

Gadgets & Tools for Independent Living: Adapting to Age-Related Sensory Changes



Leader's Guide



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**Adapted from materials developed by Deborah Byrne, Oregon State University
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Program Materials

Leader Guide Includes:

- Lesson Outline
- Visuals for teaching with answer sheets included
- **Kit-** Gadgets and Tools for Independent Living
- Evaluation
- "May We Call You" Sheet

For Participants:

- **Activity 1-**Gadgets & Tools for Independent Living in Later Life Questionnaire
- **Activity 2-** Gadgets and Tools for Independent Living in Later Life Activity
- **Activity 3-**Home Modifications for Independent Living Checklist
- Ways to Get Help with Home Modifications
- Selecting Gadgets & Tools for Independent Living
- Helpful Resources for Independent Living
- Evaluation Form
- "May We Call You"

Program Objectives

As a result of this lesson, learners will be able to:

- Recognize how age-related sensory changes can affect an older person's ability to live independently.
- Identify home modifications that can help people adapt to age-related sensory changes.
- Be aware of ways to make home modifications.
- Recognize assistive devices and equipment that assist a person in adapting to age-related sensory changes.
- Be aware of ways to select assistive devices and equipment.
- Become familiar with resources that assist an older person in remaining independent, safe, and comfortable at home.

Before the Lesson

- Read and be familiar with all lesson materials.
- If visual masters are not large enough for your group to see, write points on a large piece of paper such as newsprint or a blackboard.
- **Review** instructions on how to lead activities. Know how to properly demonstrate assistive devices in the *Gadgets & Tools for Independent Living Kit*.

After the Lesson

- **Ask** participants to complete one of the **Evaluation Forms**. Collect evaluations.
- Please put assistive devices and resource catalogs back into kit.
- **Return** evaluations and the tool kit to the county Extension office **within two weeks**.

Introduce Topic:**Say:**

As people grow older, it can become increasingly difficult for them to take care of their daily activities. For instance, not being able to carry out everyday tasks such as putting on socks and shoes, getting in

and out of a chair, hearing a door bell ring, walking to the door, turning on a lamp, cutting an apple, smelling spoiled food, tasting a favorite recipe, or reading mail can threaten an older person's ability to stay in his or her own home.

Show Visual #1 and Say: (*information printed in the box below is also printed on the back of the visual*)

Normal sensory changes in later life are due to the sensory organs becoming less efficient with age. Sensory changes that older people experience can affect their:

- Vision
- Hearing
- Touch and Dexterity
- Taste
- Smell

This lesson is designed to help you learn about normal sensory age-related changes that can affect a person's ability to live and function in a safe, comfortable, and accessible home environment.

Modifications for adapting the home to make daily life more manageable and to support independence will be discussed. Also covered will be ways to select assistive devices and equipment that make it possible for older people to stay for as long as possible in their homes. To better understand age-related sensory changes and adaptations to the home environment enhance the possibility of older people living independently complete the ***Independent Living in Later Life Questionnaire***.

Activity 1: Independent Living in Later Life Questionnaire

- Have participants complete the ***Independent Living in Later Life Questionnaire***.
- **Directions for participants:** Read each statement on the questionnaire and determine whether the statement is true or false. Circle the appropriate answer in the right-hand column.
- **Review Answer Sheet for Activity 1 Questionnaire** . Invite participants to share their responses to the questionnaire.

Say:

Sensory changes do not occur at the same age for each person. The age that the senses begin to decline and the rate of decline differs markedly among people. Age-related sensory changes generally occur gradually. Because these changes occur more slowly an individual has more time to adapt to the changes than when sensory losses occur suddenly through an accident or other health crisis.

Show Visual #2 and Say: (*information printed in the box below is also printed on the back of visual*)

As we age, common age-related vision changes include:

- **Decrease in sharpness of vision** (visual acuity)
- **Decreased ability to adjust focus.** Requires more time for eyes to shift focus from near to far and vice versa.
- **Decline in peripheral vision**, that is, side vision narrows.

