

## Making Child's Play Out of Staying Fit

(ARA) - When you were a kid, you probably did a little hula hooping during gym class. Back then you may have thought it was all fun and games and maybe a bit silly but turns out your gym teacher was on to something.

All the twisting and turning you do to keep the hoop from falling gives you a full body workout. In fact, according to the Cooper Institute, a nonprofit research and education center, one minute of hula hooping burns as many calories as running an eight-minute mile or taking part in a high impact aerobic class.

"Add a little weight to the hoop and you can incorporate strength training into your workout as well," says Rosemary Torres, a personal trainer from LaPuente, Calif. She added a weighted hoop to the routine she does with clients about a year ago -- after doing some research online to come up with fun new ways to get her clients excited about fitness.

"Hula hooping really appealed to me. It brought me down memory lane," she says. "I loved doing it as a child, but back then didn't realize it was an activity that was good for me." So good, in fact, that when swiveled for 15 to 20 minutes at a time, which Torres says she easily does at least once or twice daily, she's getting cardiovascular bene-

fits, helping tone muscles, burning fat and calories and facilitating weight loss.



Want to learn how to hoop for health? You can pick up a copy of the video Rosemary did for the company she purchases her hoops from -- California Sports Hoops, Inc. "When I went down to their headquarters about a year ago, I wasn't looking for a job. I just wanted to purchase a bunch of hoops, but when they saw how excited I was about their product, they

asked if I'd be interested in recording a training session and I said, 'Why not!'" she says.

The video she put together features a 25-minute workout class people can do with their hoops. Here are the step-by-step instructions for getting started:

- 1) Find enough space around. Keep your feet one foot wide. Relax your knees, waist and body.
- 2) Relax your elbows. Lift the hoop and place it tightly against the back of your waist.
- 3) Grasp the hoop and keep it in a horizontal position before swinging out. Do not position the hoop at a tilt.
- 4) Horizontally swing out the hoop against your waist, fast and powerfully. Move your waist immediately.
- 5) Move your waist in a circular motion, all around pressing against the hoop.
- 6) Keep your motion fast enough to match the circulation speed of the hoop for it to stay up on your waist.

You can find Sports Hoop products at Sports Authority stores nationwide. For more information about their uses and health benefits, visit [www.sports-hoop.com](http://www.sports-hoop.com) or call toll-free (866) 700-5668.

*Courtesy of ARAcontent*

## Linda's Notes

Dear Activity Professional,

Picnic! That's what I think about when it comes to August. The residents love to get outside, smell the burgers, hot dogs and brats cooking on the barbeque grill. Eating fresh tomatoes, watermelon, cantaloupe and all those garden goodies made into salads. Ice cream, snow cones, lemonade, iced tea all help to make August a memorable month.

Get the other departments interested in your picnic and don't forget families and volunteers. A staff carry-in (also families and volunteers) helps to make the picnic easier. Assign residents to staff members and let them carry trays to them. Residents who are ambulatory will enjoy selecting their own food from the buffet.

How about including music? You can either play cd's or (my favorite) invite some live entertainment to provide a little luncheon music.

Any way you do it, the residents are sure to love it. I know I would.

Best wishes,

Linda Lucas



### Linda Lucas:

Linda is the owner of Activity Director Today website. She has been an Activity Professional since 1983.

Readers may contact Linda at:

[admin@theactivitydirectorsoffice.com](mailto:admin@theactivitydirectorsoffice.com)

## Activities You Can Do

By Linda Lucas, AD, Site Owner: Activity Director Today

<http://www.theactivitydirectorsoffice.com>

**Often art and crafts ideas for children are also good for senior adults. Here are two interesting crafts from Family.com (<http://family.go.com/entertainment/ms-crafts-hobbies/?CMP=KNC-GoogFamily>).**

### Make It a Clay Day

This popular recipe produces a soft and cooperative clay that can be used over and over again and will remain pliant for weeks.

#### Tips

This recipe's long drying time makes it most satisfying as a play dough (it's easy to roll into ropes and balls), but sculptures will dry eventually. If stored in an airtight container, this dough will last, refrigerated or unrefrigerated, for 2 to 4 weeks.

**Prep Time:** Under 1 hour

#### What you need:

- 1 cup flour
- 1 cup water
- 1/2 cup salt
- 1 tsp. vegetable oil
- 1/2 tsp. cream of tartar
- Food coloring, optional

**Seasons:** Evening, Fall, Rainy day, Winter, Year-round

**Materials:** Food items

#### Instructions:

1. Mix all ingredients together in a saucepan and cook over medium heat until the mixture holds together (keep mixing or it will stick to the bottom of the pan).
2. When the clay is cool enough to touch, your child can knead it on a floured board.

### Crafting Paper Bowls

Learn about the process of papermaking -- an art that dates back more than 4,000 years -- with this step-by-step project that recycles pieces of ordinary paper into a decorative catchall for your desk or bureau.

**Prep Time:** Weekend Project

#### What You Need:

Construction paper (Two sheets of the same color and several sheets in varying colors)

- 1 Sheet of newspaper
- Blender
- Warm water
- Colander and pan
- Paper towels
- Vegetable oil
- Round kitchen sieve (ours was 6 inches in diameter)
- Large bowl

**Seasons:** Year-round

**Materials:** Construction paper

#### Instructions:

1. Tear the two sheets of same-colored construction paper and the newspaper into 1-inch squares. Put all the pieces in a blender, then fill it three quarters full with warm water. Blend the ingredients on medium speed for a few minutes or until it forms a pulpy mixture, also known as "slurry."
2. Set the colander over the pan, then pour in the slurry. Let it drain for about 10 minutes. Meanwhile, use a paper towel to apply a light coating of vegetable oil to the inside of a round kitchen sieve. This will help the finished paper bowl come off the screen more easily.
3. Tear the remaining construction paper into small pieces for decorating the outside of the bowl. Dip each piece in water, then place it along the inside of the sieve.
4. With your fingers, scoop and mold a thick, even layer of slurry along the inside of the sieve, covering the decorative paper pattern. Gently press the slurry against the sieve to squeeze out any excess water. If you like, place a few more decorative pieces of construction paper along the inside of the bowl. Set the sieve over a large bowl to dry completely (about 48 hours), then carefully remove the paper bowl from the sieve.



## Bob's Journal

By Rev. Robert Lucas, B.A., H.F.A. (retired)  
Executive Director, Activity Director Today  
<http://www.theactivitydirectoroffice.com>

### Resident Shopping and More

At Activity Director Today we have discussed whether or not to use advertising. The final decision was to include it in the magazine and on the website.

The reason for our decision was pretty simple. Activity Director Today has always been working to become the central hub for free online resources for Activity Professionals. Part of those resources include product location. We want to provide everything we can to help Activity Professionals effectively operate their departments. If that means providing advertising links to excellent products, then that's what we will do.

We have partnered ourselves with several companies which provide quality products for seniors. You will find a complete list of our product resources on the Activity Director Today website at

<http://www.theactivitydirectoroffice.com/ProductPageAFF.html>

The *Resident Shopping and More* page features items for your residents such as adaptive clothing, footwear and accessories. This page also offers essentials for the Activity Department such as calendars, inservices, care plans and manuals. Other items featured on the page include low-impact exercise equipment for seniors, party and theme supplies, craft supplies and other items.

I think my favorite item is the **Resistance Chair** from **Continuing Fitness**. I finally faced the truth. I am a retired, sedentary fat man who rarely exercises. Linda and I live in a two-bedroom senior apartment. We have no room for bulky exercise equipment (we'd

never use it anyway). When I heard about the **Resistance Chair** I went to their webpage to investigate. I was sold on it, but Linda was hesitant. Then, I ordered it. And, it was like it was sent from heaven.

The chair looks like a folding chair on steroids. However, it is not any larger. It is comfortable sitting. The exercises are simple and easy. Best of all...it works. And, the **Resistance Chair** is inexpensive at \$239.70.

Also, I discovered that **Continuing Fitness** sold **Resistance Chairs** to many senior centers, assisted living centers, health care centers, gyms (including **Gold's Gym**). They have a special offer if you buy four or more.

