A Wilder OT: Fun, Safety, & Adventure at Kiwanis Camp

Tyler Joy
Pacific University

David Huffman
Pacific University

Follow this and additional works at: http://commons.pacificu.edu/ipp

Part of the Occupational Therapy Commons

Recommended Citation
http://commons.pacificu.edu/ipp/25
A Wilder OT: Fun, Safety, & Adventure at Kiwanis Camp

**Description**
The mission of Mount Hood Kiwanis Camp is to empower children and adults with special needs.

The partnership between Kiwanis Camp and Pacific University started in 2010. The vision for this partnership was to bring occupational therapy services to the camp in order to enhance camper participation (McClure & French, 2010). The focus at that time was to teach basic sensory techniques in order to provide adaptations for campers and program modifications based on task analyses that were performed, as well as begin considering Kiwanis Camp as a possible fieldwork site for occupational therapy graduate students (McClure & French, 2010).

In 2011 further sensory suggestions and program modifications were provided to the camp as well as an in depth manual outlining the specifics of fieldwork (Forgeron & Jackson, 2011). While the structure for fieldwork was established, the specifics for what an occupational therapy position would entail were not clear to camp officials. The camp’s readiness and the funding to hire an occupational therapist were not adequate. The current project leaders developed a job description for an occupational therapist position as a portion of their project.

During the summer of 2011, Tyler Joy and David Huffman were the first Pacific University occupational therapy students actually to attend camp. At that time they attended camp for a period of about one week observing a counselor training session, the transition periods for individuals coming and leaving camp, and program activities for two separate camper populations. Being involved in all of these aspects of camp gave them the opportunity to perform a comprehensive needs assessment. This comprehensive needs assessment considered activity demands in the context of cognitive, sensory, motor, and social function.

**Disciplines**
Occupational Therapy | Rehabilitation and Therapy

**Rights**
Terms of use for work posted in CommonKnowledge.
A Wilder OT: Fun, Safety, & Adventure at Kiwanis Camp

A Partnership between Mount Hood Kiwanis Camp and Pacific University

Project Leaders for 2011-2012:
Tyler Joy OTS
David Huffman OTS

Project Advisors:
Sandra Rogers, PhD., OTR/L
Sandra Pelham-Foster, OTR/L
Table of Contents

I. Project Description .............................................. 1-3
II. Video Link ......................................................... 3
III. References .......................................................... 4
IV. Manual .............................................................. 5-19
V. Video Script ......................................................... 20-30
VI. Activity Modifications ........................................... 31-34
   a. Art ................................................................. 31
   b. Bedtime .......................................................... 32
   c. Mealtime ........................................................ 33
   d. Canoeing ........................................................ 34
VII. Job Description .................................................. 35-36
VIII. Surveys ........................................................... 37-38
Project Description

The mission of Mount Hood Kiwanis Camp is to empower children and adults with special needs.

The partnership between Kiwanis Camp and Pacific University started in 2010. The vision for this partnership was to bring occupational therapy services to the camp in order to enhance camper participation (McClure & French, 2010). The focus at that time was to teach basic sensory techniques in order to provide adaptations for campers and program modifications based on task analyses that were performed, as well as begin considering Kiwanis Camp as a possible fieldwork site for occupational therapy graduate students (McClure & French, 2010).

In 2011 further sensory suggestions and program modifications were provided to the camp as well as an in depth manual outlining the specifics of fieldwork (Forgeron & Jackson, 2011). While the structure for fieldwork was established, the specifics for what an occupational therapy position would entail were not clear to camp officials. The camps readiness and the funding to hire an occupational therapist were not adequate. The current project leaders developed a job description for an occupational therapist position as a portion of their project.

During the summer of 2011, Tyler Joy and David Huffman were the first Pacific University occupational therapy students actually to attend camp. At that time they attended camp for a period of about one week observing a counselor training session, the transition periods for individuals coming and leaving camp, and program activities for two separate camper populations. Being involved in all of these aspects of camp gave them the opportunity to perform a comprehensive needs assessment.

This comprehensive needs assessment considered activity demands in the context of cognitive, sensory, motor, and social function. As part of the needs assessment Tyler and David completed activity analyses for program activities occurring at camp such as: art, swimming, hiking, fishing, canoeing, horseback riding, campfires, cookouts, ropes course adventures, a camp dance, skit performances, flag ceremonies, and meals. They looked at activities like mealtime and assisting campers at bedtime to help counselors facilitate a better experience and to create more opportunities for camper participation. They offered suggestions for activities that might be as simple as describing the sights, sounds, and smells on a hike to create a more shared experience or creating a less stimulating environment by providing simple adaptations for campers so they might engage more fully in art activities. A few of these program modifications are provided below. Program modifications create a platform for counselors, staff, and the upcoming occupational therapy fieldwork student’s to facilitate a more inclusive camp experience. In addition to these program activities the role readiness of counselors while at camp was assessed.
After observing the counselor training session Tyler and David sought to understand the counselors’ perspective of role readiness. Most counselors come into camp with limited if any experience or knowledge of this population. Tyler and David created two surveys (which are attached below) that were distributed at random. The first survey was distributed directly after the counselor training session. The second was distributed after the counselor had been at camp for a week. The early thoughts were that counselors were experiencing anxiety in dealing with this population and not feeling equipped to provide the necessary supports their camper might need. While those feelings were accurate based off the results of the first survey the second survey showed a change. After having worked through almost one-week counselors reported that they then did feel confident in their role and were mostly satisfied with the training they had received. These reports showed the value of the camps model of selective training paired with learning by experience in working with special needs populations. It should be noted that camp staff provided excellent support throughout this experience as well. What the occupational therapy students learned from this experience was the importance of understanding the functioning of a program and honoring that process.

After experiencing counselor training one area that Tyler and David found to be in need was in safe person handling and transfers. Specific techniques were being instructed in this area, but the quantity and quality were not up to current standards. It was a prime opportunity to provide up to date techniques and the specifics for the specialty transfers like getting in a canoe or on a horse. Current methods for training lacked the visual aids necessary to effectively demonstrate these transfers. Because of this, it was decided the best thing to offer camp was a better means to show it. In meeting with the camp officials and discussing these needs it was collaboratively decided that Tyler and David would create an instructional video to provide a continuing resource for training in safe person handling and transfers.

In deciding how to present this material Tyler and David considered diverse teaching strategies and retention over time and came up with an easy to remember acronym to represent the important processes involved in all transfers. What stood out as vitally important was attending to the environment, having good communication, having all proper tools available, and knowing how to execute the transfer. To meet these needs the CARE model was created:

C: Communication/Connection
Connecting with the camper involves
- Clear communication to gain an understanding of their desire for movement
- An ability to articulate what and how the movements will take place, and
- Being able to delegate responsibilities for those involved

A: Assurance of Safety
Before moving the camper it is important to assess
• The environmental factors (are there objects that will interfere with the transfer?)
• The human factors (how tired/fatigued is the camper, is the counselor?), and
• Any logistical factors (is there enough time?). It is always important to remember to slow down for safety

R: Resources
Resources to consider are the people that may be involved in the transfer and any equipment that may be used

E: Execution
Execution includes feet and hand placement, good posture and positioning for the camper and the counselor, torque, and proper techniques. Proper technique differs for different transfers and the training resources will articulate these differences

The CARE model works because it is comprehensive covering the critical elements yet simple enough to remember what needs to be done and how to do it.

Research supports the products, methods, and services developed. Concerning program modifications one study noted that children and their families perceived greater occupational performance and satisfaction at summer camp with the incorporation of occupational therapy program enhancements (Chandler, 2003). In regard to safe handling research notes that task-specific transfer training by occupational therapists improves body mechanics and performance transfer techniques (McCannon, Casey, Elfessi, & Tiry, 2003). The use of the three components of transfer training is supported by evidence showing increased efficacy and learning retention (Carrier, Levasseur, Bédard, & Desrosiers, 2011).

