

Daughterhood the Podcast

Episode #42: Occupational Therapy with Lindsay DeLong

• 56:57 **SPEAKERS**

Rosanne, Lindsay DeLong, Disclaimer

Where to find Lindsay online:

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Products referenced in this episode:

[Pontegiulio](#) Bathroom support products

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Disclaimer 00:02

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Rosanne 00:42

Hello, and welcome to Daughterhood the Podcast. I am your host Rosanne Corcoran, daughter, hood circle leader and primary caregiver. Daughterhood is the creation of Anne Tumlinson who has worked on the frontlines in the healthcare field for many years and has seen the multitude of challenges caregivers face. Our mission is to support and build confidence in women who are managing their parents care. Daughterhood is what happens when we put our lives on hold to take care of our parents.

We recognize this care is too much for one person to handle alone. We want to help you see your efforts are not only good enough, they are actually heroic. Our podcast goal is to bring you some insight into navigating the healthcare system, provide resources for you as a caregiver as well as for you as a person and help you know that you don't have to endure this on your own. Join me in daughter Lindsay DeLong is a licensed Occupational Therapist with over 10 years of experience working with adults in the home environment. She is the founder of equipment ot with YouTube Tiktok and Instagram channels that has a library of instructional videos as well as product demonstrations and endorsements. Lindsay and I discussed the role occupational therapists can play in home care, she shares tips on what challenges to look for how to plan for changes that may occur and strategies that can help the caregiver and care partner maximize quality of life. I hope you enjoy our conversation.

Rosanne 02:04

You have such helpful information on your socials, especially your YouTube channel where you have videos of how to sleep after surgery that nobody tells you about. And really practical tips and tons of oh my goodness, how helpful is that when it comes to products. I love all of it. But before we talk about that, I'd love to hear you explain what exactly an occupational therapist does and why they are helpful to someone who may need assistance.

Lindsay DeLong 02:27

Absolutely. So occupational therapists are part of the allied health profession and in that we partner with a lot of the other therapies, physicals, social work, speech therapy, but our real specialty and I think what makes OT so valuable, especially in the caregiver space, is that we are professional activity evaluators, we look at every activity that goes into the lived experience, not just those activities of daily living, including bathing, dressing, the typical ones that might come to mind. But things like participating in family activities, being able to eat a meal with with somebody at a restaurant, I mean, these little tiny things that may seem minor until you can't do them anymore, right? You can't do them safely. So what occupational therapists do is we break down those activities, we identify the areas of challenge, and we help people to find ways to reengage in them. That's what OT is, that's the crux of what we do. And we do it across the entire lifespan. And we do it with a great deal of awareness for the sensory needs, the cognitive needs, the physical needs, the environmental needs. So we're very holistic in our approach. And I think we really act well as I like to think of his kind of like, we fit in all of the nooks and crannies of the therapeutic process, you know, all of those little lived experiences. And that's really, I think, what makes ot a valuable service and something that shouldn't be missed out on if you have the opportunity to work with them in a situation situation where it's needed warranted?

Rosanne 04:02

Absolutely. Because none of this happens in a vacuum. No, we don't we don't live in a vacuum. We don't care given a vacuum. And it's hard when you're just simply reading something about, you know, we'll do this and it'll help that it's different when you have an actual professional come in and say this is how it will help you.

Lindsay DeLong 04:19

Yes, and I think that that is that's such an important piece of the puzzle. As an OT the very first thing I say to my clients as I was working in home health specifically, I found this to be really valuable. As I

stepped into their environment, I would say I'm here to partner with you. I'm here to learn from you. I'm here to understand your lived experience and all that goes into that and help to support you for the greatest safety, comfort well being participation, all of these independence if that's the goal, and I don't just speak to the client but the caregivers it's it's a really I love it because you get to really know people in a very intimate way very quickly. I think it makes it challenging because some people tend to find that it's a little jarring at first, it can be very like, Oh, this is a lot. This is very personal. And so good OTS I think can come in and be supportive, immediately, but be partners right away. And I think that's the most important piece. If you're not feeling like that OT is providing you a partnership, they're not listening, get a new OT, I always say that in healthcare, if you're not getting what you need, ask for somebody new. Sometimes it's just not a good fit. And I do hear that often only I didn't have an OT that really felt like that. I'm like, there are a lot of us go find another one.

Rosanne 05:38

Plenty of them out there. Exactly. Yeah. Well, and it's helpful to be collaborative. And when when you think about it, you're coming into somebody's home, or you're coming into someone's life and telling them, they need help doing something they've always done. Right. And that's hard.

Lindsay DeLong 05:52

That's really hard. It can be devastating to hear. Yeah, I think that the biggest challenge I ran into was was time why I created the social media platform, why I created YouTube videos in the first place was, I was desperate for more time, insurance would often limit us we were cut off at the at the at the ankles, you know, we were like, we just didn't have a much. And so I started making these videos to leave with the caregivers to leave with the people and be like, I wish I could have had more time to tell you all of this or, you know, I wish you could share this with the caregiver who wasn't able to be present for this appointment. So I started creating these videos as a resource library, to leave with people so that I could just get a little bit more time, I could buy a little bit more time. And the value I found in that was that not only was I giving time, but I was expanding reach instead of one person at a time I was reaching a million, right? And it was like, oh, there are a lot of folks out there who can benefit from this information, and we shouldn't have to fight for it.

Rosanne 06:48

I totally agree. And it is a library. I mean, I was shocked when I was looking through everything. I'm like, you hit everything. Right. I mean, it's it is amazing. It was amazing to me, you know your videos on how to sleep after hip surgery, how to sleep asleep after you had your knee replaced. People don't tell you those things. Nobody says Oh, and by the way, a recliner may work. But you could also try these things. Nobody says that to you. It is I mean, it is such a great service. Lindsay honestly, it's amazing all the things that you cover.