I rarely get excited about a product; and I have never written a review of one. But the **Resistance Chair** takes the cake. I highly recommend it for your Activity Department. It's inexpensive and it works. As you know, any amount of exercise is excellent for your residents. - **END**



**Resistance Chair™**  
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The compact home gym that's perfect for users of any age!



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for the Activity Department

Everything for you and your residents

<http://www.theactivitydirectoroffice.com/ProductPageAFF.html>

### About Bob

Robert Lucas is a retired Nursing Home Administrator and is married to Linda Lucas, a retired Activity Director. Bob has a B.A. degree in Ministry and is an ordained minister. He has served the elderly community more than 35 years. His many talents include portrait artist, musician, writer and website designer (learned after his retirement).

Having a special place in his heart for Activity Professionals, Bob began building **The Activity Director's Office** website. His goal was to create a hub on the Internet where Activity Professionals could find meaningful and current resources. That goal has been achieved and continues growing yet today.

For more information visit the website at:  
[http://www.theactivitydirectoroffice.com/ADO\\_Beginnings.html](http://www.theactivitydirectoroffice.com/ADO_Beginnings.html)



## Current Activities in LTC

By Kate Lynch, Editor  
*Current Activities in Longterm Care*  
<http://www.activities4elders.com/>

### Clay Flowers for Someone Special

#### Up to five persons

Research has shown that working with clay helps promote independence in activities of daily life in elderly persons with mental disabilities.

Here is a simple clay modeling activity that gives participants an opportunity to honor with a special gift someone who has particular significance in their life.

#### Therapeutic Benefits

- § Enhances fine motor skills.
- § Improves hand-eye coordination.
- § Promotes relaxation.
- § Improves concentration.

#### What You Need

- § Self-hardening, non-toxic clay.
- § Modeling tools.
- § Flower-shaped cookie cutters.
- § Tempera paints.
- § Brushes.
- § Ribbon.
- § Wrapping paper.

**Note:** If flower-shaped cookie cutters are not available, participants can use a big round cutter for what will be the central part of the flower, and a small round cutter for the petals.

#### What to Do

Break the clay dough into as many pieces as participants, and distribute them among the elders.

Encourage participants to work their small dough until soft, and to roll it flat to approximately half-inch thickness.

Invite participants to cut their flower.

Allow for the necessary time for the clay flowers to dry out, and have participants paint their gift.

Next, invite the elders to use paper and ribbon to wrap their gifts.

**Variance:** This activity can be modified into a Valentine-themed activity. Simply use heart-shaped cutters and red paint to prepare valentines, to be used on Valentine's Day as a decoration for the tables of the dining room.

**Tip:** Depending on the clay drying time, it may be worthwhile to plan a further session during which participants paint the flowers.

For more activities such as this, check out *Research-Based Person-Centered Therapeutic Activities*, by Lorena Tonarelli, M.Sc. Sold at [www.care4elders.com](http://www.care4elders.com).

Want more Alzheimer Activities? Subscribe to *Current Activities* today and download them from **Activity-Pro!**

### Current Activities in Longterm Care

is a bi-monthly magazine that provides useful activities, calendars, therapeutic activities and programs, feature stories, specialized activities for Alzheimer's patients and other disease conditions, professional news, medical news and much more!

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## DH Special Services

By Debbie Hommel, BA, ACC, CTRS  
Executive Director of DH Special Services  
<http://www.dhspecialservices.com/home.htm>

### Progress Note Basics

by Debbie Hommel, ACC, CTRS

Documenting resident/client response to interventions is an integral part of the care planning process. This review of progress is known as a progress note. There are many regional variations as to how often, where and what should be documented. Most nursing homes document review of the care plan on a quarterly basis, in coordination with the MDS Quarterly. Most medical day care centers also adopt a quarterly time frame. Facility policy should define specific practice as to the timing, means and method of reviewing the care plan.

The activity professional should rely on professional standards to guide appropriate content. It is also important to keep in mind - the purpose of the progress note, which is to document how the resident/client is responding to care and treatment. The following areas may be included within any routine review of progress:

\*Reassess resident/client for change in functioning compared to original assessment or last review. Has the resident/client improved or declined in functioning?

- Review resident/client participation within the activity program. Focusing on responses to activities and behavior within the programs is encouraged.
- Review response to any specific interventions, such as room visits, sensory programs or special-

ized activities for special needs. Again, we want to focus on how they are responding to the interventions, rather than simply stating interventions were offered.

- Note any barriers to implementation such as resident/client refusal or unavailability.

In addition to professional standards which guide our profession, the activity professional who works in nursing homes needs to reference the guidance for F-248 which indicates the care plan revision should include:

1. Changes in the resident's abilities, interests, or health; A determination that some aspects of the current care plan were unsuccessful (e.g., goals were not being met);
2. The resident refuses, resists, or complains about some chosen activities;
3. Changes in time of year have made some activities no longer possible (e.g., gardening outside in winter) and other activities have become available; and New activity offerings have been added to the facility's available activity choices. For the resident who refused some or all activities, determine if the facility worked with the resident (or representative, as appropriate) to

identify and address underlying reasons and offer alternatives.

### Interdisciplinary Notes vs. Department Specific Notes vs. Episodic Notes

Regionally, there are various practices for documenting progress. In many states, the interdisciplinary team note is a popular and effective practice. The team note is a collaborative note, which includes information from each care plan team member. It reflects information from all disciplines and gives a complete picture of the resident/client's progress. The team note documents a more integrated picture of the resident/client and minimizes repetitive information found in each disciplines entry.

In some locations, separate progress notes are entered by each discipline. The individual professionals document progress from their perspective. Separate notes allow for a thorough review of progress in each area, however sometimes provides overlapping information.

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### ABOUT DEBBIE

Debbie Hommel is a Certified Activity Consultant on State and National level, with over twenty-seven years of experience in providing direct care and consultation to long term care, medical day care, assisted living, and ICF/MR facilities throughout New Jersey, New York, Maryland, and Pennsylvania. She is an experienced trainer and workshop presenter, conducting a variety of seminars throughout the Tri-State area for the Activity Professional, Administrator, and allied healthcare professional. She is ACC certified through the NCCAP.



## Alternative Solutions in LTC

By Sandra Stimson ADC, CALA, CDP  
Executive Director, Alternative Solutions in Long Term Care  
<http://www.activitytherapy.com>

### Support Groups are a necessity. There is a place in the Activity Calendar

Sandra Stimson CALA, ADC, CDP

There are several kinds of support groups that are held in long term care facilities. One that benefits the caregivers who provide care in the home, another is to support the residents living in healthcare facilities and finally the support group for families with loved ones residing in a health care facility. A variety of support groups should be offered. A social worker was overheard stating, "we don't offer support groups because my residents and families don't need it!) Support groups offer support, provide education and comma dare.

Support groups should be offered to residents, families and community on a monthly basis. It is strongly recommended that families and residents not attend the community support groups. One big reason is that families have different issues and concerns vs community care givers. Family caregivers have ongoing issues related to the facility care, clothing, medications and discharge. Families of loved ones providing care in their home have a whole range of different issues. You don't want issues that families have, aired in a community support group and that information taken back to the community.

Residents should have their own support group. For example, it is imperative to have discussions and

information about dementia. They have many issues to contend with such as wanderers coming into their space, dealing with disruptive behaviors and communication issues. They need the same kind of education as the families and the community. Because most long term care settings now have 60 to 80 percent dementia, it is imperative that the residents have support groups. Another topic could be developing self esteem in the elderly or adjusting with nursing home placement.

Depending on the needs of the group, the support group may meet monthly or more often as needed. The group sessions should be about 1 hour. If you are providing food, you may want the meeting to run a little longer.

The facilitator should plan for a speaker several times a year to address specific questions, issues and concerns. A speaker can be someone with an agency, association, hospital speaker's bureau, department head and of course the social worker.

You don't want your support group to turn toxic which can happen for many reasons. One common reason is a participant who does all the talking. It is best to address this head on and utilize a timer. They can speak when they have the timer

as it's important to hear from everyone. Make sure to explain the rules of the timer or hour glass. If someone is running on too long, simply say, "Thank you for your input but we need to move on and hear from everyone. Allow time for the members to respond to their questions or concerns. Remember, you don't have to have the answers to everything. Let the group provide input as they many ideas and suggestions.