Transfer training was provided for a full range of capabilities from very little assistance to fully dependent. Transfers included those common to everyday living situations, such as getting into the restroom areas and into bed, as well as the transfers that are specific to camp activities like canoeing or horseback riding. Project developers emphasized the importance of using the right amount of assistance in an effort to maintain safety and avoid over assisting the camper. This was stressed in order to focus on the independent functioning of the camper.

With a voluntary professional videographer filming began in October of 2011 on site. There was one full day of filming with an additional day of filming occurring at Forward Stride Center for Therapeutic Riding. Amber Varner provided her professional skills in assisting with demonstration of different horse transfers at this facility. After the initial filming collaborative editing proceeded for the following three months.

The completed product of this film can be accessed at the following website:
http://vimeo.com/user11110541/transfer-video
References


Safe Person Handling and Transfers Manual

Table of Contents

General information on transfers.................................................................................................5
Body Mechanics............................................................................................................................5-7
The CARE Model.........................................................................................................................8-9
Guide to selecting and performing transfers...............................................................................9
  The Stand-Step transfer..................................................................................................................9
  The Low-Pivot transfer................................................................................................................10
  The Slide Board transfer.............................................................................................................11
  The Flex-Pivot transfer..............................................................................................................11-12
  Bed mobility................................................................................................................................12-14
  The Two-Helper transfer...........................................................................................................14-15
  The Canoe transfer....................................................................................................................16-17
  The Horse transfer.....................................................................................................................17-19
Conclusion and references...........................................................................................................19

Materials created by Tyler Joy and David Huffman of Pacific University of Oregon, School of Occupational Therapy
Transfers

Purpose of Transfers

A transfer is the act of providing the necessary amount of support in assisting another person from one space to the next.

This section of your counselor training provides guidelines for selecting and completing transfers in a variety of camp locations. Its purpose is to provide instruction to counselors to assist in caring for campers with mobility limitations. We have attempted to capture the essence of positioning and movement, which emphasize safety, and reduced risk of strain.

Basic considerations

- Encourage the individual being transferred to assist as much as possible by determining if the individual has the ability to stand, use their arms or give and receive verbal instructions
- Determine if you are physically able to help an individual complete the transfer safely
- Remember, if doubtful about completing the transfer safely, seek further assistance rather than risk injury to the individual or to yourself
- Understand the roles and responsibilities of all people involved in the transfer
- Practice with an extra person standing by for assistance until a comfort level is reached with the transfer
- Maintain personal safety by using proper body mechanics

Body Mechanics

Body Mechanics are the practice of proper body movement to prevent and correct posture problems, reduce stress, and enhance physical capabilities.

The ABCs of Body Mechanics

Alignment

Posture and workspace adjustment – Efficiency and safety begin with how you position your body before you move. Crucial to this are: keeping your spine straight and your joints neither too far extended nor flexed. When moving with a person, squat rather than bending at the waist, and keep your arms close to your body. This utilizes your bodies larger muscle groups and puts less strain on you.
Preparing your environment is also important. Choose small distances and easy areas to move in. Move between sitting surfaces of equal height and firmness when possible.

- Flow Rhythm – Move in a fluid singular motion. Moving your body as a whole helps to prevent strain on the individual parts when the move is broken down into just pulling with arms or twisting at the waist.

**Balance**

- Base of support – Widen and stagger your stance to improve your overall stability. Angle your feet outward to help prevent your balance from being compromised in dealing with shifting weight.

- Weight distribution/center of gravity – The majority of injuries and falls occur because of not accounting for a shift in weight. The key to controlling a move with another person is to balance the scales. Think of it as moving your own center of gravity between the two of you. When you shift the other person’s weight onto you, you counter-balance each other.

**Remember:** only help with what they need help with. Empower you campers by letting them do what they can.

**Conservation** – Pacing is one of the most vital things you can do to effectively and safely assist others in movement. Camp is full of activity! If you have just gone on a hike and are planning to assist your camper to the shower, it is critical to ensure that the next moves are not compromised because of fatigue. Plan ahead: know your limits, schedule rests, and enlist help when needed.
**CARE model**

Transfers differ from person to person. Due to this, the assistance that you provide needs to match the camper’s capabilities. In order to match their capabilities it is important to remember four main components to any transfer you may perform. The four components can be remembered as the CARE model:

**Connection/Communication:** Connecting with the camper involves clear communication
- Gaining an understanding of the camper’s desire for movement
- Ability to articulate what and how the movements will take place
- Ability to delegate responsibilities for those involved

**Assurance of Safety:** Before moving the camper it is important to assess
- Environmental factors—are there objects that will interfere with the transfer
- Human factors—how tired/fatigued is the camper, counselor, assistant
- Logistical factors—is there enough time
- Remember to slow down for safety

**Resources:** Consider the people that may be involved in the transfer and any equipment that may be used
- People—it is important to have the right amount of support, not too many and not too few counselors to assist with the transfer
  - When dealing with larger individuals and/or more dependent individuals have the correct amount of support so no one gets injured
  - If the camper doesn’t need as much assistance, more help can hinder the transfer itself.
  
  *Be aware of campers’ capabilities, allowing them to do all they can*
- Equipment
  - Wheelchair and its components
    - Armrests
    - Brakes
    - Castors
    - Footrests
  - Walker
  - Cane
  - Socks & shoes
  - Eyeglasses
  - Gloves
  - Hearing aids
  - Any other items that may be essential to the move
**Execution**: Aspects to consider when performing the transfer

- Feet placement
- Hand placement
- Cueing—verbal and physical communication to alert those involved of movements
- Good posture and positioning for the camper and the counselor
- Torque—rotational force
  (Proper techniques differ for various transfers see Body Mechanics Section)

**Guide to selecting and performing transfers**

**Stand-Step Transfer**

Some individuals who are partially ambulatory may only require extra assistance due to fatigue and balance factors. These individuals are likely to benefit most from a stand-step transfer. In performing the stand-step transfer it is important to use the CARE model.

**Execution**

- Legs/Feet:
  - The counselor’s stronger leg is in the back with bent knees during rising and lowering
  - Camper’s feet need to be shoulder width apart with knees and nose over toes to ensure proper rise

- Hand placement: For this transfer hands serve as a support for the balance of the individual, not for lifting
  - Placed along the hips, coming from the front on rising and lowering
  - Placed along the hips from the sides during mobility
  - Camper’s hands need to be pushing up from the surface they are rising from and reaching for the surface they are lowering to
  - When moving camper’s hands should be on the device needed or they should be free.

- Movement:
  - The camper is leaning forward and pushing off from the surface they are rising from
  - The camper is leaning forward and reaching back to the surface they are lowering on to
  - The counselor is bending at the knees, keeping their back straight, and their movements are fluid

- Cueing: Gestural and verbal cues should be used to direct the individual throughout the movement.
Low-Pivot Transfer & Slide Board Transfers

There will be some campers who are limited in leg movements but who are still very capable with their arms. While these individuals will be in a wheelchair they may be able to do a low-pivot transfer or a sliding board transfer. Individuals doing a low-pivot transfer may require varying levels of assistance. It is important to use the CARE model for any transfers we do.

Resources

Equipment factors:
- Wheelchair components to remember are:
  - Castors
  - Footrests
  - Brakes
  - Arm rests
- It is imperative that the camper has adequate socks and shoes on

Low-Pivot Transfer

Execution

- Feet:
  - Position the camper’s feet shoulder width apart and slightly angled
    - With the closest foot to the transferring surface slightly forward
    - Knees and nose over toes to ensure proper rise
  - The counselor’s feet need to complement the campers during the movement
  - Bend at the knees
- Hand placement serves as a support for the balance of the individual as well as guiding the movement
  - In some cases guiding may be enough
  - In other cases the counselor will be required to assist by lifting the camper over to the new surface
  - Placed along the hips throughout the transfer
  - Camper’s hands need to be pushing up from surface rising from and reaching for surface going to
- Movement:
  - The camper is leaning forward and pushing off from the surface they are rising from
The camper is leaning forward and reaching back to the surface they are lowering on to.
The counselor is bending at the knees, keeping their back straight, and their movements are fluid.

