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Recreational Therapy: Implications for Life Care Planning

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Abstract

Precedence exists for life care planners to consider the optimization of health, the minimization of medical complications, autonomy, and quality of life of their evaluees. Recreational Therapy (RT) should be considered for life care plans to support health promotion, prevention of secondary conditions, and quality of life. Recreational Therapy is a treatment service that restores or rehabilitates the person's level of functioning and independence through the use of leisure and recreational interventions (American Therapeutic Recreation Association [ATRA], 2020). Recreational Therapy can contribute to positive outcomes for individuals with various chronic health conditions in the community. Although Recreational Therapy can enhance the life care plans for individuals with a wide range of disabling conditions, for the purpose of this article discussion will be limited to spinal cord injury and traumatic brain injury. Based on an individualized assessment, RT optimizes cognitive, social, psychological, and physical outcomes.

Key Words: Life Care Plan, Recreational Therapy, Quality of Life, Health Outcomes

Introduction

In the United States, more than 21 million adults (ages 18-64) have a disability (Centers for Disease Control [CDC], 2020), which may impact an individual's mobility, cognitive, sensory or social functioning. For life care planners, the optimization of health and quality of life, and the minimization of medical complications are fundamental considerations in the formulation of an evaluee's plan (American Association of Nurse Life Care Planners [AANLCP], (2015). Life care planners look to the inclusion of allied health and rehabilitation therapies to attain those guiding principles. Recreational therapy is a core member of the rehabilitation team that life care planners should include in the life care plan (LCP) to further address behavior, cognition, function, pain management, physical activity, socialization, recreation, and leisure (Commission on Accreditation of Rehabilitation Facilities [CARF], 2020). Life care planners are not only concerned about the current status and all the domains (physical, cognitive, psychosocial) of the evaluees but also the long-term consequences of disability (AANLCP, 2015).

Most people with chronic health conditions and disabilities have unequal access to health promotion and prevention opportunities, compared to their typical-aged peers, making them three times more likely to have co-morbid conditions (e.g., diabetes, heart disease), secondary conditions (e.g., osteoporosis, pain), high-risk behaviors (e.g. physical inactivity, poor diet), and premature death (CDC, 2020; Marrocco & Krouse, 2017; World Health Organization [WHO], 2015). Healthy People 2030 (US Department of Health and Human Services [USDHHS], 2020), reports 9 percent of adults with disabilities experienced serious psychological distress. Moreover, loneliness and social isolation are prevalent problems (Lee, et al., 2018; Leigh-Hunt, 2017). Fortunately, correlational studies suggest that active engagement in leisure and recreation promotes positive psychosocial status (improved mood), better cognition, and physical health indicators (lower blood pressure, body mass index, total cortisol) (Cripps & Hood, 2020; Nimrod et al., 2012; Pressman et al., 2009; Sala et al., 2019). Likewise, the CDC (2020) states that aerobic physical activity can reduce the impact of chronic disease and psychological distress, but less than half of adults with disabilities get leisure-time physical activity. Healthy People (2020) reports 25% of people with a disability have high levels of sedentary behavior (USDHHS, 2010). One positive indicator is that adults with disabilities are 82% more likely to increase their leisure-time physical activity level when

recommended by a health care provider (CDC, 2020).

The life care planner considers and seeks to promote optimal function in all domains of an individual's health. Integrating RT into the life care plan will promote improved functioning by increasing the individual's engagement in preferred leisure and recreation (Harden, 2009). In order to provide services that address "impairments, activity limitations, participation restrictions, environmental needs, and personal preferences of the person," the Commission on Accreditation of Rehabilitation Facilities (CARF) (2020), section 2B, indicates the need for personnel who have the competencies to evaluate and facilitate the achievement of outcomes in behavior, cognition, recreation and leisure, social and spiritual realms. Individuals receiving rehabilitation services report that participation in leisure and recreation supports their relationships, autonomy, and competence (Webb & Karlis, 2017). However, the perceived quality of the leisure or recreational activity is more important than the type of activity pursued (Merims et al., 2018). Recreational therapists have the competencies to assess, plan, and implement in these realms to promote improved health and function, quality of life, and prevent secondary conditions (Hawkins, et al., 2020; Kinney, 2020; Sorenson & Luken, 1999).

What is Recreational Therapy?

Although RT is well-established in Canada and other parts of the world, for the purpose of this discussion, this article will focus on RT in the United States. The American Therapeutic Recreation Association (ATRA) (2020) states:

> recreational therapy, otherwise known as therapeutic recreation, is a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery, and well-being. ("What is Recreational Therapy" section, para. 1)

ATRA (2020) defines recreational therapy as a "treatment service designed to restore, remediate, and rehabilitate the person's level of functioning and independence in life activities" ("What is Recreational Therapy" section, para. 1). The National Rehabilitation Information Center (NRIC) (2014) explained that recreational therapy engages an individual or a group of individuals in preferred activity to enhance their functioning, independence, and well-being. The National Council on Therapeutic Recreation Certification (NCTRC) (2020) describes recreational therapists as those who "treat and maintain the physical, mental, and emotional well-being of clients by seeking to reduce depression, stress, anxiety; recover basic motor functioning, and reasoning abilities; build confidence; and socialize effectively" ("What is Recreational Therapy" section, para. 3). Using evidence-based practice, the ultimate goal of the process is to use assessment, planning, and implementation to support the individual's independence in managing their own illness and/or disability so they may have optimal levels of productivity, well-being, and quality of life (Snethen et al., 2016; NCTRC, 2020). Sorenson and Luken (1999) explain that recreational therapy for a person who is suddenly incapacitated is "cost-effective, relevant to recovery goals, and conducive to improved functional outcomes" (p. 48). In terms of specific interventions, recreational therapists most often use community re-integration, creative arts, inclusion strategies, leisure education, physical activity/sport, relaxation/stress management, team building, and transition (Hawkins, et al., 2020). National Rehabilitation Information Center [NRIC], 2014) indicates that some of the general outcomes of RT include adaptive recreation skills, time management education, socialization, pain management, physical conditioning and exercise activity, wheelchair training, attention, memory, perception, orientation, adjustment to disability, stress management, and community resource education.