Be sure to advertise the date and location of the resident support group on the monthly calendar, facility newsletter and on the bulletin boards.

A nice touch is to provide a journal to the residents who attend the support group meeting as they may

*(Continued on page 9)*

### ABOUT SANDRA

Sandra Stimson has experience as a corporate consultant, Corporate Trainer and National Speaker. Her experience is in long term care, as Activity Director, Director of Alzheimer's Units and Assistant Administrator of a 550 bed long term care county home. She is Co-founder of Pet Express Pet Therapy Club, is a Life Replay Specialist. Sandra implements dementia units nationwide. Sandra has written several books, Volunteer Management Essentials for Long Term Care and Pet Express Pet Therapy Program. Sandra has been a facilitator for Alzheimer's support groups and is the Awards Chair for the NJ Association of Activity Professionals. Sandra is the Executive Director of National Council of Certified Dementia Practitioners  
<http://www.nccdp.org>

<http://www.activitytherapy.com> offers resources for health care professionals in many areas of dementia care, care plans, Snoezelen products, dementia activity calendars, adult day care calendars, sensory calendars, reminisce videos for dementia, activity books, and dates to remember, party supplies, resources and links.



## Re-Creative Resources

By Kimberly Grandal, CTRS, ACC, Executive Director  
<http://www.recreativeresources.com/>

### Top 10 Questions About the CTRS

By Kimberly Grandal, CTRS, ACC

Many professionals ask me about the CTRS, how to get certified, and the role of the CTRS in long-term care. The following are some commonly asked questions:

#### What is a CTRS?

CTRS stands for Certified Therapeutic Recreation Specialist.

#### What type of education is required to become a CTRS?

Required education includes a BA in TR or recreation with specific coursework or a BA accredited school with specific coursework.

#### Is an internship required?

Yes, the academic path requires an internship of 480 hours.

#### Do I have to take a national exam?

Yes, all CTRS candidates must pass the national exam.

#### Is there an alternate path to becoming a CTRS?

Yes, there is an equivalency path which requires varying years of paid full-time experience in TR, education, additional TR coursework, and exam.

#### Are there continuing education requirements for the CTRS?

Yes, all CTRS candidates must complete 50 hours of continuing education every 5 years to maintain certification (plus experience or retake the exam).

#### What is the name of the certifying body for the CTRS?

NCTRC (National Council for Therapeutic Recreation Certification)

#### Where does a CTRS work?

The CTRS is qualified to work in long-term care, sub-acute, adult day care, assisted living, residential, CCRC's, group homes, rehabilitation facilities, hospitals, school systems, behavioral health centers, substance abuse facilities, jails, and vocational facilities. The CTRS can work with any special population.

#### What is the difference between a CTRS and an Activity Professional?

Many leisure professionals feel that there is controversy in defining the differences between the CTRS and an Activity Professional, especially in long-term care. There are those who feel that the line is clearly drawn between the two while others state that the roles are very similar. It is my belief that Recreation Therapists and Activity Professionals can and should work together in

the provision of Recreation Therapy and Activity Therapy services to enhance and support the physical, emotional, behavioral, and cognitive well-being of the individuals they serve. Both are equally important, especially in long-term care, and greatly compliment and enhance each other. With that being said, here are some general differences. Please note: These differences are not endorsed by ATRA, NTRS, NCTRC, NAAP, NCCAP, or any other organization.

#### Education and Training

The CTRS is required to have a bachelor's degree. He/she receives extensive education and training in therapeutic recreation services, clinical/diagnostic information, treatment modalities, working with special populations, leisure education and much more. The curriculum includes taking challenging courses such as Anatomy and

*(Continued on page 13)*

### About Kimberly

Ms. Kimberly Grandal, Founder and Executive Director of Re-Creative Resources, Inc., is a strong advocate for the field of Therapeutic Recreation, with over fifteen years of experience working with the elderly in numerous administrative and consultant positions. She is an Activity Consultant Certified by the National Certification Council for Activity Professionals (NCCAP), and a Certified Therapeutic Recreation Specialist by the National Council of Therapeutic Recreation Certification.

Ms. Grandal is a recipient of the Kessler Institute of Rehabilitation 1997 Triumph of the Human Spirit Award. She is a speaker for various state and local activity associations, colleges, and community groups, and provides educational workshops and consultation to long-term care facilities in New Jersey.

# National Association of Activity Professionals (NAAP)

National Association of Activity Professionals

“Founded by Activity Professionals for Activity Professional”

<http://www.thenaap.com>

**Mission Statement:** To provide excellence in support services to activity professionals through education, advocacy, technical assistance, promotion of standards, fostering of research, and peer and industry relations

## Recreational Music Making

Troy L. Lott, ADC  
NAAP Membership Trustee

Residents in Nursing Facilities still have the want and the desire to make music. Some Residents may have only one hand or may not hear very well. With this new program that has been developed to assist Residents in any Facility they can learn how to play the piano or other instruments.

Recreational Music Making (RMM) was developed by a piano teacher who had the vision to see that Resident's can still learn how to play the piano. The class is for eight weeks and the cost is around

\$11.00 a person per week (your area may be less or more) with the instruction booklet costing \$15.00 plus shipping and handling. The program is in a very stress free environment.

A facility in Columbia, TN is starting their first class in July. The Activity Director mentioned this idea to his Residents at the June Resident Council Meeting and three Residents signed up for this new program. The booklet and CD if you choose to buy it are very user friendly. With songs like “Old

McDonald”, the booklet and CD takes you through each step; which keys to play, tempo and timing. The facility in TN changed the name of Recreational Music Making to “Residents Making Music”. Here are a few quotes of people who have taken the course:

- “I like that starting piano as an adult is fun and you can still learn how to play”.
- “I liked the fact that I was able to play and read simple songs so quickly”.
- “I liked that ‘a-ha’ moment when I could read music- also that sense of achievement when

*(Continued on page 9)*

## About NAAP

Founded by Activity Professionals for Activity Professionals...NAAP is the only national group that represents activity professionals in geriatric settings exclusively. NAAP serves as a catalyst for both professional and personal growth and has come to be recognized by government officials as the voice of the activity profession on national issues concerning long-term care facilities, retirement living, assisted living, adult day services, and senior citizen centers. NAAP is nationwide in scope with a growing membership in Canada and Bermuda. The National Association of Activity Professionals recognizes the following values: The quality of life of the client/resident/participant/patient served is the

primary reason for our services. The strength of NAAP lies in the diversity of its members. NAAP recognizes the rich cultural, and educational backgrounds of its members and values the variety of resources represented. The strength of NAAP also lies in the development and promotion of scientific research which further defines and supports the activity profession. NAAP values the development and maintenance of coalitions with organizations whose mission is similar to that of NAAP's for the purposes of advocacy, research, education, and promotion of activity services and activity professionals. NAAP values members who become involved at the state and national level to promote professional standards as well as encourage employers to recognize them as professionals. NAAP affords Activity Pro-

professionals across the country the opportunity to speak with a common voice...NAAP successfully worked with members of Congress to secure a change in the nursing home reform title of the 1987 Omnibus Budget Reconciliation Act (OBRA). Through our efforts, it became mandatory that an activity program, directed by a qualified professional, be provided in every nursing home that receives Medicare and/or Medicaid funds. NAAP was the only professional activity association to participate in HCFA's workgroups that revised OBRA's interpretive guidelines now in effect. NAAP provides assistance at the state level to promote certification of activity professionals, working toward uniform professional standards for activity practice.

## NAAP MEMBERSHIP...WHY NOT JOIN NAAP TODAY?

There are so many benefits when you belong to NAAP! Each member will receive a newsletter which will give the updated reports on Government Relations, Special Interests, International Updates, Professional Development, Nominations, Standards of Practice, Financial Updates and a Membership Report. Along with this comes an update from our President, Diane Mockbee, and our Executive Director, Charles Taylor.

Members will also receive a discounted rate at the Annual Conference which is held in March/April of each year.

Membership dues are only \$70.00 per year. If you are a student in the 90 Hour Basic or Advanced Courses, your dues are only \$50.00 for the first year.

Email us for more information at [membership@thenaap.com](mailto:membership@thenaap.com).

Join Now! You can download and mail in this application with your payment or use our new online registration.

