

# Home Care Professionals

**FEATURE STORY**

**10/15/2009**

Author: Q&A with Holly Alexander, OTR/L, CDRS, Director of Fox Rehabilitation Driving Program  
Holly Alexander, OTR/L, CDRS, graduated from Temple University in 1993 with a BS in Occupational Therapy. Alexander works as an occupational therapist at Fox Rehabilitation in Cherry Hill, New Jersey, specializing in geriatric house calls.

Q: What motivated you to become an occupational therapist?

A: I was motivated to become an occupational therapist at the age of 16. My grandmother had hip replacement surgery and I frequently visited her during her OT sessions. I always knew I wanted to do something in the healthcare field, but when I saw how meaningful and relevant occupational therapy was in helping people resume their life roles, I knew OT was for me.

Q: Why did you decide to start working in the home health setting?

A: I decided to work in the home setting after working for over 10 years in an acute rehab setting. I did not feel I was fully helping my clients to regain their optimal functional level. I knew that the only way to achieve that was to work with my clients in their own environment, where I could see them perform an actual task, not a simulated task.

I also find that clients tend to be less medically unstable in the home setting, therefore are able to more actively engage and participate in their own plan of care.

Q: What kind of facility is Fox Rehabilitation?

A: It is a private practice of occupational, physical, and speech therapists providing therapy in the home environments, whether it is a residence, assisted living facility, senior center, or adult day care center primarily under the Medicare Part B benefit.

Q: Typically, what are your day-to-day responsibilities as a home care OT?

A: My responsibilities include scheduling all appointments, completing evaluations, documenting, communicating with all members of the team, ordering equipment when necessary, developing plan of care in conjunction with patients and carrying out plan of care, re-evaluating when necessary, and educating caregivers and clients.

Q: What type of patients/diagnoses do you encounter most frequently?

A: Dementia, debility, balance deficits, and limited ADL activity are the most frequent diagnoses I treat.

Q: What are the greatest challenges you face in your job as a home health OT?

A: The most difficult challenge is scheduling all clients effectively.

Q: What do you like most about being a home health OT?

A: I like the flexibility the most. I enjoy being able to treat clients in their own environment to obtain the maximum benefit of therapy.

Q: What do you dislike about your job?

A: Sometimes communicating with all parties involved in the care of the patient can be a challenge.

Q: Do you feel that the role of OTs has changed over recent years? If so, how?

A: I feel that OTs have established more respect in the medical community and are being referred to more frequently.

OTs have gained more respect in the healthcare world by becoming better advocates for the profession. I specifically am proud of the efforts that have been put forth in Washington, getting in front of leaders to talk about the importance of OTs and what makes us unique and beneficial.

Q: In your opinion, what is the biggest difference between focusing on home health, rather than another healthcare specialty?

A: In home health under Medicare Part B, there is not as big of a push to discharge a patient before you feel they are at their full potential.

Q: What do you feel is of the greatest concern to OTs today?

A: Reimbursement issues and cuts in Medicare are concerns.

Q: What is the most important thing you've learned thus far in your career?

A: Patience and flexibility, and to appreciate all the little things.

I believe it is important to appreciate the little things, because life can change in an instant. I think too many people go through life and never slow down to take a

look at all the beauty. Our society has become focused on immediate gratification without realizing what is actually happening.

I think this is part of why people become so frustrated and angry following an injury or illness. I am thankful that occupational therapy has afforded me the insight to appreciate how things can change and to treasure the moment.

Q: What is the most rewarding part of working as a home health OT?

A: The most rewarding part of working as an OT in home health is being a part of a client getting back to do something they never thought they would be able to do again.

Q: What advice do you have for others thinking about pursuing a career in home health?

A: Be patient, creative, and flexible. Also, you have to learn how to not pass judgment and realize sometimes you may make a recommendation that the client does not carry over.

You need to learn that all you can do sometimes is make a recommendation, and it is up to the client from there.

Q: Are you involved in anything else as an OT?

A: I am also a Certified Driving Rehabilitation Specialist. I work as the Driving Network Coordinator for AOTA Physical Disabilities Special Interest Section and am the Secretary of the Northeast Chapter of the Association of Driving Rehabilitation Specialists. I am also a CarFit Instructor.

I feel the best part of being a CDRS is helping the older driver stay on the road as long as possible. Driving is a part of community mobility, which is such a huge part of what occupational therapists do. My skills as an OT come in handy frequently when performing evaluations on visual perception and cognition. I feel like as an OT, I have an advantage because we are so well trained to be able to decipher subtle issues with perception and cognition. As an OT, I can then take that information and be able to develop a treatment plan to achieve the goal of driving.

Q: What do you like about working with the geriatric population?

A: I love working with the geriatric population because of their resilience. Many older individuals have such a great attitude about therapy and recovery. Almost like, "I have survived so many things in my life, this illness isn't going to get me!" I also love the knowledge and wisdom that many of my patients impart on me.

Q: Can you share a funny story about working with a patient?

A: As an occupational therapist specializing in the area of driver rehabilitation, I am frequently consulted to assist family and physicians determine driving ability of the geriatric driver.

Upon arriving to a 96-year-old client's home to complete a driving evaluation, I was greeted by a very tall, dapper gentleman. He was very well spoken and very amenable. While conducting my interview of his performance patterns and routines, he revealed that he drives a brand new Corvette!

I was taken aback for a moment at the idea of this 96-year-old, very tall man driving around town. My mind was racing at the prospect of him safely getting in and out of the vehicle. But, instead, I blurted out, "What color is it?" His reply makes me laugh to this day... "Red, of course, is there any other color for a Corvette?"

I learned a lot that day! I was reminded that age is just a number and an individual should not be judged based on age alone! And yes, I learned that very tall, 96-year-old men can easily get in and out of their red Corvettes!

Q: Where do you see yourself in the future?

A: In the future, I see myself providing more education and mentorship to OTs interested in the area of driving rehab.

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