Education and Certification

In the United States, recreational therapists at a minimum, have a bachelor's degree in recreational therapy or therapeutic recreation or related field (NCTRC, 2020). Coursework includes anatomy and physiology, medical terminology, assessment, salient characteristics of illness and disabilities, the therapeutic process, and 560 hours of field work (Bureau of Labor Statistics, 2020). The certification of a recreational therapist by NCTRC (2020), the CTRS✳ credential, indicates that the recreational therapist has passed the national certification exam and possess extensive knowledge and skill-based training in core therapy skills (assessment, planning, implementation, documentation, and evaluation), a team-oriented approach to care delivery, and training in group processes (NCTRC, 2020). Future reference to RT will assume the individual has the CTRS✳ credential, signifying entry-level competence required for practice as a recreational therapist in Veteran's Affairs (U.S. Department of Veterans Affairs, 2019) and designated as the accepted certification for recreational therapists by the Centers for Medicare and Medicaid Services (2020) federal guidelines for skilled nursing facilities. Ethical conduct is mandated by the ATRA code of ethics (Pollack & Montgomery, 2018) and quality in recreational therapy practice is supported by the ATRA Standards of Practice (West et al., 2013).

Recreational Therapy Outcomes

Diverse health-related outcomes of recreational therapy treatment, as a result of a goal-directed approach, promote health, well-being, and quality of life (ATRA, 2020; NCTRC, 2020; NRIC, 2014). Any outcome is dependent on the client's assessed need, the goals and objectives of treatment, and the intervention chosen. In treatment, recreational therapists integrate the client's previous and desired life roles within their community (Ponsford et al., 2013). While a myriad of

interventions in RT practice have been researched for outcomes, some particular interventions that show evidence of efficacy for people with disabilities include: adaptive sports (Bedini et al., 2019; Smith & Hsieh, 2017), animal-assisted therapies (Anderson et al., 2019; Hallyburton & Hinton, 2017; Hawkins et al., 2014; Kemeny, et al., 2019; Kemeny, et al., 2020); aquatic therapy (Broach, 2012; Scott et al., 2020), bibliotherapy (DeVries et al., 2019; Pola, & Nelson, 2014), biking (Mishin et al., 2015), dance-movement interventions (Crumbie et al., 2015), drama (Ross & Nelson, 2014), electronic games (Fish, 2017; Kenuk et al., 2015), fishing (Craig et al., 2020), guided imagery (Bonadies, 2009), inclusive sports (Craig et al., 2019), massage (Browlee & Dattilo, 2002); music expression (DeVries et al., 2015), mindfulness (Fiore et al., 2014), Tai Chi (Crew et al., 2015), physical activity (Kemeny & Arnhold, 2012; Nocera et al., 2018; Spencer-Cavaliere et al., 2014), therapeutic art (Cuomo et al., 2020), and yoga (Adams et al., 2019; Crowe et al., 2020; Curtis, 2015; Fiore et al., 2014; McCrane & Hsieh; 2017).

Research indicates recreational programs can improve social, emotional and physical aspects. In particular, RT significantly improved social performance in a summer community program (Alsop et al., 2013), increased social independence through therapeutic riding (Abihsira et al., 2020), promoted community integration, employment, and inclusion (Stumbo et al., 2015) and improved family leisure functioning (Wenzel et al., 2020). Research also reports that RT when compared to typical diversional activities increases self-esteem and self-efficacy (Kemeny et al., 2019), shows improvements in relaxation, coping skills, and PTSD (Craig, 2019; Pola, & Nelson, 2014), decreases neuropsychiatric symptoms, such as maladaptive behaviors or thought processes (Sardina et al., 2019), and decreases anger (Marcus, & Mattiko, 2007; Seaton et al., 2018). Strong evidence exists that regular physical activity for people with disabilities improves cardiovascular fitness, muscle fitness, brain health, and functioning in activities of daily living (U.S. Dept of HHS, 2018). Moreover, evidence exists that RT interventions have improved physical health by 1) increasing frequency and duration of physical activity (Kemeny & Arnhold, 2012); 2) improving physical or leisure fitness (Mikula, & Smith, 2012); 3) improving balance (Anderson et al., 2019); 4) decreasing obesity (Hirst, & Porter, 2015); 5) decreasing salivary cortisol (Kemeny et al., 2020); and 6) decreasing pain (Bonadies, 2009).

Life Care Planning and Recreational Therapy

The importance of RT was recognized and has been included for life care planning consideration in: 1) The Guide to Rehabilitation (Deutsch, & Sawyer, 1985) with a category originally titled *Leisure Time and/or Recreational Equipment*, 2) The Rehabilitation Consultant's Handbook (Weed & Field, 1994), with the category titled *Health and Strength Maintenance*), 3) later in the Life Care Planning and Case Management Handbook (Weed, 1998), and also appearing in the Fourth Edition (Weed & Berens, 2018), as well as numerous other publications related to generally accepted tenets of the life care plan (Weed & Owen, 2018). Weed (1991) suggested that life care planner should consider recreation and leisure in the life care plan in order to optimize health, minimize medical complications, reduce psychological effects of injury/disability, and promote productive life activity (i.e., competitive employment, meaningful day activities, or avocational activities). According to the Standards of Practice for Life Care Planners (International Association of Rehabilitation Professionals [IARP], 2015), section II Goal A involves achieving optimal outcomes by developing an appropriate plan of rehabilitation, prevention, and/or reduction of complications. The item #78 of the Consensus and Majority Statements derived from the Life Care Planning Summits state the "life care planner shall study the impact of life care plans upon quality of life" (Johnson et al., 2018, p.17). The American Association of Nurse Life Care Planners (AANLCP) 2015 Standards of Practice (Standard 5B, p.57) state, "The nurse life care planner provides strategies to promote health and safety." Similarly, the American Academy of Physician Life Care Planners (AAPLCP) (2017), in their Clinical Objectives, include the importance of helping the individuals to 1) reach and maintain the highest level of function; 2) prevent complications; and 3) afford the best possible quality of life.