*(Music Making—Continued from page 8)*

I could play my first piece of music”.

- “This became a new avenue or adventure for my brain and I want to continue”.

Please talk with your Residents to see if they may be interested in learning how to play the piano. Check with your local music stores or schools to see if you can find someone who would be willing to assist your Resident’s dreams come true by learning how to play the piano.—END



*(Support Groups - Continued from page 6)*

wish to take notes or write down their thoughts. Always thank the residents for coming as it takes a lot to bare your soul.

Support groups should be planned and advertised at times convenient to the group you are hoping to serve. For example, elderly care givers would prefer a midweek early afternoon as many don’t want to drive at night. A light lunch should be offered. Younger care givers might want an evening support group due to commitments of family and work. A light dinner should also be offered. For your community support groups you should advertise in the local paper, local tv stations, office on aging and with the Alzheimer’s association. There are many care giver web sites you may wish to also post

your monthly meetings. Try to always keep the meeting dates the same, for example, the 3rd Thursday of the month.

The facility should offer support groups for families of loved ones living on the dementia units. These can be held monthly or quarterly. Let your families vote on how often they wish to meet. You should plan the dates of the meetings and the topics to be discussed a year in advance. It is recommend that by the 1st week in January you have posted the dates of the meeting. Families should not bring their loved ones to the meeting as this can impede the flow of the discussion. Always provide a fact sheet on the topic to be discussed. Allow time for the speaker and time for the families to speak and ask questions.

There are an endless list of topics that can be discussed at the community support groups and your resident and family support group. The Alzheimer’s Association [www.alz.org](http://www.alz.org) has free fact sheets. These should be downloaded and kept in your library. Always provide a fact sheet of the topic you

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# National Certification Council of Activity Professionals

## The NCCAP

<http://www.nccap.org>

**Mission Statement:** The National Certification Council of Activity Professionals is a credentialing body, which sets standards and criteria to ensure that those we serve have optimal life experiences

## You Will Get Old - Get Ready For It!

Debbie Bailey, ACC  
NCCAP Vice-President

Many may think that once a resident has entered a retirement community that they have made adequate preparations for their future. So often that is not the case. There have been large numbers of folks who have passed through our residences who have no idea what they want to do with the rest of their lives and have no plan as to how to go about addressing the variety of issues associated with aging. At our particular community, we have a resident named Martha Simons (named used by permission) who

has made the preparations necessary for her passing.

Her family will be grateful for all the thoughtful plans she has made. We are grateful for her generosity in sharing her wisdom that I will now pass on. Martha has been invited to share this information at her church for those in her Sunday school class. What a great outreach! It is information that we, as Activity Directors, need to put into place, also. It is never too soon to start planning for our future.

Martha is eighty-five years old and she is the most contented she has ever been in her life - not because she had a "bad" life, but because she has her life in order. She enjoys

good health, good support from family and friends, engaged activity, financial stability, and in all ways she feels safe and secure. None of these things are an accident or the result of luck. Rather, she has planned well, has made the choice to be content.

Those whom we serve are often our richest sources for guidance. As we all know, the reverse can be true also. So, this article will offer some tips from Martha that, taken seriously, will be a guide for facing old age. As Martha succinctly states, "You will get old - get ready for it!"

There are seven suggestions that all of us would be wise to heed:

*(Continued on page 13)*

## Why Become NCCAP Certified?

1. Federal Law, OBRA, states that an activity department must be directed by a "qualified professional." One of the ways to become qualified is to become a Certified Activity Professional.
2. NCCAP certification is recognized by HCFA (Health Care Financing Administration) as an organization that certifies activity professionals who work specifically with the elderly.
3. NCCAP certification assures administrators and surveyors that you have met certain professional standards to become certified.
4. Many administrators will only hire activity professionals who are already

certified.

5. Some administrators offer a higher salary to a certified professional.
6. Become NCCAP certified so others will know that you are nationally qualified and giving quality activity service to residents/clients.

### QUALIFICATION DESCRIPTION:

- A. **ACADEMIC EDUCATION** May derive from a wide variety of curricula: Social Work, Recreation, Education, and Business degrees. These are a few of the educational backgrounds that represent our certified members.
- B. **ACTIVITY EXPERIENCE** Activity work experience with elderly populations, where at least 50% are 55+ years of age. Some volunteer work with elderly clients may be applied.
- C. **CONTINUING EDUCATION** Current education (within past 5 years):

workshops, seminars, college courses that keep the activity professional abreast of present trends. NCCAP's Body of Knowledge contains 27 areas of education with many subheadings that are applicable.

- D. **CONSULTING EXPERIENCE** May include: advising a group, working one to one, teaching a class, conducting workshops, publishing professional articles, supervising students and/or managing 5 or more activity staff persons.

**FEES:** The cost of being certified initially ranges from \$45 to \$65 depending upon the level. Renewal is required every two years with 20-40 hours of continuing education and a fee of \$40.

For further information visit  
<http://www.nccap.org>

## Monthly Observances

For activity idea nuggets visit us at:

<http://www.theactivitydirectorsoffice.com/ActPlannerIntro.html>

### MONTHLY OBSERVANCES

Harvest Month

National Eye Exam Month

National Romance Awareness Month

Cataract Awareness Month

Fair Month

International Clown Month

Lemon Month

Maine Lobster Month

National Catfish Month

National Foot Health Month

National Golf Month

National Heritage Month

National Mustard Month

National Parks Month

Peach Month

Relaxation Month

Watermelon Month

### FAMOUS WEEKS IN AUGUST

#### Week 1

International Clown Week

Man-watcher's Compliment Week

National Smile Week  
(Begins 1st Monday)

