



A Student-Faculty Partnership in Redesigning Renewable Assignments

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A Student-Faculty Partnership in Redesigning Renewable Assignments

Cindy Hayden, Hayley Rickard, Amanda Hansford, & Tyler Bush

Eastern Kentucky University

This article explores the experiences of OTD students and one faculty who redesigned assignments as a method for students to co-create their own learning. Twenty-two students completed five newly designed renewable assignments in a clinical orthopedic course. Students then provided feedback individually and as a group at midterm and the end of the semester on the assignments including templates, grading rubrics, and assignment instructions. Redesigning course assignments can take more time before and during the semester. The gain is more student involvement and effective engagement with the course materials in the teaching-learning process.

Introduction

In a college setting, student involvement in the teaching and learning process is often limited to feedback on end of course evaluations or serving as a student representative on departmental committees. We sell students short if we treat learning and teaching as a one-way transmission of knowledge and skills. Learning is not just a growth process for students only. College faculty need to be open to the idea that at the college level, the transmission of knowledge and skills is a two-way street.

Two-way learning involves student-faculty partnerships which can be defined as a collaborative, reciprocal process through which all participants can contribute to curricular or pedagogical conceptualization, decision making, and implementation. Student-faculty partnerships can incorporate teaching, learning, assessment, research, scholarship of teaching and learning, and course and curriculum design (Matthews et al., 2018). Extending the partnership to designing and redesigning course materials can incorporate students as co-creators of their own learning and can produce higher quality learning materials. (Bengtson et al., 2017). There is tremendous value in asking students for their input in designing courses, redesigning assignments, and updating course approaches and course

materials. Engaging students as teachers and assessors in the learning process is a particularly effective form of partnership (Acai et al., 2017).

A second component that can be incorporated into course assignments is the use of open educational resources. Renewable assignments may be a concept that you are unfamiliar with that can bring real world issues into the classroom. A renewable assignment is one where students compile and openly publish their work so that the assignment outcome is inherently valuable to the community (Chen, 2018). Renewable assignments can be created or remixed and adapted from existing open source materials. Students can be encouraged through renewable assignments to retain, reuse, revise, remix, and redistribute knowledge obtained from the internet (Al Abri & Dabbagh, 2019). The bonus of renewable assignments is that students are making a contribution to local, online, or professional communities and their work has benefit outside the confines of the classroom. Incorporating renewable assignments into your courses ensures the assignment will be an ongoing resource for your students and others in the community. Nate Angell offers an open knowledge practices learning experience grading rubric (Angell, n.d.).

	Emerging	Developing	Transforming
Portable skills	Training and practice in required skills are integrated into the experience.	Participants practice skills that would be valuable for them beyond the experience.	Participants apply skills in new situations outside the experience.
Renewable work	Participants produce works connected to existing works that have value in the world.	Participants modify and/or add to existing works that have value in the world.	Participants produce new works that have value in the world.

	Emerging	Developing	Transforming
Engaging openness	Participants engage with open materials and/or activities (eg, open data, open educational resources, open-source technologies, etc).	Participants apply open practices and/or tools to closed materials and/or activities.	Participants engage directly and productively with new or existing open projects and/or communities.
Ensuring inclusivity	Materials and activities support and encourage access and use by diverse participants.	Participants modify/extend materials and activities to enable better access and use within the experience.	Participants modify, extend, and/or promote materials and/or activities to engage communities outside the experience.
Exploring roles & relationships	Roles and relationships shared among participants and broader communities are clearly surfaced and discussed.	Participants explore different roles and relationships like learning/teaching, receiving/giving, observing/making, consuming/producing, autonomy/interdependence, freedom/responsibility.	Participants empower themselves and others to take on new roles and relationships outside the experience.