Inclusion of Recreational Therapy in Life Care Plans

For many life care planners, even at the time of referral, a rehabilitation team may no longer be involved at the time of referral, nor does the evaluee always have the benefit of a comprehensive inpatient or outpatient team. Shorter lengths of stay in acute inpatient rehabilitation programs, 31 days for individuals with spinal cord injury (National Spinal Cord Injury Statistical Center (NSCISC), 2019) and 26 days for individuals with traumatic brain injury (TBIMS Model Systems, 2011) create gaps in service. By the time of referral for life care planning services, the evaluee may be living in the community with only limited support, often totally reliant upon their immediate family for care and support, and sometimes lost to any follow up by the initial treatment specialists. In this case, the life care planner may need to identify a skilled team of professionals to support the evaluee's quality of life in their current setting, as well as the identification of resources available to the evaluee within their geographic vicinity. Due to these particular needs, the life care planner may wish to consider an evaluation by RT to develop a plan of services for intervention. Integrating RT into home and community-based services can be well-supported by the impact on quality of life, as well as physical and mental health benefits (ATRA, 2020). Not everyone with a life care plan returns to competitive employment or meaningful leisure and recreational pursuits (Reid & Riddick-Grisham, 2015). Recreational opportunities can help

improve cognitive, emotional, physical, and social functioning (Pressman et al., 2009; Sala et al., 2019). Moreover, the RT plan supports self-determinism and inclusion which recognizes that each person is unique and can make a contribution whether in paid employment or not (Redmon, 2004). Recreational therapy evaluations and interventions to identify and implement appropriate recreational and leisure activities can be projected at intervals over the evaluee's lifetime.

Benefit to Specific Populations Served by Life Care Planners

Recreational therapists practice in a variety of settings that include acute care, physical rehabilitation, skilled nursing facilities, assisted living, adult day programs, adapted sports programs, and home and community-based care (ATRA, 2020). While RTs have been serving individuals in home care and private practice for more than 30 years (Kunstler & Sokoloff, 1993), home-based private practice has increased to the point where a separate private practice section was recently established (ATRA, 2019). While many populations pertinent to life care planners could be considered, individuals with spinal cord injury (SCI) and traumatic brain injury (TBI) are two significant examples.

Spinal Cord Injury

Barriers to leisure are not only physical. Social and emotional barriers also impact involvement in preferred activities. Individuals who are living with SCI are also particularly susceptible to secondary conditions and other health problems (i.e., altered sexual functioning, autonomic dysreflexia, neurogenic bowel and bladder, pressure ulcers, respiratory problems, urinary tract infections, reactive depression and anxiety disorders (Hitzig, et al., 2010; Tulsky et al., 2015). At one-year post SCI, only 17% are employed (National SCI Statistical Center, 2020; Tomassen et al., 2000). With the decreased length of stay in rehabilitation hospitals, patients with SCI may leave the hospital without enough time to gain necessary self-management skills (Gassaway, et al., 2019) nor adequate motivation for physical or social activities (Ferri-Caruana, 2020). According to Magee Rehabilitation Hospital (2009), for individuals with SCI, a continuum of RT interventions can address community re-integration, leisure education, adaptation of activities, strategies for overcoming barriers, community-based resources for pursuits, and peer mentoring.

Efficacy research on recreational therapy with individuals with SCI can be found in both the hospital and community settings. Cahow et al. (2013) found that RT interventions, which included leisure education, recreation/leisure skill building, outings to build community or leisure skills, and social activity, contributed to the improvement in the Functional Independence Measure (FIM) scores during the hospital stay and to home and community-based participation at 1 year post discharge as measured by the Craig Handicapped Assessment and Reporting Technique (CHART). Gassaway, et al. (2011) describes inpatient settings with 75% of patients receiving RT as involved in community re-integration (self-advocacy, accessibility, problem solving techniques, social skills, transportation, and personal care in the community). Furthermore, five years post hospitalization, when compared to control group, the individuals who received RT had higher rates of employment/school attendance, community participation (CHART scores), life satisfaction, less hospitalizations, fewer depressive symptoms, and greater recreation participation (Gassaway, et al., 2019).

Recreational therapy also benefits individuals with SCI post-discharge. Individuals with SCI who participated in a RT cottage program using outdoor experiential therapy, when compared to a control group, improved self-efficacy and positive affect (Hitzig, et al., 2012). An RT program of adaptive rock climbing for ten weeks, in particular, improved strength, flexibility, happiness, self-esteem, and socialization (Richman, 2020). Likewise, a modified yoga program designed for individuals with a SCI, reported improvements in emotional, mental, and physical domains (Curtis et al., 2015). Virtual reality is another intervention that can be used to promote improvement in physical function while exposing the individual to various sports and physical activities (De Miguel-Rubio et al., 2020; Guzik, 2018; Villiger, 2017).

When working with an evaluee with a SCI, RT assessments consider medical history, past interests, modifications, specialized equipment and particular community reintegration techniques that will promote independence in recreational pursuits, such as adaptive sports or fitness (Lundenberg et al, 2011). The RT can make recommendations for a wide range of adaptive equipment and planning for intermittent leisure time (Torphy et al., 2020; United Spinal, 2020). With the involvement of RT, the evaluee with spinal cord injury (as well as with other disabilities) can make appropriate connections to adaptive sports programs (Easter Seals, 2010; Paralyzed Veterans Association, 2020). At first, the RT may attend initial visits to sports programs or fitness centers until the evaluee /family / personal care staff can promote transition to independence.

Since changes occur with age, environment, and support systems, ongoing reassessments throughout the lifespan are essential (Krause & Coker, 2006). In long-term follow up studies on individuals with SCI, the effects of aging have been noted to characteristically affect the musculoskeletal, neurologic, cardiovascular, pulmonary, and other systems such as gastrointestinal and endocrine (Pili et al., 2018). Krause and Coker (2006) describe functional declines in major life areas, such as recreation, independent ADLs, and employment, as compared with the general population. While no one ages the exact same way, the life care planner must anticipate how activity participation and functional changes will impact ongoing service and care needs, including recreation and leisure (Boyce & Fleming-

Castaldy, 2012). Although continuous lifelong RT, as a rehabilitation therapeutic modality, may not be reasonable to include in the life care plan, consideration should be made for the overall health maintenance and reduction of secondary conditions related to immobility through periodic re-assessments to determine changes needed for community-based activities and potential additional hours of supportive care.

