Dressing

Changing the Task to Achieve Independence

Dressing is the most difficult task for the majority of individuals with motor deficits. One-handed dressing techniques do allow for independence; however, practice is required as these techniques are new to clients. In general, the client should dress the affected extremity first, and undress the affected extremity last. As stated earlier, there is a large range of function among individuals with motor deficits. This text will describe the methods that should be used for clients with the most severe deficits: hemiparesis or hemiplegia. If the client has some function of the affected side, he or she should always be encouraged to use it during dressing tasks. This may alter the methods described below, but these methods are only general guidelines that should be tailored to fit each individual client.

For dressing the upper half of the body, the client should be sitting either in a chair or at the edge of the bed, depending on sitting balance skills. If there is any concern regarding a client’s sitting balance, a chair must be utilized for the safety of the client. In addition, the chair should have armrests to allow for greater support of the client, as well as a firm surface to assist in standing.

Generally, the first step in dressing for women is to put on a bra. There are a few methods available to change this task. The first is to hook the bra ahead of time and then put it on over the head as if it were a pullover shirt. The method for a pullover shirt is discussed below. This works well with women of smaller build. The second method is to use the unaffected arm to push the hook of the bra behind the body, followed by reaching across the front of the body to bring the bra hook to the front midline. The bra can then be hooked in front with the unaffected arm and rotated around the body until the cups are in the front. The bra strap is placed on the affected arm and pulled up.

Figure 3-5. Sample feeding equipment: adapted utensils/dishes and dycem.