Program and Course Context

Occupational therapy is a major in the College of Health Sciences at Eastern Kentucky University. The faculty in the Department of Occupational Science and Occupational Therapy has recently developed a new entry level doctorate

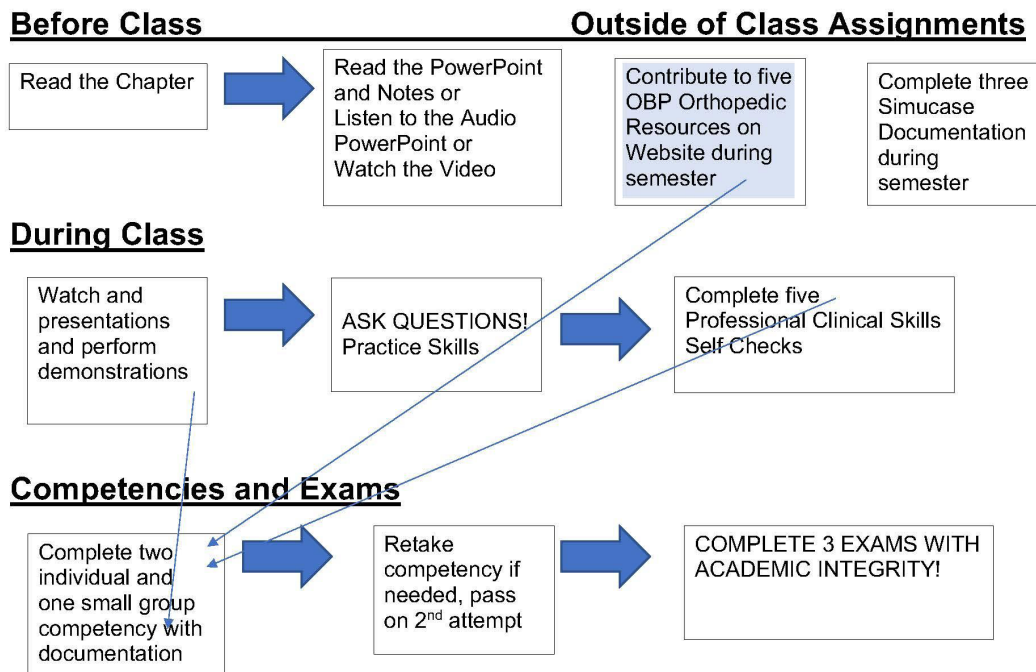
program (OTD). Faculty are in the process of designing seventeen new courses and redesigning the remaining courses for the new OTD. The theoretical constructs of the curriculum are based on student learning through cognitive and social constructivism. Cognitive constructivism involves students constructing concepts and learning with meaning by building on existing knowledge. Social constructivism depends on a socially interactive environment for learning to occur (Kalin & Powell, 2009).

There are seven treatment intervention occupation-based practice (OBP) courses interspersed throughout the curriculum including the course discussed in this article. OTS 450: OBP Orthopedics is the course in which assignments were redesigned in partnership with the students. The occupational therapy practice course content covered treating occupational therapy patients/clients with orthopedic conditions. The senior year course was a flipped classroom and students had the majority of class time devoted to hands-on demonstrations, training, and practice. This is the third course the author has had with the same group of 22 students, so there was a level of trust earned over two prior semesters.

A pathway to success diagram (Figure 1) indicates to students how to be successful in the OTS 450: OBP Orthopedics course. Figure 1 points out the overall learning experiences students participate in before, during, and outside of class. The light blue highlighted section in Figure 1 is the out of class assignments the students completed and are the focus of this article.

Figure 1.

Pathway to Success in OTS 450



Overview of Strategies: Five Redesigned Assignments

The five Occupation-based Practice (OBP) Orthopedic Resources highlighted in light blue under Outside the Class Assignments above in Figure 1 are the five assignments redesigned in a faculty student partnership. Each of the five assignments will be described, then student input on what to keep or change about the assignment will be discussed, and the assignment redesign will be presented. The assignments are listed below.