Traumatic Brain Injury

Moderate to severe traumatic brain injury (TBI) is considered a lifelong condition, affecting physical, cognitive, emotional and behavioral functioning (CDC, 2020; National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR), 2020). Cognitive deficits may also progress as the person ages (Konrad et al., 2011). The CDC (2020) identifies TBI as a chronic health condition and supports the importance of lifelong disease management promoting health and well-being. According to the CDC's Report to Congress on Traumatic Brain Injury (2015), the goal of TBI rehabilitation is to improve the overall quality of life of the individual, to improve independence, socialization, and community participation. A key recommendation is the connection of evaluees to services that support lifelong needs (CDC, 2020). Temkin et al. (2009) found a strong correlation between individuals with moderate to severe head injuries and poor social, employment, and functional outcomes. Gregory et al. (2018) reports that individuals with TBI show functional improvements in the first year of recovery. However, after one-year post injury, cognitive and emotional impairments that remain can lead to long-term disability. People with TBI themselves identify problems with emotional health and social participation (including interpersonal relationships, leisure, and independence) as the most important influences on quality of life post-injury (Carlozzi et al., 2011). Individuals with TBI indicate that living an independent lifestyle with autonomy in decision-making as the most important aspect to quality of life (Carlozzi et al., 2011).

Unfortunately, due to impaired self and social awareness, it is often very difficult for persons with brain injury to reintegrate into the community (Finegan, 2006; Tate et al., 2014). They have increased amounts of 'spare time' yet often find it difficult to engage in meaningful activity. For example, after 12 months post-trauma, only 19% of those with TBI returned to their previous levels of leisure participation (Wise et al., 2010). Wise et al. (2010) found an increase in sedentary activities such as watching television and a decrease in physical activity and sports-related pursuits. Five years post-injury, Mahoney et al. (2019) found that individuals with moderate-to-severe TBI have unmet needs in the areas of various psychological needs, engaging in recreation, solving problems, and getting around the community. During post-acute care, traditional treatment services may be inadequate to address overall quality of life and more intensive one-to-one therapeutic approaches, beyond a home health aide, may be necessary due to extensive cognitive and/or behavioral deficits (Jacobs et al., 2017).

The Commission on Accreditation Rehabilitation Facilities (CARF) (2020) standards within the Brain Injury Rehabilitation Specialty Program indicate that the rehabilitation team should provide or arrange for resources, services, supports and/or interventions aligned with the person's individual preferences to include community access, life-long learning, adjustment to disability, peer support, fitness, leisure/recreation, volunteerism, and wellness. In an info-graph about living well with a TBI, Hawley and Hart (2018) support increasing socialization, community involvement, and physical activity. Leisure and recreational activities are one way in which meaningful activity can be increased (Tate et al., 2014). Consideration of these themes is consistent with the life care planning principles of optimization of health and quality of life. Again, while RT is certainly not the only service that can help address these important elements of ongoing needs over the lifetime of persons with TBI, RT is one strategic service that can be considered for inclusion within the life care plan that routinely address these principles within their discipline (Andrews et al., 2010; Hodges et al., 2001).

Given the perspective of lifelong disability following TBI, the life care planner may wish to expand the inclusion of additional RT services into the life care plan, not only within the context of intermittent re-evaluations to address changing leisure and community-based activity options over the evaluee's lifetime, but also further therapeutic interventions of RT to support the identification of activity options as well as the implementation of the RT plan. The recreational therapist's role can be a viable part of the services needed to support the plan for re-entry/reintegration (Abate et al., 2013). Not only considered a therapeutic modality, RT is a complement to home-based care services. Direct care workers and family members can be transitioned to manage community-based meaningful activities identified and established by a recreational therapist.

In addition to supports such as life coaching and mentoring, a recreational therapist may be needed to provide assessment and treatment intermittently during the lifespan. Tate et al. (2014) found evidence that leisure-based interventions are effective for improving mood and quality of life in individuals living in the community with TBI. Approaches or models used for intervention included active leisure programs, social peer mentoring, individual leisure services and a therapeutic recreation model. In particular, Torphy et al. (2020) found that daily involvement in adaptive fitness for people with physical disabilities supported improvements in instrumental activities of daily living (IADLS), emotional improvement, and social community. Recreational therapy interventions have an impact on overall social capital (Krych & Finegan, 2011). Interventions by the recreational therapist may include mindfulness (Kenuk &

Porter, 2017) and electronic games (Kenuk et al., 2015) and support anger management (Seaton et al., 2018). According to Finegan (2006), following the recreational therapist's assessment of the individual's interests and abilities, experiential trials can be established to begin to create a plan of leisure or recreational activity options. Three critical areas of the RT's role concern: the development of self-awareness, the promotion of self-determination, and the reintegration into the community. Since impaired self and social awareness is often very difficult for persons with brain injury to reintegrate into the community, the role of RT can be a viable part of the services needed to support the plan for re-entry/reintegration.

Conclusion

Recreational therapy is a therapeutic modality often omitted or only included in a cursory fashion in the life care plan, but the benefits are undervalued. Recreational therapy is a modality that uses recreation and leisure as a means of therapy and education. The recreational therapist individualizes the plan and interventions based on the particular client and their abilities while supporting a family-centered model. The life care planner may wish to routinely consider the inclusion of recreational therapy to assess and plan for leisure activity, physical activity, sports, and community participation in order to support both psychosocial and physical health benefits (Pressman et al., 2009; Sala et al., 2019). It is well known that inactivity results in debilitation and risk for additional injury, decreased range of motion, contractures, muscle atrophy, depression and anxiety, poor sleep, and multisystem complications (urinary tract infections, kidney stones, skin breakdown, respiratory complication, osteoporosis). The therapeutic effects of participation in life's meaningful community and leisure activities optimize physical, cognitive and emotional health, promote function and independence, minimize complications, and improve the quality of life. With the support of the recreational therapist, community reintegration promotes the evaluee's social skills that improve communication, connects with resources, and promotes community living and social belonging.

