



Wellness



Module 6, Section 4

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Wellness

Wellness is more than being without disease. It is a way of living or a lifestyle that helps people reach their potential for health and independence. There are a number of ways to achieve wellness. Many experts tell us that exercise and diet are very important components in pursuing wellness. Medical management alone has not proven to be effective in meeting the health needs of people with developmental disabilities.



Choosing active leisure activities can promote wellness and also significantly reduce stress and anxiety. Active recreational activities are particularly important in promoting physical and mental health. However, statistics show that many people with developmental disabilities do not have active life styles and also require, as most of us do, further education on choosing healthy foods.

The Center for Disease Control's Healthy People 2010 progress report compared people without disabilities to those with developmental disabilities. The report found that individuals with developmental disabilities are more likely:

- Obese
 - 45% of males; 56% of females were found to be obese. This is substantially higher obesity rates than the general population which is 33% for men and 36% for women.
- Exercise less frequently.

In earlier research, it was found that more than 75% of female adults with developmental disabilities were obese (Rimmer et al., 1993). Frey and Rimmer (1995) also found much higher rates of obesity among American adults with developmental disabilities compared to German adults with developmental disabilities. The incidence of obesity among the American sample was 43%, compared to only 16.7% of the German subjects. The investigators concluded that one of the major reasons for the differences in obesity between the two countries was lifestyle. The German cohort was more involved in regular physical activity and relied less on vehicular transportation to get to places.

Accessed 8/11/11; http://www.ncpad.org/disability/fact_sheet.php?sheet=117

In addition, poor dietary choices often contribute to overall health concerns such as weight management, high cholesterol, etc.

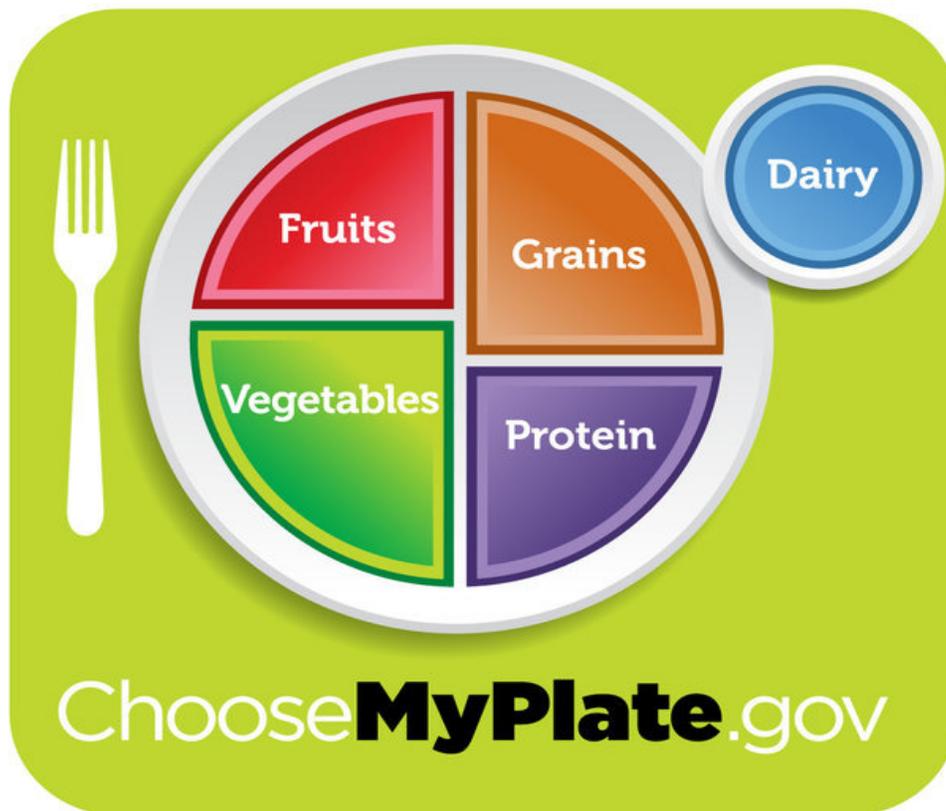
Some general tips on healthy eating include:

- Enjoy your food, but eat less.
- Avoid oversized portions
- Make half your plate fruits and vegetables
- Make at least half of your grains whole grains
- Drink water instead of sugary drinks

Other research shows that people with developmental disabilities are more likely to:

- Have chronic health conditions
- Make more emergency room visits
- Have feelings of loneliness or isolation

Healthy Eating



The new Food Plate icon was introduced in 2011. It replaces the USDA's 2005 Food Pyramid. The food plate is meant to be a simpler and more straightforward tool to educate and inform people about the basic food groups and portion sizes. The plate is divided into sections: grains, protein, fruits, vegetables and dairy. It also demonstrates the $\frac{1}{2}$ of the plate should consist of fruits and vegetables.

Part of your job as a DSP will be to help people you support make healthy dietary choices. The following page offers some tips on how to build a healthy plate.

How to Build a Healthy Plate

Eat more whole grains

Any food made from wheat, rice, oats, cornmeal, barley or other cereal grain is a grain product. Bread, pasta, oatmeal, breakfast cereals, tortillas and grits are examples. Grains are divided into two subgroups: whole grains and refined grains. Whole grains contain the entire grain kernel, - the bran, germ, and endosperm. People who eat whole grains as part of a healthy diet have a reduced risk of some chronic diseases.

Add more vegetables to your day

Eating vegetables is important because they provide vitamins and minerals and most are low in calories. Choose vegetables that are red, orange or dark green. They are full of vitamins and minerals. It's always a good idea to have some veggies like carrots or celery prepared and ready to snack on.