1. Orthopedic Protocol
2. Orthopedic Assessment
3. Adaptive Equipment
4. Evidence-based Intervention Technique Article
5. Occupation-Based Client Home Program

Orthopedic Protocol

The assignment directions were for students to develop accurate occupational therapy orthopedic protocols and list surgical precautions, as indicated. Given a

clinical scenario and template, each student developed a best practice orthopedic protocol by medical diagnosis. Students located information from reliable open educational resources and submitted a minimum of three current already developed protocols/surgical precautions pertinent to the diagnosis. Once the already developed protocols were approved by the instructor, the student combined the most relevant information in the existing three protocols into a two to three page document and then added an occupational-based component. The occupation-based component involved different ways of living while the client recovered from the orthopedic surgery, injury, or condition. Students turned in rough drafts and instructor feedback was given before students revised their assignments. Faculty posted all the students' revised and corrected orthopedic protocols to a Google website after their work had been graded. Students will have continued access to their own and their peers developed orthopedic protocols for future courses, fieldwork and internship experiences, and career employment.

The orthopedic protocol assignments were broken up into three different areas, the first for a lower extremity injury or surgery, the second for an upper extremity injury or surgery, and the third protocol was teaching occupational therapy treatment techniques as a small group to the whole class. Each student was given a common orthopedic clinical scenario and asked to develop a best practice orthopedic protocol by diagnosis. For the lower extremity injury or surgery protocol, for example, one student had the scenario of a client who had a lower extremity amputation two weeks post operation who also had diabetes. The student combined three existing lower extremity occupational therapy protocols and added an occupation-based component such as checking the remaining leg and foot for cuts, learning to dress from a wheelchair level, and using a walker to get to the bathroom and kitchen. An example of the template for an Upper Extremity Protocol assignment is located in Appendix A. For the third protocol, students were given a choice of recording a 15-minute small group presentation that would typically be performed for a group of patients/clients or the students could present the 15 minute treatment techniques in person to the rest of the class.

Student Feedback on the Orthopedic Protocol Assignment

Student feedback on the assignments in the OTS 450 Orthopedics course were divided into what to keep and what to change about each assignment. Students wanted to keep the following aspects of the Orthopedic Protocol assignment.

- The template “It was helpful for making the actual protocol and how it needed to be organized.”
- “The Occupational-based component of the assignment also makes it realistic and is a skill that we will actually need to apply once we are working as a therapist.”
- “Having a scenario with the diagnosis made it more realistic because as a therapist, you are hardly ever going to have a client who just has one diagnosis. It allows us to use our clinical reasoning.”

Students voiced their concerns about what to change with the orthopedic protocol assignment.

- The group protocol. “Either make them all a group effort or all an individual assignment.” “The group protocol felt the easiest compared to the others because people who were in the LE and UE group had to complete their protocols as individuals.”
- Having a specific timeline of a diagnosis, such as 3 weeks post-op is an important aspect when developing a protocol because it shows the students the progression of what the client should be experiencing within that week or period of time. In order for students to have a better understanding, the protocol should cover a greater length of time. Having the students cover the whole recovery process will help them as OTs become more knowledgeable of the overall diagnosis versus just a small period of recovery.

The next time the OTS 450: OBP Orthopedics course is taught, the recommendations are to continue using the template and continue assigning students various diagnoses for the Orthopedic Protocol assignment. As there was some confusion about the group protocol, the assignment teaching occupational therapy treatment techniques as a small group to the whole class will be scheduled first, instead of last, in the course. It will be graded as a small group project, not as an individual protocol. Also, each of the orthopedic diagnoses’ protocols will cover the whole recovery process.

Orthopedic Assessment

The second assignment directions were to select an occupation-based, biomechanical, or rehabilitation assessment appropriate to a specific orthopedic diagnosis. Each student was assigned a type of surgical procedure and an occupational therapy orthopedic assessment. Each student posted a URL of

a three to five minute video that accurately portrayed the surgical procedure performed. Also, each student located and posted a video of an OT or student administering the assessment for easily open educational resources, such as YouTube and Vimeo. An alternative was to create a short video administering all or part of the assessment, not to exceed five minutes. The students posted their videos to the Google website so peers would have access to their work after it was graded. If the video was not acceptable to the course instructor, the student deleted the link and posted a second acceptable video. An example of the Orthopedic Assessment grading rubric is posted in Appendix B.