Beauty Queen Week

#### Week 2

National Apple Week

National Psychiatric Technician Week

#### Week 3

Weird Contest Week

#### Week 4

Friendship Week

*There are no national holidays in August*

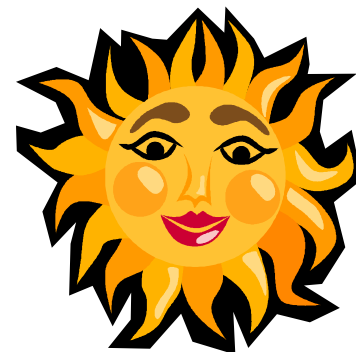


*(Progress Note Basics—Continued from page 5)*

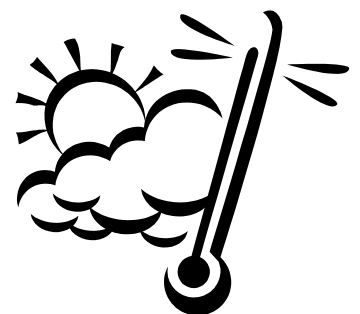
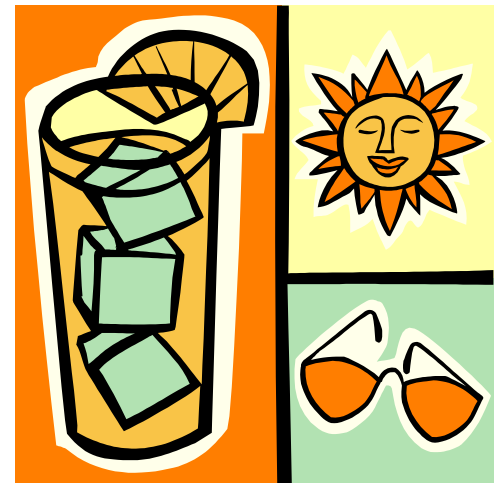
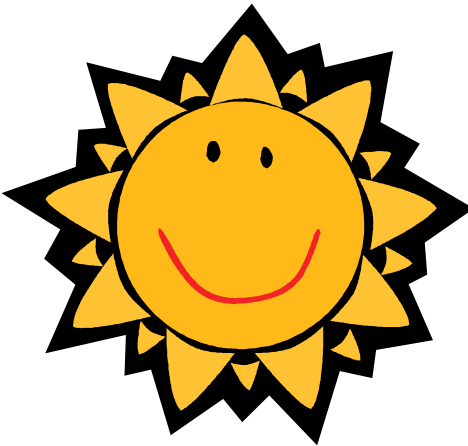
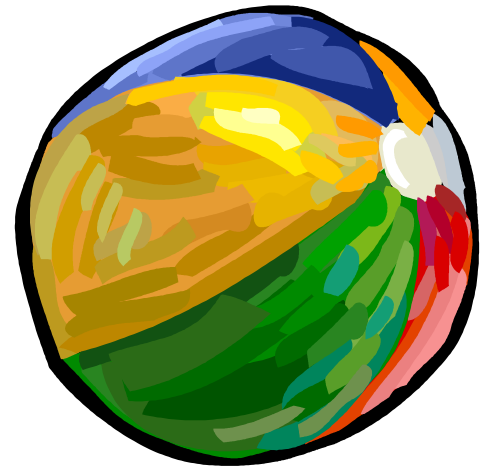
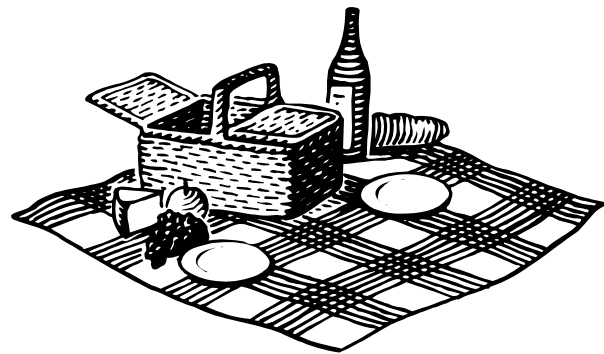
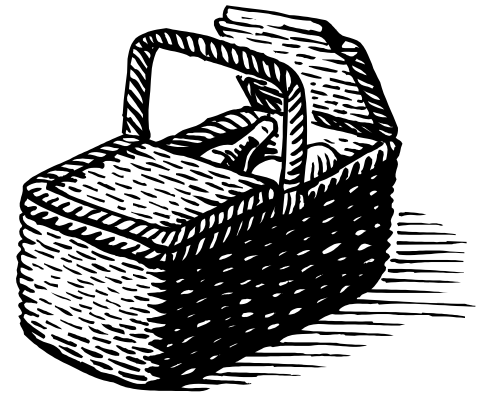
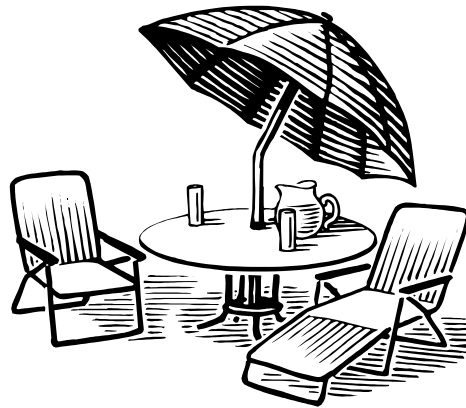
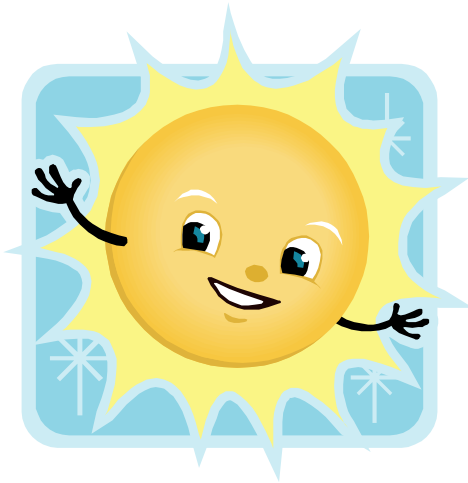
The same information would be entered in either note, depending on your facility practice. The discussion of levels of participation, response to interventions, barriers encountered and outcomes noted could be entered in either the team note or the activity based progress note. Federal regulations do not mandate department specific progress notes, as long as a discussion of progress and participation is noted somewhere in the chart. Again, facility policy and procedure would define where the note is entered.

Episodic Notes, also known as Incident Charting, Focused Notes, or Clinical Entries, are notes entered in response to an event or incident. The note is entered when the incident occurs and focuses on facts and issues related to the incident. Episodic notes should include enough information (such as what the incident was, what the caregiver did in response to the incident, who was informed of the incident, and if the care plan needs to be adjusted) to cover the incident adequately.

Progress notes are an important part of the therapeutic process. They provide on-going information regarding resident/client status, progress and participation in life of the facility. They ensure continuity of care and justification for care and services provided. —END



# Clipart for the Month



*(You Will Get Old—Continued from page 10)*

1. Maintain a healthy lifestyle. Exercise.
2. Consume a healthy diet.
3. Follow your doctor's orders, including being responsible to take medicines as directed.
4. Remain social, as this as an aid to maintaining good mental health.
5. Whatever stimulated your brain is a wise choice: studying genealogy, doing crossword puzzles, playing bridge, Bible study, etc.
6. Preserve financial resources and avoid debt. If you have a marriage partner, make decisions that affect your future together. Information about where important papers are located needs to be known by the appropriate people. Some of these documents include: wills, bank accounts, insurance policies, car titles, deeds to property, and anything else of value.
7. Foster and maintain good family relationships.

## Team Challenge

By Debbie Bailey, ACC

Everyone who can proudly state that they are NCCAP certified is a member of a very extraordinary team. We can all agree that the more professionals we can attract to become a part of this exceptional group, the more assurance we have that resident needs are being capably addressed.

I think that we all agree the more exposure and education that can be distributed, the better. Getting the word disseminated requires a major effort. Sending information to administrators and other activity departments is something we need to

diligently pursue. The NCCAP office does not have the personnel resources to convert new large address lists to mailing label lists. That's why I am calling on our NCCAP team to join forces in order to start a more global process. Available to all who make inquiries via the internet is a state listing of retirement communities. The lists are large. The practical thing to do is to target the larger cities and print the list. From that list, a project can be developed to format the addresses on to mailing labels for NCCAP. Sounds like a daunting task? It is.

I have several suggestions on how to approach this project. If you agree this is something that is worthwhile, commit to participate in obtaining the state lists developed for the NCCAP office. I suggest that all NCCAP state representatives make it their personal goal to have this accomplished by early 2007. For states with no representatives, volunteer to do it now! Discuss it at professional activity meetings and propose the most effective way to distribute the responsibilities to make this happen.

As the representative for the state of Colorado, let me share my plan. We have some very computer-literate residents living in our community. I will print out the addresses to input as address labels. They will save this information on a CD. We will format the addresses to fit a universal label. My suggestion is to use the shipping labels by AVERY, for laser printers, the number is 5263, and the template for smooth feed sheets, use template 5163. Once this is completed, the disc will then be sent to the NCCAP office for

applicable use. This would be a tremendous resource for the office to be able to draw upon and the potential for our certified team to grow is certain. The more we are able to educate others about our activity certification opportunities and benefits, the more assured we can be we are the best we can be! That will be real progress! - END

*(Top 10 Questions—Continued from page 7)*

Physiology. Recreation Therapy students can choose various areas of studies such as geriatrics, pediatrics, individuals with developmental disabilities, behavioral health, rehabilitation, etc. Training consists of a 480 hour internship, under the direction of a CTRS and can be done in a variety of settings as well.

As of January 2007, all Activity Professionals who wish to become certified through the National Certification Council of Activity Professionals (NCCAP) as an Activity Director or Activity Consultant are required to take the Modular Education Program for Activity Professionals, 2<sup>nd</sup> Edition (MEPAP 2<sup>nd</sup> Edition) which includes 180 hours of classroom time plus 180 hours practicum working with the elderly. The MEPAP course has really evolved over the years and is specially designed to educate individuals who work with the elderly. The course has an extensive curriculum which includes the aging process, the assessment process, planning,

*(Continued on page 14)*



(Top 10 Questions—Continued from page 13)

facilitation techniques, care planning, evaluation, as well as management issues specifically related to working in geriatric facilities.

### Populations Served

The CTRS can work with any special population whereas Activity Professionals generally work with the elderly in various health care settings.