Focus on fruits

Like vegetables, fruit can add much to an overall healthy diet and can help people reduce the risk of some chronic diseases. Fruits provide nutrients vital for health, such as potassium, dietary fiber, vitamin C and folate (folic acid). Most fruits are naturally low in fat, sodium and calories. None have cholesterol.

Cut back on foods high in solid fats, added sugars and salt

Choose foods and drinks with little or no added sugars. For example, choose 100% fruit juice instead of fruit-flavored drinks. Be sure to eat fewer foods that are high in solid fats. Make major sources of saturated fats – such as cakes, pizza, cheese, hot dogs occasional choices, not every day foods. Also, look out for salt (sodium content) in the foods you buy.

Use food labels to help you make better choices

Most packaged foods have a Nutrition Facts label and an ingredients list. Use these tools to make smarter food choices quickly and wisely. Choose foods with lower calories, saturated fat, trans fat and sodium.

Nutrition and Special Diets

Many individuals with developmental disabilities are able to eat all foods and food textures. This type of diet is referred to as a “general diet”. However, some individuals need modified or special diets that must be ordered by a health care professional. A dietitian or feeding specialist may determine dietary requirements but the physician (health care professional) must sign the order. A diet order may specify calorie content, food restrictions and/or consistency requirements.

Caloric Level

The calorie level may be identified as a number or numerical range or may be described with words or phrases. Examples:

- 3000 calorie general diet
- 1200 – 1400 calorie general diet
- Reduced portion general diet

The terms “low calorie” and “reduced portions” should be defined, such as low calorie = 1800 calories. Otherwise, they are not measurable and are confusing for caregivers.

Food Texture and Consistency

The texture prescribed in a diet order should be based upon the individual’s chewing and/or swallowing ability. Foods offered to the individual must follow the texture ordered. Offering foods that are not allowed can result in choking, aspiration, pneumonia or even death.

Mechanical or Mechanical Soft Texture

Food is usually chopped, ground, grated or diced and is of a soft, easy to chew consistency. Size of bites and consistency of food pieces may vary slightly for each individual and should be identified, such as nickel size pieces, dime size pieces or coleslaw consistency. The term “bite size” is not recommended as it means different things to different caregivers. Items such as raw vegetables, peanuts, popcorn or hotdogs are not allowed on a mechanical soft diet.

Pureed Texture

Pureed foods are processed in a food blender to create a smooth consistency. The food is blended until soft and smooth, usually by adding liquids or by using food thickeners to create a specific consistency, such as mashed potato or pudding consistency. Pureed foods should be served separated on a plate so that the individual food flavors remain distinct. Some individuals need the consistency of pudding while others need a looser consistency. Caregivers need to have clear written instructions and demonstrations on how the food needs to be prepared.

Textures of Fluids

Fluids are most commonly thickened with a commercial thickener, such as “Thick it” or “Thick n Easy”. There are four common fluid consistencies:

- **Thin = water, milk, juice, coffee, soft drinks, etc.**
- **Nectar thick = prune juice, apricot and peach nectars, etc.**
- **Honey thick**
- **Pudding thick**

Adapted from: Oregon Department of Human Services; “DHS Developmental Disabilities Nursing Manual”, Accessed 1/3/12
http://www.oregon.gov/DHS/spd/provtools/nursing/ddmanual/all_sections.pdf?ga=t

What kinds of Foods are in each Food Group?

Grains

What foods are in the grain group?

- bulgur (cracked wheat)
- oatmeal
- whole cornmeal
- brown rice



Refined grains have been milled, a process that removes the bran and germ. This is done to give grains a finer texture and improve their shelf life, but it also removes dietary fiber, iron, and many B vitamins. Some examples of refined grain products are:

- white flour
- de-germed cornmeal
- white bread
- white rice

Whole grains:

brown rice
buckwheat
bulgur (cracked wheat)
oatmeal
popcorn

Ready-to-eat breakfast cereals:

whole wheat cereal flakes
muesli
whole grain barley
whole grain cornmeal
whole rye
whole wheat bread
whole wheat crackers
whole wheat pasta
whole wheat sandwich buns and rolls
whole wheat tortillas
wild rice

Refined grains:

cornbread*
corn tortillas*
couscous*
crackers*
flour tortillas*
grits
noodles*

*Pasta**

spaghetti
macaroni

pitas*
pretzels

Ready-to-eat breakfast cereals

corn flakes

white bread
white sandwich buns and rolls
white rice.

Less common whole grains:

amaranth
 millet
 quinoa
 sorghum
 triticale

*Most of these products are made from refined grains. Some are made from whole grains. Check the ingredient list for the words “whole grain” or “whole wheat” to decide if they are made from a whole grain. Some foods are made from a mixture of whole and refined grains.

Some grain products contain significant amounts of bran. Bran provides fiber which is important for health. However, products with added bran or bran alone (e.g., oat bran) are not necessarily whole grain products.

Vegetables

- Eat more dark green veggies
- Eat more orange veggies
- Eat more dry beans and peas

**What foods are in the vegetable group?**

Any vegetable or 100% vegetable juice is a member of the vegetable group. Vegetables may be raw or cooked; fresh, frozen, canned, or dried/dehydrated; and may be whole, cut-up, or mashed.

