



Exam 6 - Foundations Occupational Therapy II

Mr Desmet is 68 and was recently operated on for a carcinoma in his throat. A tracheostoma was fitted. As a result, Mr Desmet still has difficulty speaking. He visits a speech therapist every week who helps him to understand himself better. The operation took place a month ago.

Mr. Desmet was divorced many years ago and has been living on his own since. He is currently receiving home care because of an infection in the surgical wound on his throat.

According to Mr Desmet, his life has changed dramatically. He notices that people have a lot of trouble with his handicap.

In the neighbourhood, for example, he would regularly talk to acquaintances, but they seem to have a hard time with his poor speech. He has the impression that they try to avoid him more often now because of his cancer.

He seems to have lost interest in the things he used to do. He resigned his chairmanship of the residents' association when he became ill and does not spend much time with people.

He also no longer sees the friends who used to come and play cards every week.

When he was admitted to hospital, his dog was moved to his son, but it stayed there. He can no longer take care of the dog.

His son regularly asks him to come over at the weekend. He has done so a couple of times, but feels he is a burden because 'they have their own things to do'.

1. **Visualise** the situation of Mr Desmet with the **PEO-model**.
2. On which part(s) would you plan your interventions = **occupational diagnosis**?
3. Formulate **the goals** for Mr Desmet (outcome – long term – short term)
4. Make an **occupational analysis** (TCOP) of Mr Desmet for "playing with cards"
5. Is there a need for an **adaptation** or **grading**?
6. Would you choose for a **bottom-up** or **top-down** approach? Explain.
7. Is there an **ethical issue** in this case?