- **Cueing:** Gestural and verbal cues should be used to direct the individual throughout the movement.

**Slide Board Transfer**

Individuals coming to camp who use a slide board should be accustomed to using this device with limited support. The set up and execution of a slide board transfer is essentially the same as a low pivot transfer. Individuals who perform slide board transfers generally require little assistance. Counselors and staff will most likely help in positioning the board and guiding the individual.

**Resources**

- The board should be positioned at a 45° angle
- The board should be visible on the inside of the camper’s leg before they move

**Execution**

- **Movement**
  - The camper will push down with both hands sliding bottom first across the surface
  - Stopping occurs when there is a need to reposition hands in order to slide the rest of the way
  - Slide board transfers are only appropriate with reasonably level surfaces

**Flex-Pivot Transfer**

Many individuals will not have upper arm function that will allow them to do low pivot or slide board transfers. If the individual can tolerate weight bearing on their feet then the flex pivot transfer is an option to use. Using the CARE model a flex pivot transfer can be performed as follows.
Resources
• Equipment factors:
  o Wheelchair components to remember are:
    ▪ Castors
    ▪ Footrests
    ▪ Brakes
    ▪ Arm rests
  o It is imperative that the camper has adequate socks and shoes on
  o It is important to have supportive helpers standing behind the camper as a spotter if extra support is necessary
  o The helper needs to be immediately available to help, but not hindering the transfer

Execution
• Feet:
  o Position the camper’s feet shoulder width apart and slightly angled
    ▪ With the closest foot to the transferring surface slightly forward
    ▪ Knees and nose over toes to ensure proper rise
  o It is especially important that the counselor has sure footing and steady balance for rocking the camper’s weight on to them
  o Bend at the knees
• Hand placement serves as a support for the balance of the individual as well as guiding the movement
  o The counselor will be using a seesawing motion to move the camper in order to displace the weight during the movement of this transfer
  o It is important the counselor has a strong hold on the camper
  o The camper’s hands need to be folded in their lap
• Movement:
  o The camper is leaning forward (all the way over) with hands across lap
  o The counselor is bending at the knees, keeping their back straight, and their movements are fluid
  o It is helpful to perform a seesawing motion, a small rocking forward, to get the bottom slightly off the surface to estimate if further adjustments need to be made prior to the actual transfer
  o The camper’s head needs to be on the side of the counselor’s hip angled away from the direction the camper’s bottom will be moving
  o The transfer needs to be performed all in one fluid motion
• Cueing: Gestural and verbal cues should be used to direct the individual throughout the movement.

Bed Mobility
For campers who are more limited in their mobility it is important to have good technique for positioning them within their beds, as well as transferring in and out of bed. These moves may require an extra person to help in some instances.
As in all transfers, Connecting and Communicating with your camper is important to show respect and to prevent complications during the move.

When setting your camper up to sleep, it is important to scan the area and interior or sleeping bag for objects or bits’o’nature that may be harmful to them. This is especially important with those who are less able to adjust their resting positions.

While it is not a necessity for moving individuals on a bed, the use of a draw sheet greatly reduces the friction and effort required of the move. At camp the draw sheet comes in the form of a sleeping bag.

Pillows may also be strategically placed to ensure comfort and correct posture during sleep. Additional pillows may be placed: between the knees, along the back, and below the forearm and chest, but away from the face in side lying.

**Sliding** – When moving your camper up toward the head of the bed, the sleeping bag should be held just outside of the camper’s shoulders. Hold the sleeping bag close to the body and pull by shifting your whole body backward, rather than just pulling with your arms. Sliding down the bed is done similarly, holding the sleeping bag on either side of the camper’s hips.

**Bridging** – If campers are able, they may assist you in these moves by a technique called bridging. Assist the camper by placing their feet flat on the bunk with their knees bent.

Communicate the timing of the slide with your camper so that they may use their legs to raise their pelvis up during the slide

**Rolling** – Rolling is essential for adjusting positions in bed as well as getting in and out of the bed. When assisting a person to roll the primary points for safe and effective handling are: the shoulder blades, lateral pelvis bones, and lateral thighs.

After Connecting with your camper for a roll, Assure safety by moving the camper’s arm on side closest to you away from their body and turned palm up. Next bend the knee if possible and place the feet as you would for preparing to bridge. Your hands at this point should be placed over the shoulder and onto the shoulder blade and on the pelvis on the side farthest from you. Have the client reach and assist
to the best of their ability and complete the roll in one fluid motion.

_Moving from Lying to Sitting_ – Before moving from side lying to sit, Assurance of Safety and Resources should be readdressed. Obstacles need to be removed from the side of the bunk and transitional devices such as wheelchairs should be already in place for the next transfer. Note that wheelchairs should be positioned near the head of the bed so that it does not obstruct the camper’s legs as they move to sit.

The camper’s feet are moved just to the edge of the bed, and their free hand placed palm down on the mat in front of them. Next, place your hands at the camper’s shoulder blade, under the neck, and on the lateral thigh, cuffing just above the knee. Ensure that your feet are shoulder width apart, with legs bent and vertical spinal alignment. Cue the camper to move together at the count of 3. The move is completed by pulling to let the legs swing gently down while bringing the trunk to an upright position. Have the camper assist in pushing off from the bed with their hands when possible.

_Two-Helper Transfer_

In some instances transfers with some campers may require an additional helper. This may be the case with larger individuals, those with rigid body tone, or those who are unable to bear weight on their feet. In any case, the most important factor in deciding whether or not to use a helper is maintaining safety for all those who are involved.

_Connection/Communication_

- Designate roles to each person involved in the transfer
- The primary assistant has the responsibility of leading the transfer and letting the camper and secondary helper know what their respective jobs are
- The primary always positions themselves facing the camper
- There should be collaboration during the planning phase of the move
- During the execution phase the primary needs to be the sole decision maker and the one giving the commands
The secondary helper needs to establish a good connection with the camper as well. The secondary positions themselves behind the camper.

Assurance of Safety
- When performing this type of transfer it is extremely important to provide enough room for the extra help, as it is difficult to readjust once the transfer has begun.

Resources
- Remember to prepare the chair prior to the transfer.

Execution
- Feet
  - To execute this transfer counselors need to position feet so as to have a good base of support.
- Hands
  - The primary counselor will place their hands under the knees of the camper.
  - The camper is required to place their hands in an X across their chest.
  - The secondary counselor will place their hands under and through the camper’s armpits, holding onto the camper’s forearms.
- Movement
  - The camper will be lifted out of the chair and smoothly moved onto the surface of destination.
  - The counselors are bending at the knees, keeping their back straight, and their movements are fluid.
  - It might be helpful to perform the transfer in steps if the space is awkward.
  - Be careful to note the placement of the camper’s body parts: head, hands, and feet; to make sure that nothing gets left behind or caught on any equipment coming from or going to.
- Cueing
  - The primary counselor calls the shots.
  - The primary will signal movement by counting to three.
  - Verbal and gestural cues should be used to direct the camper and secondary helper throughout the movement.
**Canoe Transfer**

One of the special activities offered at camp is a chance to go canoeing around the lake. Transferring an individual into a canoe can be a bit tricky and will generally require two people. By following the CARE model, the following tips will demonstrate how this can be done.

**Connection/Communication**

- It is essential to find out from your camper if they desire to go canoeing.
- Due to the uniqueness of this transfer it will be of utmost importance that counselor, camper, and other staff are all on the same page during the coordination of this movement.
- Designate roles to each person involved in the transfer.
- The primary assistant has the responsibility of leading the transfer and letting the camper and secondary helper know what their respective jobs are.
- The primary always positions themselves facing the camper.
- There should be collaboration during the planning phase of the move.
- During the execution phase the primary needs to be the sole decision maker and the one giving the commands.
- The secondary helper needs to establish a good connection with the camper as well.
- The secondary positions themselves behind the camper.