Student Feedback on the Orthopedic Assessment Assignment

Students wanted to keep this assignment as it prepared them for a competency where they administered an assessment as part of their hands-on treatment of an orthopedic client.

- “It was very beneficial and can easily be used as a tool for the future when we need a refresher or need to quickly learn how to administer an assessment.”
- “It is a great idea to have all the videos in one location, it helped with studying especially for comps”
- Have the students actually perform the video and act out the assessment instead of finding an open source video. Finding a video is helpful but watching a video and actually facilitating an assessment are two different things. It would be more work for the students to make a video, but this ensures that they are practicing which can help them get more practice and more comfortable with administering assessments.

Feedback from students indicated they preferred making their own video, rather than locating an already produced video. The assignment will be changed to students creating videos of assessments, instead of locating already produced videos of occupational therapy orthopedic assessments. Students will continue to locate videos of orthopedic surgical procedures so they can both be familiar with the surgery and be able to educate clients about their orthopedic surgery.

Adaptive Equipment

The third assignment directions were for each student to select and provide open education sourced images of appropriate adaptive equipment (AE) given a client scenario, write a description of the orthopedic clients who could benefit from the

use of the AE, provide information on vendors and cost, describe how the AE can be used in daily occupations, and be able to explain the benefits and drawback of using various AE with clients with orthopedic conditions. The instructor posted a corrected adaptive equipment picture to the Google website after the assignment was graded. Appendix C shows a student example of the completed adaptive equipment assignment.

Student feedback on the Adaptive Equipment Assignment

Overall, students felt this assignment did not work well as written. Since students were already familiar with some adaptive equipment, it seemed repetitive and not valued.

- “Was not very helpful”
- “Would be better if it was in combination with another assignment such as the protocol assignment.”
- “Maybe add this as a component to a competency and act it out rather than making it an actual assignment.
- “Make it more unfamiliar equipment as the ones to choose from we already knew.”
- “Make sure this assignment is given closer to the competency so that it helps for us to prepare for it.”

Students were fairly uniform in their critique of the adaptive equipment assignment. Students voiced their preferences as either selecting unfamiliar adaptive equipment for this assignment or deleting the assignment and incorporating it into a course competency or another assignment, such as the orthopedic protocol. In the future, this assignment will be deleted, and the content incorporated into the orthopedic protocol and competencies for the course.

Evidence-based Intervention Technique Article

The assignment directions were for each student to post a current evidence-based article supporting the use of a preparatory, biomechanical, or occupational intervention technique commonly used with orthopedic clients. The article needed to be peer-reviewed and less than 5 years old. The student was to identify the level of evidence, the focal point, and the subpoints of the article. In addition, a web link portraying a therapist or student performing the intervention was to be

posted as part of the assignment. Appendix D contains the full instructions for the assignment.

Student Feedback on the Evidence-based Intervention Technique Article Assignment

Students' feedback on this assignment included aspects of the assignment to keep and aspects of the assignment to change.

- "Having access on the discussion board to all of the articles is helpful beyond the classroom"
- "It is important to be able to research literature and find articles because as a practitioner, you have to have continuing education so research is important in that aspect but also be able to have proof for future clients who are genuinely curious and what to learn about their condition and the interventions they are participating in, and also have it for back up for the ones who are maybe non-compliant and have a difficult time trusting their rehabilitation process."
- "Having to incorporate explaining an article to a pretend client during a comp was difficult and did not feel natural."

Students stated the benefits of locating current research articles to support their treatment interventions so their future occupational therapy practice is evidence-based. However, the students were unsure or did not feel comfortable explaining an article during a mock treatment session competency. Faculty will reassess and possibly delete the portion of the assignment on the competency which requires the student to explain their evidence-based article to a simulated patient during the second competency in the course.

