



Wellness



Module 6, Section 4

TABLE OF CONTENTS

What You Will Learn In This Section.....	2
THE FOOD PYRAMID FOR ADULTS.....	3
THE FOOD PYRAMID FOR CHILDREN.....	5
How Much to Eat?	5
Grains.....	6
Vegetables.....	6
Fruits.....	6
Milk and Other Calcium-Rich Foods.....	6
Meats, Beans, Fish, and Nuts	7
The Food Pyramid for Adults.....	7
What is a "Healthy Diet"?	7
What foods are in the grain group?	8
Vegetables.....	9
Fruits.....	10
Meat & Beans.....	11
Milk	13
What Are "Oils"?	15
Discretionary Calories.....	16
Activity: Reducing Fat in the Diet	18
Food Label Exercise	19
Food Allergies.....	20
Food Safety Exercise	21
Healthy Cooking Activity	22
Setting the Table	23
Positioning While and After Eating.....	23
General Feeding Guidelines	24
PHYSICAL FITNESS ACTIVITIES.....	25
EXERCISE QUIZ	26
Concerns of Older Adults	27
Factors That Increase Risk of Osteoporosis & Fractures.....	29
Issues with Alzheimer’s Disease	29
Key Elements of a Health History	30
Visiting the Doctor.....	31
Visiting the Dentist.....	32
When to seek non-routine dental care:.....	33
Menstrual Care	37

This section contains information for Direct Support Persons (DSPs) who provide supports to adults and/or to children and young adults who receive home and community based services through one of the Division of DD's Medicaid Home and Community-Based Services waiver programs. The service delivery methods are participant and family directed. Direct care providers can be employees of the person and his/her family, or employed through community agencies.

What You Will Learn in This Section

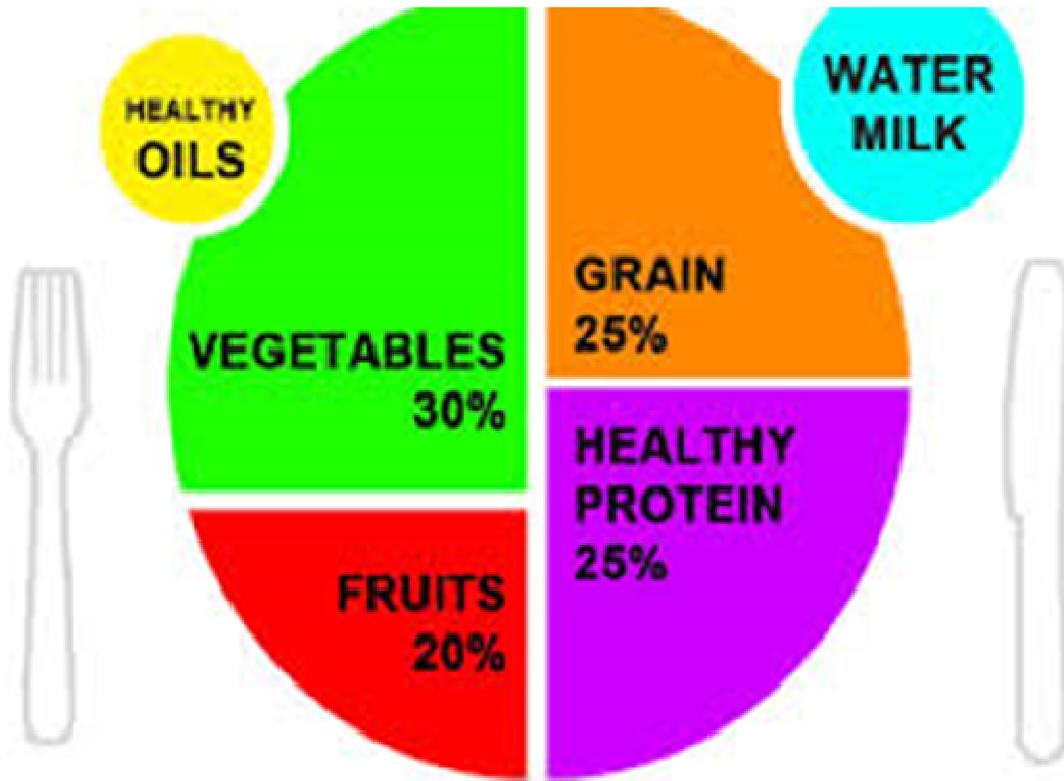
- Nutritional guidelines for children and adults.
- Balanced diet by eating variety of foods.
- The various healthy food groups.
- Recommended selection of food groups.
- How to select healthier foods and encourage exercise.

