

# Activities of Daily Living

## Aims of module

- To support CR participants to return to daily activities
- To discuss participants' concerns, potential barriers and safety considerations related to returning to daily activities
- To direct CR participants towards resources/information that may assist with returning to daily activities, reducing barriers or finding other ways to reach their goals.

## Logic

Building self-management skills so that CR participants can resume activities of daily living is a vital aspect of CR.

## Activities of Daily Living Best Practice Statement 1

Discuss driving restrictions with CR participants and help them to find further information.

### NHMRC Level of Evidence: Expert Opinion

**Example content:** Driving restrictions vary depending on the medical condition. For general guidance and the Australian guidelines on driving and related health status, see [VicRoads](#) and [Ausroads](#). Encourage the CR participant to contact their local licensing agency for specific information; provide support or information on how to do this. A temporary disability parking permit may also be useful.

**Rationale:** Driving restrictions are common after a myocardial infarction, arrhythmia, cardiac device implantation or cardiac surgery. Enabling CR participants to find accurate information about their driving restrictions is an important aspect of helping them to return to daily activities.

## Activities of Daily Living Best Practice Statement 2

If an individual is unable to drive, explore alternatives to assist with independence.

### NHMRC Level of Evidence: Expert Opinion

**Example content:** Alternative supports to promote independence may include subsidised taxis and home grocery delivery. Many local councils offer various support resources (e.g., volunteer drivers). An occupational therapist may be able to assist with exploring alternatives to driving or testing requirements for restricted driving licences.

**Rationale:** If an individual's cardiac condition restricts them from driving, other options are required to ensure participation within the community and activities of daily living can be achieved.

### Activities of Daily Living Best Practice Statement 3

Give CR participants an opportunity to discuss any concerns related to resuming sex after their cardiac event.

**NHMRC Level of Evidence:** Level III-2

#### Example content:

- Bring up the topic of sexual activity within the context of activities of daily living such as driving and working.
- Normalise and generalise. Make a statement followed by an open-ended question. For example:

*"Many people have concerns about resuming sexual activity after a heart attack. What concerns do you have?"*

*"It is normal after a transplant for men to notice a loss of interest in sex or a performance problem. What changes have you noticed?"*

See Heart Online for a full description: <http://www.heartonline.org.au/articles/treatment-management/resuming-activities-of-daily-living#sexual-activity>

**Rationale:** Decreased sexual activity and function are common for men and women with CVD and may relate to cardiac disease, medications, fatigue, depression or stress.<sup>1,2</sup> A change in sexual activity or function can reduce quality of life substantially for both CR participants and their partners, but is rarely discussed in a clinical setting.<sup>3</sup> It is therefore important to encourage patients to discuss any concerns they have about resuming sex, sexual function or libido.<sup>2,3</sup> Supportive interventions can enhance sexual function and quality of life, and integrating such interventions in CR is an important strategy.<sup>3</sup>

### Activities of Daily Living Best Practice Statement 4

Include vocational guidance to facilitate graded return to work and discuss any barriers an individual may face returning to work.

**NHMRC Level of Evidence:** Expert Opinion

#### Example content:

- If available, an occupational therapist should individually assess the CR participant and provide recommendations regarding return to work, including providing their employer with guidelines on adjusted working hours and conditions.
- If an occupational therapist is not available, advice on the timing of return to work should consider factors such as the individuals' health, psychological status, illness perception, readiness, the nature of the work, and the working environment.
- A social worker may be able to provide additional resources and support (e.g., guidance on what organisations like Centrelink can provide during times of reduced or no financial income).

**Rationale:** Many CR participants are of working age, so return to work is an important issue and an indicator of the success of medical and rehabilitation services.<sup>45</sup> Returning to work within 12 months of a cardiac event depends on age, physical capacity, illness perception, clinical factors (e.g., history of heart failure), cardiovascular complications, depressed mood, anxiety, financial situation and work demands.<sup>46</sup> Limited evidence exists on return to work interventions within CR programs.

### Activities of Daily Living Best Practice Statement 5

Give CR participants an opportunity to discuss and/or train in CPR.

**NHMRC Level of Evidence:** Level III-2

#### Example content:

- Discuss the importance of CPR training for the whole population and ensure that CR participants discuss and learn CPR during their rehabilitation.
- Provide CPR training to patients and family members who would like to learn.

- Group CPR training works best with resuscitation manikins, or training aids such as those obtained through Ambulance Services (e.g., Ambulance Victoria’s “call push shock” kit) or self-instructional video training kits (e.g., the Laerdal CPR Now kit).
- Allow CR participants to practise CPR on a manikin or training aid, and answer their questions.

**Rationale:** Cardiac patients are at high risk of repeat cardiac events, including out-of-hospital cardiac arrest. Given that CHD is the underlying cause in approximately 80% of out-of-hospital cardiac arrests, and 75% of out-of-hospital cardiac arrests occur in the home, it is important to offer CPR training to family members of cardiac patients.<sup>7,8,9,10,11</sup> A systematic review demonstrated that after training, family members of cardiac patients could competently perform CPR and were willing to use their CPR skills.<sup>11</sup> Most studies indicate that CPR training reduces patient and carer anxiety.

Recent Australian research has demonstrated that cardiac patients and family members are interested in learning CPR but do not seek out training.<sup>11,12</sup> This population believes that CR is the ideal time and place to undertake CPR training.<sup>12</sup>

### Resources

- Heart Online provides in-depth information on: resuming sexual activities after a cardiac event, returning to work and driving. [http://www.heartonline.org.au/articles/treatment-management/resuming-activities-of-daily-living#activities-of-daily-living-\(adl\)](http://www.heartonline.org.au/articles/treatment-management/resuming-activities-of-daily-living#activities-of-daily-living-(adl))
- Australian guidelines on driving and related health status see [Ausroads](#) and [VicRoads](#)
- My Heart My Life provides additional information (e.g., on contacting insurance agencies) and returning to other activities. It also provides additional service and support contact information.
- Ambulance Victoria’s “Call, Push, Shock”.
- Laerdal CPR Now training kit.
- Heart Foundation – [cardiac arrest](#).

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