Visual #2 (Continued):

- **Decreased light-dark adaptation.** Eyes adapt less well to dim light, taking longer to adjust when moving from a bright area to a dim area or vice-versa.
- **Decreased ability to differentiate certain colors and color intensities.**
- **Decreased resistance to glare.**

Adapting to Vision Changes:

- Label objects.
- Use solid colors. Patterns of various objects such as carpet or upholstery makes it more difficult for people with poor vision to identify objects.
- Change of illumination helps objects to be seen more easily and improves contrast. Lighting should be bright and evenly distributed. Most eyes as they age need more light.
- It becomes more difficult to adjust when going from lighted to darkened areas. For safety, allow extra time to adapt to changes in lighting, i.e., use nightlights.
- Reduce glare by aiming lights at a wall or the ceiling; use low-glare bulbs and lampshades. If necessary use a translucent shade or blinds to help diffuse glare.
- Use visual aids, such as magnifying lenses and large-print reading materials. Use writing aids, such bold-line writing paper and a black felt-tip pen to create contrast and make writing easier.
- Use large, easy-to-read buttons on phone dial for improved visibility and ease of use. Speed dial buttons with names or pictures of friends and family instead of numbers can help.

Show Visual #3 and Say: *(information printed in the box below is also printed on the back of visual)*

Age-related hearing changes include:

- **Decreased ability to distinguish sounds** when there is background noise or interference.
- **Difficulty hearing high-pitched frequencies.**

Adapting to Hearing Changes:

- Talk face to face with person at eye level.
- Eliminate or reduce background noise.
- If you don't understand a message, ask person to reword it.
- Explore adaptive and assistive listening devices.

Show Visual #4 and Say: *(information in the box below is also printed on the back of visual)*

Touch sensitivity and dexterity decreases with age in the following ways:

- **Decrease in the ability to maintain normal body temperature** due to poorer circulation, thinning of the skin resulting in sensitivity to cool temperatures.
- **Decreased sensitivity to touch and pain sensations**, for example, hot water can damage skin before an older person realizes that damage is occurring.
- **Stiffening of joints** can make it more difficult to learn new skills that involve fine motor movements. It can become more difficult to rely on touch for skills such as knitting, using the computer, and playing card games.

Adapting to Touch and Dexterity Changes:

- Position items so they can be grasped easily.
- Be patient. Don't rush to complete a task.
- Use easy-grip utensils.

Show Visual #5 and Say: (*information printed in the box below is also printed on the back of visual*)

The senses of taste and smell are related. When the sense of smell is decreased, it becomes more difficult to taste food. The decline in taste and smell acuity begins around age 60 and is more severe by age 70. One major study showed that 60 % of people in their 60's and 70's showed they had smell impairment and that 25 % could not identify odors. Such changes in the sense of taste and smell include:

- **Decrease in the number and sensitivity of taste buds.** At age 30, a person has 245 taste buds on each of the tiny bumps (called papilla) on the tongue. At 70, the number of taste buds per papilla decreases to around 88.
- **Diminished sense of smell** can have consequences for safety, nutrition, personal hygiene, and life enjoyment. By age 80, about 40 % of people have difficulty identifying common substances by smell.

Adapting to Changes in Smell and Taste:

- Serve food attractively arranged and garnished.
- Vary shapes, textures, and temperatures of the food.
- Use smell-enhancing strategies – smell food before tasting it.
- Augment food's flavor with herbs, spices and flavor enhancement techniques.
- Make sure smoke detectors are in working order.

Say:

In addition to normal age-related changes in older individuals, other factors can cause deterioration in the senses and contribute to sensory loss.

Show Visual #6 and Say: (*information printed in the box below is also printed on the back of visual*)

Other factors that contribute to sensory losses in an older person include:

- **Family Traits and Heredity**
- **Diseases or Illnesses** - a variety of diseases or illnesses can affect sensory loss, for example, diabetes may affect vision.
- **Medical treatment** - radiation therapy can affect taste and smell.
- **Environmental factors** such as exposure to intense and prolonged noise can affect a person's ability to hear sounds.
- **Smoking** reduces taste and smell sensitivity.
- **Injury**
- **Medications** can alter taste and smell.

Activity 2: Gadgets & Tools for Independent Living

Instructions for leading this activity are located in the booklet found in the **Gadgets & Tools for Independent Living Kit**. Allow participants about 10 minutes for this activity.