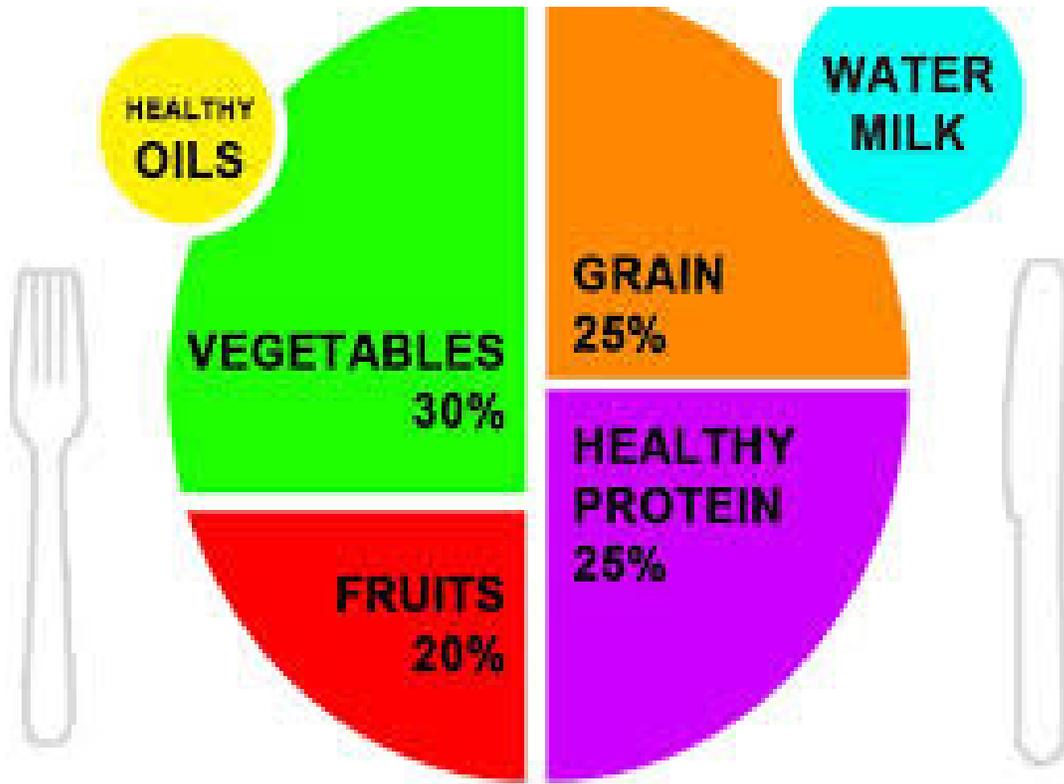
Part of your job as a DSP may be assisting individuals with meal planning, preparation and cleanup. Although you should guide individuals in eating healthy meals, you are encouraged to have a nutritionist look at the menus.

The U.S. Department of Agriculture (USDA) has released a guide to good nutrition called the "Food Pyramid." There is a special one for children that also stresses exercise and keeping active. Meals for children living in DHS-funded children group homes must be prepared and served to provide them with recommended dietary allowances. See the Office of Child and Family Policy DCFS Web Resource Rule 403, Licensing Standard for Group Homes by visiting their website at:
http://dcfswebresource.prairienet.org/rules/rules_403/homepage.phtml?page=4

This section contains nutrition guidelines for both adults and children.