**Assurance of Safety**

- Note: special activity staff will be securing the canoe during this process.
- Line up the camper parallel to the canoe, but a few steps away so that the equipment will not become cumbersome during the transfer.
- Make sure the route is clear for a safe smooth movement.

**Resources**

- Remember to prepare the chair prior to the transfer.
- The canoe will be partially in water and partially on land, which increases the dynamics of this transfer.
- It will be necessary for counselors to be wearing appropriate shoes/sandals with proper traction for strong footholds.
- The camper and counselors needs to have their life preserver on prior to transfers.
- For campers who have difficulty with trunk control, once they are inside the canoe seat cushions may be used to support them while seated or having a counselor sitting behind them.
Execution: Those assisting should note any differences in the environment like height of canoe, low placement of seat in the canoe, and making sure to have a strong foothold for proper body mechanics

- **Feet**
  - To execute this transfer counselors need to position feet so as to have a good base of support

- **Hands**
  - The primary counselor will place their hands under the knees of the camper
  - The camper is required to place their hands in an X across their chest
  - The secondary counselor will place their hands under and through the camper’s armpits, holding onto the camper’s forearms

- **Movement**
  - The camper will be lifted out of the chair and smoothly moved onto the surface of destination
  - The counselors are bending at the knees, keeping their back straight, and their movements are fluid
  - It might be helpful to perform the transfer in steps if the space is awkward
  - Be careful to note the placement of the camper’s body parts: head, hands, and feet; to make sure that nothing gets left behind or caught on any equipment coming from or going to

- **Cueing**
  - The primary counselor calls the shots
  - The primary will signal movement by counting to three
  - Verbal and gestural cues should be used to direct the camper and secondary helper throughout the movement

**Horse Transfer**

Another complicated transfer that occurs at camp is the horse transfer. It is important when using the CARE Model to check that the equipment being used is safe and appropriate and ensure that there is the proper number of helpers available.
Connection/Communication

- It is essential to find out from your camper if they desire to get on the horse
- Due to the uniqueness of this transfer it will be of utmost importance that counselor, camper, and other staff are all on the same page during the coordination of this movement
- Designate roles to each person involved in the transfer
- The primary assistant has the responsibility of leading the transfer and letting the camper and secondary helper know what their respective jobs are
- The primary always positions themselves facing the camper
- There should be collaboration during the planning phase of the move
- During the execution phase the primary needs to be the sole decision maker and the one giving the commands
- The secondary helper needs to establish a good connection with the camper as well
- The secondary positions themselves behind the camper

Assurance of Safety

- Note: special activity staff will be securing the horse during this process
- Campers in a wheelchair will be wheeled to the end of the ramp leaving a few steps so that the equipment will not become cumbersome during the transfer
- Make sure the route is clear for a safe smooth movement

Resources

- Remember to prepare the chair prior to the transfer
- The horse can be a moving target, which increases the dynamics of this transfer
- It will be necessary for counselors to be wearing appropriate shoes with proper traction for strong footholds
- The camper needs to be wearing a gait belt
- For campers who have difficulty with trunk control, once they are on the horse will be held by surrounding counselors and the appropriate saddle

Execution: Those assisting should note any differences in the environment like height of the horse, consider the saddle, and make sure to have a strong foothold for proper body mechanics

- Feet
  - To execute this transfer counselors need to position feet so as to have a good base of support
- Hands
  - The primary counselor will place their hands under the knees of the camper
  - The camper is required to place their hands in an X across their chest
  - The secondary counselor will place their hands under and through the camper’s armpits, holding onto the camper’s forearms
• Movement
  o The camper will be lifted out of the chair and smoothly moved onto the surface of destination
  o The counselors are bending at the knees, keeping their back straight, and their movements are fluid
  o It might be helpful to perform the transfer in steps if the space is awkward
  o Be careful to note the placement of the camper’s body parts: head, hands, and feet; to make sure that nothing gets left behind or caught on any equipment coming from or going to

• Cueing
  o The primary counselor calls the shots
  o The primary will signal movement by counting to three
  o Verbal and gestural cues should be used to direct the camper and secondary helper throughout the movement

Conclusion:
By following these guidelines counselors can have confidence and build a trusting relationship with their camper. This trust will facilitate a more fulfilling experience for both you and your camper while at Mount Hood Kiwanis Camp.

Images from:
http://preferredpediatric.com/pphhc/boedymechanicsandbackcare.asp
http://www.aroundhawaii.com/lifestyle/health_and_fitness/2007-06_caregiving_for_patients_after_a_stroke.html
http://en.bestpicturesof.com/pivot
http://www.flickr.com/photos/salleestudios/page2/
http://conemaugh.kramesonline.com/HealthSheets/
http://www.answers.com/topic/center-of-gravity
http://www.nidcr.nih.gov/imagegallery/oralhealth/TwoPersonWheelchairTransfer.htm
http://www.clker.com/clipart-maps-symbols-canoe-access-black.html
Narration and/or on-camera dialogue goes here

Introduction
Narrator: Mount Hood Kiwanis Camp is a place where individuals with special needs can experience the ritual of summer camp. As a counselor it is your role to help facilitate opportunities for campers to participate as fully and as independently as possible in the activities Kiwanis Camp offers. One of the needs that many of the campers will face is being able to move around camp. Whether your camper has these challenges or not, you need to be equipped to help any camper with transfers.

Introduction
Narrator: A transfer is the act of physically assisting an individual moving from one space to the next.

Introduction
Narrator: Transfers differ from person to person. Due to this, the assistance that you provide needs to match their capabilities. In order to match their capabilities it is important to remember four main components to any transfer you may perform. The four components can be remembered as the CARE model:

Introduction
Narrator: Connection/Communication
Connecting with the camper involves clear communication to gain an understanding of their desire for movement, an ability to articulate what and how the movements will take place, and being able to delegate responsibilities for counselor and for camper (those involved)

Introduction
Narrator: Assurance of Safety
Before moving the camper it is important to assess the environmental factors (are there objects that will interfere with the transfer?) human factors (how tired/fatigued is your camper), and any logistical factors (is there enough time?). Remember, there is always enough time, slow down for safety.

Introduction
Narrator: Resources
- Resources to consider are the people that may be involved in the transfer and any equipment that may be used.
- For the people involved in the transfer it is important to have the right amount of support, meaning not too many and not too few counselors to assist with the transfer.

Descriptions of shots corresponding to narration or on-camera dialogue go here

Someone walking forward: Narrated to camera, standing in front of Fanning Hall

Graphic Super:
David Huffman  Tyler Joy
Pacific University Occupational Therapists, Camp Kiwanis Counselors

Graphic: Transfer
• Shot of chair to chair
• Shot of bathroom exchange
• Shot of bed transfer

Graphic: The Four main components to remember the CARE model

Graphic: Connection/Communication
Then: (Shot of person to person, making eye contact, talking to one another)

Graphic: Assurance of Safety
Then: Shot of clutter, which we will have to create

Add bullets for Environmental, Human, and logistical factors and slow down for safety

Graphic: Resources
People Involved
Equipment to be used

• (Shot of too many people helping one camper)
individuals and/or more dependent individuals to have the correct amount of support so no one gets injured. However, if they don’t need as much assistance, more help can hinder the camper’s ability and the transfer itself. Always be aware of campers’ capabilities, allowing them to do all they can.

• The equipment portion of resources is inclusive of anything like a w/c and all its components, walker, cane, socks, shoes, eyeglasses, gloves, hearing aids, etc. These items may be essential to the move.

Introduction

Narrator: Execution
Execution includes feet and hand placement, good posture and positioning for the camper and the counselor, torque, and proper techniques. Proper technique differs for different transfers the following clips will articulate these differences.

Act I: The Stand-Step Transfer

Act I

Narrator: Some individuals who are partially ambulatory may only require extra assistance due to fatigue and balance factors. These individuals are likely to benefit most from a Stand-Step Transfer. In performing the Stand-Step transfer it is important to use the CARE model.