### Services Rendered

Throughout my career in Therapeutic Recreation, I have followed The National Therapeutic Recreation Society's (NTRS) definition of Therapeutic Recreation which states: "Therapeutic recreation uses treatment, education and recreation services to help people with illnesses, disabilities and other conditions to develop and use their leisure in ways that enhance their health, functional abilities, independence and quality of life." This definition is based on Peterson and Gunn's Therapeutic Recreation Service Model. The three components consist of: treatment, leisure education and recreation participation (Peterson & Gunn, 1984)

Activity Professionals and CTRSs provide the recreation participation component of this model, providing activities for fun and enjoyment. It's not to say that these activities are not therapeutic, because we know that they most certainly are. Activity Professionals and CTRSs provide a variety of therapeutic activities that are designed to meet the needs and interests of the individuals they serve. Activity Professionals and CTRSs utilize the APIE process of assessment, planning,

implementation and evaluation. Both professionals specialize in breaking down the barriers to leisure pursuits to provide opportunity for residents and patients to participate in their favorite past times at their highest practical level. Activity interventions are present in the resident's comprehensive care plan and play a significant role in the quality of life and care of each resident.

According to the Manual for Recreation Therapy in Long Term Care Facilities, 2<sup>nd</sup> Edition by NTRS, the leisure education and treatment components of the Therapeutic Recreation Service Model are provided by the CTRS. Peterson and Gunn define leisure education as: "A broad category of services that focuses on the development and acquisition of various leisure-related skills, attitudes, and knowledge." (Peterson and Gunn, 1984). Peterson and Gunn's Leisure Education Content Model consists of: leisure awareness, social interaction skills, leisure resources, and leisure activity skills. The CTRS receives a lot of training in this area and play an important role in enhancing current skills, assisting with the development of daily living skills and community integration.

The third component of The Therapeutic Recreation Service Model is recreation therapy which is designed to restore or rehabilitate. It is a specific, prescriptive, medically ordered, planned treatment process, which is provided by a CTRS and is recognized by CMS, JCAHO, and CARF. In July 1998, CMS (formerly HCFA) added section T1a Special Treatments, to the

MDS 2.0. The CMS RAI Version 2.0 Manual defines recreation therapy as: "Therapy ordered by a physician that provides therapeutic stimulation beyond the general activity program in a facility. The physician's order must include a statement of frequency, duration, and scope of the treatment. Such therapy must be provided by a state licensed or nationally certified Therapeutic Recreation Specialist or Therapeutic Recreation Assistant. The Therapeutic Recreation Assistant must work under the direction of a Therapeutic Recreation Specialist". The scope of treatment includes: social, physical, affective and cognitive.

### What is the role of the CTRS in long-term care?

The CTRS utilizes his/her clinical, assessment, facilitation, and evaluation skills to provide services that includes recreation therapy, leisure education and recreation participation. It has been my experience, however that many CTRSs do not take full advantage of the MDS 2.0 Section T1a, recreation therapy. Facilities that have a CTRS on staff should revisit this opportunity to increase chances for reimbursement, professionalism, purpose and validity. Consider offering these treatment-oriented recreation therapy services, beyond the general activity program. To download a free sample Physician Order Form by Re-Creative Resources Inc. please [click here](#). If you are providing recreation therapy or are considering doing so, Re-Creative Resources Inc. has also developed a one-page form that tracks the recreational therapy services provided

(Continued on page 15)

(Top 10 Questions—Continued from page 14)

and includes: the purpose, the scope of service, treatment time, TR Services by category, and a space for weekly progress notes. To purchase the Recreation Therapy Daily Treatment Log [click here](#).

The CTRS plays a significant role working with specialized populations in long-term care and subacute facilities. For example, subacute patients may greatly benefit from recreation therapy services and leisure education to ensure the patient develops and retains a healthy leisure lifestyle when he/she returns to the community. Specialized leisure education programs, support groups, and community integration programs are critical for short term patients. Other specialized units may include: dementia units respirators/ventilator units, HIV/Aids, pediatric LTC, etc.

To find out more about becoming a Certified Recreation Therapist Specialist, please [visit NCTRC](#) or call NCTRC at 845-639-1439 and talk with a Credentialing Specialist.

### Recommended Reading

[Therapeutic Recreation Specialists](#), a great article about Recreational Therapists written by Karen C. Wenzel, CTRS, CPRP

[Recreational Therapy Handbook of Practice: ICF-Based Diagnosis and Treatment](#) Heather R. Porter, Joan Burlingame available through Idyll Arbor.

[Long Term Care for Activity Professionals, Recreational Therapists and Social Services Professionals, Fourth Edition](#) by Elizabeth Best Martini, Mary Anne Weeks, Priscilla Wirth. This is a great book

for individuals working in long-term care. The new edition expands the information on MDS version 2.0 (including Section T) and information on the Prospective Payment System.

[Innovations: A Recreation Therapy Approach to Restorative Programs](#) by Dawn R. De Vries and Julie M. Lake. Innovations integrates recreation therapy and restorative nursing to make a significant improvement in the residents' lives.

### References

Centers for Medicare and Medicaid Services. (December 2002). *CMS's RAI version 2.0 manual*, pp 3-314 & 3-215.

National Therapeutic Recreation Society. (1998). *Manual for Recreation therapy in long term care facilities*, (2<sup>nd</sup> ed.). Ashburn, Virginia: NTRS.

National Therapeutic Recreation Society. (October 14, 2000). *Definition of therapeutic recreation*. Retrieved June 9, 2007, from <http://www.nrpa.org/content/default.aspx?documentId=949>

National Therapeutic Recreation Society. (2007). *National Therapeutic Recreation Week*. Retrieved June 9, 2007, from <http://www.nrpa.org/content/default.aspx?documentId=4839>

Peterson, C.A. and S.L. Gunn. *Therapeutic recreation program design: Principles and procedures*. 2<sup>nd</sup> ed. Englewood Cliff: Prentice-Hall, 1984

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(Support Groups—Continued from page 9)

will be discussing to each participant. Each time you meet, discuss one of the fact sheets. Be sure to have a sign in sheet and write down the topic on the sign in sheet so you will remember what you discussed.

Do not give out names, phone numbers or addresses of the members of your support group. If they want to provide that information to another member of the group, they will.

For wonderful ideas and suggestions on how to run your support group please visit [www.njgroups.org](http://www.njgroups.org), The New Jersey Self Help Group Clearing House or American Self Help Group Clearing House <http://selfhelpgroups.org> or <http://mentalhelp.net/selfhelp/> The New Jersey web site has fantastic resources, such as; How To start a self help group, structuring a meeting, finding a guest speaker, ground rules, possible discussion questions, how to keep the meeting upbeat, providing mutual support, group evaluations, getting the members involved, over coming group and member issues, facilitating the group, etc. If you have never run a group this is the best web site to go for lots of information. You should purchase a 3 ring binder and download the information and place in a notebook. In this notebook, you should place one of every fact sheet listed on the Alzheimer's Association so you have a clean master. As you find articles and other resources, add those to your notebook.

Another resource is the Closed Captioned Media. They have a free catalogue and free in-service vid-

(Continued on page 16)

(Support Groups—Continued from page 15)

eos. They will mail the videos to you at no charge. Their web site is [www.cfv.org](http://www.cfv.org)

You should have at least two support group facilitators so one can fill in should you not be able to attend the group. Be sure to keep an updated list of members names, addresses, phone numbers, cell numbers and email addresses. Always obtain an emergency contact number in the event of an emergency. You never know when a member may fall ill.

Anyone can be a volunteer support group facilitator as it requires, commitment, patience, good listening skills, organization and compassion. If you are presenting a topic that requires specific knowledge be sure to read about the topic before the meeting. If you want to start a support group and don't want to run it by yourself, reach out to the Social worker, nurse or facility clergy to assist you with the group. Remember, you are only the facilitator and it's your job as the facilitator to insure that the group runs smoothly. You will find the benefits to the participants are many but what you receive in return for being a volunteer facilitator is priceless. - END

## HEAVEN, I'M IN HEAVEN

Three guys died together in a terrible accident. Fortunately, they went to heaven.

St. Peter says, "We only have one rule here: Don't step on the ducks, as they are God's favorite creation."

They enter heaven and see ducks everywhere, and it's almost impossible not to step on a duck. The first guy accidentally steps on one, and soon here comes St. Peter with the ugliest woman you've ever seen. St. Peter chains them together and says, "Your punishment is to be chained to this ugly woman forever."

The next day the second guy steps on a duck, and sure enough, St. Peter comes with another real ugly woman and chains them together.