THE FOOD Plate FOR ADULTS





THE FOOD PLATE FOR CHILDREN

A Guide to Good Nutrition The Food Plate Guide is one way for people to understand how to eat healthy. A rainbow of colored, vertical stripes represents the five food groups plus fats and oils. Here's what the colors stand for:

- orange — grains
- green — vegetables
- red — fruits
- yellow — fats and oils
- blue — milk and dairy products
- purple — meat, beans, fish, and nuts

The U.S. Department of Agriculture (USDA) changed the pyramid in 2005 because they wanted to do a better job of telling Americans how to be healthy. The agency later released a special version for kids. It is important for kids to exercise and be active every day. In other words, play a lot! The steps are also a way of saying that you can make changes little by little to be healthier. One step at a time, get it?

Eat a variety of foods. A balanced diet is one that includes all the food groups. In other words, have foods from every color, every day.

Eat less of some foods, and more of others. You can see that the bands for meat and protein (purple) and oils (yellow) are skinnier than the others. That's because you need less of those kinds of foods than you do of fruits, vegetables, grains, and dairy foods.

You also can see the bands start out wider and get thinner as they approach the top. That's designed to show you that not all foods are created equal, even within a healthy food group like fruit. For instance, apple pie would be in that thin part of the fruit band because it has a lot of added sugar and fat. A whole apple — crunch! — would be down in the wide part because you can eat more of those within a healthy diet.

Make it personal. Through the USDA's My Plate website, people can get personalized recommendations about the mix of foods they need to eat and how much they should be eating. There is a kids' version of the website available too.

How Much to Eat?

Everyone wants to know how much they should eat to stay healthy. It's a tricky question, though. It depends on your age, whether you're a girl or a boy, and how

active you are. Kids who are more active burn more calories, so they need more calories. But we can give you some estimates for how much you need of each food group. www.mypyramid.gov

Grains

Grains are measured out in ounce equivalents. What the heck are they? Ounce equivalents are just another way of showing a serving size.

Here are ounce equivalents for common grain foods. An ounce equivalent equals:

- 1 slice of bread
- ½ cup of cooked cereal, like oatmeal
- ½ cup of rice or pasta
- 1 cup of cold cereal

- * 4- to 8-year-olds need 4–5 ounce equivalents each day.
- * 9- to 13-year-old girls need 5 ounce equivalents each day.
- * 9- to 13-year-old boys need 6 ounce equivalents each day.

And one last thing about grains: Try to make at least half of your grain servings whole grains, such as 100% whole-wheat bread, brown rice, and oatmeal.

Vegetables

Of course, you need your vegetables, especially those dark green and orange ones. But how much is enough? Vegetable servings are measured in cups.

- * 4- to 8-year-olds need 1½ cups of veggies each day.
- * 9- to 13-year-old girls need 2 cups of veggies each day.
- * 9- to 13-year-old boys need 2½ cups of veggies each day.

Fruits

Sweet, juicy fruit is definitely part of a healthy diet. Here's how much you need:

- * 4- to 8-year-olds need 1–1½ cups of fruit each day.
- * 9- to 13-year-olds need 1½ cups of fruit each day.

Milk and Other Calcium-Rich Foods

Calcium builds strong bones to last a lifetime, so you need these foods in your diet.

- * 4- to 8-year-olds need 2 cups of milk (or another calcium-rich food) each day.
- * 9- to 13-year-olds need 3 cups of milk (or another calcium-rich food) each day.

If you want something other than milk, you can substitute yogurt, cheese, or calcium-fortified orange juice — just to name a few.

Meats, Beans, Fish, and Nuts

These foods contain iron and lots of other important nutrients. Like grains, these foods are measured in ounce equivalents.

An ounce equivalent of this group would be:

- 1 ounce of meat, poultry, or fish
- ¼ cup cooked dry beans
- 1 egg
- 1 tablespoon of peanut butter
- ½ ounce (about a small handful) of nuts or seeds

- * 4- to 8-year-olds need 3–4 ounce equivalents each day.
- * 9- to 13-year-olds need 5 ounce equivalents each day.