Scene I

Narrator: First make Connection/Communication

Scene II

Narrator: Assurance of Safety

• Shot of primary instructing secondary
• Graphic: Resources: Equipment w/c and all its components, walker, cane, socks, shoes, eyeglasses, gloves, hearing aids, etc.

• Shot of putting shoes and socks on
• Shot of prepping wheel chair—angled placement, locking brakes, removing arm rest
• Shot of putting on gloves

Graphic: Execution bullets to match VO
Shot of feet—shoulder width and staggered
Shot of bent knees and straight back, crouched in front of camper
Shot of torque, showing rotation

Shot of bad technique (pulling individual up by the arms) w/an X or slash over it

Graphic: The Stand-Step Transfer

Graphic: The CARE model
All components then highlight Connection and communication

Scene IV.VI

Narrator:

Scene II

Narrator: Assurance of Safety

Shot of counselor helps individual stand and walk with support, moving walker to side as walk into a shower (abbreviated version of final shot Scene IV.VI)

Graphic: The CARE model
All components then highlight Connection and communication

Shot of: Counselor: I got all your things into the shower are you ready to get in?
Camper: Yes
Counselor: Ok, we are going to leave your walker here and I will assist you into the shower.
Camper: OK (NOTE: extended shot of Connection from Intro with added audio)
Graphic: Connection/Communication

Shot of: Counselor: Hang on, I need to dry off this floor so we stay safe! Ok, lets get the walker out of our way and we will be ready.
Graphic: Assurance of Safety
Scene III
Narrator: For Resources the counselor is ensuring that the bath bench is clear and ready for the camper to sit on, that the walker is out of the way for this particular transfer, and that they have additional helpers should they need them.

Shot of: moving shower curtain out of way, making shower head available, putting towel down on floor
Graphic: Resources

Scene IV.I
Narrator: In executing any transfer it is important to remember the placement of yours and your camper’s feet, hands, as well as knowing the movement you are about to make, and having good instruction throughout.

Graphic: Execution
Feet
Hands
Movement
Cueing

Scene IV.II
Narrator: For the counselor the stronger leg is in the back, make sure to bend at the knees during assistance of rising and lowering. It is important to position the camper’s feet. Camper’s feet need to be shoulder width apart with knees and nose over toes to ensure proper rise.

Shot of camper and counselor foot placement
Graphic: Feet

Scene IV.III
Narrator: Hand placement for this transfer serves as a support for the balance of the individual, not for lifting. Hands will be placed along the hips, coming from the front on rising and lowing and from the sides during mobility. Camper’s hands need to be pushing up from the surface they are rising from and reaching for the surface they are lowering to. In moving their hands should either be on the device needed or they should be free.

Shot of hand placement of camper and hand placement of counselor; for rise lower and during walking
Graphic: Hands
Pushing Up when Rising
Reaching for surface when lowering

Scene IV.IV
Narrator: The camper is leaning forward and pushing off from the surface they are rising from and they are leaning forward and reaching back to the surface they are lowering on to. The counselor is bending at the knees, keeping their back straight, and their movements are fluid.

Shot of camper pushing off and then setting back
Shot of counselor bending down, coming up, then turning
Graphic: Movement

Scene IV.V
Narrator: Gestural and verbal cues should be used to direct the individual throughout the movement.

Shot of gesture to reach for walker
Shot of verbal cueing after up
Graphic: Cueing

Scene IV.VI
Narrator: The Stand Step Transfer

Shot of full transfer from third person and then fade out
Graphic: Low Pivot & Slide Board Transfers

Act II: Low-Pivot Transfer/Slide Board Transfer

(Slideboard for first part, Tyler in Bathroom for 2nd part)

Abbreviated shot of mod low pivot and independent slide board transfers

Act II
Narrator: There will be some campers who are limited in leg movements but still have great arm movements. (are still very capable with their arms.) While these individuals will be in w/c they may be able to do a low-pivot transfer or a sliding board transfer. Individuals who perform slide board transfers generally require little assistance. Individuals doing a low pivot transfer may require varying levels of assistance. It is important to use the CARE model for any transfers we do.

CARE Model components:
Communication, Assure Safety
Scene I
Narrator: In connecting with your camper talk with them to find out where they desire to move to.

Scene II
Narrator: Assure safety by clearing objects in the environment. It is important that the w/c be set up at a right angle to the surface the individual will be transferring to.

Scene III
Narrator: In evaluating resources there are more equipment factors to consider for these types of transfers. A slide board or transfer board and a w/c. In dealing with w/c there are several components to remember they are:
- Castors
- Footrests
- Brakes
- Arm rests

During either of these transfers it is imperative that the camper have adequate socks and shoes on.

Scene IV.I
Narrator: The counselor’s feet need to complement the campers during the movement and make sure to bend at the knees during the transfer. It is important to position the camper’s feet shoulder width apart, slightly angled, with closest foot to transferring surface slightly forward, and knees and nose over toes to ensure proper rise.

Scene IV.II
Narrator: In executing this transfer hand placement serves as a support for the balance of the individual as well as guiding the movement. In some cases guiding may be enough, in other cases the counselor will be required to assist by lifting the camper over to the new surface. Hands will be placed along the hips throughout the transfer. Camper’s hands need to be pushing up from surface rising from and reaching for surface going to.

Scene IV.III
Narrator: The camper is leaning forward and pushing off from the surface they are rising from and they are leaning forward and reaching back to the surface they are lowering on to. The counselor is bending at the knees, keeping their back straight, and their movements are fluid.

Scene IV.IV
Narrator: Verbal and gestural cues should be used to direct the individual throughout the movement.

Scene IV.V
Narrator: The Low Pivot Transfer

Scene IV.VI
Narrator: Individuals coming to camp who use a slide board should be accustomed to using this device with limited support. The set up and execution of a slide board transfer is essentially the same as a low pivot transfer. Counselors and staff will most likely help in

Shot of third person conversation
CARE Model components:
Communication, Assure Safety

Shot of aligning the w/c up with the toilet at 90° angle

- Shot of castors
- Shot of footrests
- Shot of brakes
- Shot of arm rests
- Shot of a slide board
- Shot of shoes on feet

Graphic: Feet
Shoe placement
(Tyler in Bathroom)

Graphic: Hands
Shoe placement of camper and hand placement of counselor; for rise lower

Graphic: Movement
Shoe placement of camper scooting to front of seat
Shoe placement of camper leaning forward ready to push off

Graphic: Cueing
Shoe placement of counselor giving gestural prompt of movement

Graphic: (The) Slide Board (Transfer)

Graphic: (The) Slide Board (Transfer)

(David with Slide Board)
Shoe setting up to chair
Shoe of camper giving counselor board
positioning the board and guiding the individual.

**Scene IV.VII**
The board should be positioned at a 45° angle and the board should be visible on the inside of the camper’s leg before they move.

**Scene IV.VIII**
During this movement the camper will push down with both hands sliding bottom first across surface and stopping when they need to reposition hands to slide rest of the way. Slide board transfers are only appropriate with reasonably level surfaces

**Scene IV.IX**
Narrator: The Slide Board Transfer

**Act III: Flex Pivot Transfer**
Narrator: *(The Flex Pivot Transfer)* Many individuals will not have upper arm function that will allow them to do low pivot or slide board transfers. If the individual can tolerate weight bearing on their feet then the Flex Pivot Transfer is an option to use. Using the CARE model a Flex Pivot Transfer can be performed as follows

**Scene I**
Narrator: In connecting with your camper talk with them to find out where they desire to move to.

**Scene II**
Narrator: To assure safety it is important that the w/c be set up at a right angle to the surface the individual will be transferring to and environmental hazards are removed

**Scene III**
Narrator: *(in Bathroom)*

**Scene IV.I**
Narrator: During this transfer it is especially important that the counselor has sure footing and steady balance for rocking the camper’s weight on to them. The counselor also needs to make sure to bend at the knees during the transfer. It is important to position the camper’s feet. Camper feet need to be shoulder width apart, slightly angled, with closest foot to transferring surface slightly forward, and knees and nose over toes to ensure proper rise. The camper’s head needs to be on the side of the counselor’s hip angled away from the direction the camper’s bottom will be moving.
Scene IV.II
Narrator: Hand placement for this transfer plays a very important role; the counselor will be using a seesawing motion to move the camper in order to displace the weight during the movement of the transfer. Therefore, it is important the counselor has a strong hold on the camper. The camper’s hands need to be folded in their lap.