Lindsay DeLong 07:21

And it was born of a love for caregivers who are out there just doing God's work trying to get people get their loved ones through a difficult process. And I was like, I want to be a resource in your I wish I could be in everybody's home, physically supporting them, but that's not going to happen. And so you know, that's where those resources were born from. Because I think so many people are doing this kind of, quote, unquote, on their own and feeling very isolated in the process. And bringing a little bit of hope

and a little bit of like, try this, try this. Maybe this didn't work. But try this. Just giving people options can be even if they don't work can just bring peace of mind of like, oh, but that didn't work. But it triggered this idea. And I found a solution for my loved one. And I can exhale right? You know, and that's huge. That's just such a huge thing that we all I think we all need it once in a while

Rosanne 08:10

It's a gift and especially for a caregiver who's trying to figure it out. Yeah, you know, to go on, and you're an occupational therapist, you are a licensed, accredited occupational therapists. So it's not like, you know, I found this, I think it'll work, you know, what is gonna work, you know, the same how to do it safely. And that, I mean, that's huge, because you don't want to do any of this to hurt anybody. No, you don't want to go backwards.

Lindsay DeLong 08:35

No, no, I mean, especially if you're, if you're dealing in surgery, recovery, you're praying for solutions. That's why you went through the process. And I think surgical recovery is such a huge area of need, because we churn and burn surgeries, right? We're throwing people into these orthopedic offices, they're saying, we'll get to that hip replacement, you're going to be right as rain, and then we just throw them back out into the world. And I can't tell you how many deer in headlights looks I've gotten from people when I go to their home, three days following surgery, and they're lost. And I'm like, Oh my gosh, I'm so sorry that this is happening to you because they're scared and their loss and are frustrated. And they feel kind of why duped you know, they thought they were going to have this miracle procedure. And I always remind them, like give it time, it will you'll get there you'll feel so much better in a few weeks and a month in six weeks. But in the meantime, here's how you're going to survive day to day. Right. And I think that's the piece that that OT and PT and you know, the therapies, professionals can come in and really offer those services and if you're not getting those services, ask for them because you deserve them. If you feel like you're struggling, yes,

Rosanne 09:41

At any age, any age, any age, I mean, Medicare will pay for an OT consult which is a positive but at any age you can you can call for an OT

Lindsay DeLong 09:51

Immediately. Yep.

Rosanne 09:52

What is considered adaptive equipment.

Lindsay DeLong 09:55

I have a very broad definition of adaptive equipment. Okay, as you can find We imagine, as so much of my time is devoted to finding these diamonds in the rough, I look at adaptive equipment as anything that will bring convenience, bring comfort, bring safety to an activity that you're doing. And that qualifies for the individual or the caregiver. So everything from the chopping tool in your kitchen that helps you to speed up meal prep processes, to a raised toilet seat that makes the transfer easier. All of it falls into the spectrum of convenience, comfort, efficiency, all of those things. And I think sometimes we kind of

pigeonhole adaptive equipment down to the most obvious things, a walker, grab bar, raised toilet seat and a shower chair. That's what we're going to give you. That's what's an hour and a reacher reacher grabber. But I want to open people's minds to the idea of an eye. Some people like the theory, The Spoon Theory is basically I call it the gas tank, but everybody has a certain amount of energy resource for the day. And when you bring in a piece of adaptive equipment, the goal is to reserve a little bit extra in the tank for the rest of the day. So if I'm making your process of toileting a little bit easier by introducing a grab bar and a raised toilet seat so that you can get up and down easier, or for the caregiver, it's much safer to do that transfer have just saved a little gas in your tank, so you can visit with the grandkids this afternoon, and not be exhausted. So adaptive equipment is anything any modification to an activity through equipment through a physical product, or modification to a physical product that makes those things possible. And that's really how I look and how I identify with it. I find I get more buy in from people if I broaden the horizons of what adaptive equipment can be,

Rosanne 11:43

Well, that's beautiful, because it turns away from you can't do this right to this is going to support you. And this is going to help you because there is that. Listen, there's there's that stigma that goes with using anything? How do we appeal to our care partners, or the people that are in our lives, who may benefit from using these tools that are so resistant.

Lindsay DeLong 12:08

So resistant, I think one of the first things I do is say I'm not here to reinvent the wheel, right? You are the the most expert in the care of your loved one or in the care of yourself. You are the expert, I am here as a resource. First and foremost, that's an old partnership, establishing that upfront is so vital and so key. Because if you want buy in, you've got to respect them first, and I do most and then from there. We introduce things slowly. And with prioritization, we look at the things we break down the lived experience, what are we struggling with? What are things that are just depleting our gas tank? What are what are depleting those resources? And how can we take those depleting, frustrating, painful, inefficient tasks and make them a little bit easier, make them a little more appealing. A great example of this is in bathing, bathing can be such a complex, people love to take a shower, people love to feel clean and comfortable. But we we find that that task can become so miserable when getting in and out of the shower is difficult or frightening. That transfer gets difficult or scary that the water the sensory experience is somehow off putting if we're dealing with like dementia or some spinal cord injuries or even Parkinson's, we have neurological dysfunction, we can break down why is this task that normally can bring peace and comfort and joy all of a sudden becoming this crazy burden. And I love to look at those tasks first. Because if you can reintroduce something that used to be a favored task and bring it back to like, this is doable, with just a few pieces of equipment and modifications. And it's never that easy, right? It's not like I'm a fairy godmother. Here's your you know, gliding shower chair, we have fixed it, you know, but if we can frame it in a way that is so tied to that innate desire for comfort for support, and really frame it that way we can get more buy in it is never easy. People don't love having medical looking equipment in their homes. Another thing that's really vital is showing options. It don't just have to have that chair that looks like every hospital chair you've ever seen. There's beautiful chairs out there. There's teak, there's folding, there's these, you know, these companies are constantly rolling out new options. Not every ot has access to them. That's where I come in. I've been trying to be the source of like, hey, look what these new companies are coming out with so that the OT is going out

into the community can take that. That's another big piece. Yep, there's beautiful grab bars. There's a brand called Ponte Julio, which even the name sounds beautiful and they're in a Talian grab bar company. And what they make is stunningly beautiful bathroom accessibility products and just being aware that that kind of option exists all the sudden can open people's eyes to like maybe this isn't so bad. Maybe this could be helpful. And so kind of falling in those in those lines I find can be helpful, but it's a process It does not all happen at once, unfortunately. But it is it is doable with with them some patience and respect and giving people options and resources.