Whoa! That's a lot to swallow. The good news is that your mom, dad, and the other grown-ups in your life will help you eat what you need to stay healthy. There's more good news — you don't have to become a perfect eater overnight.

Reviewed by: Mary L. Gavin, MD

The Food Plate for Adults

What is a "Healthy Diet"?

The Dietary Guidelines describe a **healthy diet** as one that

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products;
- Includes lean meats, poultry, fish, beans, eggs, and nuts; and
- Is low in saturated fats, *trans* fats, cholesterol, salt (sodium), and added sugars.

The recommendations in the Dietary Guidelines are for the general public over 2 years of age. This is not a therapeutic diet for any specific health condition. Individuals with a chronic health condition should consult with a health care provider to determine what dietary pattern is appropriate for them.

Grains: Make half your grains whole.

- Eat at least 3 ounces of whole grain bread, cereal, crackers, rice or pasta every day.
- Look for the "whole" before the grain name in the list of ingredients.

What foods are in the grain group?

Any food made from wheat, rice, oats, cornmeal, barley or another cereal grain is a grain product. Bread, pasta, oatmeal, breakfast cereals, tortillas, and grits are examples of grain products.

Grains are divided into 2 subgroups, **whole grains** and **refined grains**.

Whole grains contain the entire grain kernel -- the bran, germ, and endosperm.

Examples include:

- whole-wheat flour
- 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-germen cornmeal
- white bread
- white rice

Most refined grains are *enriched*. This means certain B vitamins (thiamin, riboflavin, niacin, folic acid) and iron are added back after processing. Fiber is not added back to enriched grains. Check the ingredient list on refined grain products to make sure that the word "enriched" is included in the grain name. Some food products are made from mixtures of whole grains and refined grains.

Whole grains:

brown rice
buckwheat
bulgur (cracked wheat)

Refined grains:

cornbread*
corn tortillas*
couscous*

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

Less common whole grains:

amaranth
millet
quinoa
sorghum
triticale

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.

*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 darker 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 counts as 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

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

Starchy vegetables

corn
green peas
lima beans (green)
potatoes

Other vegetables

artichokes
asparagus
bean sprouts
beets
Brussels sprouts
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

Berries:

strawberries
blueberries
raspberries
cherries

Grapefruit
Grapes
Kiwi fruit
Lemons
Limes
Mangoes

Melons:

cantaloupe
honeydew
watermelon

Mixed fruits:

fruit cocktail

Nectarines
Oranges
Peaches
Pears
Papaya
Pineapple
Plums
Prunes
Raisins
Tangerines

100% Fruit juice:

orange
apple
grape
grapefruit

Meat & Beans

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 (meat & beans) 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
lamb
pork
veal

Game meats:

bison
rabbit
venison

Lean ground meats:

beef
pork
lamb

*Lean luncheon meats**Organ meats:*

liver
giblets

Poultry*

chicken
duck
goose
turkey
ground chicken and turkey

Eggs*

chicken eggs
duck eggs

Dry beans and peas:

black beans
black-eyed peas
chickpeas (garbanzo beans)
falafel
kidney beans
lentils
lima beans (mature)
navy beans
pinto beans
soy beans
split peas
tofu (bean curd made from soy beans)
white beans
bean burgers
garden burgers
veggie burgers
tempeh
texturized vegetable protein (TVP)

Nuts & seeds*

almonds
cashews
hazelnuts (filberts)
mixed nuts
peanuts
peanut butter
pecans
pistachios
pumpkin seeds
sesame seeds
sunflower seeds
walnuts

Fish***Finfish such as:**

catfish
cod
flounder
haddock
halibut
herring
mackerel
pollock
porgy
salmon
sea bass
snapper
swordfish
trout
tuna

Shellfish such as:

clams
crab
crayfish
lobster
mussels
octopus
oysters
scallops
squid (calamari)
shrimp

Canned fish such as:

anchovies
clams
tuna
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 ingredient and to help 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.