Scene IV.III
Narrator: The camper is leaning forward (all the way over) with hands across lap. The counselor is bending at the knees, keeping their back straight, and their movements are fluid. It might be helpful to perform a seesawing motion, a small rocking forward, to get the bottom slightly off the surface to estimate if further adjustments need to be made prior to actual transfer. The camper’s head needs to be on the side of the counselor’s hip angled away from the direction the camper’s bottom will be moving. The transfer needs to be performed all in one fluid motion.

Scene IV.IV
Narrator: Verbal and gestural cues should be used to direct the individual throughout the movement.

Scene IV.V
Narrator: (The) Flex Pivot Transfer

Act IV: Bed Mobility
Narrator: (Bed Mobility) For campers who are more limited in their mobility it is important to have good technique for positioning them within their beds, as well as transferring in and out of bed. These moves may require an extra person to help in some instances.

Scene I
Narrator: As in all transfers, connecting and communicating with your camper is important to show respect and to prevent complications during the move.

Scene II
Narrator: When setting your camper up to sleep, it is important to scan the area for objects that may be harmful to them. This is especially important with those who are less able to adjust their resting positions. Bits’o’nature are not uncommon to find in sleeping bags at camp, but have the potential to be substantial bedsores causing irritants for some.

Scene III
Narrator: While it is not a necessity for moving individuals on a bed, the use of a draw sheet greatly reduces the friction of the move. At camp the draw sheet comes in the form of a sleeping bag. Sliding on this surface reduces the effort required as well as discomfort for the camper.

Scene IV
Pillows may also be strategically placed to ensure comfort and correct posture during sleep. Additional pillows may be placed: between the knees, along the back, and below the forearm and chest, but away from the face in side lying.

Scene V.I
Sliding Superior: When moving your camper up toward...
the head of the bed the sleeping bag should be held just outside of the camper’s shoulders. Hold the sleeping bag close to the body and pull by shifting your whole body backward, rather than just pulling with your arms. If a sleeping bag is unavailable hooking your arms under your camper’s armpits can make this move.

**Scene V.II**

*Sliding Inferior* - Sliding down the bed is done similarly, holding either the sleeping (bag) on either side of the camper’s (hips) feet or by pulling from their waist.

**Scene V.III**

*Bridging* – If campers are able, they may assist you in these moves by a technique called bridging. Assist the camper by placing their feet flat on the bunk with their knees bent. Communicate the timing of the slide with your camper so that they may use their legs to raise their pelvis up during the slide.

**Scene V.IV**

*Rolling* -- Rolling is essential for adjusting positions in bed as well as getting in and out of the bed. When assisting a person to roll the primary points for safe and effective handling are: the shoulder blades, lateral pelvis bones, and lateral thighs.

**Scene V.V**

After Connecting with your camper for a roll, Assure safety by moving you (the) camper’s arm on side closest to you away from their body and turned palm up. Next bend the knee if possible and place the feet as you would for preparing to bridge. Your hands at this point should be placed over the shoulder and onto the shoulder blade and on the pelvis on the side farthest from you. The roll is completed in one fluid motion. Have the client reach and assist to the best of their ability.

**Scene V.VI**

*Lying to Sitting* – Before moving from side lying to sit, Assurance of safety and Resources should be readdressed. Obstacles need to be removed from the side of the bunk and transitional devices such as wheelchairs should be already in place for the next transfer. Note that wheelchairs should be positioned near the head of the bed so that they (it) do(es) not obstruct the camper’s legs as they are moved out during the move to sit.

**Scene V.VII**

The camper’s feet are moved just to the edge of the bed, and (their) free hand placed palm down on the mat in front of them. Next, place your hands at the camper’s shoulder blade, under the neck, and on the lateral thigh, cufing just above the knee. Ensure that you(r) feet are shoulder width apart, with legs bent and vertical spinal alignment. Cue the camper to move together at the count of 3. The move is (completed) by pulling to let the legs swing gently done (down) while bringing the trunk to an upright position. Have the camper assist in pushing off from the bed with their hands when possible.
Act V: Two-Helper Transfers

Act V

Narrator: In rare instances transfers with some campers may require an additional person. This may be the case with larger individuals, those with rigid body tone, or those who are unable to bear weight on their feet. In any case, the most important factor in deciding whether or not to use a helper is maintaining safety for all those who are involved.

Scene I

Narrator: In performing two person transfers, it is important to designate roles to each person involved. The primary assistant has the responsibility of leading the move and letting the camper and secondary helper know what their respective jobs are. The primary should always position themselves in front of (facing) the camper, in the same fashion as other described one person transfers. While there should be collaboration during the planning phase of the move, during the actual execution, the primary needs to be the sole decision maker and the one giving the commands.

Scene I.1

Narrator: While typical transfers require ample space it is even more important to provide enough room for the extra help, as it is difficult to readjust once the transfer has begun. At this time it is important to assess the space for safety reasons, making sure to remove any obstacles that may interfere with the transfer.

Scene II

Narrator: It’s important for the secondary to establish a good connection with the camper as well as with the primary counselor. After making the connection the secondary positions self behind the camper.

Scene III

Remember the dynamics of the equipment being used. For instance, if the camper is in a w/c, make sure it will not be in the way of the secondary helper during the transfer. Also, remember all the components of preparing the chair prior to the transfer. Make sure other materials that will be necessary after the transfer are in put into place prior to the transfer for ease of use afterwards. (Remember to prepare the chair prior to the transfer)

Scene IV.1

Narrator: To execute this transfer the feet do not need to be placed in any specific position, they just need to be placed so they establish a good base of support for the counselor. Those assisting should do a trial run before performing the move. (Counselors should place feet so as to have a good base of support)

Scene IV.2

Narrator: During the execution of this transfer the camper will be required to place their hands in an X position.

Graphic: Two-Helper Transfer

Narrated to camera

Graphic: Connection/Communication

Shot of the primary connecting (to camper, to helper)

Shot of primary directing

Shot of secondary connecting (to camper to primary)

Shot: panning of bed area; looking for obstacles

Use already filmed shots of prepping chair for transfer

Graphic: Feet

Shot of primary and secondary feet

Graphic: Hands

Shot of campers hands then secondary
across their chest. The secondary counselor will place their hands under and through the camper’s armpits, holding onto the camper’s forearms. The primary counselor will place their hands under the knees of the camper.

Scene IV. III
Narrator: Verbal and gestural cues should be used to direct the camper and secondary helper throughout the movement. The primary counselor calls the shots and commands the camper to relax, lets them know each step of the way what will be happening, and commands (directs) the secondary to hold the camper in the appropriate place, movement will happen on the count of three, and what direction transfer will be occurring. (throughout the move)

Scene IV. IV
Narrator: After the counselors get into position, the movement happens on the count of three, and the camper will be lifted out of the chair and smoothly moved onto the surface of destination. The counselors are bending at the knees, keeping their back straight, and their movements are fluid. It might be helpful to perform the transfer in steps if the space/environment is awkward and a fluid movement is unattainable in one motion. Be careful to note the placement of the camper’s body parts: head, hands, and feet; to make sure that nothing gets left behind or caught on any equipment coming from or going to.

Narrator: Two Helper Transfer

Act VI: Canoe Transfer

Act VI
Narrator: One of the special activities offered at camp is a chance to go canoeing around the lake. Transferring an individual into a canoe can be a bit tricky and will generally require two people. By following the CARE model, the following clips will demonstrate how this can be done.

Scene I
Narrator: It is essential to find out from your camper if they desire to go canoeing. Once that is established the counselor will need to communicate the steps that will be taken in order to get the camper into the canoe.

