ADL training aims to promote recovery and achieve patient goals using purposeful activities. It aims to increase a patient’s ability to perform daily activities by practicing the specific activities. Occupational therapists assess difficulties in performing daily activities after a patient has had a stroke. The activity is then practiced repetitively and may require assistance from others and/or assistive devices. The performance of these activities is the overall goal and the intervention.

Training techniques can include:
- Modified tasks
- One arm techniques
- Modified use of affected upper limb (i.e. affected arm acting as a ‘stabiliser’)
- Assistive aids/equipment
- Hands on assistance from a carer
- Verbal/visual prompting

Evidence highlights that patients who receive occupational therapy interventions are less likely to deteriorate and are more likely to be independent in their ability to perform personal ADLs and instrumental ADLs.

### National Stroke Foundation Guidelines

**6.4 Activities of Daily Living**

Patients with confirmed difficulties in personal or extended ADL should have specific therapy (e.g. task-specific practice and trained use of appropriate aids) to address these issues.

People faced with difficulties in community transport and mobility should set individualised goals and undertake tailored strategies such as multiple (i.e. up to seven) escorted outdoor journeys (which may include practice crossing roads, visits to local shops, bus or train travel), help to resume driving, aids and equipment, and written information about local transport options/alternatives.

Staff members and the stroke survivor and their carer/family should be advised regarding techniques and equipment to maximise outcomes relating to performance of daily activities and sensorimotor, perceptual and cognitive capacities.
**WHAT RESOURCES DO I NEED?**

Carer assistance may be required to set up the activities and provide hands on assistance or prompting to complete the task.

Assistive/adaptive equipment may be required depending on the activity and the patient’s level of function.

Items required for the activity that is being practiced. I.e. dressing retraining – need to have appropriate clothes to use.

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**ADL TRAINING RECEIVES AN AMBER LIGHT**

**CONSIDERATIONS**

Patients with severe impairments in vision, perception and/or cognition may require extra assistance. These impairments could impact on the outcomes of the intervention.

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**ADDITIONAL RESOURCES**


Legg L, Drummond A, Langhorne P. Occupational therapy for patients with problems in activities of daily living after stroke.


The Independent Living Centres - Australia have an online catalogue of various adaptive aids and equipment that may assist with ADL Independence http://ilcaustralia.org.au/