Rosanne 15:09

I love the gas tank approach because it makes sense. And and it's a tangible thing. Right? You know, it's not this abstract where it's just going to help you. Well, I don't need it. Yeah. Well, what happens when you go into someone's house? To conduct an evaluation? What do you look for?

Lindsay DeLong 15:25

So the things that we typically so I would always go in with a checklist that I would go over with the clients first and say, this is the this, these are the things we're looking at really specifically, the very first thing we have to look at is safety. But you know, before we can look at the physical safety, we need to look at the individuals residing within that home, whether that's hired caregivers, and the individual, whether that's family, you know, like we said, at the very beginning, we don't treat in a vacuum, I do not evaluate in a vacuum, I evaluate the social structure of the environment, the physical structure of the environment, the individual factors, physical, cognitive, sensory, all of those pieces go in, and then we evaluate the home, the home is kind of this kind of a secondary piece of all of that, if you think about it makes sense. So that was the the first that's the very first step is understanding why were there in the first place. And then it's a respectful, very kind of checklist based approach to the home, we look at egress. Can you get in and out safely? Do we need ramps? Do we need to reduce barriers? egress is the absolute first thing we look we look at, then we expand to the physical space of the home. What are we looking at as far as the bathrooms? That's always I run to the bathroom? First. Thank you for introducing me to you and your beautiful home. Can I see your bathrooms? Yeah, yeah. So I always go there first, because it's usually a point of great stress, or at least it will be in the future. And so I love to kind of bring some preventative measures. If it's not a point of contention, I'd like to kind of introduce some concepts to how to make a bathroom more accessible. And we introduce these concepts slowly, then it's usually the bedroom, we want to know how are you doing with your sleep hygiene, how are we doing with nighttime scenarios with accessing the bathroom getting up and down from bed, that's a huge one, because we're prioritizing these key components of the lived experience, sleep, bathroom, you know, these really important things. Kitchen is the next place I go and then living spaces, shared spaces. And we just kind of go systematically through those and identify how the individual who is residing in that home and those around them are experiencing those spaces together. And it's a very, it should not feel forced. If you're if somebody comes into your home to do an evaluation and you feel like they were pushing you off the get go. You don't have to take that. That's I think I just really want to leave your listeners with that. Because I've heard just so many stories of people who were like, Well, I had somebody come in and they said I had to do this and this and this and like they said you had to because no, we're not, that's not what we're here for. We're here to be a supportive partner in your process. That's, that's really so important to me.

Rosanne 17:56

Well, it's it's important across the board. Because again, like you said, if it's not a collaboration, it's just not gonna work.

Lindsay DeLong 18:03

Nope, you won't get buy in, you will, you will show back up, you will have made a 30 page report with all these recommendations, and you will come for follow up and you will find all the equipment that you were recommending in the box in the garage, or in the basement or in the back of the truck heading to the donation center, because they don't want it because you didn't listen. And so I think that and I've run into that many times in my career. So making sure that these systematic evaluations are done in a way that is in respect and tied directly to the personal preferences and lived experiences is so vital. And that's that's really how I do it, I break it down. And then I provide my recommendations. And I do it in a written format so that you have that to take with you and do with it as you wish with always follow up offered. And that's what a basic at home evaluation would look like. It's usually a singular visit with option for follow up. It's not like we're going to come back 10 times and make sure that you do all of the things we recommend it's very much an educational visit, and then we usually kind of dissipate and let you take it from there.

Rosanne 19:02

It's a very important distinction. Yes, because I think again, everybody knows what a PT does, what a physical therapist does, they come in, and then they come back and then they come back and everybody's like, Oh, I want to do that. Whereas an OT, it's completely different in that here you go, I'm going to help you. I'm going to give you these recommendations, and then you're gone.

Lindsay DeLong 19:18

Yep. And we do come back occasionally, if there's a specific need that we've identified, that's a very ot centric need, that's going to need a lot of follow up. And sometimes we have a complex scenario, like things like neurological conditions that are going to be degenerative, we may come back and revisit because there's going to be changes in those types of things that are identifiable, or we're going to need to trial, we're going to need to trial, some supplies. We don't know if this is going to work, but we have some theories. We're going to have to make some custom solutions. That's when you're going to see ot coming back for more than a couple of visits. But you're absolutely right. Physical therapy is where you're seeing those recurrent kind of hit it hard exercise type things whereas ot we do a lot more education, especially in this niche that we're talking about here. With the caregiver support system, it's very much an educational support, not as much as our presence going to be there all the time.

Rosanne 20:07

That's helpful. I think it it alleviates some of that one more thing type of

Lindsay DeLong 20:12

Oh, can't I the calendars of the of the of the clients I've worked with, I just opened that calendar up. And I'm like, they open it up to put me in and shoehorn me into their day. And I'm just like, Oh, I do not want to be just another burden in your incredibly heavy life right now. I want to be a support. And if that

means I'm coming once or twice, and that's what I can offer you. Great. I'm so happy to have that opportunity.

Rosanne 20:36

It's a benefit. It's totally a benefit. Yeah, when you're looking at someone's house, you know, listen, when you think about, oh, I have to redo this. It's a nightmare, if you're going to put a grab bar in it in a shower, because you want to have the support behind the grab bar, because you don't want to just stick I mean, I've seen the ones that are like adhesive that you stick on there. They kind of make my stomach hurt, because I feel like it's not on there. And you're like, you're you're asking like it's you're just gonna travel. Yeah, yeah. So I was gonna Yeah. So I also think there's a lot of that fear that goes into? Well, geez, how am I going to do this without redoing my entire bathroom? without redoing my entire living room? Or my bedroom? Or whatever? How do you? How do you work around that? Can you work around that?