Occupation-based Client Home Program

Each student located at least two current orthopedic home programs used with a client with a specified orthopedic condition from reliable open educational resources. The student altered the home program to be more task, activity, and occupation-based, instead of being oriented strictly to exercises. The home program included a title, place for a client's name, the date, any instructions needed to limit participation in occupations to protect a surgery, recommendations for two adaptive techniques, and two adaptive equipment or environmental adaptations, The occupation-based client home program contained images or drawings, was written at a six-grade reading level, contained

the student therapist's name and contact information, and relevant community resources. The instructor posted the corrected occupation-based client home program to the Google website after it was graded. Appendix E illustrates the grading rubric for this assignment.

Student Feedback on the Occupation-based Client Home Program Assignment

Many students declared this to be the most liked assignment. The comments below support this statement. There were also suggestions to make the assignment more realistic.

- "I liked the criteria of having to add our name and contact information at the top because it made it seem real"
- "This made me feel like an actual occupational therapist"
- Include a template or guideline for the home program, the majority of students ended up doing more work than they should have, making the home program much longer and time consuming than it was meant to be.
- Having a description of a client to make the home program for. This would be more realistic because just because someone has the same diagnosis doesn't mean every exercise, stretches, and AE will be right for them. Adding on this component will help students use their clinical thinking skills and have to adjust to the details of the client.

Students believed the occupation-based client home program was a valued addition to the course. Students suggested the assignment be reworked by providing a template to guide their writing of the home program. Also, students indicated they would benefit from including instructions to limit the home program to one page and include images when possible.

Analysis

Overall, the student feedback on the five assignments was positive.

- Orthopedic protocols will be helpful beyond class, on fieldwork, and as an OT.
- If students made their own videos, they would be more likely to be able to do the assessments later on.
- OTD students stated practicing using adaptive equipment in class prepares students to work with clients.

- Students believed locating relevant treatment intervention-based articles promoted critical thinking and evidence-based practice.
- Creating a home program helps us to tailor to clients' specific needs and students felt they were providing real treatment when their name was added to the home program.

In summary, students reported the five assignments were all relevant and will be helpful outside the classroom in future practice.

The five completed assignments in this course were posted on the discussion board which students can access during the course. The student work was also posted on a Google website so that after the course ended, students continued to have access to all the student-developed and revised open-source materials for later use in other classes, on Level II Fieldwork, and in future employment. Students were completing assignments not only for their own benefit but completed assignments (posted after instructor feedback was incorporated) that were shared with their classmates. Future students and patients' students will work with in the future as practicing occupational therapists also benefit from the completion of the occupational therapy orthopedic course assignments.

The goal of engaging students as partners in cocreating the teaching and learning process has been met through the redesign of assignments in this course. By inviting student feedback on each assignment, revisions are made that will benefit future students of the course (Felten et al., 2014). By making the majority of the assignments renewable, students' work is produced from existing open source materials and their learning becomes more meaningful as a resource for future learning experiences (Chen, 2018).

Conclusion

In designing and redesigning course requirements, a faculty-student partnership can enhance the writing of assignment directions, templates, and grading rubrics. By obtaining student feedback after each assignment has been completed and graded, the faculty member will become more familiar with the learning process from the students' perspective. If a college instructor can follow the process of asking for feedback on each course assignment, students will benefit from a redesign of assignments to make them better learning tools in preparation for real life work projects. Through the use of renewable assignments, students can revise and redistribute existing reliable knowledge obtained from the internet

for future use in other courses, internships of fieldwork placements and in career employment.

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Appendix A

Upper Extremity Protocol Assignment

Eastern Kentucky University

College of Health Sciences

Department of Occupational Science and Occupational Therapy

OTS 450: OBP Orthopedics

Spring, 2022

UE Protocol Template

Protocol for _____

*Submit 5+ existing protocols/resources to Blackboard

Perform chart review, occupational profile, and interview first.