Vegetables are organized into 5 subgroups, based on their nutrient content. Some commonly eaten vegetables in each subgroup are:

Dark green vegetables

bok choy
 broccoli
 collard greens
 dark green leafy lettuce
 kale
 mesclun
 mustard greens
 romaine lettuce
 spinach
 turnip greens
 watercress

Starchy vegetables

corn
 green peas
 lima beans (green)
 potatoes

Other vegetables

artichokes
 asparagus
 bean sprouts
 beets
 Brussels sprouts

Orange vegetables

acorn squash
 butternut squash
 carrots
 hubbard squash
 pumpkin
 sweet potatoes

Dry beans and peas

black beans
 black-eyed peas
 garbanzo beans (chickpeas)
 kidney beans
 lentils
 lima beans (mature)
 navy beans
 pinto beans
 soy beans
 split peas
 tofu (bean curd made from soybeans)
 white beans

cabbage
 cauliflower
 celery
 cucumbers
 eggplant
 green beans
 green or red peppers
 iceberg (head) lettuce
 mushrooms
 okra
 onions
 parsnips
 tomatoes
 tomato juice
 vegetable juice
 turnips
 wax beans
 zucchini

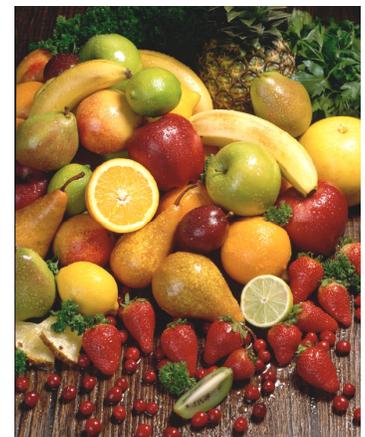
Fruits

- Eat a variety of fruit
- Choose fresh, frozen, canned, or dried fruit
- Go easy on fruit juices

What foods are in the fruit group?

Any fruit or 100% fruit juice counts as part of the fruit group. Fruits may be fresh, canned, frozen, or dried, and may be whole, cut-up, or pureed. Some commonly eaten fruits are:

Apples
 Apricots
 Avocado
 Bananas



Mixed fruits:
 fruit cocktail

Nectarines
 Oranges
 Peaches

Berries:

strawberries
blueberries
raspberries
cherries

Grapefruit
Grapes
Kiwi fruit
Lemons
Limes
Mangoes

Melons:

cantaloupe
honeydew
watermelon

Pears
Papaya
Pineapple
Plums
Prunes
Raisins
Tangerines

100% Fruit juice:

orange
apple
grape
grapefruit

Proteins

Go lean on protein

- Choose low-fat or lean meats and poultry
- Bake it, broil it, or grill it
- Vary your choices - with more fish, beans, peas, nuts and seeds.

What foods are included in the meat, poultry, fish, dry beans, eggs, and nuts (proteins) group?

All foods made from meat, poultry, fish, dry beans or peas, eggs, nuts, and seeds are considered part of this group. Dry beans and peas are part of this group as well as the vegetable group.

Most meat and poultry choices should be lean or low-fat. Fish, nuts, and seeds contain healthy oils, so choose these foods frequently instead of meat or poultry.

Some commonly eaten choices in the Meat and Beans group, with selection tips, are:

Meats*

Lean cuts of:
beef
ham

Dry beans and peas:

black beans
black-eyed peas
chickpeas (garbanzo beans)

Fish*

Finfish such as:
catfish
cod



lamb	falafel	flounder
pork	kidney beans	haddock
veal	lentils	halibut
	lima beans (mature)	herring
Game meats:	navy beans	mackerel
bison	pinto beans	pollock
rabbit	soy beans	porgy
venison	split peas	salmon
	tofu (bean curd made from soy beans)	sea bass
Lean ground meats:	white beans	snapper
beef	<i>bean burgers</i>	swordfish
pork	garden burgers	trout
lamb	veggie burgers	tuna
<i>Lean luncheon meats</i>		Shellfish such as:
<i>Organ meats:</i>	tempeh	clams
liver	texturized vegetable protein (TVP)	crab
giblets		crayfish
	Nuts & seeds*	lobster
Poultry*	almonds	mussels
chicken	cashews	octopus
duck	hazelnuts (filberts)	oysters
goose	mixed nuts	scallops
turkey	peanuts	squid (calamari)
ground chicken and turkey	peanut butter	<u>shrimp</u>
	pecans	
	pistachios	Canned fish such as:
Eggs*	pumpkin seeds	anchovies
chicken eggs	sesame seeds	clams
duck eggs	sunflower seeds	tuna
	walnuts	sardines

***Selection Tips**

Choose lean or low-fat meat and poultry. If higher fat choices are made, such as regular ground beef (75 to 80% lean) or chicken with skin, the fat in the product counts as part of the discretionary calorie allowance.

If solid fat is added in cooking, such as frying chicken in shortening or frying eggs in butter or stick margarine, this also counts as part of the discretionary calorie allowance.

Select fish rich in omega-3 fatty acids such as salmon, trout, and herring, more often.

Liver and other organ meats are high in cholesterol. Egg yolks are also high in cholesterol, but egg whites are cholesterol-free.

Processed meats such as ham, sausage, frankfurters, and luncheon or deli meats have added sodium. Check the ingredients and try to limit sodium intake. Fresh chicken, turkey, and pork that have been enhanced with a salt-containing solution also have added sodium. Check the product label for statements such as “self-basting” or “contains up to ___% of ___”, which mean that a sodium-containing solution has been added to the product.

Sunflower seeds, almonds, and hazelnuts (filberts) are the richest sources of vitamin E in this food group. To help meet vitamin E recommendations, make these your nut and seed choices more often.

Dairy

Get your calcium-rich foods

- Go low-fat or fat-free
If you don't or can't consume milk, choose lactose-free products or other calcium sources.



What foods are included in the milk, yogurt, and cheese (milk) group?

All fluid milk products and many foods made from milk are considered part of this food group. Foods made from milk that retain their calcium content are part of the group, while foods made from milk that have little to no calcium such as cream cheese, cream, and butter, are not. Most milk group choices should be fat-free or low-fat.