Show Visual #7 and Say (Information printed in the box is on the back of the visual.)

Defining Terms: Gadgets & Tools for Independent Living

The following terms are often used when referring to gadgets, tools, products and services available to people with age-related sensory losses. Definitions are meant to be informational and are generalized. Some devices and equipment could belong in more than one category. For instance, a grab bar for a shower or tub is a home modification device because it is installed in the home but it also is a piece of durable medical equipment.

- **Adaptive or Assistive Devices** refer to simple and/or inexpensive assistive gadgets and tools that make it easier for an older person to carry out daily activities with maximum comfort that can work in almost any home. Examples of devices include long-handled “reachers” for retrieving items on low or high shelves; key enlargements, i.e., plastic finger loops that help turn keys in doors and car ignitions; talking watches or calculators; specially designed cooking tools, such as cutting boards with finger guards and can openers that don’t leave sharp edges.
- Some products are fairly easily to install such as a hand-held showerhead with a flexible head or tactile knobs for stoves with raised dots to indicate settings. Medicare does not pay for these types of devices.
- **Home or Durable Medical Equipment** refers to equipment that tends to be more expensive and that **requires a physician’s order and is medically necessary**. Medicaid or private insurance **may pay** for some equipment. Discuss costs and choices with your insurance carrier before purchasing equipment and follow the procedure for pre-authorization. Examples of this type of equipment include a hospital bed, shower chair, raised toilet seat, walker, and wheelchair.
- **Assistive Technology** refers to any devices or equipment that improve or maintain the functional capabilities of individuals with disabilities. It includes services that help someone choose and learn to use the devices best suited for their needs. Examples include a computer that talks with someone without speech; decoders to show the closed caption words on TV; and an adapted fishing rod or camera holder for someone with only one usable hand.

Resources

Say: Examples of resources available to help an older person stay independent as possible will be passed around.

Show participants resource materials found in the ***Gadgets & Tools for Independent Living Kit*** including:

- Book: *Home Sweet Home: How to Help Older Adults Live Independently*
- Catalog: *MaxiAIDS*
- Three (3) informational AARP booklets. **Pass out** postcards to participants who wish to order these free booklets.

After the activity, refer to the Participant Guide for additional information.
([Selecting and Using Gadgets and Tools for Independent Living](#))

Ask participants to review ***Helpful Resources for Independent Living*** handout in their packet for more information.

Activity 3: Home Modifications for Independent Living Checklist

Say:

Introduction to Home Modifications

Most individuals as they grow older are able to take care of their everyday activities. However, significant sensory changes can have serious consequences for the safety, comfort and quality of life for many older people. Such consequences include reduced mobility, dependence on others, inaccurate perceptions of the environment around them, reduced ability to communicate with others, difficulty in doing tasks or not being able to do them at all, and poor self-esteem.

Often an older person's home environment makes it difficult for her to function independently. If simultaneous changes should occur to different senses, it can seem overwhelming to an older person and feelings of frustration and anxiety may arise. A supportive home environment can assist older adults to overcome feelings of isolation, dependence and loss of self-sufficiency. For example, adapting the home environment through modifications and repairs can be helpful in enabling a person to compensate for diminished sensory changes. Sometimes, small changes in the home increase the older person's ability to move around and do routine household activities.

Home Modifications refer to adaptations to a person's home which enable the home to be a better fit for the person as he grows older and his needs change. Modifications to the home can improve accessibility, enhance comfort, increase safety, prevent injuries, and promote independence allowing an older person to maintain or improve his quality of life.

Ask: What are Home Modifications? Will your home meet your future needs?

Ask participants to respond to the Home Modifications for Independent Living Checklist.

When Considering Home Modifications Ask Yourself?

- Will your home meet your needs in early and later retirement?
- Will you be able to handle the upkeep of the house and yard?
- Is it energy efficient?
- Is the home and surrounding neighborhood safe?
- Does the home have a convenient physical layout for daily activities?
- Will it remain affordable?

Say:

Ways to Get Help with Home Modifications

To modify and repair your home you can:

- Do it yourself, or get a friend or relative to help.
- Hire a contractor or handyman.
- Find out if your community has a home modification and repair program for older homeowners.