Seeing this, the third guy is very, very careful. He goes for months and doesn't step on any ducks. Then one day, St. Peter comes along with this beautiful woman, a blue-eyed blonde, very young and very sexy. He chains them together and leaves without saying a word.

The man remarks, "Wow! This is great! I wonder what I did to de-

serve this?"

The Blonde says, "I don't know about you, but I just stepped on a duck."

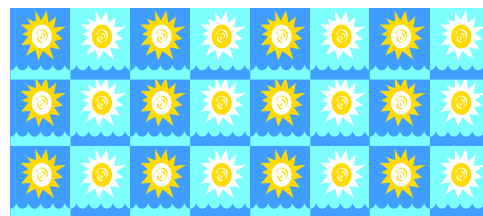
## DEAD TED

Two elderly women meet at the launderette after not seeing one another for some time. After inquiring about each other's health, one asked how the other's husband was doing.

"Oh! Ted died last week. He went out to the garden to dig up a cabbage for dinner, had a heart attack, and dropped down dead right there in the middle of the vegetable patch!"

"Oh dear! I'm so very sorry," replied her friend, "What did you do?"

"Opened a can of peas instead."



## Activity Director Today

*Activity Director Today* is a FREE monthly publication of The Activity Director's Office website. <http://www.theactivitydirectorsoffice.com>

Our e-mail address is: [admin@theactivitydirectorsoffice.com](mailto:admin@theactivitydirectorsoffice.com)

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## Introducing... Resident Shopping and More

Featuring Adaptive Clothing, Footwear and Accessories for Residents  
**Also:** Calendars, Inservices, Care Plans and Manuals  
for the Activity Department

Everything for you and your residents

<http://www.theactivitydirectorsoffice.com/ProductPageAFF.html>

# Following is Your Free Facility Newsletter

The following four pages contain a pre-written facility newsletter which you may use as your own. It is intended to help make your departmental responsibilities time saving and cost effective. All you need to do is put your title on the front and your address on the back.

## Suggestions for the Effective Use of Your Newsletter

This newsletter concept is the result of several years of preparation and the generous support of the sponsors whose advertisements are contained within its pages. Because all of the material in the newsletter is copyright free, you may feel assured that the publishing and distributing of your free newsletter is legal.

### PREPRINT

After you have downloaded your newsletter you have several choices to make before printing it.

- First type or paste the title of your newsletter into the blank area of the front page mast.
- On the mailing page insert your facility's name and address in the upper left corner where it says "From:".
- Prepare any printed material you may have for insertion into the newsletter. At a minimum we suggest you prepare your monthly activity calendar on one side of an 8.5"x11" sheet or paper. On the other side you may enter residents facts and figures (new admissions, birthdays, residents who went home, deaths). Also, on the back of the calendar page you may want to advertise upcoming activities and events, a management roster and other items of interest specific to your facility.

### PRINTING

- If you decide to print your newsletter on your facility copier you may print the newsletter on 8.5"x11" sheets of paper. However, it is far more profes-

sional looking to use 17" x 11" sheets (this size is larger than legal size paper, but can be hand fed into most modern printers).

- If you use a print shop have them print your newsletter on 17"x11" paper. They will have a variety of colors for both your paper and ink. You can expect to pay more for color ink. If you decide to print your newsletter on color paper, avoid using dark colors and extremely bright colors (e.g. fluorescents), they are too difficult to read.
- If you take it to the print shop they will also print and insert your extra material and fold your newsletter for you. One fold makes your newsletter ready for hand outs. Two folds prepares the newsletter for mailing.

### MAILING

(an excellent activity for your residents)

- To prepare your newsletter for mailing, it must be folded twice so the mailing face is showing on the outside.
- Each piece you plan to mail must be sealed twice on the loose page edge. Use 1/2" pieces of transparent tape (you can purchase seals at most office supply stores if you wish).
- Write or stick your address labels where it says "To:".
- Place postage in the upper right hand corner. First class postage will pay for your newsletter and at least two 8.5"x11" insertions.
- Your newsletter is now ready to mail. The Post Office appreciates it if you pre-sort your zip codes and bundle the newsletters with rubber bands.

### BULK MAILING

With bulk mail you can save a bundle on postage. However, you must set up an account with the post office, mail at least 200 newsletters at a time, presort your mail, prepare a billing form and deliver the newsletters to the post office. Although it sounds complicated, it becomes routine after you have done it a couple of times.

### DISTRIBUTION

For the most effective marketing of your

facility, we recommend that you make an extensive mailing list including these listed below. The more newsletters you circulate, the more successful your marketing will be.

- All responsible parties
- Seniors at home
- Banks
- Hospital discharge planners
- Nursing homes
- Adult day care centers
- Churches
- Home health agencies
- Federal, State and local social service agencies
- Social organizations and clubs
- Business organizations
- Corporate headquarters
- Area schools
- Area radio stations
- Area television stations
- Area newspapers
- Area businesses

### TIMING

For timely distribution, your newsletter will always be available to you at the first of the preceding month. It should be published by the last week of the month and mailed prior to the first of the month the newsletter is dated.

## Skin Care Secrets for Seniors

(ARA) - Caring for aging skin involves far more than fighting wrinkles and age spots. Skin health - from protection against UV rays to proper wound care - plays a vital role in overall health for senior Americans.

Skin is the body's first line of protection against harm. It shields us from infection, impact and the environment. "Age brings a number of changes that can compromise the skin's ability to protect us," says Cynthia Fleck, a registered nurse and vice president of clinical marketing for Advanced Skin and Wound Care at Medline, which manufactures skin care products and educational resources for seniors.

"As the skin ages it becomes thinner, less resilient and much drier," Fleck explains. "The layers of skin can easily separate, tearing the paper-like upper-most area called the epidermis. The skin cells do not 'turn over,' or replenish themselves as quickly as when we are young. Therefore, the old skin cells become clumped and do not function as efficiently as young, healthy skin cells do."

Fleck offers the following advice on how to care for aging skin:

\* "Drying is the single largest skin problem among the aged," says Fleck. She recommends avoiding a daily shower or bath, which can



contribute to dry skin. Instead, opt for gentle cleansing with soap and surfactant-free (detergent-free) cleansers of the kind that do not need to be rinsed. These cleansers do the job of removing dirt and natural oils, but do not impact the natural acid balance of mature skin.

\* Moisturizing on a daily basis is essential since older skin cannot retain moisture as well as young skin. "There are new, advanced skin care products that actually nourish the skin from the outside in, deliv-

ering amino acids (proteins), vitamins, antioxidants and ingredients that are gentle and soothing, making the skin more resilient and strengthening it," says Fleck.

\* Take care to avoid bumps that can tear the skin, or caustic substances that can disrupt the skin's ability to protect. Immobile seniors who must

use adult diapers should have special care taken to keep them clean and free of irritants. "Barrier products that contain protectants like dimethicone and other silicones, as well as zinc oxide, can help protect the skin from these issues," Fleck says.

\* Continue to protect your skin from the sun. Melanocytes, the skin cells that protect us from the sun, do not work as well as we age. As a result, older skin burns easily. Stay out of the sun as much as possible, and when out wear protective clothing, wide-brimmed hats and sun screen

\* Be aware of special skin care needs that often accompany some common diseases, such as diabetes. For example, diabetics need to take particular care in protecting their skin, especially on extremities.

\* Avoid strong antibacterial soaps that may have high pH, which can

*(Continued on page 2)*

(Skin—Continued from page 1)

further dry aging skin. Astringents and products that contain alcohol can also be too harsh and damaging for older skin.

"Many seniors may not know what products they need and often can't get out of the house to get them," Fleck says. "The Internet has made it easier to order products online and keep them handy for daily skin care, but not all seniors have online access or know how to use the Internet."

"Health care professionals are a great source of information and can relay simple instructions for daily skin care and protection while suggesting new products that may help seniors in their routine," she says.

To learn more about skin care products, visit [www.medline.com/woundcare](http://www.medline.com/woundcare).