Some commonly eaten choices in the milk, yogurt, and cheese group are:

Milk*

All fluid milk:
fat-free (skim)
low fat (1%)
reduced fat (2%)
whole milk

flavored milks:
chocolate
strawberry

Cheese*

Hard natural cheeses:
cheddar
mozzarella
Swiss
parmesan

soft cheeses
ricotta
cottage cheese

lactose reduced milks
lactose free milks

Milk-based desserts*
Puddings made with milk
ice milk
frozen yogurt
ice cream

processed cheeses
American

Yogurt*
All yogurt
Fat-free
low fat
reduced fat
whole milk yogurt

Selection Tips

Choose fat-free or low-fat milk, yogurt, and cheese. If you choose milk or yogurt that is not fat-free or cheese that is not low-fat, the fat counts as part of the **discretionary calorie** allowance. See section below.

If sweetened milk products are chosen (flavored milk, yogurt, drinkable yogurt, desserts), the added sugars also count as part of the **discretionary calorie** allowance.

For those who are lactose intolerant, lactose-free and lower-lactose products are available. These include hard cheeses and yogurt. Also, enzyme preparations can be added to milk to lower the lactose content. **Calcium-fortified foods and beverages such as soy beverages or orange juice may provide calcium, but may not provide the other nutrients found in milk and milk products.**

Discretionary Calories

What are discretionary calories?

You need a certain number of calories to keep your body functioning and provide energy for physical activities. Think of the calories you need for energy like money you have to spend. Each person has a total calorie "budget." This budget can be divided into "essentials" and "extras."

With a financial budget, the essentials are items like rent and food. The extras are things like movies and vacations. In a calorie budget, the "essentials" are the minimum calories required to meet your nutrient needs. By selecting the lowest fat and no-sugar-added forms of foods in each food group you would be making the best nutrient "buys." Depending on the foods you choose, you may be able to spend more calories

than the amount required to meet your nutrient needs. These calories are the “extras” that can be used on luxuries like solid fats, added sugars, and alcohol, or on more food from any food group. These are your “discretionary calories.”

Each person has an allowance for some discretionary calories. But, many people have used up this allowance before lunch-time! Most discretionary calorie allowances are very small, between 100 and 300 calories, especially for those who are not physically active. For many people, the discretionary calorie allowance is totally used by the foods they choose in each food group such as higher fat meats, cheeses, whole milk, or sweetened bakery products.

You can use your discretionary calorie allowance to:

- Eat more foods from any food group than the food guide recommends.
- Eat higher calorie forms of foods - those that contain solid fats or added sugars. Examples are whole milk, cheese, sausage, biscuits, sweetened cereal, and sweetened yogurt.
- Add fats or sweeteners to foods. Examples are sauces, salad dressings, sugar, syrup, and butter.
- Eat or drink items that are mostly fats, caloric sweeteners, and/or alcohol, such as candy, soda, wine, and beer.



For example, assume your calorie budget is 2,000 calories per day. Of these calories, you need to spend at least 1,735 calories for essential nutrients, if you choose foods without added fat and sugar. Then you have 265 discretionary calories left. You may use these on “luxury” versions of the foods in each group, such as higher fat meat or sweetened cereal. Or, you can spend them on sweets, sauces, or beverages. Many people overspend their discretionary calorie allowance, choosing more added fats, sugars, and alcohol than their budget allows.

Source: United States Department of Agriculture, Updated October, 2008.

Activity: Reducing Fat in the Diet

Directions: Write in substitutes that would result in less fat in the diet.

Instead of:	Choose:
Whole milk	_____
Ice cream	_____
Butter, margarine	_____
Regular cheese	_____
French fries, hash browns	_____
Sour cream	_____
Tuna packed in oil	_____
Cooking oil, lard, shortening	_____
Fatty meats	_____
Vegetables in cream or butter sauce	_____
Potato chips	_____

How to Read Food Labels

The labels on canned, packaged and frozen foods tell you what's really in the foods you eat.

Comparing labels will help you choose foods that are low in fat, cholesterol, sodium (salt), and calories. Reading food labels is a big step toward eating with nutrition in mind. Look for the "Nutrition Facts" label on packaged foods.

1. Serving Size

Look at this closely. This is the amount of food in 1 serving. If you eat more, you get more of everything on the label, including fat and cholesterol.

2. Total Fat

This number tells you how much trans fat is in 1 serving. Choose foods with a low number for total fat.

3. Saturated Fat

This number tells you how many grams (g) of saturated fat are in 1 serving. Saturated fat raises your cholesterol most. Look for foods that have little or no saturated fat.

4. Trans Fat

This number tells you how much trans fat is in 1 serving. Trans fat raises your cholesterol just like saturated fat.

5. Cholesterol

This number tells you how much cholesterol is in 1 serving. You should eat less than 300 milligrams (mg) of cholesterol a day.

6. Calories from Fat

This number tells you how many calories from fat are in 1 serving. Look for foods with few calories from fat.

7. % Daily Value

A large number means 1 serving contains a lot of that ingredient. Look for foods that have low numbers for total fat, saturated fat, trans fat, cholesterol and sodium.

8. Sodium

This number tells you how much sodium is in 1 serving. Choose foods with low numbers for sodium. Or look for foods that say Low Sodium or Sodium Free.

9. Dietary Fiber

This number tells you how much fiber is in 1 serving. Look for foods that are high in fiber

Nutrition Facts	
1 Serving Size 1 cup (240g)	
Servings Per Container 2	
Amount Per Serving	
Calories 100	Calories from Fat 20
6	
% Daily Value*	
2 Total Fat 2g	3%
3 Saturated Fat 0g	0%
4 Trans Fat 0g	
5 Cholesterol 0mg	0%
Sodium 70mg	3%
8 Total Carbohydrate 17g	6%
Dietary Fiber 3g	12%
Sugars 5g	
9 Protein 4g	
Vitamin A 70% • Vitamin C 20%	
Calcium 15% • Iron 8%	
*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.	

Food Label Exercise

Directions: Complete this exercise.