Scene II
Narrator: Due to the uniqueness of this transfer it will be of utmost importance that counselor, camper, and other staff are all on the same page during the coordination of this movement. To assure the safety of everyone, counselor and staff will choose who will be the primary during the transfer to lead this transfer. Note: special activity staff will be securing the canoe during this process. Attempt to line up the camper parallel to the canoe, but a few steps away so that the equipment will not become cumbersome during the transfer. Make sure
Scene III

Narrator: The canoe will be partially in water and partially on land, which increases the dynamics of this transfer. It will be necessary for counselors to be wearing appropriate shoes/sandals with proper traction for strong footholds. The counselor and counselors need to have their life preserver on prior to transfers. This added equipment would need to be considered when setting up hand placement for this transfer. Please remember to hand the camper their paddle after they are situated inside the canoe, not before as this will interfere with the transfer. For campers who have difficulty with trunk control, once they are inside the canoe seat cushions may be used to support them while seated. [It may be necessary for counselor to sit behind the camper and help secure/support them between their legs.] Note: If narration is too long to cover the shots during this portion then cut this last sentence.

Scene IV.I

Movement: Counselors get into position and move on count of three. Primary and secondary will need to side step while carrying the camper and each will need to take one step into the canoe. It will be the responsibility of the primary to communicate that both counselors will step into the canoe at the same time. It will be important to make sure that both counselors are balanced before lowering camper into the canoe.

Scene IV.II

Narrator: The execution of this transfer is similar to the two-person transfer demonstrated earlier. Those assisting should note any differences in the environment like height of canoe, low placement of seat in the canoe, and making sure to have a strong foothold for proper body mechanics (straight back, and bent knees)

Scene IV.III

Campers whom are semi-ambulatory will require a secondary helper inside the canoe to assist with balance as the camper will have to step into the canoe (which is being secured by that third staff member)

Act VII: The Horse Transfer

Narrator: Another complicated transfer that occurs at camp is the horse transfer. It is important when using the CARE Model to check that the equipment being used is safe and appropriate and ensure that there is the proper number of helpers available. For the purpose of demonstrating these transfers experts at Forward Stride Center for Therapeutic Riding volunteered their services.

Scene VII.I

Narrator: The Dependent Horse Transfer

Scene VII.II

Narrator: Remember to address the components of the w/c brakes, castors, foot rests, and arm rests
<table>
<thead>
<tr>
<th>Scene VII.III</th>
<th>Narrator: The Assisted Horse Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conclusion</td>
<td>Narrator: In remembering the CARE model counselors can maintain the standards of safety that are important for assisting campers at Kiwanis Camp.</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Graphic: The Assisted Horse Transfer</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Narrator: When connecting make sure you know the intentions of your camper</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Graphic: When connecting make sure you know the intentions of your camper</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Narrator: Assure that there is a safe environment before moving your camper</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Graphic: Assure that there is a safe environment before moving your camper</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Narrator: Identify your resources but use only what is pertinent to the transfer</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Graphic: Identify your resources but use only what is pertinent to the transfer</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Narrator: In executing a transfer always be aware of both your and your campers feet; hands; movement; and cues</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Graphic: In executing a transfer always be aware of both your and your campers feet; hands; movement; and cues</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Narrator: By following these guidelines counselors can have confidence and build a trusting relationship with their camper. This trust will facilitate a more fulfilling experience for both you and your camper while at Mount Hood Kiwanis Camp.</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Graphic: End Credits</td>
</tr>
</tbody>
</table>
Activity Modification: ART

Art is a social and solitary activity that allows people to explore their creativity. Many art projects can be broken down into multiple steps that when performed in succession will create an end product. Examples of art activities observed at camp included Tie-dying, creation of the wish boat and associated messages, making cards for loved ones, small three dimensional crafts, and access to two-dimensional art supplies (stamps, stickers, markers/crayons, paints, etc.).

There are several traits an individual requires for engaging in these specific art projects. One needs to be open and curious or inquisitive during an art project in order to grasp the possibilities for creation. When instructions are given for a particular art project expressive and receptive language is necessary for comprehension. Art in this capacity at camp has a low demand for social interaction skills, physical strength, and endurance.

Where art places a higher demand on campers is in sensory perception (the ability to see, feel, smell…), sensory processing (being able to respond and tolerate stimulation), fine motor skills, cognitive processing (sequencing events, planning, organization, attention span, problem solving, and memory), and visual discriminations. Camper’s, who have difficulty working with various art mediums due to the fact that the medium is too stimulating or not stimulating enough, may disengage from the activity. Occupational therapists (OT) have developed professional skills that identify these types of mismatches regarding sensory processing and stimulation and are able to provide practical solutions to increase or decrease sensory feedback for these individuals as needed.

Physical skills for art are primarily fine motor based. Using a pen, brush, peeling a sticker, and picking up small objects are just a few examples. Campers at Kiwanis have a spectrum to their abilities in this arena from no needs, to complete dependence. The aim for campers is to have the satisfaction of doing all that they can. Helping counselors to identify how to appropriately empower and assist campers, OTs can show techniques to support grasps, identify the need to wrap a t-shirt with a rubber band per their camper’s instruction, or engage more dependent campers in the process in nonphysical ways.

To engage in art takes a certain level of cognitive ability. An occupational therapist would be able to assist the camper’s with cognitive impairments by finding adaptations specific to the camper’s impairment and abilities. Some adaptive examples are: breaking down an activity to its most basic components and patiently going through each step with the camper; having a finished sample for the camper to look at while they work; making sure their working space is clean and organized; talking them through figuring out how to plan the actions they must take in order to complete the project. While assistance may be necessary during such tasks it is important to find ways for the camper to accomplish the task on their own.

Campers at Kiwanis may demonstrate various visual issues such as depth perception (inability to distinguish the distance of an object), figure ground (inability to discriminate between similar colored items, example—white socks on a white sheet), double vision (seeing two images instead of one), issues identifying colors, and acuity (clarity of sight) that can impact their ability to participate during art. An OT has the necessary skills to accommodate for each of these visual impairments.
Activity Modification: BEDTIME

With all the vigorous and engaging activities that happen throughout the day at camp, sleep is vitally important for rejuvenating both camper and counselor. Some people consider sleep and the preparation for sleep to be a meaningful, ritualistic act. Camper’s that come to camp are used to a set routine that is performed daily just prior to going to bed and sleeping. Many preparatory activities that make up any nighttime routine might include basic hygiene (toileting, washing hands and face, brushing teeth, flossing, possibly even showering, etc.), changing of clothing, reviewing the days events with a loved one, prepping the bed, getting things ready for the next day, and making sure middle of the night assistance is accessible (like a call light or a bell by the bed). Occupational therapists are knowledgeable and skilled in the domain of sleep and the preparatory occupations for getting to sleep. Occupational therapists recognize how important it is to keep and follow a routine or a ritual for any individual who relies upon that consistency.

Due to the fact that many of the campers rely upon their set routines and bedtime rituals from home they can respond in different ways, from withdrawal to aggression, when their routines and bedtime rituals get disrupted. An occupational therapist is qualified to aide the camper in adapting to their new camp environment in a way that allows them to incorporate these habitual routines and ritualistic nighttime tasks so they feel comfortable and are motivated to participate.

Bedtime activities and sleep put a demand on the camper to be cooperative, motivated to participate, have cognitive processing (attention, memory, communication, safety, and time management), be able to handle the physical demands (fine motor, gross motor, strength, endurance), and be able to handle the sensory processing demands (being able to respond and tolerate stimulation). It is the counselor’s role to help facilitate the processes involved in each nightly task the camper needs to perform prior to sleeping. The sleeping quarters at camp are tight on space requiring a fair amount of ingenuity to maneuver around. This tight space, however, might be over stimulating for some causing violent or aggressive behaviors. When behaviors from the camper go beyond the scope of the counselor, an occupational therapist can assist in making the appropriate modifications, adaptations, compensations, or preparations necessary for allowing the camper to fully engage in the act of readying the self for sleep without having to act out.