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Sample Life Care Plan Therapeutic Recreational Services

Case overview: *Evaluee Jones is a 25 y.o. male who sustained a severe TBI at age 23. At the time of injury, he was working as an athletic trainer. Past interests / hobbies included: skiing (water and snow) and photography. Given the residual disability from the TBI, he has been found to be totally disabled from competitive employment options. His residual impairments include: right hemiparesis, balance limitations, significant problems with motor coordination, visual limitation (field cut), significant cognitive and behavioral deficits including problems with initiation, attention, short term memory, information processing, judgment and reasoning, irritability and agitation, and impulse control. He has a seizure disorder and walks with the assist of right KAFO and quad cane. For distance mobility he relies on a lightweight, manual wheelchair which he is unable to propel independently. He lives with his parents; has been assessed to need 24-hour supervision and assistance; his parents provide 8-hour overnight supervision and the state Waiver program covers 16 hours of attendant care services per day.*

A recreational therapy assessment is recommended to help establish a plan for meaningful life activities in the community for Mr. Jones to participate in, in lieu of the provision of 1:1 attendant care within the home with no community-based activities / limited opportunity for socialization.

RT service provision may involve (Option 1 below) the recreational therapist developing the community-activities plan, implementing the plan, and then transitioning the plan over to a parent or caretaker to continue with the direct supervision of the plan.

RT service provision may involve (Option 2 below) the recreational therapist developing the community-activities plan, implementing the plan, and then maintaining the plan to include providing the 1:1 direct supervision of the plan, thereby replacing the parent or caretaker / aide services.

Projected Evaluations:

Evaluation	Initiate	Suspend	Frequency	Base Cost
Recreational therapy consultation	Age 25	Life expectancy	Initial evaluation @ age 25 Followed by re-evaluations every 5 years	Evaluation @ $480 - $1000 (8-10 hours @ $60 - $100 per hour)

Pricing and number of hours needed for an assessment are based upon local CTRS services. Re-evaluations are needed intermittently over the evaluee's lifetime to adapt and adjust program services to changes influenced by aging, level of functioning, social/residential factors, varying interests over time, and other factors. The initial RT evaluation will identify community placement opportunities / options for Mr. Jones. Example may be volunteering at a local YMCA or other community activity center, based upon the CTRS assessment of leisure interests, social network, physical/sports preferences, strengths & weaknesses.

Projected Therapeutic Modalities (Option 1):

Therapy	Initiate	Suspend	Frequency	Base Cost
Recreational therapy	Age 25	Age 26	Implement recreational / leisure services plan. 6 hours / week x 12 weeks; then transition to 3 hours / week x 12 weeks (108 hours)	$60 - $100 per hour; $6480 - $10,800

Pricing based upon local CTRS services. Implementation of recreational / leisure program may be an ongoing services (replacing caretaker hours) or can be established as part of a plan to transition the program over to the evaluee's family / caretaker's for ongoing management of the plan, as is represented in this chart.

Home / Community Based Care (Option 2):

Home Care Services	Initiate	Suspend	Hours/Days	Base Cost per Year
Home health aide	Age 25	Life expectancy	16 hours per day 4 days per week and 10 hours per day 3 days per week (154 hours / week)	$21-$23 per hour; $3234 - $3542 per week
Recreational therapist	Age 25	Life expectancy	6 hours per day 3 days per week (18 hours per week)	$60-$100 per hour; $1080 - $1800 per week

Pricing based on local sources of home health aide services and CTRS services. This is an example of recreational therapy as part of a community-based services plan as well as part of the home care program for Mr. Jones. Direct activities may involve supervision / direction of a volunteer placement and routine exercise program at a local YMCA or similar health fitness center, participation in an adaptive sports program, and involvement in a local community arts center to name just a few.

THERAPEUTIC RECREATION EVALUATION

Client Name:	**Date:**
Date of Injury:	**Date of Birth:**
Report By:	

1. Information Obtained From (check all that apply)

☐ **Observation** _____

☐ **Interview** _____

☐ **Family Interview** _____

☐ **Tests Used/Administered:**

- ☐ **Social Network Inventory**
- ☐ **Community Assessment**
- ☐ **Planning Skills Assessment**
- ☐ **Swimming Assessment**
- ☐ **Public Transportation Assessment**
- ☐ **Leisure Interests/Leisure Choices Inventory**

☐ **Other Document(s)** _____

2. Client/Family Input

A. Leisure Involvement/Social Patterns:

Please describe a typical week for yourself:

Pre-Injury:	**Post-Injury:**

What do you do to relax?

Pre-Injury:	**Post-Injury:**

How much money do you typically spend on your recreation and leisure interests each week?

Pre-Injury:	**Post-Injury:**

What recreation resources have you used in your community? Please list:

Pre-Injury:	**Post-Injury:**

How do you locate recreation resources or find out what is available in your community?

Pre-Injury:	**Post-Injury:**

Frequently spent time with:

	Pre-Injury	Post-Injury
Family	☐	☐
Friends	☐	☐
Spouse	☐	☐
Significant other	☐	☐

Enjoyed contacting others by:

	Pre-Injury	Post-Injury
Phone	☐	☐
Cards/Letters	☐	☐
Email	☐	☐
In person	☐	☐
No Contact	☐	☐

Social Preferences:

	Pre-Injury	Post-Injury
Spent time alone	☐	☐
Spent time with only a few close friends/family members	☐	☐
Spent time with others	☐	☐

Enjoyed spending time with pets:

	Pre-Injury	Post-Injury
Cat	☐	☐
Dog	☐	☐
Bird	☐	☐
Fish	☐	☐
No Pets	☐	☐
Other:	☐	☐

Social Settings:

	Pre-Injury	Post-Injury
Primarily stayed at home	☐	☐
Enjoyed going out / visiting others	☐	☐
Preferred having others come to own home	☐	☐

Special aptitudes: _____

Interests/hobbies: _____

B. Family / Friends/ Social Network

1.	**Relationship:**
2.	**Relationship:**
3.	**Relationship:**
4.	**Relationship:**
5.	**Relationship:**

Current Transportation Resources / Community Access:

Licensed Driver ☐ Licensed Non Driver ☐ No Longer Licensed ☐ Never Licensed ☐

Public Transportation:
Fixed Route (e.g. bus, train, trolley) ☐ Para transit ☐ Taxi ☐ Other ☐

Family / Friends provide transportation?: <select>

Specify: _____ If yes, where? _____

What, if anything, prevents you from participating in leisure interests?