1. What do labels tell you about calories?
2. What, if anything, does the order of ingredients tell you?
3. What did you learn from the label about fat, cholesterol, sodium and fiber?
4. What else can you learn from food labels?

Food Allergies

A food allergy occurs when the body sees the food as abnormal (as it does with bacteria, viruses and toxins). It produces antibodies and histamine. This produces the symptoms of the allergy.

The problem is diagnosed by an allergist who performs tests to check the person's responses to suspect foods. Food allergies are not contagious.

Treatment includes antihistamines, bronchodilators to open tight airways, cortosteroids to reduce the immune response, epinephrine to minimize the allergic response and prevent anaphylaxis (a life threatening condition). People with severe food allergies may carry either an EpiPen or an AnaKit which contain epinephrine to prevent anaphylaxis. It is injected into the person. If an individual in your care demonstrates a severe allergic response, a medical professional should be contacted immediately.

Typical foods that some people are allergic to:

- Fish
- Milk and other dairy products
- Peanuts and peanut oil
- Shellfish, such as shrimp and crab
- Soy tree nuts, such as walnuts
- Wheat
- Whitefish



What are the symptoms?

- Itching in the mouth
- Vomiting
- Diarrhea
- Abdominal distress
- Hives or rash
- Shortness of breath or wheezing
- Reaction can be mild to fatal
- May occur within a few minutes to an hour after eating the food

Cooking Methods

Baking

Besides breads and desserts, you can bake seafood, poultry, lean meat, vegetables and fruits. For baking, place food in a pan or dish surrounded by the hot, dry air of your oven. You may cook the food covered or uncovered. Baking generally doesn't require that you add fat to the food.

Braising

Braising involves browning the ingredient first in a pan on top of the stove, and then slowly cooking it covered with a small quantity of liquid, such as water or broth. In some recipes, the cooking liquid is used afterward to form a flavorful, nutrient-rich sauce.

Roasting

Like baking, but typically at higher temperatures, roasting uses an oven's dry heat to cook the food. You can roast foods on a baking sheet or in a roasting pan. For poultry, seafood and meat, place a rack inside the roasting pan so that the fat in the food can drip away during cooking. In some cases, you may need to baste the food to keep it from drying out.

Sautéing

Sautéing quickly cooks relatively small or thin pieces of food. If you choose a good-quality nonstick pan, you can cook food without using fat. Depending on the recipe, use low-sodium broth, cooking spray or water in place of oil.

Steaming

One of the simplest cooking techniques is steaming food in a perforated basket suspended above simmering liquid. If you use a flavorful liquid or add seasonings to the water, you'll flavor the food as it cooks.

Stir-frying

A traditional Asian method, stir-frying quickly cooks small, uniform-sized pieces of food while they're rapidly stirred in a wok or large nonstick frying pan. You need only a small amount of oil or cooking spray for this cooking method.

Using herbs and spices

Creating meals using spices and herbs is one of the best ways to add color, taste and aroma to foods without adding salt or fat. Choose fresh herbs that look bright and aren't wilted, and add them toward the end of cooking. Add dried herbs in the earlier stages of cooking. When substituting dried for fresh, use about one-half the amount.

Healthy Cooking Activity

This exercise is a guide to cooking healthy meals. Please complete this exercise.

Choices:

Bake

Broil

Boil

Fry

Stir Fry

Steam

Grill

What are the healthiest ways to cook these foods?

- Raw vegetables -
- Meat -
- Canned vegetables -
- Potatoes -

What is the least healthy way to cook foods?

Physical Activity

Another great way to stay healthy is to add physical activity into everyday life. By becoming more physically active, the people you help support will lower their chances of developing many types of illnesses. By lowering the risk for these illnesses, the risk of unplanned hospitalizations also decreases.

You can encourage people to be more physically active and support them in finding out which activities they like best. Some people you help support may need additional assistance as they work to add physical activity into their lives. For example, a person with cerebral palsy or another developmental disability that makes moving difficult may find it hard to include exercise in his or her life. This does not mean the person cannot make healthy lifestyle choices. It just means that he/she will require extra support from you and those around him/her.

For example, you could help this person learn about exercises that can be done while in bed or sitting in a wheelchair. You can support individuals to make choices that add physical activity to their daily lives. In addition to formal exercise plans, you can encourage each person, as much as they are able to:

- Walk or propel their wheelchair instead of asking for transportation help from their support person if the destination is within a reasonable distance
- Ask their support person to park at the far end of parking lots and walk or propel their wheelchair to their destination
- Take the stairs instead of the elevator unless the person uses a wheelchair
- Whenever possible physically move during the day such as getting up to change the television channel instead of using a remote control



Remember to talk to the individual's doctor before they start any new exercise plan. A doctor will be able to tell you which exercises are right for the individuals you support and how to help each person to exercise safely.

Physical Fitness Activities

Physical fitness activities contribute to wellness. Different people like different activities. Here is a list of potential benefits from regular exercise:

- relieves tension and stress
- provides enjoyment and fun
- stimulates the mind
- helps maintain stable weight
- controls appetite
- boosts self-image
- improves muscle tone and strength
- improves flexibility
- lowers blood pressure
- relieves insomnia
- increases good cholesterol (HDL)
- lowers bad cholesterol (LDL)
- reduces the risk of diabetes

An hour long fitness program should employ the 3-2-1 principle. That is, 30 minutes on cardiovascular activity, 20 minutes on strength and 10 minutes on flexibility.

Note: No exercise program should begin without a health checkup and approval by a physician



People with developmental disabilities often do not get enough exercise. Ensuring that individuals receive sufficient exercise is part of the DSP's role. This exercise quiz may give you some ideas on helping the individuals with an exercise program.