Milk**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

lactose reduced milks
lactose free milks

Milk-based desserts*

Puddings made with milk
ice milk
frozen yogurt
ice cream

Cheese*

Hard natural cheeses:
cheddar
mozzarella
Swiss
parmesan

soft cheeses
ricotta
cottage cheese

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 in the product counts as part of the discretionary calorie allowance.

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.

FATS, OILS & SWEETS - use sparingly.

What Are “Oils”?

Oils are fats that are liquid at room temperature, like the vegetable oils used in cooking. Oils come from many different plants and from fish. Some common oils are:

- canola oil
- corn oil
- cottonseed oil
- olive oil
- safflower oil
- soybean oil
- sunflower oil

Some oils are used mainly as flavorings, such as walnut oil and sesame oil. A number of foods are naturally high in oils, like:

- nuts
- olives
- some fish
- avocados

Foods that are mainly oil to include mayonnaise, certain salad dressings, and soft (tub or squeeze) margarine with no *trans* fats. Check the Nutrition Facts labels and choose margarines with 0 grams of *trans* fat. Amounts of *trans* fat will be required on labels as of 2006. Many products already provide this information.

Most oils are high in monounsaturated or polyunsaturated fats, and low in saturated fats. Oils from plant sources (vegetable and nut oils) do not contain any cholesterol. In fact, no foods from plants sources contain cholesterol. A few plant oils, however, including coconut oil and palm kernel oil, are high in saturated fats and for nutritional purposes should be considered to be solid fats.

Solid fats are fats that are solid at room temperature, like butter and shortening. Solid fats come from many animal foods and can be made from vegetable oils through a process called hydrogenation. Some common solid fats are:

- ❖ butter
- ❖ beef fat (tallow, suet)
- ❖ chicken fat
- ❖ pork fat (lard)
- ❖ stick margarine
- ❖ shortening

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 make 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. They 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

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 Ana Kit 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
- 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

Food Safety Exercise

While you are preparing food there are safety issues to consider such as cross contamination that will spread germs from one food to another, food handling and preparation, etc. This exercise will help you think about things to remember in order to keep the food safe to eat. Please fill in the blanks below.

1. Shopping

Reading the labels

1.)

2.)

Expiration Date

2. Food Storage

1. Refrigerator

2. Freezer

3. Size of Container

3. Cleanliness

Hands

Surfaces

Gloves

Cross Contamination

4. Cooking Temperatures

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?

Setting the Table

Encourage the individual to assist when possible. **Note:** This is a typical, formal place setting. Your agency practice or the family's preferences may differ. Please use your discretion and be sure to follow individual eating protocols.

1. Plate is 2" from edge of table.
2. Salad fork on outside of dinner fork on left side of plate.
3. Napkin beside salad fork.
4. Cutting knife on right side of plate with teaspoon (and soup spoon) beside it.
5. Glass directly above knife off the placemat. Other glasses, if used, above that.
6. Salad plate above napkin.
7. Bread plate with butter knife above dinner fork off placemat.
8. Coffee cups and saucers may be placed on the table to the right of the knife and spoon.
9. Soup bowls are placed on top of the dinner plate.

Positioning While and After Eating

Some individuals may need to be positioned before, while, and after they eat. If so, individuals will have specific rules the **MUST** be followed. These rules will be found in the individual service plan for everyone.

In general, positioning is needed to:

- Maintain good body alignment.
- Provide comfort.
- Inhibit abnormal reflex patterns.
- Decrease respiratory problems.

General Feeding Guidelines

Please keep the following guidelines in mind when someone needs assisting with eating.

1. Wash your hands.
2. Check the food temperature.
3. Give small spoonfuls.
4. Begin the meal with something the individual likes the most.
5. Alternate liquids and solids.
6. Do not force the spoon into the mouth.
7. Don't rush.
8. Wait a couple of seconds before removing the spoon.
9. Don't use the person's teeth and gums to scrape the food off the spoon.
10. Don't pinch anyone's nose shut to get them to open their mouth.
11. Never feed anyone nor let them feed themselves while they are in restraints.
12. Don't scrape food off the person's lips, chin or cheek with the spoon. Use a napkin.
13. Follow any specialized feeding programs, as written.
14. Ask for additional training if you are unfamiliar with the feeding program techniques listed.