Lindsay DeLong 21:22

Sometimes you can't, sometimes the solution. So I really like to have kind of an early understanding of budget. So important. Nobody wants to talk about money, but we have to we have to get the elephant out of the room. What's our budget? What are we willing to do? And then goal? Is the goal to stay here forever? Or is the goal to get us through this chunk of time right now? So there's always going to be this these these variabilities of like, is this a temporary issue? Did we fall and have an injury and we have problems that are going to be for the next six to eight weeks? Or did we just have a recent diagnosis of Parkinson's disease, and we're going to have a degenerative condition, or ALS or you know, these are totally different conversations. And what I always kind of want to leave people with is, here's your short term solutions, here's a shower chair that will get you transferring in and out of that deep tub, here's a raised toilet seat with handles mountains, you don't need to put a grab bar next to the toilet, here's a standard security bar that goes floor to ceiling tension bar style, and you can install it next to your shower. And you don't have to put anything in your walls, no screws needed. Fantastic, you have temporary solutions. And the and some of these aren't temporary, you can leave some of these in place forever. Sure, they're not gonna be the most attractive solutions. They're not permanent. They're great for renters, for example, which is a huge group of people. That's one category. And we can I can introduce you to hundreds of options within that category of, you know, temporary short term or removable, you know, reversible solutions. And then there's the construction line of thought, which is a whole. I mean, I've worked with incredible families who were working with somebody who they had an early diagnosis of ALS, and they were like, we're gonna we're gonna be here forever. And he's going to live out the remaining days here. And how do we make that possible? All right, I'll bring in my contractor. I work with certified contractors who are well versed in accessibility and understanding the priorities that go into that, how to make it affordable, and how to make it efficient. And we develop a plan that's within budget, that's going to identify the main issues, we need to we need to we need to deal with and that's how I go about it, I, some people will go and bypass the OT and they'll go straight to the contractor. And there are contractors out there who are capable of just coming in and doing that I advise against that. I prefer to have an OT at least come in and have a conversation with you either during that process before that process or even after you've spoken to a contractor to give you some just a few more insights into what you should be prioritizing. And then you're welcome to work with any contractor you want. You may have one you love. And you can go about making those bigger, more

substantial structural changes to a home, but you do not have to do that. I want that to be clear, you do not have to make those pricy big time changes in order to make big time impact on the care of somebody who has physical or cognitive or sensory disability.

Rosanne 24:18

That's great information. Because I think we get stuck on that, like, oh, it's going to be this big thing. So we'll just you know, we'll we'll grit our teeth and we'll tough it out. And it doesn't have to be that way.

Lindsay DeLong 24:28

No, no, I think there there's a generational piece to this. There was a there's a concept that we have to break down once in a while, which is the this is my lot in life. This is going to be hard, but we're gonna put our nose to the grindstone and we're gonna get through this and we applaud that on a right and I applaud that because it takes an incredible amount of grit and tenacity to be a caregiver Period, end of story and asking for help is really hard until you do it and realize that okay, these are things that are making My job as the caregiver easier and safer and giving us a much better chance of actually accomplishing the end goal, which is we stay in this partnership of caregiver and loved one or caregiver and partner and care. And we don't have to then reach out to the next step, which I'm not opposed to the alternative, which is, I'm going to be a caregiver up until this point. And then we're going to transition OTS are involved in that too. We can help you with that transitional phase and when to consider the transition really, you know, so it's, it's, it's so much bigger than just like, here's a grab bar, problem solved. pat ourselves on the back, walk out the door, it can't be like that. No. And so I think there's all of those phases of it that we can really come in and be supportive in. But yes, that initial asking for help recognizing that maybe I can use a little bit of extra support here and there. That's why I think the online resources have been so successful. Absolutely. A lot of people don't want to have to ask for help. But they'll ask Google. Yes. And so my life goal is to be like, if you're going to ask Google, I want Google to give you good information. Correct. So that's kind of where, where I came from on that. So I feel a little bit, you know, hypocritical, and saying, go to Google and look up my videos, you don't need an OT in your house, I recommend both.

Rosanne 26:21

I fully agree with you. But you know, there are those times when you're caregiving that you are just at your wit's end. Yeah, you don't know. I don't, I don't know. Like, this is the next thing that popped up. And I need something right now. I'll call an OT. But for today, and until the OT gets here, I need something. Yeah. And that's where those videos really come in handy.

Lindsay DeLong 26:42

That's perfect. That's a beautiful, I think that's a beautiful way to describe that, that plan of action, right? We need immediate results, we need something that gives us some support right this minute. And then we need a plan moving forward. And I think that that's such a great thing to leave people with, like you can have quick information and make sure that it's good information. And then you can go forward and have a plan to to have make bigger changed. So hopefully this problem is resolved.

Rosanne 27:09

Right? It doesn't get to be bigger and bigger and bigger. Yes. Now you said you can help with transitions as that is how.

Lindsay DeLong 27:15

So one of the things OT is we I personally worked very closely with our social work team, okay, as well as obviously PT and speech when I was working in home health. And oftentimes we were having, you know, group conversations that would loop in the caregiver or the client or everybody involved, however, it was appropriate. And we would begin conversations of next steps of care. And those were usually revolving around situations where we could kind of force see either either a dangerous situation where the caregiver was not capable of providing the physical amount of care needed, or a financial situation where the amount of care needed was just financially not feasible. And so we had to look at other resources and options. And as an OT, my role in that was really to identify those key activities of daily living. And we have our priority daily living tasks, which are going to be toileting, bathing, dressing, grooming, self care, these really kind of very personal self care tasks, can they be done safely? Can they be done with reasonable expectation from a caregiver? And if the answer to those questions was no to any of those tasks that were vital for, for the person to live, we would have to have that conversation. Those are hard conversations to have if it's not ever been the mindset, and we would always try to structure those conversations around what was the hope for this, the end result. And it's, it's very difficult, because as you know, and we all know, it's not perfect, we can't just say, hey, this isn't working, we need you in the next level of care, we need you to house your loved one someplace outside of the home. We don't like doing that. And as an OT, I really don't like doing. But I also like to be as honest and forthright in my support of the the holistic safety of the situation has to be considered. And that's where we would go with those. And it's tough. It's there's no easy way to have that talk now. But I think with a proper, you know, if you've been working with a good team intermittently throughout the caregiving process, that conversations much less difficult to have, because hopefully you have had enough information to know when you've hit your limit. And like this is this is what I've given. And this is what I can give and now we need to move on to the next phase. And that conversation gets a lot easier if it's been had before. Right. You know, there's been some inkling towards, I know my limits, how are we going to support that realistically?