Ways to Protect Yourself from Home Modification and Repair Fraud

For extensive and more complicated modifications, you may need to hire a contractor to do the work, such as ramp access to home, safety handrails on both sides of stairs, and widening doorways for wheelchairs or walkers.

*** NOTE: If time is limited, skip to Visual # 7
Refer participants to handouts**

Protect yourself when hiring a contractor by following these tips:

- Make sure contractor is reliable. Hire a licensed and bonded contractor.
- Get recommendations from friends who have had similar projects completed.
- Check out references from previous customers. Try to see some of the contractor's completed projects.
- Be specific about the work you want. Comparison shop by getting written bids and cost estimates from several contractors.
- Insist on a written agreement, which should be clear, concise and complete.
- Have a trusted family member or friend read the agreement.

- Before you make the final payment make sure of the following: all work meets the standards spelled out in the agreement; you have written warranties for materials and workmanship; you have proof that all subcontractors and suppliers have been paid; you have inspected and approved the completed work.
- Check with the local Better Business Bureau or the state Consumer Affairs Office regarding the contractor's credentials for reliability and performance record.

Summarize Lesson

- The efficiency of the five senses - vision, hearing, touch, taste and smell – decline in later life. The rate of decline differs markedly among people.
- Awareness of age-related sensory changes can enable a person, as he or she grows older to plan and make modifications to adapt the home environment to his or her changing needs to provide for greater accessibility, safety, comfort, and to promote independence.
- Awareness and use of adaptive devices, equipment, products and services can assist an older person to adjust to age-related sensory changes and to live independently for as long as possible.

Ask if anyone has any questions.

Evaluation

- **Ask** participants to complete program **Evaluation Form**. **Collect** evaluations.
- **Ask** participants to sign the **May We Call You Sheet?**
- Be sure kit's gadgets and resources, i.e., catalogs, and informational booklets are put back into the kit.
- **Return** evaluations and kit to your county Extension office **within two weeks**.

Visual #1: Normal Age-Related Sensory Changes (Front)

Normal Age-Related Sensory Changes

- Vision
- Hearing
- Touch and Dexterity
- Taste
- Smell

Visual #1: Normal Age-Related Sensory Changes (Back)

Normal sensory changes in later life are due to the sensory organs becoming less efficient with age. Sensory changes that older people experience can affect their:

- **Vision**
- **Hearing**
- **Touch and Dexterity**
- **Taste**
- **Smell**

Answer Sheet for Activities 1- Questionnaire

1. **False.** The ability to see colors changes with age as the lens of the eyes yellows. Also, as we age, the colors red, yellow, and orange are easier to see than the colors blue and green.
2. **False.** Hearing loss affects more people than any other age-related sensory impairment. Thirty to 50 percent of all older adults suffer a hearing loss serious enough to affect their quality of communication and interpersonal relationships.
3. **False.** The amount of light reaching the back of the eye decreases with age. By age 80, a person may require 10 times more light than the average 25-year-old.
4. **True.** The ability to hear intensity, volume, or pitch of sound, especially high-pitched sound, can decrease with age.
5. **False.** Shouting at a person who is hearing impaired only raises the pitch of the speaker's voice, making it harder for the person with the hearing loss to hear because the sound can become distorted.
6. **False.** Taste buds decline with age. At age 30, a person has 245 taste buds on each of the tiny bumps (called papilla) on the tongue. By age 70, the number of taste buds per papilla decreases to approximately 88.
7. **True.** By age 80, about 40 percent of people have difficulty identifying common substances by smell.
8. **True.** When people are unable to smell, they may not be able to detect smells warning of dangers such as "off" odor in food that is unsafe to eat, a gas leak, smoke, or carbon monoxide.
9. **True.** As people age their ability to feel pain is decreased. Consequently, scalding bath water, a hot water bottle, or a heating pad that is too hot could seriously injure a person.
10. **False.** For Medicaid or Medicare to pay part or all the cost of medical equipment, a physician's order is required and the home medical equipment must be considered medically necessary.

Visual #2: Age-Related Vision Changes & Adaptations (Front)**Age-Related Vision Changes**

- Decrease in sharpness of vision (visual acuity).
- Decline in peripheral vision.
- Decreased ability to adjust focus.
- Decreased light-dark adaptation.
- Decreased ability to differentiate certain colors and color intensities.
- Decreased resistance to glare.