To aide the more advanced physically disabled campers occupational therapists are knowledgeable and trained in the skills of transfers (moving from one surface to the next), bed mobility (movements within the context of the bed), and positioning (appropriate placement of the body within the bed) of the camper. These are essential skills that consider the bodily structures of those with physical disabilities, like contractures, as well as considering the bodily functions, like the importance of respiration throughout the night.
Activity Modification: MEALTIME

Meals are one of the more stimulating activities campers engage in at Kiwanis. Needs are many for campers and include: medication management, schedule adherence, social appropriateness, and managing high levels of sensory stimulation. Campers’ needs in feeding may be as minimal as cues to portion control or as demanding as G-tubes, specialized consistencies, advanced dietary restrictions, and physical dependency. Additionally, individuals may be eating items that they are not accustomed to and with time restraints that they may not have at home. Occupational therapists are trained to take into account these needs and assist individuals in the management of these skills. Occupational therapists are qualified to teach counselors in the best means to support their camper in the intake portion of mealtime.

Mealtime at camp is also largely a social activity. Campers share food with their group, have specific responsibilities and duties, and are expected to be able to remain seated with their group and behaving appropriately in the midst a large, crowded, noisy space. Many campers may find this to be too difficult to manage for one reason or another, and not be able to participate. For these individuals there can be accommodations made usually once the needs are correctly identified. In many cases the solutions are easy and practical. Mealtime is also a natural time for campers and counselors to connect. Occupational therapists may be of assistance to counselors in overcoming the hurdles of affect expectations, interpersonal space needs, cognitive processing time, and general rapport building.

To support cognition many campers may need support in structuring this activity. Assisting campers to comprehend the expectation of both the individual parts of mealtime (hygiene, meds, preparation, feeding, clean-up…) as well as expectations for the whole process is of great importance for campers to be successful. Counselors can be assisted from the occupational therapist by teaching how to appropriately cue their camper before the activity, plan for needed time, and learn communication tactics to help redirect their camper. Assuring understanding will help appease camper anxiety and allow them to have a more enjoyable experience.

For campers with different physical disabilities, occupational therapists are also capable of making adaptations that will provide them with better support. This may include the introduction of devices that lower the physical demands of an activity, or modifications to the way certain individuals engage in the process. Counselors understanding of the physical needs of the camper affords them the opportunity to learn how to modify and pace the meal process to avoid fatigue and improve performance.
Canoeing is an excellent opportunity for campers to engage in an activity that they may not be able to experience elsewhere. In this occupation campers are immersed into a vast array of sights, sounds, and movements of nature. Both the sensory components and motor components of the task are of high demand, for which occupational therapists are highly trained in creating adaptations for. Being in a boat of this size provides a high level of challenge for any person in regard to balance and proprioception. This requires boaters to be active participants in most situations. Occupational therapists can teach that having clear communication is important, as is developing a team effort in order to be effective in moving about. The movements within also serve to constantly cue the individual to what they are doing.

Because this is a seldom-performed activity, canoeing has high potential to be anxiety provoking. One of the most influential tools occupational therapists can train counselors and staff in using to counter this anxiety is the use of grounding conversation. Before and during the boating experience staff and counselors should alert campers to the elements around them, specifically those that they might find more comfortable. These may include: what other people are doing around them, beauty of the area, counting certain object you see along the way, reorienting to the docking area. Helping campers to identify with these components may help them to not become overwhelmed or over-stimulated in this situation. This kind of conversation also has the potential to increase the novelty and enjoyment of the ride, especially for those who are not actively paddling.

While the activity is largely centered on the actual boating event, it is also important to consider other elements of the experience such as the bus ride, and on shore time. While it is certainly the goal for also campers to participate fully, some may resist and choose to only engage in this portion of the experience. For these individual, occupational therapists are skilled in facilitating some ways to still engage the camper in the activity. Individuals may be led to look at and feel the boats, assist others with equipment, and keep track of the progress of those in the water. Having campers play in the water and feel the lake floor also provides quality sensory experience. Campers may also be led to speak and listen at the lake’s edge so that they may see what it is like to be able to hear others on the lake easily because of the lake’s sound refractory.

The bus experience creates a pro-social environment where the team is participating together. Campers can benefit from developing connection in this time through songs, verbal games, or good group conversation. This can ease tensions and bring more unity to the group. When this is a challenge occupational therapists can instruct counselors to further facilitate this by sharing related memories and asking the camper for others as well. Providing platforms for others to connect may benefit the canoeing experience and further camp relating in general.
Mt. Hood Kiwanis Camp, Inc.
Job Description

One Position: Occupational Therapist (OT)
Reports To: Camp Director
Serves: Campers, Counselors, & Staff

General Responsibilities: To provide direct service and consultation to camp staff, counselors, and campers in regard to supports for program participation.

The occupational therapist’s position is a 9-week commitment from mid-June to mid-August. The time commitments of the OT during these 9-weeks will vary according to the need at camp. The occupational therapist must be available for training preceding the first session of camp as well as present for camper check-in and checkout.

The occupational therapist will need to demonstrate flexibility, as a program staff member, they will have other camp related responsibilities assigned to them outside of the scope of the specific duties mentioned below.

Specific Duties
1. Assisting counselors regarding gathering necessary information about the camper during check-in
2. Instruct safe person handling, transfer training, and assisting with hands-on practice opportunities
3. Consult with counselors regarding campers with higher needs
4. Coordinate special services to assist activity participation
5. Provide activity modifications for the purpose of facilitating greater levels of participation in program activities
6. Providing specific supports for sensory processing, cognitive, and physical needs
7. Assist in feeding, self care, and mobility as needs would dictate
8. Develop a variety of art activities relating to the camp experience, team building, and focusing on task engagement
9. Working with camp counselors to identify motivational factors for campers
10. Supporting campers conformability in respect to their individual habits, roles, and routines
Qualifications
1. Demonstrates skills/proficiency/certification in occupational therapy services
2. Ability to organize and teach safe person handling and one on one support techniques
3. Prior experience with persons with special needs and knowledge of various special needs
4. Comfortable around individuals with special needs
5. Interact appropriately with campers in a variety of situations and demonstrate sensitivity to the needs of campers served
6. Appropriately model behavior and use positive behavior management techniques
7. Lead small and large group activities
8. Ability to work with a variety of personalities
9. Have strong stamina and have an ability to handle stress well
10. Be able to accept supervision and have a willingness to learn
11. Be adaptable and dependable
12. Exhibit initiative
13. Have enthusiasm, sense of humor, patience, and self-control

Required Certification
1. State Registered and current Practicing License
2. CPR and First Aid Certified
3. HIPPA & Blood Born Pathogen Certified
4. Food Handlers Card

Essential Functions
1. Ability to communicate and work with campers (age 9 to 35+) with special needs and their counselors to provide necessary instruction
2. Visual and auditory ability to identify and respond to environmental and other hazards related to the activity
3. Ability to physically transfer campers in and out of wheelchairs in collaboration with others (weight of campers averages more than 100 pounds)
4. Ability to discern appropriate and inappropriate conduct of campers and counselors in accordance with camp philosophy and guidelines
Counselor Training Survey

1. Why did you choose Kiwanis Camp as your Capstone? Please explain.

2. How do you feel about the start of camp?

3. Do you have a good understanding of what your role is here at camp? Please explain.

4. Do you feel prepared to perform the activities that were part of the Counselor Training? Is there anything that would make you more prepared?

5. What, if any, experience or training do you have in either a camp like setting or with this population?
Mid-Camp Counselor Survey

1. How confident have you felt in your counselor role this week? Please explain

2. Which activities have posed the biggest challenge for you? Why?

3. What aspects of training do you feel prepared you for this week? What additions to training would have been helpful?

4. How have you been able to facilitate maximal independence for your camper? Please provide examples.

5. How have you determined what your camper can and cannot do?

6. Did you feel supported throughout the week? If so, by whom and in what ways?

7. Please describe what this experience has been like for you thus far.