List appropriate superficial modalities to use and when:

Describe the type of orthotic(s) appropriate for this condition:

1. PRESURGICAL /NO SURGERY assessments:
2. Note any precautions and contraindications:
3. Describe specific limitations in engaging in IADL's, Work, and Education occupations due to this condition:
4. PRESURGICAL treatment interventions: Incorporate both a and b treatment interventions in the weekly treatment protocol:
 - a. Preparatory methods, biomechanical treatment, enabling activities
 - b. Adaptations and modification to Occupations: IADL's, Work, Education

Week 0-2:

Week 3-4:

Week 5-6:

Week 7-12:

Perform chart review, occupational profile, and interview first.

1. POSTSURGICAL assessments:

2. Note any POSTSURGICAL precautions and contraindications:
3. Describe specific limitations in engaging in IADL's, Work, and Education occupations due to this condition:
4. PRESURGICAL treatment interventions: Incorporate both a and b treatment interventions in the weekly treatment protocol:
 - a. Preparatory methods, biomechanical treatment, enabling activities
 - b. Adaptations and modification to Occupations: IADL's, Work, Education

Week 0-2:

Week 3-4:

Week 5-6:

Week 7-12:

Name _____ Date _____

Appendix B

Orthopedic Assessment Grading Rubric

	2	1	0
Identify appropriate assessments for orthopedic conditions	At least 1 occupation-based assessment and 1 biomechanical assessment were identified	Assessments identified were only biomechanical or occupation-based, but not both	Assessments identified were not appropriate to the condition
URL of video or animated description of surgical procedure performed	Video was short (1-3 minutes) and conveyed the knowledge necessary for an OT to work with this condition	The video was too long or did not contain the information needed for OT to treat the orthopedic condition	No video link posted of pertinent surgery
Coordinated with instructor about which assessment to post	Obtained advance permission from faculty for which assessment to post	-----	Did not obtain advance permission from faculty for which assessment to post
URL of video of therapist or student performing one assessment	The 3-5 minute video accurately portrayed the assessment being administered	The video was too short or too long	The video did not accurately portray the assessment being administered
2 URL links posted	Videos of surgery and assessment were posted on the website	Video of surgery or assessment was posted on the website, but not both	Neither video of surgery or assessment were posted on the website
Total _____/10			

Appendix C

Student Example of Adaptive Equipment Assignment

Eastern Kentucky University
College of Health Sciences
Department of Occupational Science and Occupational Therapy
OTS 450: OBP Orthopedics
Spring, 2022

OBP Orthopedic Resources

C. Adaptive equipment and electronic aids to daily living (EADLs)

1. Leg Lifter Name and picture of adaptive equipment



<https://www.hpms.com/Norco-Leg-Lifter-p/ncm-nc94301.htm>

2. Why is this AE appropriate to use with Morbid Obesity and Lower Extremity Edema condition?

The AE would be beneficial for individual that has Morbid Obesity and LE edema because these individuals may have difficulty with bed mobility, and they can use a leg lifter to lift their legs in to bed and to place their legs in a comfortable position.

3. List at least 3 other LE orthopedic conditions this AE could be used with.
THR, SCI, CVA

4. Post a URL link of where to purchase the AE and the cost.

https://www.walgreens.com/store/c/mercer-deluxe-leg-lifter-with-foot-stabilizer/ID=prod6101758-product?ext=gooHome+Health+Care+Solutions+-+SSCHome+Health+Care+Solutions_online&gclsrc=aw.ds&&gclid=CjwKCAiAl-6PBhBCEiwAc2GOVKffvZi1TDD_p90MOVvHh2xQ9J49L8v1PgS6_XlbbmaKAw9Qpn71GBoCSaQQAvD_BwE

Cost: \$10.99

5. Describe how to complete an UE / LE daily occupation safely and efficiently using this AE. (Refer to LE competency scenarios).

In order to transition from supine in bed to sitting EOB raise the head of bed up to a sitting position and use UE to place leglifter under affected leg and slowly move legs off the bed keeping legs close together using UE and leglifter to keep affected leg close to the unaffected LE till LE are off bed and use UE to position self for optimal sitting balance and remove leg lifter.