What are your leisure goals?

Goal #1:

Goal #2:

Goal #3:

How can we help you reach your leisure goals?

C. Prior Life Roles / Routines

Level of Education:

Clubs / Organizations:

Religious Affiliation:

Religious/Cultural Traditions:

Occupation: **Full or Part Time:** **<select>**

Military Services? **<select>**
If Yes, Branch: <select>

Length of Service:

Interested in Voting? **<select>**

Registered to Vote? **<select>** **If so, where? _____**

Preferred method of voting? **<select>**

D. Substance Use Information:

Do you have a history of alcohol or drug use? <select>

If yes, are you committed to sobriety? <select>

If committed to sobriety, what is your sobriety plan? <select>
Hours per week: _____

How long have you been clean and sober? _____

Have you relapsed within the last year? <select>

If Yes, what triggered your relapse? _____

When you are using have you noticed that you;
Are you less active in recreation / leisure? <select>
Are less social? <select>
Other issues: _____

Have you used alcohol or drugs to:

Be more "sociable"	**<select>**
Reduce "shyness"	**<select>**
Feel more "playful"	**<select>**
Give me "courage" to take risks	**<select>**
To feel more "relaxed"	**<select>**
To change my "mood"	**<select>**
To help express my "feelings"	**<select>**
To overcome "boredom"	**<select>**
To "fit in"	**<select>**

3. Health Information

Precautions for activity (check all that apply)

☐ **Seizures**	☐ **High Cholesterol**
☐ **Dietary**	☐ **Allergies (including animals)**
☐ **High Blood Pressure**	☐ **Balance**
☐ **Medication Side Effects**	☐ **Visual**
☐ **Diabetes**	☐ **Perceptual**
☐ **Other: _____**	

Do you smoke? <select> If Yes, how much? _____

Adaptive Equipment: _____

Assistive Device (s) <select> _

Given that you have (high blood pressure, diabetes, high cholesterol etc.), are you open to assistance with managing this (i.e. Healthy eating, exercise?)

4. Therapy Assessment & Summary:

(Include key findings from all TR Assessments completed)

Brief Leisure Interest Summary

Cognitive/Games:

- ☐ Card Games
- ☐ Board Games
- ☐ Bingo
- ☐ Computer Games
- ☐ Video Games
- ☐ Internet
- ☐ Reading
- ☐ Puzzles
- ☐ Writing
- ☐ Crossword puzzles/Find a word
- ☐ Other: _____

Creative:

- ☐ Arts & Crafts
- ☐ Listening to Music: ____
- ☐ Playing an Instrument: ____
- ☐ Painting
- ☐ Pottery/Ceramics
- ☐ Sewing
- ☐ Crochet/ Knitting
- ☐ Photography
- ☐ Drama
- ☐ Indoor Plants
- ☐ Other: _____

Physical/Sports:

- ☐ Sports (i.e. Baseball, basketball, golf hockey, soccer, football): _____ ____
- ☐ Fitness (i.e. Home program, gym, aerobics weights): ____
- ☐ Walking
- ☐ Swimming
- ☐ Bike Riding
- ☐ Bowling
- ☐ Pool
- ☐ Skiing
- ☐ Jogging
- ☐ Gardening
- ☐ Fishing
- ☐ Hunting
- ☐ Camping
- ☐ Other:____

Social/Group Activities:

- ☐ Church
- ☐ Social Clubs: ____
- ☐ Volunteering: ____
- ☐ Shopping
- ☐ Eating out (i.e. fast food rest.): ____
- ☐ Movies
- ☐ Concerts
- ☐ Community Center: ____
- ☐ Sporting Events: ____
- ☐ Spending time with family: ____
- ☐ Spending time with friends: ____
- ☐ TV/Movies
- ☐ Pets

What do you consider barriers to leisure? (C = Client response; S = staff response)

C	S		C	S		C	S	
☐	☐	Planning	☐	☐	Motivation	☐	☐	Mobility/Accessibility
☐	☐	Transportation	☐	☐	Pain	☐	☐	Physical Skills/symptoms
☐	☐	Social Skills	☐	☐	Initiation	☐	☐	Self-Image

C	S		C	S		C	S	
☐	☐	Work	☐	☐	Friends Support	☐	☐	Communication
☐	☐	Emotionality	☐	☐	Family Support	☐	☐	Money
☐	☐	Endurance	☐	☐	Children's Support	☐	☐	Substance Abuse
☐	☐	Limited Time	☐	☐	Parental Support			
☐	☐	Mood	☐	☐	Spouse/Significant Other Support			
☐	☐	Behavior	☐	☐	Openness to new experience			

Other/Comment:

5. Current Level of Functioning / Ability (For staff use in planning)

Benefits most from: (please check)
- ☐ **Written Instructions**
- ☐ **Verbal Direction / Cueing**
- ☐ **Demonstration**
- ☐ **Physical assistance / prompting**

Ability to follow directions:
- ☐ **Multiple steps**
- ☐ **One step directions**
- ☐ **With verbal / physical cues**
- ☐ **Unable to follow**

Attention Span:
- ☐ **Unlimited time**
- ☐ **Up to 40 minutes**
- ☐ **Up to 20 minutes**
- ☐ **Limited to 10 minutes**
- ☐ **Very limited, less than 5 minutes**

Adaptations to Promote Successful Engagement
(Check all that apply)
- ☐ **Small groups**
- ☐ **1: 1**
- ☐ **Single step task activity**
- ☐ **Verbal Prompts**
- ☐ **Demonstration**
- ☐ **Time Limited**
- ☐ **Needs Reminders**
- ☐ **Programs using retained long term memory**
- ☐ **Placement near speaker / leader**
- ☐ **Use of amplifiers or headphones**
- ☐ **Written instructions / gestures**
- ☐ **Large print items**
- ☐ **Magnifier / telescopic glasses**
- ☐ **Descriptive verbal instructions**
- ☐ **Requires assistance w/transportation needs**
- ☐ **Needs increased time to get to/from activities**
- ☐ **Adaptive equipment**
- ☐ **Other: _____**

6. SUMMARY & RECOMMENDATIONS:

Strengths:

Barriers:

Summary:

Recommendations for Treatment:

1.	
2.	
3.	