Adapting to Vision Changes:

- Label objects.
- Use solid colors.
- Change of illumination helps objects to be seen more easily and improves contrast.
- Lighting should be bright and evenly distributed.
- Reduce glare by aiming lights at a wall or the ceiling; use low-glare bulbs and lampshades.
- Use visual and writing aids.
- Use large, easy-to-read buttons on phone dial for improved visibility and ease of use.

Visual #2: Age-Related Vision Changes (Back)

As we age, common age-related changes vision include:

- **Decrease in sharpness of vision** (visual acuity).
- **Decreased ability to adjust focus.** Requires more time for eyes to shift focus from near to far and vice versa.
- **Decline in peripheral vision**, that is, side vision narrows.
- **Decreased light-dark adaptation.** Eyes adapt less well to dim light, taking longer to adjust when moving from a bright area or vice versa.
- **Decreased ability to differentiate certain colors and color intensities.**
- **Decreased resistance to glare.**

Adapting to Vision Changes:

- Label objects.
- Use solid colors. Patterns of various objects such as carpet or upholstery makes it more difficult for people with poor vision to identify objects.
- Change of illumination helps objects to be seen more easily and improves contrast. Lighting should be bright and evenly distributed. Most eyes as they age need more light.
- It becomes more difficult to adjust when going from lighted to darkened areas. For safety, allow extra time to adapt to changes in lighting, i.e., use nightlights.
- Reduce glare by aiming lights at a wall or the ceiling; use low-glare bulbs and lampshades. If necessary use a translucent shade or blinds to help diffuse glare.
- Use visual aids, such as magnifying lenses and large-print reading materials. Use writing aids, such bold-line writing paper and a black felt-tip pen to create contrast and make writing easier.
- Use large, easy-to-read buttons on phone dial for improved visibility and ease of use. Speed dial buttons with names or pictures of friends and family instead of numbers can help.

Visual #3: Age-Related Hearing Changes (Front)**Age-Related Hearing Changes**

- Decreased ability to hear high-pitched sounds.
- Decreased ability to distinguish sounds when there is background noise or interference.

Adapting to Hearing Changes:

- Talk face to face with person at eye level.
- Eliminate or reduce background noise.
- If you don't understand a message, ask person to try rewording it.
- Explore adaptive and assistive listening devices.

Visual #3: Age-Related Hearing Changes (Back)

Common age-related hearing loss includes:

- **Decreased ability to hear high-pitched sound.**
- **Decreased ability to distinguish sounds** when there is background noise or interference.

Adapting to Hearing Changes:

- Talk face to face with person at eye level.
- Eliminate or reduce background noise.
- If you don't understand a message, ask the person to try rewording it.
- Explore adaptive and assistive listening devices.

Visual #4: Age-Related Touch and Dexterity Changes (Front)**Age-Related Touch and Dexterity Changes**

- Decrease in the ability to maintain normal body temperature due to poorer circulation, thinning of the skin resulting in sensitivity to cool temperatures.
- Decreased sensitivity to touch and pain.
- Stiffening of joints.

Adapting to Touch and Dexterity Changes:

- Position items so they can be grasped easily.
- Be patient. Don't rush to complete a task.
- Use easy-grip utensils.

Visual #4: Age-Related Touch and Dexterity Changes (Back)

Touch sensitivity and dexterity decreases with age in the following ways:

- **Decrease in the ability to maintain normal body temperature** due to poorer circulation, thinning of the skin resulting in sensitivity to cool temperatures.
- **Decreased sensitivity to touch and pain sensation.** With age, touch sensations decrease. Burns and bruises are more likely. For example, hot water can damage skin before an older person realizes that damage is occurring.
- **Stiffening of joints** can make it more difficult to learn new skills that involve fine motor movements. It can become more difficult to rely on touch for skills such as knitting, using the computer and playing some table games.

Adapting to Touch and Dexterity Changes:

- Position items so they can be grasped easily.
- Be patient. Don't rush to complete a task.
- Use easy-grip utensils.

