therapy session I would be observing had suffered from a stroke that left his speech and overall motor-coordination impaired. I noticed these symptoms to a great extent

throughout the session. For instance, one of the most significant things that she did was to help coach the patient into using the correct speech patterns and vocabulary for common household items. This revealed to me that Occupational Therapy is just as much based on speech as it is on physical exercises, while it is nonetheless incredibly different from both Speech Therapy and Physical Therapy. This distinguishing factor was initially difficult for me to comprehend because I did not understand the specific components of the therapy in action. However, after this observation, I understood how victims of strokes are able to recover through Occupational Therapy and not only Physical or Speech Therapy.

Mrs. Petranek has really demonstrated her point that an Occupational Therapist is supposed to be a “cheerleader” for their patient throughout this visit. For instance, she repeatedly referred to him as her “rockstar,” to the great excitement of the patient. She would also frequently pause the session to brag to me on how much he has improved over the past few sessions. This not only informed me of the progression of his symptoms, but it also raised his confidence in his abilities because his progress was being praised. Similarly, his morale was conditioned through the small-talk Mrs. Petranek maintained while performing treatments. Rather than simply addressing the symptoms, she made sure to make the patient feel at home and comfortable in the social situation. Therefore, this observation has revealed to me the value of emotional encouragement of the patient.

The greatest area of my growth during this observation was that of my knowledge and understanding of the specific procedures performed in this type of therapy session. For instance, the patient had severe hand swelling and the first therapeutic thing Mrs. Petranek did was have him hand her a bottle of lotion to practice improving his muscle coordination. She then massaged the lotion onto his hand and had him perform various stretches to

improve the functioning ability of his hand. Another important thing that she did was to consistently remind the patient to use his weaker hand when performing tasks so that he would achieve the most progress. Several of the tasks that she had him practice included picking up magnets and placing them on different surfaces, folding towels, putting on and taking of a jacket, zipping and buttoning articles of clothing, and performing full-body movements. It was very crucial as well for her to demonstrate patience consistently because although the patient had significantly improved since past appointments, he was still struggling at performing the tasks.

Overall, the conceptual takeaways that I got from this observation were the emotional treatment of patients as well as the idea that people who have suffered injuries or have disabilities can still do anything that a fully-functioning person can do; They will just have to find another way to go about doing so. For example, this man had to move his watch to a certain wrist so that he would be able to more easily work the clasp on it using the other hand. Also, when she was helping him to practice buttoning and zipping a pair of jeans, she showed him alternative methods such as attaching a key-ring to the zipper so that it could be grasped more easily. Regarding the emotional connection that the therapist has with the patient, I initially did not understand the true importance of encouragement as opposed to only physical treatment. However, through this observation, I have witnessed the joyful emotional effects of praising the patients for their progress and treating them as a close friend, because that is exactly what they are. Going forward, I plan to continue to take note of the specific exercises performed with patients as well as the emotional interaction that takes place in therapy in order to get the greatest results possible out of the execution of my final product geared towards young children.

PDF of Notes:

<https://drive.google.com/file/d/1gPx6TWrnQcbG9FqlYH45FuocVmXpv7kc/view?usp=sharing>