Rosanne 29:39

Well, and it's interesting because you know, caregivers are siloed almost, we're all in our houses, starting an entire care business of our own for our people that we're caring for and it's very isolating because we don't get those teams we don't get a social worker doesn't check in. Nobody calls and says, Hey, caregiver How you doing today? That doesn't happen. So the idea that we could access that through an occupational therapist absolutely is, is life giving it is because it's that raft.

Lindsay DeLong 30:14

It is. It's a it's a I'm not alone. I don't have to do this alone. I don't have to suffer in silence. And I think that, so Medicare doesn't make it easy. No, we all know that. Yeah, Medicaid makes it slightly easier, but it's still not easy. No. Just getting Medicaid on board can be a unbelievable burden. Yep. Yeah, we're in that process right now with my own grandmother. And I wish I could say my skill sets have made it much easier. It has not

Rosanne 30:40

No. Which when you think about it, you figure you think, Well, I'm in the profession, this is going to be it's still not easy.

Lindsay DeLong 30:47

No, but I agree with you having a place to start and that Medicare does offer you a fully covered occupational therapy, home evaluation, you can only start there by getting having contact, having a conversation, being honest with an OT, and then that ot can provide you resources that exist in your community. Those resources are those are those initial life raft pieces, right? Those are the those are the pieces that you can construct together to create your personal life raft. And I know for for our personal experience to kind of tie it back to my own experiences. My mother's mother, my grandmother was living alone and was struggling. And so we started putting together initially I was bringing in equipment, I was supporting my mom and her caregiving role. I was doing whatever I could there. And it was not enough. So then we started reaching out to community organizations, because I knew I knew about those because I'm an OT. So I brought in some community organizations that bought us two years of her being able to live alone, and we had an end, grandma was lonely. Grandma wanted to be with other people. So he said, Alright, we're going to transition then I pulled in more resources of like how So being an OT was very helpful in that supportive role of like, okay, these are how we're going to transition through this phase when my mom hit her wall and could no longer be a caregiver to my grandmother. And she said, Okay, what's next? And I said, Well, here's what's next. Because there there is a what's next? And I think that's another piece of that caregiver puzzle, right? We hit that wall, and we're like, what's next? I just curl up in a ball and cry. Right? That's what's next?

Rosanne 32:11

Well, yeah, and it's no matter the situation and caregiving, whether it's a short term, as you said, if somebody had surgery, and they're, they're down for six to eight weeks, and then they come back, or if it is a degenerative disease that just continues to degenerate over time. There is always a what's next? Yes. And it's very hard to sustain that without having an idea of how do I access these services to help the person I'm caring for and myself during the what's next?

Lindsay DeLong 32:40

Yep. And I think that's so that's such a great, I love this conversation. And it's making me so happy because I wish I could have this conversation with everyone that I that I worked with, because if you're already kind of in that mindset of I'm going to stock away information and resources now the value that has even if you never need them, even if it never comes up having that back stock of information and support gives you peace of mind that will get you through some of those tougher periods. Absolutely. It's it's preventative care, right? We keep using that phrase in health care, like we actually intend on doing it. We're like, we're gonna give you a gym membership. But I'm like, get on an OT. Yes, you know, occupational therapy, that's preventative medicine. We're going to talk about the what's next we're going to talk about how to plan for your future, how to plan for those things that you can't necessarily foresee. But just having a little thing in the back of your mind saying, Hey, I saw something about a bench that has a turning pivoting seat so that when mom can't get over the edge and she can't scoot or bomb because she's got skin tear issues, that that's the solution I need. And I saw it one time

by an OT, you know, and that's what I like. I think ot has that preventative care really down pat. And we're just waiting for the rest of healthcare to catch up with us.

Rosanne 33:57

You're absolutely right. Like you said, it's the nooks and crannies. Oh T is the nooks and crannies. And that's, that's what you need when you're caregiving, a little stuff. It's those little things that you have to do every day that takes gas out of your tank

Lindsay DeLong 34:12

And leaves you running on IE I'm telling you, I have a great example of this I literally yesterday was on Amazon looking for the next viral product I was going to share and I found I was actually separately looking for something for my grandmother who uses a commode at night and we were finding that the when the caregivers were emptying the commode bag it would leak of course she was Her room was smelling like urine and my mom could not have that we do not you know we run a tight ship and so I said mom I got it so I found urine solidified and this this is such a it's such a ridiculously simple solution but my mom was like oh my gosh yes, we used to use that camping used to use urine solidify or when you use a camping toilet. And literally all we do now is two tablespoons of this powder into the bottom of the bag. Grandma uses it at night it turns it into a jelly they can Throw it away with no leaking. Boom, problem solved. Took me all of two minutes on Amazon, because I already can think that way. And you know, but like that was a very frustrating problem that not that's the nooks and crannies in a nutshell, right there absolutely is smelling like urine. And so I came in we, we did a quick thing. Everybody's feeling better about life from salt. It can be that easy. Yeah. So the impact can be huge. And I just I implore people to ask just if you're, if you're frustrated, if you're feeling like you're not getting information, ask there are people want to get people out there with incredible knowledge. And I know that the support that podcasts like yours and these great support systems that I've been able to talk to, I'm always blown away by the solutions they have. They're the best OTS I've ever met.