*Courtesy of ARAcotent*

## AUGUST IS...

Harvest Month  
National Eye Exam Month  
National Romance Awareness Month  
Cataract Awareness Month  
Fair Month  
International Clown Month  
Lemon Month  
Maine Lobster Month  
National Catfish Month  
National Foot Health Month  
National Golf Month  
National Mustard Month  
National Parks Month  
Peach Month  
Relaxation Month  
Watermelon Month

## Paws for Thought: Pet Products and Services Go Upscale

(ARA) - You've probably seen the pampered pooches many celebrities of the moment are sporting like the latest accessories. You may even know there are about 90 million pet cats and 73 million pet dogs in the United States. But unless you're up on the hottest pet product trends -- like including high-end doggie dishes on your bridal registry -- you just can't call yourself a true pet aficionado.

There's no question Americans have gone to the dogs and cats, with 63 percent of U.S. households owning a pet. In 2006, pet owners spent \$38.5 billion on their pets, according to the American Pet Manufacturers Association. The organization estimates that figure will approach \$41 billion in 2007. High-end, luxury items and products account for a growing percentage of the total spent on pet products.

Hot trends in the pet product world include:

\* Brides adding high-end pet items to their registries, like Tuscan themed pet bowls and treat jars from Arthur Court, a San-Francisco-based company known world-wide for its sand-cast aluminum serveware. "In some cases, these are people who collect Arthur Court serveware and want the pet products to make their collections complete," says Arthur Court. "Others, however, simply want to start out married life with new, elegant and beautiful possessions around them, and ensuring their pets have the

same is part of the excitement of starting their new life together."

The products exemplify the trend towards pet items that share all the high-end features humans favor in products for themselves -- form, function and beauty. The popular dog treat jar is a cream ceramic jar with a dog bone for a handle, and the words "good dog" engraved on the base. The cat jar lid features a kitten on a pillow and a playful hearts and kittens motif on the base. Arthur Court's pet items are sold through top retailers. To learn more, visit [www.arthurecourt.com](http://www.arthurecourt.com).

\* Arthur Court isn't the only renowned, upscale manufacturer to enter the pet products market. Hair care giants Paul Mitchell and Origins have both launched lines of pet grooming products. Omaha Steaks offers gourmet pet treats.

\* Exclusive hotel chains like Four Seasons and Westin welcome most

*(Continued on page 3)*



# Weighty Issue: Heavy Wheelchairs, Walkers Hinder Caregivers

(ARA) - As baby boomers continue to gray and medical science extends life, many 50- and 60-somethings are caring for their parents at a time when the boomers themselves are slowing down from age-related ailments. Mobility issues become even more challenging when caregivers find it difficult to meet the physical demands of their roles.

The heft of many modern assistive devices is a good example of the kind of obstacles facing both seniors and their caregivers, experts say. "The average wheelchair weighs around 38 pounds," notes Richard Derks of Medline, a leading manufacturer of wheelchairs and other assistive devices for seniors. "Putting most wheelchairs in a car trunk means you have to lift that 38 pounds from the ground and up about 3 feet an average of four times per trip."

Walkers can create a similar problem for seniors who are ambulatory with the aid of the assistive device. Most walkers weigh 16 pounds or more. "That may seem light, but for seniors with mobility issues lifting that much weight into a car can be a real challenge," Derks says.

Caregivers looking after an aging parent at home may be reluctant to take seniors out on non-essential trips because of this weight issue. Yet, that type of trip - to a restaurant, beauty salon, visiting family and friends, etc. - greatly enhances

the quality of life for an otherwise home-bound senior.

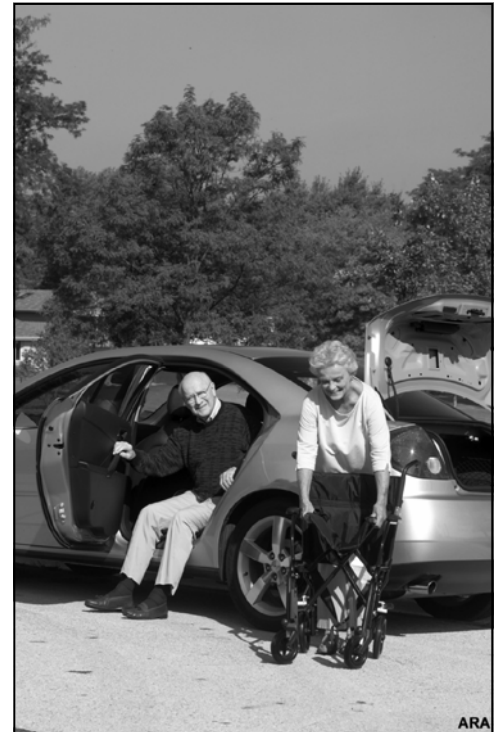
"The sheer difficulty of managing a wheelchair often means caregivers run all the errands alone and don't take their loved ones out as much as they might like to," Derks says.

"There is a physical and cognitive impact for the elderly."

Physically, mobility issues slow rehabilitation after a health setback. The more homebound seniors are, the less exercise they get. Cognitively, the senior may begin to feel increasingly dependent, falling into a more dependant role than they might want.

The good news is manufacturers of assistive devices are addressing this problem by producing lighter weight wheelchairs and other accessories. Aluminum transport chairs cut the weight down to about 23 pounds. And Medline's Freedom Transport chair weighs less than 15 pounds, a full 25 percent lighter than other transport chairs and 60 percent lighter than a standard wheelchair. Its convenient features -- cup holder and seatbelt for the user, bottle holder for the caregiver, and key ring, cell phone pocket and identification holder -- all speak to the designers' efforts to create a wheelchair that is practical and functional for both the caregiver and patient.

Medline's foray into lighter weight



Manufacturers such as Medline are creating lighter weight walkers and wheelchairs that are easier for seniors and their caregivers to manage.

assistive devices has been so successful, the company is now launching a lighter-weight walker, dubbed the Freedom Rollator. Weighing only 10 pounds, the walker has been designed to serve users from 4 feet 10 inches to 6 feet 2 inches tall. It comes packaged in a removable, zippered, water-resistant bag with comfortable shoulder strap for easy portability.

To learn more about Medline's lighter weight assistive products, visit [www.medline.com](http://www.medline.com).

*Courtesy of ARAcontent*

*(Pets—Continued from page 2)*

small pets. Many of these pet-friendly upscale hotels have special programs in place to pamper pets with gourmet meals, plush beds and doggie spa-style treatments.

a bowl of kibble served in a kennel. Boarding facilities now take pets on a daily basis, offering daycare-style educational, exercise and training programs for pets while owners are at work.

groomers for a simple clip and dip. Now they go to the pet spa for full salon treatments, including hair conditioning, highlights, nail color and care, massage and body treatments. Some human spas have even begun offering treatments for pets and their owners.

\* Doggie daycare has gone beyond

\* Pampered pets no longer go to the

*Courtesy of ARAcontent*

Place  
Postage  
Here

## STICK IT

Two elderly women were eating breakfast in a restaurant one morning. Ethel noticed something funny about Mabel's ear and she said, "Mabel, did you know you've got a suppository in your left ear?"

Mabel answered, "I have? suppository?"

She pulled it out and stared at it. Then she said, "Ethel, I'm glad you saw this thing. Now I think I know where my hearing aid is.

## KNOCK ON WOOD

Three sisters ages 72, 74, and 76 live in a house together. One night the 76 year old draws a bath. She puts her foot in and pauses. She yells down the stairs "was I getting in or out of the bath?".

The 74 year old yells back "I don't know. I'll come up and see."

She starts up the stairs and pauses. Then she yells "was I going up the stairs or down?"

The 72 year old is sitting at the kitchen table having tea listening to her sisters. She shakes her head and says "I sure hope I never get that forgetful."

She knocks on wood for good measure. She then yells "I'll come up and help both of you as soon as I see who's at the door".

## WHAT WAS THAT AGAIN?

Two elderly ladies had been friends for many decades. Over the years they had shared all kinds of activi-

ties and adventures. Lately, their activities had been limited to meeting a few times a week to play cards.

One day they were playing cards when one looked at the other and said, "Now don't get mad at me. I know we've been friends for a long time, but I just can't think of your name. I've thought and thought, but I can't remember it. Please tell me what your name is."

Her friend glared at her. For at least three minutes she just stared and glared at her. Finally she said, "How soon do you need to know ?

*Courtesy SuddenSenior.com*