PHYSICAL FITNESS ACTIVITIES

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

1. relieves tension & stress
2. provides enjoyment and fun
3. stimulates the mind
4. helps maintain stable weight
5. controls appetite
6. boosts self-image
7. improves muscle tone and strength
8. improves flexibility
9. lowers blood pressure
10. relieves insomnia
11. increases good cholesterol (HDL)
12. 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 may give you some ideas on helping the individuals with an exercise program.

EXERCISE QUIZ

Please fill in the blanks below:

Examples of cardiovascular activity:

Examples of strength training:

Examples of flexibility training:

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	Possible Intervention Strategies
decrease in muscular strength	strength training exercises, assistive devices (canes, walkers, handrails)
decrease in joint flexibility	active lifestyles stretching exercises
decrease in vision	increased room lighting, reduced glare, eye glasses, surgical treatments
decrease in hearing	removal of ear wax, hearing aids
decrease in feeling in your hands and legs	firm walking surfaces, proper footwear, enhanced visual environment, avoid uneven surfaces, assistive devices
slowing of reaction time	active lifestyle, focused attention to task, increased motivation
increased medication	awareness of drug side effects, awareness of drug interactions
menopause, hot flashes, dry skin, weight gain, loss of flexibility	estrogen replacement therapy, exercise and control food intake
friends dying	grief therapy
osteoporosis (brittle, easily broken bones)	exercise, calcium (to avoid getting it)
weakness, frailty	exercise
increased medical needs	seek medical attention
slowing down	exercise
need to retire	retirement
loss of hair	wig, hair remedies

Risk Factors

loss of bladder control

stroke, heart attack

loss of memory

Possible Intervention Strategies

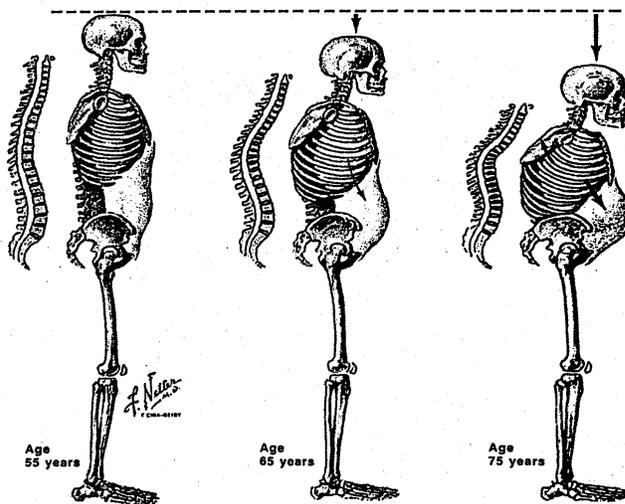
Depends, etc., surgery

diet, exercise

herbal remedies, keeping mind active

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 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

Issues with Alzheimer's Disease

What Is It?

Alzheimer's disease is a slow and progressive degenerative disorder of the brain that eventually results in diminished brain function and death. It is expressed through dementia, or the impairment of cognitive and adaptive skills needed for successful personal, community and occupational functioning. It must be diagnosed by a physician, neurologist, geriatrician or an internist. The physician will recommend medications or courses of treatment, if there are any.

Symptoms

progressively worsening memory losses
difficulty naming objects
difficulty having a logical conversation
difficulty understanding directions
disorientation
loss of self care skills, including eating and using the toilet
severe changes in personality
social behavior marked by suspiciousness and delusions

Key Elements of a Health History

Whenever a person served 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 we support has a documented health history. Key elements are listed below. These 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
- Physician's and dentist's name, address, and telephone numbers
- Allergies
- Physician reports
- Family information, including emergency contacts
- Guardianship information (name, address, and telephone number), as appropriate, including court papers

Visiting the Doctor

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.