6. Explain the benefits of using AE with ADLs to a client with 6th grade reading level.

This device can help you move your leg off of your bed so that you can sit up and complete the things you like to complete on a daily basis either on the side of the bed or it could help you get in your wheelchair so you can get out of bed and do different activities that you enjoy doing.

7. Explain the drawbacks of using AE with ADLs to a client with 6th grade reading level.

Some adaptive equipment can be complex so it is difficult to explain to individuals with a 6th grade reading level. Especially the high tech adaptive equipment or AE that has a lot of steps. They may benefit from a picture guide that explains exactly what to do in as clear language that can be used while still explaining exactly what to do.

Appendix D

Evidence-based Intervention Article Assignment Instructions

Eastern Kentucky University
College of Health Sciences
Department of Occupational Science and Occupational Therapy
OTS 450: OBP Orthopedics
Spring, 2022

Professor: Cindy Hayden, DHEd, OTR/L, CHT

OBP Orthopedic Resources

4. Evidence-Based Intervention Techniques (< pain, < edema, > wound healing, scars, >ROM, >tendon gliding, >MS, >coordination, > balance, > endurance)

Each student will post a current evidence-based article supporting the use of an intervention technique commonly used with orthopedic clients. Each student will locate and post a video of an OT or student demonstrating an appropriate intervention technique for one of the above categories. An alternative is to create a short video (less than 5 minutes) demonstrating an appropriate intervention technique. The student will post the video to the Google website before it has been graded. If the video is not acceptable, the student will need to delete it and post a second acceptable video.

Criteria for Success: Evidence-based intervention techniques grading rubric

Percent of Total Course Grade: 4%

Assignment Purposes:

Student Learning Outcomes:

4. Demonstrate evidence-based and occupation-based intervention relevant to orthopedic conditions through analysis and interpretation of client evaluation

ACOTE Standards:

4. & 5. B.4.10 Recommend and provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. This must include the ability to select and deliver

occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy

Annual competency components: Any of the above professional writing activities may be incorporated into the P2 annual summative competency.

Skills: The skills that you will learn in doing this assignment are:

4. Locate and synthesize information from evidence-based and occupation-based practice articles supporting use of preparatory, biomechanical, and occupational interventions for clients with orthopedic conditions

Knowledge: This assignment will also help you to:

4. Interpret evidence-based and occupation-based practice articles for appropriate assessments and intervention strategies for the orthopedic population.

Tasks: Develop a Web site with OBP orthopedic resources for future use in competencies, fieldwork, and practice. The Web site will contain the following folders

4. Biomechanical and occupation-based techniques supported by evidenced based articles

Appendix E

Occupation-based Client Home Program

	2	1	0
Selected 2 orthopedic home program or handout of exercises	Both home exercise programs are appropriate for the condition	Home exercise programs are appropriate for the condition, but does not address the correct recovery stage from surgery or injury	Home exercise programs are not appropriate for the condition
OBCHP Identifying information	Included title of home program, place for client's name, and date	Included partial identifying information	Did not include identifying information
Participation in everyday tasks, activities, or occupations	Instructions included limitations to participation in occupations as needed	-----	Instructions do not include limitations to participation in occupations as needed
Adaptive techniques	Recommendations for at least two adapted techniques for occupations are included	Recommendation for at one adapted technique for occupations is included	No recommendations for adapted techniques for occupations are included
AE/EADLs/Environmental adaptations Orthotics	Recommendations for at least two AE, EADLS, environmental adaptations, or orthotics	Recommendations for at least one AE, EADLS, environmental adaptations, or orthotics	No recommendations for AE, EADLS, environmental adaptations, or orthotics
Literacy level	Instructions at 6 th grade literacy level	_____	Instructions are not at 6 th grade literacy level
Pictures or drawings	Instructions included images	_____	Instructions do not include images

	2	1	0
Contact information	Instructions included when to call therapist, therapist's name and facility, and contact information	Included partial contact information	Did not include contact information
Community resources	Instructions included referral to community resources, name of facility, phone number, website	Included partial contact information	Did not include contact information
Total _____/18			