Goal:

Objectives:

1.	
2.	
3.	

Submitted by:

Signature/Degree
Recreation Therapist

Recreational Therapy Resources

Accessible Journeys https://www.accessiblejourneys.com/ - vacation planner and tour operator exclusively for individuals with mobility issues.

American Art Therapy Association (AATA) https://arttherapy.org/ - non-profit professional and educational organization dedicated to the art therapy profession. Includes information about the profession of art therapy and an art therapist locator.

American Camp Association – find accredited camps. Includes specific search for disabilities or other special needs.

American Music Therapy Association (AMTA) https://www.musictherapy.org/ - the professional organization for the progressive development of the therapeutic use of music in rehabilitation, special education and community settings. Maintains an online directory of music therapists.

American Therapeutic Recreation Association (ATRA) https://www.atra-online.com/ -national professional organization **representing recreational therapists. Can search RT/TR academic programs by state. Can search for CTRS's by state.**

Brain Injury Association (BIAUSA) www.biausa.org. National website with directory of state and local Brain Injury Associations and Support Groups.

BlazeSports America - http://www.blazesports.org. adaptive sports and recreation programs for youth and adults with disabilities based in Atlanta, GA.

Connections Therapy Center http://www.thectcenter.com/ - therapy practice in the Washington DC area dedicated to children and adolescents with special needs. Their clinical services include a Recreational Therapy Department.

Creekside Recreational Therapy Services www.creeksiderts.org – offers recreational and educational opportunities for children, adolescents, and adults with and without disabilities. Based out of New Bern, NC.

Christopher & Dana Reeve Foundation https://www.christopherreeve.org/ Along with the exceptional Paralysis Resource Guide, this organization's website offers information and discussion groups (Reeve Connect) about maintaining mental and physical health following spinal cord injury and paralysis. Along with links to clinical treatment centers (NeuroRecovery Network), community fitness and wellness facilities are provided.

DisabilityInfo.org – Recreation Opportunities for People with Disabilities resource list primarily covering New England. https://disabilityinfo.org/fact-sheet-library/recreation/recreationopportunities-for-people-with-disabilities/

Easter Seals – Provider - Camping and Recreation for People with Disabilities https://www.easterseals.com/our-programs/camping-recreation/

Four Star Alliance – A community of adaptive sports, therapeutic recreation and wellness organizations that are part of America's Warrior Partnership, committed to serving transitioning service members, veterans, military families and their caregivers with excellence. https://www.fourstaralliance.org/

Help-U-Bridge is a social, leisure, recreational provider in the Philadelphia area that provides support for persons with disability or illness. Providing consultation and direct services to agencies and individuals in the community through Home and Community based funding or private hire. http://www.help-u-bridge.com/about-us.html

International Brain Injury Clubhouse Alliance (IBICA) https://braininjuryclubhouses.net The mission of IBICA is to support and advance an international collaborative network of standardsbased Brain Injury Clubhouses for people impacted by brain injury. The vision of IBICA is that people impacted by brain injury worldwide will have access to life-long support and highest quality of life through Brain Injury Clubhouses.

Jackson Therapeutic Recreation https://www.jacksontr.com/ - In home therapeutic recreation services based out of Ontario, CA for adults and children.

Kelly Brush Foundation https://kellybrushfoundation.org/ Believes in the power of being active, independent, and free. Provides grants to buy adaptive sports equipment.

Limbless Association (LA) providing support to amputees and the limb-loss community.Includes resources for amputee sport, recreation and wellbeing http://www.limblessassociation. org/index.php/information/amputee/amputee-sport

Logan Center an organization that serves individuals with intellectual and developmentaldisabilities based out of South Bend, IN. They offer year-round recreational programming for teens and adults that may include classes, field trips and camps. https://www.logancenter.org/adults/recreation/

Miracle League – an organization that provides opportunities for children with disabilities to play Miracle League baseball, regardless of their abilities. Can search local Miracle Leagues. https://www.miracleleague.com/

My Recreation Therapist (MYRT) https://www.myrecreationtherapist.com/ - this website willidentify registered, licensed recreation therapists in your area. All recreation therapists must possess the credentials LRT or CTRS and have met or exceeded the requirements and standards established by NCTRC.

Move United https://www.moveunitedsport.org/ Disabled Sports USA and Adaptive Sports USA have merged under this one organization. This nonprofit organization provides national leadership and opportunities for individuals with disabilities to develop independence, confidence and fitness through participation in community sports, competition, recreation, high performance sport and educational programs. Includes over 150 community-based chapters in more than 40 states with over 50 different sports being offered that can be accessed through this website.

Nancy Lurie Marks Family Foundation – Recreational Programs for Adults. Provides a listing of recreational and community enrichment program resources for adults with autism. https://www.nlmfoundation.org/recreational-programs-for-adults/

National Ability Center https://discovernac.org/ A non-profit organization dedicated to empowering persons of all abilities by building self-esteem, confidence and lifetime skills through sport, recreation and education programs. Wide variety of adaptive recreational and sports activities available, as well as adaptive equipment. Based out of Park City, UT

National Amputee Golf Association (NAGA) Helping amputee golfers get back into the game. http://nagagolf.org/

National Center on Health, Physical Activity and Disability (NCHPAD) primarily focuses on improving health, wellness, and quality of life of persons with disability. Promotes the inclusion of children and adults with mobility limitations into public health practices. “Building Healthy Inclusive Communities”. https://www.nchpad.org/

NCHPAD directory https://www.nchpad.org/Directories/Programs website that includes a directory of programs for persons with disability and health conditions, by state, directory of organizations related to various disabilities and health conditions including adapted sports and recreation by state, directory of equipment companies that supply exercise, fitness, recreational and sports equipment for persons with various abilities to allow their participation, and Directories of U.S. Parks (with accessibility features), Personal Trainers with self-reported experience working with clients with disability, and Youth Events directory with state by state programs and camps.