Visual #5: Age-Related Taste and Smell Changes (Front)

Age-Related Changes in Taste and Smell

- Decrease in number and sensitivity of taste buds.
- Diminished sense of smell.

Adapting to Changes in Smell & Taste:

- Serve food attractively arranged and garnished.
- Vary shapes, textures, and temperatures of the food.
- Use smell-enhancing strategies – smell food before tasting it.
- Augment food's flavor with herbs, spices and flavor enhancement techniques.
- Make sure smoke detectors are in working order.

Visual #5: Age-Related Taste & Smell Changes (Back)

The senses of taste and smell are related. When the sense of smell is decreased, it becomes more difficult to taste food.

The decline in taste and smell acuity begins around age 60 and is more severe by age 70. One major study showed that 60 % of people in their 60's and 70's showed they had smell impairments and that 25 % could not identify odors. Such changes in the sense of taste and smell include:

- **Decrease in the number and sensitivity of taste buds.** At age 30, a person has 245 taste buds on each of the tiny bumps (called papilla) on the tongue. At 70, the number of taste buds per papilla decreases to around 88.
- **Diminished sense of smell**– can have consequence for safety, nutrition, personal hygiene and life enjoyment. By age 80, about 40 % of people have difficulty identifying common substances by smell.

Adapting to Changes in Smell & Taste:

- Serve food attractively arranged and garnished.
- Vary shapes, textures, and temperatures of the food.
- Use smell-enhancing strategies – smell food before tasting it.
- Augment food's flavor with herbs, spices and flavor enhancement techniques.
- Make sure smoke detectors are in working order.

Visual #6: Factors Contributing to Sensory Loss (Front)

Factors Contributing to Sensory Loss

- Family Traits and Heredity
- Disease or illness
- Environmental factors, i.e., exposure to intense and prolonged noise
- Smoking
- Injury
- Medications

Visual #6: Factors Contributing to Sensory Loss (Back)

Besides age-related sensory changes, there are other factors that can contribute to sensory losses in an older person. Such factors include:

- **Family Traits and Heredity**
- **Disease or Illness** - a variety of diseases or illnesses can affect sensory loss. Diabetes may affect vision or cancer may affect sense of taste.
- **Environmental factors** such as exposure to intense and prolonged noise can affect a person's ability to hear.
- **Smoking** reduces taste and smell sensitivity.
- **Injury**
- **Medications** can alter sense of taste and smell.

Answer Sheet for Activity 2: Independent Living in Later Life Activity

Identifying numbers [1-12] next to the name of each assistive device on Participant Handout correspond with an identifying number on specific devices in the kit.

Each assistive device in the kit is numbered. As you show participants each device, demonstrate or explain how the device is used, when a person might want to use it, and its approximate cost. **Pass around** the assistive devices in the order listed below.

After viewing, participants can look at activity 2 and fill in the blanks.

[1] Magnifying Sheet [reading aid]: Reading magnifier comes in all shapes and sizes for people with vision impairments. Ideal for reading small print, contracts and more. Sheet is large enough to cover an entire page. Place moveable lightweight magnifying sheet on top of reading material and lift. Available at office supply stores. Price: \$4.95.

[2] Check Writing Guide [writing/reading aid]: Check-writing stencil useful for individuals with visual impairments who need help in filling out checks. Available free by contacting the Oregon Commission for the Blind.

[3] Scoop Dish [dining helper]: Dish is raised and curved on one side to help individuals get their food onto their fork or spoon – makes it easier and neater for people to feed themselves. The unbreakable plastic dish stays in place with a non-skid, rubber padded base to keep the dish from slipping. Dishwasher safe. Not recommended for microwave use. Available at home health care/medical supply stores, and through catalogs. Price: \$6.65.

[4] Pen/Pencil Grips [writing aid]: Reduces strain for a person who has difficulty grasping. Soft grips slip over pens and pencils to provide a better grip for individuals who need extra support. Available at office supply stores, and through catalogs. 3 per package 90 cents.

[5] Button Aid/Zipper Pull [dressing aid]: Used for fastening difficult buttons and zippers when a person has diminished grip. Can be used with only one hand. The zipper pull can hook the zipper tongue and pull it closed without straining a person's arm and back. The rubber handle is easy to grasp. The button loop on the other end is used by pass the loop through the buttonhole over the button. Then pull back through the hole and release. Available at home health care stores and through catalogs. Price: \$7.00 - \$9.00.