Accessed 8/4/11; Florida Developmental Disabilities Council, Inc. "Increasing Wellness and Reducing Secondary Health Conditions for Individuals with Developmental Disabilities."
<http://www.nacdd.org/documents/The%20Fit%20Club.pdf>

Increasing Physical Activity for Older Persons with Developmental Disabilities

As a DSP, you may notice that many older persons with developmental disabilities are now receiving services. The trend toward longer life for all Americans is also true for people with developmental disabilities. As we have noted, research has shown that

many adults with intellectual disabilities are physically inactive. The combination of a low fitness level and health problems associated with aging puts the people at risk for disease, loss of independence and injury. An inactive, or sedentary, lifestyle is a major contributor to these problems.

The University of Chicago Center on Aging has made some recommendations to begin to address exercise for older persons with developmental disabilities. Of course, approval from a physician should be obtained before starting any exercise program. However, there are some simple ways to increase daily activity throughout the day.

These include:

- Changing TV channels manually by getting up and down.
- Taking stairs and park further away from buildings
- Doing stretches while TV shows are on commercial breaks
- Start to walk short distances (five minutes) two or three times a day and increase gradually
- Shooting baskets!

Find ways to keep fitness fun! Motivation will be a challenge for persons that have been sedentary. To do this you can:

Change routines often to avoid boredom.

Take before and after pictures.

Work together with a group of friends who can motivate each other.

Develop motivators that add to the fitness program such as a trip to a park for a walk or to the beach for a swim.

For people who use wheelchairs, encourage activities that use upper body strength as much as possible. Things like weight lifting and swimming may be appropriate.

DD SafetyNet; Accessed 8/11/11

Concerns of Older Adults

Many people with developmental disabilities are living longer than ever before. For the most part, elderly people with developmental disabilities have the same age-related concerns as other older adults. Some of these are:



Risk Factors

decrease in muscular strength

decrease in joint flexibility

decrease in vision

decrease in hearing

Possible Intervention Strategies

strength training exercises, assistive devices (canes, walkers, handrails)

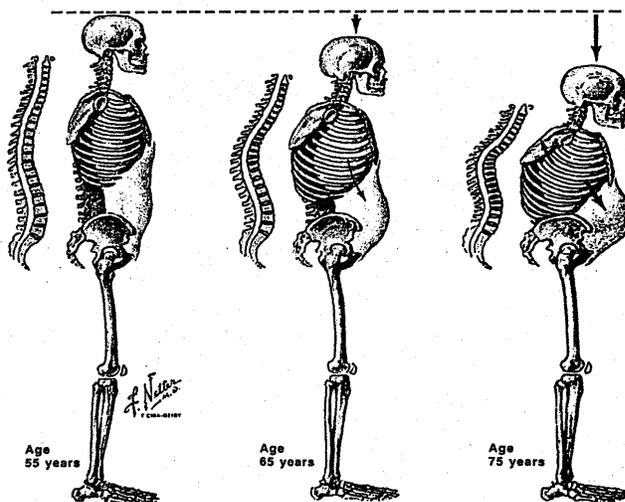
active lifestyles
stretching exercises

increased room lighting, reduced glare, eye glasses, surgical treatments

removal of ear wax, hearing aids

Another health-related issue that comes with age for some people is osteoporosis. Below are pictures of how the spine changes with the disease and factors that increase the risk for developing this condition.

Skeletal Changes with Osteoporosis



Factors That Increase Risk of Osteoporosis & Fractures

Genetic or Medical Factors

Light-colored skin
Previous fractures that occurred easily
Female relatives with osteoporosis
Being thin (especially if you are short)
Chronic diarrhea or surgical removal of part of the stomach or small intestine
Kidney disease with dialysis
Use of thyroid hormone in high doses
Dilantin or aluminum containing antacids
Daily use of cortisone

Lifestyle Factors

High alcohol use
Smoking
Lack of exercise
Lack of Vitamin D from sun, diet or pills
Very high protein diet
High salt diet
Never having borne children
High caffeine use
Not enough calcium in diet

EXERCISE QUIZ

Please fill in the blanks below:

Examples of cardiovascular activity:

Examples of strength training:

Examples of flexibility training:

Recreation Considerations for People with Epilepsy

The following tips are ways that people with epilepsy can help improve their safety during recreational activities:

- When exercising, take frequent breaks, stay cool, and save the greatest exertion for the coolest part of the day.
- Exercise on soft surfaces if you can -- grass, mats, wood chips.
- Review the risks carefully before taking up sports which could put you in danger if you were suddenly unaware of what you were doing.
- Wearing a life vest is a good idea when you are on or close to water.
- Swimming can be safe and fun for everyone, but if you have seizures avoid swimming alone.
- Tell lifeguards and friends you swim with what kind of seizures you have, how to recognize them, and what to do if you have one. Make sure they swim well enough to help if you need it.
- Wear head protection when playing contact sports or when there is an added risk of falling or head injuries.
- If you ski or hike, go with a buddy; you may need someone to get help if you have a seizure in remote areas.
- Consider use of a safety strap and hook when riding the ski lift.



www.epilepsyfoundation.org

Alzheimer's Disease and Physical Activity

The Alzheimer's Association recommends physical activity to possibly preserve cognitive (mental) function for people with Alzheimer's disease. Persons with the disease have many of the same health problems and emotional needs as everybody else and derive the same benefits as their peers with a regular exercise program. In fact, recent studies from Washington University in St. Louis have shown that walking and other forms of aerobic exercise may actually ward off the onset of Alzheimer's disease pathology in the brain.



The easiest, safest, and most readily available physical activity for a person with Alzheimer's disease is walking. It channels a tendency for restlessness and wandering which are characteristic of the disease into a beneficial activity. If possible, combine it with a purposeful activity, such as walking a dog, pushing a person in a wheelchair, walking to the store to buy a newspaper or groceries, or picking up trash in the neighborhood. Many shopping malls have organized "mall walking" programs that offer structure, incentives, T-shirts, and social opportunities, as well as a safe, climate-controlled, stimulating, and traffic-free environment. Such programs are a perfect activity for persons with dementia if they have an activity companion.