- 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.
- The DSP will need to take information about the individual, including a list of acute and chronic health conditions, current medications (strength & dosage), allergies, immunizations, list of all health care providers, names & telephone number of pharmacy, guardianship status, health insurance information (if applicable), etc. with them to the Health appt. This should all be in the health history.
- Make a list of questions, and concerns. Check with parent 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 to minimize the wait.
- Provide the doctor with the gathered information at the appropriate time. Return with proper documentation of what the doctor says about the individual's temperature, blood pressure, diagnosis, what will happen 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.

- Prescription(s) filled.
- Provide information following appointment.

Visiting the Dentist

- If possible, 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.
- Prepare the consumer for the visit by doing things with the consumer, 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 consumer, such as cleaning and fixing a broken tooth, rather than scraping and composites.
- Explain procedures the dentist is going to do to the consumer 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 consumer 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:

- Toothache or extreme tooth sensitivity to cold or hot.
- Unusual soft, swollen or bleeding gums and swelling of the face.
- Spots, wounds, sores, hairy tongue, discoloration or enlargement of the tongue, bad breath or foul taste in the mouth.
- Unusual difficulty chewing, swallowing, recurrent regurgitation or gagging.

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 DD. 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.

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 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 that 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. OT may reduce the incidence of drooling.

Pouching (food retention in the mouth) - Pouching is a habit found in some persons with DD. 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:

- X Inspecting the mouth after giving food or medications to remove any remaining material.
- X Giving liquid medication, rather than pills.
- X Giving medications with fluids to encourage swallowing.
- X 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.

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 DD 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 DD 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 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, which 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 DD.

- Good dental hygiene, such as brushing and flossing at least twice daily.
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- 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.
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- 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 then 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.

Menstrual Care

Menstruation is a normal part of a female's life. Personal hygiene is especially important during menstruation to prevent odors. Individuals may need extra attention during this time.

- X Female staff, only, should assist with this skill.
- X If other symptoms occur (cramps, etc.), check with the woman's physician to obtain medications.
- X Always obtain permission from the individual and discuss what you are going to do when you do it.
- X The decision to use tampons or sanitary napkins may rest with the individual, her physician, or the nurse.

Pads: These are used externally. They come in a variety of shapes and thicknesses. Most have adhesive strips to keep them in place inside underpants. Every brand can do the job, but there are a few differences. Some are for extra absorbency. Some have side panels to prevent leaking. Don't use a panty liner except on very light days.

Tampons: These are used internally. They are made of absorbent material. The tampon is then compressed in a plastic or cardboard tube which is used to insert the tampon into the vagina.

- ❖ Avoid deodorized pads or tampons. They are no more effective and they can cause irritation.
- ❖ Tampons/napkins should be changed about every four hours.
- ❖ The least absorbent size of tampon for the amount of flow should be used to avoid getting toxic shock syndrome.
- ❖ Sanitary napkins are easier to use, but may cause chapping. Also, there tends to be more odor with napkins. Have them use the kind with adhesive on the bottom. There are also kinds with wings which stick to the bottom of underpants for extra protection along the sides.
- ❖ Use the least amount of prompting as necessary.
- ❖ Wrap used napkins or tampons in special disposal bag before discarding.
- ❖ Tampons are encased in two tubes, one smaller than the other. The smaller tube pushes the tampon out. The string is there to pull it out.

A normal period is about 28 days. Ovulation generally occurs around the middle of the cycle. Normal can mean anywhere between 21-35 days.

- ❖ The flow can last from 3-8 days, usually becoming the heaviest on the second and third days.
- ❖ Stress and pregnancy can cause skipped cycles.
- ❖ Some women have cramps or other problems during or before their periods. They may feel depressed or grouchy. Their breasts may become sore and tender. They may retain water so that their ankles and fingers get puffy.
- ❖ Douching is not recommended unless a doctor instructs the individual to do so.