[6] Sock Aid [dressing aid]: Easy-to-use aid comfortably helps people with limited mobility to pull on socks or stockings by reducing the need for excessive reaching or bending. Place sock over the flexible plastic funnel-shaped sleeve, insert foot into sock aid and pull the cord's two soft, foam handles to bring sock over heel and up leg. Cords can be cut to adjust length. Requires two hands to use. Available at home health care/medical supply stores, and through catalogs. Price: \$9.00 - \$14.00.

[7] Swivel Peeler [food preparation aid]: This peeler features a built-up, rounded and easy-to-hold handle, even when wet so a person can peel vegetables safely and easily. Great aid for those individuals with weak and limited hand grasp. Available at mega stores, some supermarkets, and through catalogs. Price: \$6.00 - \$8.00.

[8] Faucet Turner [home helper]: Faucet turner adjusts to fit different size faucets. Easy to use for individuals with limited dexterity. Available at home health care/medical supply stores. Price: \$10.00.

[9] Easy Door Grip [door knob aid]: Deep grooved rubber grip fits over standard doorknobs. It provides non-slipping traction and added turning leverage. Helpful for people with restricted movement and limited strength or hand control. Available at some pharmacies and through catalogs. Price: \$8.00.

[10] Cane Butler [mobility aid]: Clip attaches to 3/8" - 1" diameter cane shaft. Allows cane to be supported on any table or desk. Foam disk on either side creates enough friction to hold cane in place. Available at some pharmacies and through catalogs. Price: \$3.95.

[11] Touch Light [home helper]: Touch light is easy on hands and fingers. By pressing the top of the light it will turn top on and off. Can be used by those individuals with limited hand usage to provide light where needed -- nightstands, closet, stairwell or bathroom. Battery-powered light sits or hangs anywhere with hardware or tape (not included). Available at some drug and mega stores, and through catalogs. Price: \$4.00 - \$7.00.

[12] EZ-Key Turner [home helper]: Key turner is easy to grip and turn. Helps a person with limited dexterity overcome hard to turn locks and gain quick access to his or her home, condo, and more. Can be used by a person whose strength has been temporarily or permanently diminished. 3 per package in 3 different colors help in key/lock identification. Available at home health care and mega stores, and through catalogs. Price: \$6.85.

Note: Prices on adaptive devices can vary as well as available locations.

Visual #7: Defining Terms: Gadgets & Tools for Independent Living (Front)

Defining Terms: Gadgets & Tools for Independent Living

- Assistive or Adaptive Devices
- Home or Durable Medical Equipment
- Assistive Technology

Visual #7: Defining Terms: Gadgets & Tools for Independent Living (Back)

The following terms are often used when referring to gadgets, tools, products and services available to people with age-related sensory losses.

Definitions are meant to be informational and are generalized. Some devices and equipment could belong in more than one category. For instance, a grab bar for a shower or tub is a home modification device because it is installed in the home but it also is a piece of durable medical equipment.

- **Adaptive or Assistive Devices** refer to simple and/or inexpensive assistive gadgets and tools that make it easier for an older person to carry out daily activities with maximum comfort, and can work in almost any home. Examples of these devices include long-handled “reachers” for retrieving items on low or high shelves, “key enlargements”, plastic finger loops that help turn keys in doors and car ignitions, talking watches, clocks, timers or calculators, and specially designed cooking tools, such as cutting boards with finger guards and can openers that don’t leave sharp edges.

Some products are fairly easy to install such as a hand-held showerhead with a flexible head or tactile knobs for stoves with raised dots to indicate settings. Medicare does **not pay** for these types of devices.

- **Home or Durable Medical Equipment** refers to equipment that tends to be more expensive and **requires a physician’s order and is medically necessary**. Medicaid or private insurance **may pay** for some equipment. Discuss costs and choice with your insurance carrier before purchasing equipment and follow the procedure for pre-authorization. Examples of this type of equipment include a hospital bed, shower chair, raised toilet seat, walker, and wheelchair.
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