Make sure the person with Alzheimer's Disease is wearing a Medic Alert (<http://www.medicalert.org/>: 1-800-432-5378) or Safe Return (<http://www.alz.org/>, 1-800-272-3900) ID bracelet or medallion or has other identifying information on his or her person, in case he or she gets lost when walking alone or if he or she gets separated from a walking partner.

Accessed 8/11/11 "Exercise May reduce Alzheimer's disease brain changes"
www.physorg.com/

Visiting the Doctor

If this is the first visit, schedule a pre-office visit if possible. This gives the individual an opportunity to see the waiting room office, exam rooms and examination equipment in advance. This may help alleviate anxiety if the person seems especially worried.

Preparing for the Visit

Prior to the doctor's appointment explain any procedures that will occur. This will help lessen fear and hopefully make the exam go more smoothly. You can use a variety of teaching methods to help meet the learning needs of the person you help to support. Some methods you might use are:



Verbal Instruction

If a person easily understands verbal explanations, that is all that may be needed.

Pictures

If verbal instructions are not enough, pictures may help. You can even take photographs of the equipment to be used, where the visit will take place and who some of the people are that will be involved.

On Site Visit

Before the visit, arrange a visit to show the person firsthand what the office/exam room looks like and maybe even meet some of the people involved.

Making the Visit

You may be asked to accompany a person to visit the doctor or dentist. Guidelines for things you should do before, during and after the visit are listed below.

- The DSP will need to take information about the individual, including a list of acute and chronic health conditions, current medications (strength and dosage), allergies, immunizations, list of all health care providers, names and telephone number of pharmacy, guardianship status, health insurance information (if applicable), etc. with them to the appointment. This should all be in the person's **health history**.
- Make a list of questions, and concerns. Check with parent or guardian if available. Note any changes in health status.
- Prepare the individual for the visit. Discuss the purpose of the visit and what is expected to happen during the visit, such as blood tests, blood pressure, etc.

- Take something for the individual to do in case there is a long waiting period before seeing the doctor. Discuss with the receptionist how best to schedule the appointment to minimize the wait.
- Provide the doctor with the gathered information at the appropriate time. Return with documentation of what the doctor says (e.g., temperature, blood pressure, diagnosis, what happens next, new or changed prescriptions, next visit, etc.).
- Assist in having the doctor speak directly to the consumer. If the doctor says something the consumer doesn't understand, rephrase it for him/her.
- Explain procedures the doctor is going to do to the consumer before or while it is being done.
- Ask the doctor questions if there is something you do not understand.
- After the visit, ask the consumer if he/she has any questions about the visit and explain what will happen next.
- Make sure the prescription(s) is/are filled.
- Provide information to other authorized persons following the appointment.

Key Elements of a Health History

Whenever a person exhibits unusual symptoms, you may want to check to see if there is a history of this or something related. A place where all relevant medical information is kept is called a health history. Each person must have a documented health history. Key elements are listed below. These elements can help you know what kinds of information you might expect to find in the person's health history.

- Information about past and present illness
- Family history
- History of medications
- Name, address, and telephone number of physicians and dentist
- Name of any other regular medical specialist or healthcare providers and contact information
- Any allergies to medications
- Physician reports
- Results of any laboratory or medical testing done in the past 12 months
- Behavioral incident reports
- Family information, including emergency contacts
- Guardianship information (name, address, and telephone number), as appropriate, including court papers



Visiting the Dentist

As with visiting the doctor, schedule a pre-office visit. This gives the individual an opportunity to see the waiting room office, exam rooms and examination equipment in advance. This may help alleviate anxiety if the individual seems especially worried about the visit. You can even prepare the person for the visit by doing things with the person, such as practicing opening mouth and using a mouth mirror. Talk about the teeth and what the dentist may be doing.



- Take something for the individual to do in case there is a long waiting period before seeing the doctor. Discuss with the receptionist how best to schedule to minimize the wait.
- Provide verbal support to the individual while getting into and out of chair, as needed. Tell the individual when any movements of the chair or light are anticipated.
- Ask the dentist to speak in lay terms to the person, such as cleaning and fixing a broken tooth, rather than scraping and composites.
- Explain procedures the dentist is going to do to the person before or while it is being done.
- Ask the dentist questions if there is something you do not understand.
- Try to anticipate the tolerance threshold of the individual. It is much better to have two short, successful visits than one long visit which results in trauma.
- Make and record information about the next appointment.
- After the visit ask the person if he/she has any questions about the visit.
- Record information about the visit and next appointment in the appropriate place.

When to seek non-routine dental care:

People with developmental disabilities might have some dental issues (described below) that you are not familiar with.

Dental Issues

Periodontal (gum) disease - Affects the tissues and structures surrounding and supporting the teeth. Most dentists and hygienists agree that this may occur at an earlier age in individuals with developmental disabilities. It is not unusual to find

advanced gum disease...swollen, bleeding gums, loose teeth due to bone loss, and gum infection in a young adult with special needs. Malformed or poorly arranged teeth, tooth grinding, poor health and some medications contribute to development of gum disease. It is very important to brush, floss and clean the teeth, gums and tongue daily.

Tube feeding - Individuals who are tube-fed can build up deposits on their teeth more than those who chew food. The reasons for this are not clearly understood. It is very important to brush, rinse and stimulate the mouth area daily of people who are being tube-fed in order to maintain good oral health. Brushing bacteria from the tongue is still necessary to prevent infections, such as thrush. Thrush is a fungus infection that causes a whitish growth and sores in the mouth.