Rosanne 35:46

Because when you're in it every day, it's like, okay, I have to figure this out. And then the other thing that happens, it's very unfortunate is when you look for these kinds of products, sometimes they're very expensive. Oh, really devastating. And then it's like, okay, well, you're paying for the bags for the commode, and then you're trying to find the solidifying agent for the commode. And then it's like, you have to work your way back and think, Okay, well, then what else? Could I you know, Could I use your kitty litter? Sure. Could I use? You know what I mean? Literally, because it's, it's, you have to

Lindsay DeLong 36:15

Do I have to use commode bags? Or can I did the the dog poop bags that you can buy a nickel for a roll? You know? Absolutely. And that's an that's another beautiful piece of the adaptive equipment question going all the way back to the beginning. What's adaptive equipment, it's anything. It's anything that solves the problem. It's not just medical supplies. And I think because the medical supply companies, and I don't speak ill of any company who's out to survive, we're all surviving. But when you prioritize profit, and continuing to profit off of the communities that need desperately to have these products available to them, it doesn't help anybody. It doesn't help anybody and keeping those things tied to those companies. You know, one of my goals is to identify ways to make equipment like that

more, more affordable, more fun, more available, and more just like ubiquitous with our existence. So it's not something that you have to go way outside, go to a medical supply store to find his go on Amazon. It's right there. Competition breeds price drops, and all of a sudden, you can get that thing for the price you can afford. Because absolutely the burden of cost of caring for somebody is unbelievable. You well aware of that one, that one's tough,

Rosanne 37:28

It's so hard. And anytime you add medical or caregiver in front of anything that you're searching for the price goes up \$40, at least 40 dollars

Lindsay DeLong 37:36

At least preach, I cannot tell you I've spent so many years trying to find affordable resources for my clients it I mean, I've lost years of my life to making phone calls to loan closets and to just looking for that piece of equipment. And

Rosanne 37:52

Let me stop you. And let me just add a loan closet is a program that allows people to borrow durable medical equipment, and home medical equipment, at no cost or at a low cost. It's really helpful. The loan closet may be offered through an organization or an individual or some other entity or even a nonprofit organization. Because you know, these things are expensive. And sometimes you only need them for a short time. And the loan closet helps people receive equipment that they may not otherwise be able to afford. If you Google loan closet and your zip code or your state, there will be a list of loan closets in your area that you can access. Sometimes your local area on aging will know about them. But in this case, Google can be your friend and trying to find a loan closet in your area. Okay, I'm sorry. Go ahead.

Lindsay DeLong 38:39

Yeah, it's frustrating, and it can be exhausting. But that's another reason why having an OT and can be really helpful because we're fairly resourceful. We're really used to this problem. So if you're struggling to find something affordable and affordable solution, oftentimes OTS are tied into a lot of your community resources. I was really tuned into our communities loan closets, and who did you talk to to find a good wheelchair for a reasonable price? What's the product on Amazon? That's a great dupe for the drive medical product that's costs, like you said \$40 More a really good dupe This is worth it, or what's the product that's worth spending the extra book, right? Because that exists to you know, there's occasions where you're like, you don't want to skimp on this. But you can absolutely skimp on that.

Rosanne 39:25

Right. Right. Right. Well, and that's and that's there, all the little things that again, are in those nooks and crannies that you just don't know, you don't know until you know, yep, and by the time you need them, it's so you're you're so out of like, oh my god, I just take this this will work. And it's like, no.

Lindsay DeLong 39:43

Like anyway. Yep. And you know, and it's not a perfect science. You know, it's not a perfect solution always. And sometimes you get something you're like, this isn't what I thought it was. Right? You know,

for every 10 items I buy to evaluate for their functionality I share too because the other eight I find are just not what I was hoping for. I wouldn't recommend them to my own. I always say what I recommend this to my own family, no, okay, I'm not going to share it. And that's how I go about my process of finding things to share with people. Because I agree with you. It's I'm trying to make every choice very calculated, because I know that's how a caregiver or an individual living with a disability or chronic condition is thinking, you're thinking, I have to make critical decisions every single time. There's no, there's not a lot of room for error.

Rosanne 40:26

No, no, it's tough. It is tough. It's very stressful. And then you find yourself on Amazon, looking at the 28,000 reviews that you're like, well, there's 28,000 people that left a review, so it must be great. And then you start reading the reviews, and which ones are old and which ones are for not that product. Boy, the CD was great. Okay, it wasn't a CD, it was a can opener. Like, you know what I mean? And every decision is a big deal. Because even if it's \$25 that you're spending, if it doesn't work, you just threw that \$25 in the trash. Yes. And you could have been using it. Yeah, because you could have been using it for something else. It becomes that horrible cycle, even like we said, commode bags, it's a big decision. Yeah, because they're not cheap either.

Lindsay DeLong 41:10

No, they're not. It's, it's it's a process. And I think, you know, from from my standpoint, when I started creating the content that I was creating on Instagram, and Tiktok, which was kind of a playful approach to adaptive equipment is like, look, these things exist. But it really did become me trying to be a resource of like, Hey, I'm buying this stuff. So you don't have to write. I made a, I made a point many two years ago, when I started two and a half years ago, when I started this, I wasn't going to share the stuff I didn't like, because I don't want to be we get enough negativity in the world. So I'm not going to share the stuff I don't like I only share stuff I do like, and I'm willing to admit mistakes, I'm willing to say hey, I trialed this, and I liked it in the moment. But here's some here's some issues with it that you should know. So I tried to be incredibly transparent. And because I know, OTs too, we don't have time to do that. We may have the resources, we can buy stuff and we can, we don't have time. So I'm like I got the time. I've got the brain that likes to do this. So I'm going to try to be that resource. And that's I think it's my Instagram is is more in Tik Tok is more like that. It's here's stuff that I find that I just like that you might like to and that's that's kind of where I went with it. And it's for that exact reason. Like you said, it's new can't afford to make those mistakes. No, I mean, the process now I'm actually developing to have my own products that are from experience of like, here's some of those nooks and crannies that are being missed. How can I fill them with some products that I'm hoping are affordable? Because affordability was my was was what? When I pulled my audience 90,000 People I got like 40,000 responses, and most responses I've ever gotten on a poll was what's the most important thing when you look at a product? And guess what was the most important affordability? Just like you were saying, so my goal and the products that I develop under my brand is like, this stuff's gonna be affordable. And that's tough. I'm learning the I'm learning as a noob. I come in like all rosy like, how can I make this affordable? And then I'm like, oh, supply chain. Yeah, manufacturing costs. So but I'm committed, and we're going to try and we're going to make it really, you know, I'm making the effort to make that possible. So I have that coming out. And I try to put my money where my mouth is quite literally in this process. So it's, it's my life I live in, I live in breathe, resources. And that's, I think that's what OT is, is if

I could like boil it down into its into the heart of OT, we're just like, we love to be a resource, right? Like, we just want to be a resource. So ask us, we'd love to tell you.