National Centers on Health Promotion for People with Disabilities (National Centers on Disability) to prevent disease and promote health and wellness for people with disabilities. https://www.cdc.gov/ncbddd/disabilityandhealth/national-programs.html

National Council for Therapeutic Recreation Certification (NCTRC) https://www.nctrc.org/ certification credentialing organization for Therapeutic Recreation Specialists. Offers 5 areas of specialty certifications: behavioral health, community inclusion, developmental disabilities, geriatrics, and physical medicine/rehabilitation. Provides verification of CTRS certification.

National Institute of Health Clinical Center – about Recreational Therapy and their Clinical Services at the Center in Bethesda MD. https://clinicalcenter.nih.gov/rmd/rt/index.html

National Parks Foundation Individuals will connect with their local parks through canoeing, camping and land-based activities. https://www.nationalparks.org/our-work/programs/nationalpark-recreation-and-disability-accessibility-program

New Horizons Un-Limited A grassroots, non-profit organization for our families, friends and neighbors impacted by disability since 1994. Resource information includes – the Arts, Recreation/Sports, and Education. https://new-horizons.org/

North American Riding for the Handicapped Association, Inc. (NARHA) http://www.narha.org/ - “a membership organization that fosters safe, professional, ethical and therapeutic equine activities through education, communication, standards and research for people with and without disabilities”. Includes equine assisted therapies, recreational riding for persons with disability, hippotherapy, equine assisted psychotherapy, among other therapeutic interactions with horses.

Northeast Passage (NEP) a nonprofit organization, part of the University of New Hampshire Recreation Management and Policy Department, dedicated to empowering persons living with disability to pursue and achieve whole life health, community engagement and fulfillment through purposeful use of sports and recreation. https://www.nepassage.org/

Our Kids – website to find camps for children with disabilities. https://www.ourkids.net/disability-camps.php

Professional Association of Therapeutic Horsemanship (PATH) https://www.pathintl.org/ - non profit organization to promote equine-assisted activities and therapies (originally the North American Riding for the handicapped Association). Listing of nearly 4800 certified instructors and equine specialists and 873 centers.

Rails to Trails Our mission is to create a nationwide network of trails from former rail lines, connecting corridors to build healthier places for healthier people. https://www.railstotrails.org/build-trails/trail-building-toolbox/design/accessibility/

Recreational Respite – Recreational therapy program in Canada that serves children, youth and adults with disabilities and mental health concerns. Services include individual and group settings, as well as virtual services. https://recrespite.com/

RT Wise Owls https://sites.temple.edu/rtwiseowls/ – a free databased and information resource center developed by the RT program at Temple University that contains evidence-based research and resources relevant to the scope of RT practice.

SCI Factsheets – Adaptive Sports and Recreation - https://msktc.org/sci/factsheets/adaptive_sports

Special Programs & Resource Connection (SPARC) https://www.sparcinc.org/ - in Westchester County NY, offering recreational, arts, athletics and wellness programs for the special needs community ages 5 through adulthood.

Sports 'N Spokes Magazine - https://sportsnspokes.com/magazine/ Magazine that covers adaptive sports and recreation.

Strive Recreational Therapy https://striverts.com/ Private RT services in Michigan and Florida, but also able to connect individuals with RTs in other states. They provide in-home and community-based approach to recreational therapy to allow clients to thrive within their own living environment. Also has a non-profit organization to bring RT services to the community for individuals with disability, including bowling, track, field, cycling, boccia, slalom, table tennis, and power lifting.

Therapeutic Recreation Journal (TRJ) - quarterly publication by Sagamore Publishing LLC addressing needs of persons with disability and issues relevant to the profession of therapeutic recreation.

Understanding the long-term challenges of disability. Key findings from Easter Seals "Living with Disabilities" study in 2010. Reviews the life-long challenges surrounding everyday life and future concerns for parents of adult children with disabilities, including employment, housing, transportation, social interactions, recreation, healthcare and financial security.https://www.massmutual.com/mmfg/pdf/Living_with_Disabilities_Study.pdf

U.S. Paralympics Sports Clubs - http://findaclub.usparalympics.org

Wheelchair Dancers Association - Our mission is to create an avenue whereby the mobility challenged can enhance and strengthen their mind, body and spirit through dance. To quote Beverly "We have no limitation except those we place on ourselves." https://www.wheelchairdancers.org/

**Disclaimer – the authors wish to note that this resource list does not include every recreational therapy resource available in the U.S. States and regions may have a multitude of programs available to children and adults with a disability/ medical conditions. These sources are provided as a list of helpful sites for life care planners to explore for additional information. At the time of writing this article, the above-cited websites and hyperlinks were active. We do not have any control over website contents and by including these resources we are not implying support or endorsement of individual programs and services.*

Sample Recreational Therapy Assessment Format

1. Referral to CTRS (may include prescription by the physician)
2. CTRS performs medical record review for demographic and past medical history
3. Interview of the evaluee, family, caretaker
    a. Review of social and community supports and services
    b. Transportation consideration
    c. Supervision and assistance needs
    d. Pre and Post injury (if appropriate) leisure, recreational, sports, social interests and activities
    e. Review goals of evaluee / family for leisure, recreation, sports, socialization
4. Administration of standard measures, such as:
    a. CIQ – Community Integration Questionnaire (https://www.midss.org/content/community-integration-questionnaire-ciq)
    b. Farrington Leisure Interest Inventory (http://carepartnermentoring.com/Leisure%20Interest%20Inventory-Public%20share%20version.pdf)
    c. QOLIBRI – Quality of Life After Brain Injury (www.qolibrinet.com)
    a. RNLI – Reintegration to Normal Living Index (https://www.sralab.org/rehabilitation-measures/reintegration-normal-living-index)
    b. LSM - Leisure Satisfaction Measure (www.idyllarbor.com)
    c. WHO-QOL-BREF (https://www.who.int/healthinfo/survey/whoqol-qualityoflife/en/index5.html#:~:text=The%20WHOQOL-BREF%20contains%20two%20items%20from%20the%20Overall,thereby%20creating%20four%20domains%20of%20quality%20of%20life)
    d. WHODAS 2.0 – WHO Disability Assessment Schedule 2.0 (https://www.who.int/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule)
5. Complete written assessment report with recommendations and goals

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