Effects of Medications - Individuals with special needs are frequently prescribed medications to be taken over a long period of time. Some medications reduce the flow of saliva leading to a dry mouth. This promotes tooth decay and cracks in lips. Rinsing the mouth with water after each dose is advised. Aspirin dissolved in the mouth before swallowing provides an acid environment that can lead to decay. Dilantin is widely used to control seizure disorders. Many individuals who receive this drug over an extended period of time will develop enlarged and overgrown gum tissues which make brushing and flossing more difficult and less effective. Some experience gum enlargement. The onset of gum overgrowth most often occurs within the first year of using Dilantin.

Sugar Content of Medications - Liquid medications contain up to 84% sucrose with most having more than 40% sugar content. These are often given before a rest time or at bedtime. When asleep, the decrease in salivary flow does not allow the liquid to wash away. The sugary solution stays in the mouth, leading to tooth decay. If possible, give the medication while the individual is awake and have him/her rinse the mouth or brush immediately after a dose. Also, ask your pharmacist if a sugar-free medication is available.

Dry Mouth - May occur from mouth breathing and medications. Mouthwash containing alcohol may lead to dehydration of an already dry mouth. Offering lots of water will help insure adequate hydration of the body.

Drooling - Excessive drooling is often seen in persons with disabilities who have poor oral-muscular control, not necessarily because of an excessive amount of saliva production. Facial chapping may occur (Occupational Therapy, OT) may reduce the incidence of drooling.

Pouching (food retention in the mouth) - Pouching is a habit found in some persons with developmental disabilities. Storing of food in the cheek or palate may be done to prolong the taste of food or medicine or because of oral-muscular dysfunction. Help avoid pouching by:

- Inspecting the mouth after giving food or medications to remove any remaining material.
- Giving liquid medication, rather than pills.
- Giving medication with fluids to encourage swallowing.
- When a medication can be crushed without adversely affecting the drug's absorption, it can be given along with artificially sweetened applesauce or pudding.

Self Injurious Behavior - Lip biting after taking a local, oral anesthetic may occur in individuals who do not understand the sensation of a local anesthesia. Prevention is not always possible and caregivers must closely watch these individuals. Chronic lip biting can result in large sores requiring the use of antibiotic therapy to prevent secondary infection. If this persists, the dentist may recommend an appliance or even tooth extraction(s) as a remedy. Severe root exposure due to scraping the gum tissue with a fingernail may come from a behavior developed by some individuals. Positive behavior support skills or use of a mouth guard to cover the teeth may be needed to decrease the behavior. Use of a mouth guard would require approval by the agency's Human Rights Committee

Dental Implications of Down syndrome - The tongue may appear large, giving an open mouth appearance. There is evidence that the tongue is actually of normal size but appears large and protruding due to a narrow nasopharynx and enlarged tonsils and adenoids. A high palate becomes a place to pocket food and may be hard for the individual or caregiver to keep clean. Proper care of this area includes frequent brushing. Good oral hygiene is necessary to prevent gum disease. Cardiac abnormalities may require preventative antibiotic treatment before dental treatment.

Canker Sores - Injuries to the mouth, infection, female hormones or stress can also cause individuals with developmental disabilities to have canker sores. These are painful, open sores in the mouth and cheek that can take 7-10 days to heal. The dentist (or doctor) can provide a topical medication (or a prescription for an over-the-counter medication) to ease the pain. People who have canker sores should chew their food slowly and use a soft bristle toothbrush to avoid injury to the inside of the mouth.

Risk Factors - There are a variety of risk factors which can lead to a mouth, teeth or throat problem for any person. There are also additional risk factors for some people with developmental disabilities that call for close observation by caregivers and frequent regular check ups.

Poor habits or techniques of oral hygiene, such as not brushing or flossing correctly or often enough can also lead to difficulties.

- A poor diet, like not eating well-balanced and nutritious meals or frequent snacking on sweets.
- Not seeing a dentist regularly for check ups and professional teeth cleaning.
- Smoking or drinking alcohol to excess. These can damage teeth, gums and other mouth tissues.
- Motor impairments which limit the ability to chew or swallow properly and/or to care for teeth.
- Insensitivity to pain or inability to identify it to a caregiver.
- The side effects of medications such as gums growing onto the teeth.
- A fear of dentists or doctors or the dental examination process.
- Taking liquid medicines (high in sugar) without brushing or rinsing afterwards.

Prevention - There are ways to avoid the special dental concerns of people with developmental disabilities.

- Good dental hygiene, such as brushing and flossing at least twice daily.
- A proper diet and avoiding sugary snacks.
- Use of fluoride (toothpaste, mouthwash) and sealants (plastic covers applied to the molars).
- A dental check-up or cleaning at regular (6-12 month) intervals.
- Keep an accurate and complete health history for the dentist.
- Follow/encourage good eating habits, avoiding sugary and starchy snacks without brushing (or at least rinsing) afterwards.
- Deal effectively with anxiety about dental and medical services where it interferes with being seen and treated properly.
- Assist with eating or modify (cut up, mash) food if the person is prone to eating too quickly, not eating properly or has a poor gag reflex.



Women's Annual Exams

When getting an annual physical, the women you support may receive a pelvic exam. It is important to prepare the individual for this invasive and sometimes embarrassing event. The following guidelines may give you some insight as to the discussion you may want to have before the examination.

The doctor will examine the uterus, cervix, fallopian tubes, and ovaries by inserting a lubricated, gloved fingertip inside the vagina with the other hand on the abdomen.

The whole procedure takes less than five minutes and is virtually painless.

The adolescent girls and women that you are supporting may have menstrual periods every month that may require your assistance. You may need to train the women on the use of sanitary napkins, mini pads, or tampons. The guidelines below may be helpful when you assist with this and to point out areas that need to be mentioned to a doctor.

Note: You may be asked to chart the monthly periods for a particular female if that information is required by a physician.