Rosanne 43:35

Can I ask you what you're developing? Or is it Are we still in patent pending.

Lindsay DeLong 43:38

Oh absolutely, actually, one of them is, is actually in transit, there'll be available on Amazon, because I wanted them to be easy to purchase. And Amazon seemed like the most accessible way to get things but the first product is a long handled body and scalp scrubber. It's made out of silicone. So instead of like the natural products, they get really funky really quickly and can be a problem with infection management. I wanted something that was really easy to sanitize. It also has a stainless steel core, so it's bendable, so that you can angle it properly so you can reach without having to do those difficult reaches. And the key to it was I had never found a way to wash hair without reaching at least one hand over your head. And so I had so many clients with necec dummies with with shoulder replacements with chronic arthritis who could no longer reach their head to wash their hair. So I said these scalp scrubbers are all over the internet. I bet I could find somebody who could just attach it to a long handle and now you can scrub your head without reaching over and so that's what this does. It's great. So that's on its way to Amazon and it will be available I'm hoping to launch early February so wonder that's very exciting. And then I have a support pillow that goes for neck and lumbar that has a awaited tail so that you can put it on a couch or recliner really anywhere you need that support. I've used it in the car, and it stays put when you get up. I was incensed by how often I would set somebody up with the most lovely pill Oh support system, they were so good when I left in the minute they get up to go potty two seconds later, everything falls down. And now it's all out of place. So I went about trying to create a solution for that as well. And that's in its testing phases right now.

Rosanne 45:12

That's wonderful. Oh, that's great. I look forward to seeing it.

Lindsay DeLong 45:15

Thanks. Yeah. It's been an incredible journey to learn where the products come from, why are they priced the way I'm getting to learn the background of it, which I think makes me a more effective therapist and more effective. Somebody who's who's reviewing products with a great deal of more understanding of where these ideas come from. I'm doing a whole series on 3D printed, because I think from a caregivers perspective, this is an incredible resource for really low cost, really niche specific products, like seatbelt grabbers and utensil cuffs and things like this that can be 3d printed for pennies on the dollar, at local libraries, at various makers, facilities, you can actually use these resources online to get stuff really cheap. Wow. So that kind of solves that problem, too. So I'm gonna start that with my husband, who has a 3D printer. And now 3D prints everything in our lives. So he and I are partnering for a series of videos that will be on my YouTube channel and on Instagram and tic tac. So that's all look forward to that because it's going to be interesting. But yeah, there's so many resources available. And again, that's what I want to be. I just want to be a resource.

Rosanne 46:16

And you are you absolutely are what is the one thing like? Okay, whoever's listening, this is the one thing that you have to is it falls like that you have to look at that you have to think about because you know, we always hear about throw rugs and stuff

Lindsay DeLong 46:29

We have such a bad rap for to stealing everyone's rug. I know. I know. It's awful. If I could say one thing I would recommend to keep folks safe in their homes the longest or prevent, like the bad quote unquote bad stuff from happening. Yeah, it's not rugs. It's it does have to do with falls, but it's more on No, you your mobility. And this is, I hate to throw the ball back in PT's court a bit. But I think we partner well on this because it looks so much at the how movement is impacted by the environment and the personal situation, the cognition and their physical. And PT really looks at how are they moving? The kinesthetic of it. Know your movement patterns is the person you're caring for walking, but they shouldn't be is the person you're caring for walking with a mobility aid, but it's the wrong mobility aid. Are they fitted in properly? Are they declining, and we need to make a change. Knowing mobility first is such a great way. And I think throwing you know, environment will go into that right? We will know more about whether the environmental changes need to happen once we understand mobility needs, do they need a wheelchair? Do they need to have different mobility aids for different times of the day? Do they wake up with great energy and they can use their walker or a cane but by midday they're starting to hit a little bit of a slow patch. And we need to have that wheelchair offer. But maybe that wheelchair needs to be a little wheelchair so they can propel themselves around with their legs so they don't get weaker. Right? Right? No the mobility and then the rest. The fall prevention can kind of go from there. Gotta get that right first, though, okay, but I have seen it so many times where we walk in and we see this isn't looking so good. We're doing a lot of couch surfing or a lot of furniture surfing or they're grabbing on to everything as they walk through the house or like their pet, there's a better option. Let's see if we can find a mobility aid that they'll use. Right? That's a huge one. Are they even using the mobility aid that we're recommending? Why aren't they using it? That's where it starts to get really involved is the PT can be like we recommend a two wheeled walker. Good like Right. Where am I using the two wheeled walker? She thinks it's terrible and tacky and she hates it. Yep. Okay, oh T is going to come in. How can we soften this two wheeled walker situation? Is it the space? Is it because it doesn't fit through the doorways? Well, can we remove some jams? Can we put in some offset hinges? There's so many different things you can look at. But that's that would be my first and foremost recommendation is get the mobility stuff figured out.

Rosanne 48:53

And what do you do for that? That Grandmom's not she's not using a walker because it doesn't match her shoes. Like it's not like she's just not not doing it? What do you do?

Lindsay DeLong 49:00

Not buying it. Um, I'm a big fan of treat it like you would treat buying a car. One of the things that I found early on was that a lot of people refuse to use things because they feel like they're being given a hunkajunk that they are not emotionally the least bit tied to they could care less if they fall, they don't care. They don't care. They're not using that thing, right? Or they don't remember to use it because it was it's such a new thing and they have cognitive decline and we're introducing something novel and that's just never going to happen. Okay, so we need to look at something else. I like to treat it like

here's a catalog of walkers. Your insurance will cover these options. There are literally hundreds of walkers. You don't have to get the same one for everybody. Right? There's a penguin. I have a beautiful pink collapsible two wheeled walker. It's gorgeous, cushy handles, you can attach a basket to it. Oh, it's really nice. We got my grandma into her walker and you know what got her do using it. We decorate it for every season. Oh, that's great. It's like a walking parade. everywhere she goes for Christmas. She had blinking lights and tinsel, we've ventured into Valentine's she's got a heart thing on it. So when she walks around her facility with her walker, it is a statement. Do you know that she has not left that Walker behind once since we started decorating it because she loves to show it off her grandkids calm, we make a thing of it, right? Like the Walker is a point of pride. She filled her basket with candy. So she can hand it out.

Rosanne 50:31

She's the mayor.

Lindsay DeLong 50:32

She's legitimately the mayor. But like, that's how we make it more about the person and not about the mobility aid. This is something you need, but let's make it something you want. Right? And then we'll see if we can buy in. It's not always that easy. Like I said, it's not always that easy. But if you if you spend a little bit of time making something miserable, fun, tie it to something with an emotional. So there's this really cool product out there. That's a bird. And it's made by the company that makes the interactive pets. They have a new product that's a bird and there's a cardinal or a bluebird, and I have the cardinal because my grandparents I always when I see cardinals, I always think of them. So I got the cardinal it rests on the thing and it's it sings all day, kind of annoying. But if you've got somebody with dementia, who has a has a love of animals, you imaginatively magnetically attaches to the walker. And now they have something that cues them to pay attention to that Walker and it now becomes part of their day. It's something they look forward to the bird sings a lovely song, when they move, it seems more when they move with the walker, there's tons of these little solutions out there that you can start to use to make mobility aids less of a burden, more of something you're looking forward to using and that comes from the caregiver to caregivers are just as involved in the mobility. I cannot tell you how many times I've had refusals to use a mobility because the caregiver could not properly maintain it. They couldn't lift it into the vehicle. It was heavy, it didn't fit through doors, it was knocking up their floors, it was dirty. You got to get everybody involved in the process. And I think we oftentimes don't because we're in a hurry, but we can we will give you the time. And I hope that that question gets asked because I really do think it's the biggest game changer and keeping people safe.

Rosanne 52:08

I totally agree with you. I even got a transfer wheelchair because I didn't want the big heavy Oh my I'm gonna I'm gonna hurt myself. I'm not I'm not doing this.

Lindsay DeLong 52:17

Oh, the devastation of a caregiver hurting themselves trying to move a walker or wheelchair for them. Oh my gosh, those would that would kill me. i There's there's techniques there strategies for using you can recycle an old crutch to create a lifting mechanism to get a heavy wheelchair into a trunk. Like these are things that can be done. And so many people go without this information, and then they end

up with horrible back issues from lifting wheelchairs in and out. But like you said, getting a transport chair, they're pretty affordable. I mean, \$120 and it can absolutely be a game changer. I know I've I have four of them. Because I've tested them all

Rosanne 52:51

Of course you have! And I saw that video of getting the wheelchair into a trunk because it's really hard. And it was again, Lindssy brilliant. Honestly, the things that you have on your on your YouTube channel on your Instagram page, I can't speak highly enough about it. I really can't.

Lindsay DeLong 53:07

That's really sweet, I really appreciate that. And I have to say, I am not the inventor of these things. I am the communicator of them. You know where I learned that crutch trick? Where? A patient. Did you see that a patient who had spent 40 years in a wheelchair and had taught this had figured this out? He's an engineer, brilliantly minded engineer. Of course, I don't I tell you what, I have learned more from caregivers and patients than I will ever learn from a book. Or I miss it because I'm not actively treating patients. I told my husband the other day, like I gotta get back out there because I got to learn some more stuff. So I can share it all are brilliant, and incredibly inspiring. And that's I don't create this content in a vacuum either. Just like you don't provide care in a vacuum. I give all of the credit to the people who are out there living this this life every day. You guys are all geniuses.

Rosanne 53:55

Listen, I appreciate you. I know all the people that are looking at your your socials. Appreciate you. I think you're fantastic.

Lindsay DeLong 54:03

I appreciate that.

Rosanne 54:04

And I know you have some webinars coming up this month, and in March, can you share about them, please?

Lindsay DeLong 54:09

Well, I'm gonna be doing a couple of webinars on YouTube that are gonna be live. I have one on February 28. Okay, that's going to be on YouTube, doing things for myself, myths and facts. And then I have another one on March 21, which is going to be all about what we talked about really earlier, the affordable tools for an unexpected injury, something that you could get in quickly, that isn't gonna break the bank when those unexpected situations arise. So those are kind of upcoming and you know, they can be joined live or you can refer to them on YouTube. They'll be shared on my platform as well as on the Koelsch Communities. They've been incredibly kind to to get me involved so they are wonderful and they are going to post it on their site live and then it'll be there for reference. So.

Rosanne 54:53

On their Facebook site Live.

Lindsay DeLong 54:55

Facebook Live and then it will be on YouTube as well.

Rosanne 54:58

Okay, Facebook Live and YouTube and how can people sign up beforehand?

Lindsay DeLong 55:02

If you go to the Koelsch Community YouTube page, you can actually see upcoming events. And their webinar series is right there. And you'll see it's, you'll see my, my upcoming ones and you can actually request notification for a reminder.

Rosanne 55:19

Okay, and that's Koelsch K O E L S like Sam C H.

Lindsay DeLong 55:24

Yep, communities. Yeah, absolutely. Yeah, it's, like I said, I got to surround myself with you brilliant caregivers and clients and, and keep and keep gleaning cleaning wonderful information from everyone and hopefully share a little back.

Rosanne 55:38

A big thank you to Lindsay DeLong for being my guest today. To find more information about Lindsay and access all of her free resources. You can find her on her YouTube channel, Instagram, or Tiktok at EquipMe OT or on her website, equipmeot.com. I hope you enjoyed our podcast today, head over to Dr. hood.org and click on the podcast section for Show Notes including the full transcript and links to any resources and information from today's episode. You can find and review us on Apple podcasts or anywhere you listen to your podcasts. We are also on Facebook, Twitter, and Instagram, at Daughterhood The Podcast and on my blog HeyRoe.com. Feel free to leave me a message and let me know what issues you may be facing and we'd like to hear more about or even if you just want to say hi, I'd love to hear from you. Also a very special thank you to Susan Rowe for our theme music, the instrumental version of her beautiful song Mamas Eyes from her album Lessons In Love. I hope you found what you were looking for today, information, inspiration or even just a little company. This is Rosanne Corcoran. I hope you'll join me next time in Daughterhood.