

Activities of Daily Living

- Tasks that you do in day-to-day life that require thinking skills of paying attention, remembering, multitasking, listening and speaking.
- Divided into more complex ADLs, called **instrumental ADLs and basic ADLs**

Instrumental of Activities of Daily Living (IADLS)

- **Cooking**- Planning a meal, following a recipe, preparing and serving it
- **House Cleaning**- Keeping living space neat and clean
- **Taking Medication**- Taking meds as prescribed, including organizing pill bottles or pill holders
- **Laundry**- Washing clothes, sheets and towels properly
- **Shopping**- Grocery and other shopping to meet needs such as food and clothing
- **Managing finances**- Budgeting financial planning and timely payment of bills
- **Communication**- Making and receiving phone calls, listening to voicemail (cell phone, smart phone and computer use for email)
- **Transportation**- Driving a car, using a car service (taxi, Uber, Lyft and the like) or public transportation)

Basic Activities of Daily Living (BADLs)

- **Bathing**- Showering or taking a bath
- **Dressing**- Selecting clothes and putting them on properly
- **Transferring**- Getting up or down from a lying, sitting or standing position
- **Toileting**- Being able to urinate and have a bowel movement in the toilet as well as clean oneself afterward
- **Feeding**- Conveying food and drink to the mouth

WHAT IS THE "CAN DO, WILL DO, MAY DO" CONCEPT?

"This approach is based on the Allen Cognitive Disabilities Model, which helps us understand how thinking abilities change in dementia.

Instead of just looking at memory loss, we look at what a person CAN DO, WILL DO, and MAY DO:

- CAN DO – What they are physically and mentally capable of doing.
- WILL DO – What they are motivated to do based on their habits, interests, and comfort.
- MAY DO – What they might still be able to do if given the right support."

"Now, let's apply this concept to different stages of dementia."

Mild Cognitive Impairment (MCI) (Allen Cognitive Level 5.0–5.8: Exploratory Actions) MMSE: 25-27, MoCA:18-25

CAN DO (What They Are Still Capable of Doing)

- Follow familiar routines with minimal assistance.
 - Complete basic self-care tasks, such as dressing, bathing, and grooming.
 - Engage in meaningful conversations, though they may forget details.
 - Prepare simple meals and handle light household tasks.
 - Make decisions when presented with clear choices.
 - Navigate familiar environments safely.
 - Learn new information with repetition and structured guidance.
-

WILL DO (What Motivates or Interests Them)

- Participate in social activities, such as group outings, conversations, or family gatherings.
- Engage in hobbies that are familiar and enjoyable, such as gardening, reading, or crafting.
- Enjoy physical activities, such as walking, yoga, or light exercise.
- Respond positively to structured and predictable routines.
- Express opinions and preferences when given the opportunity.
- Seek emotional connections with loved ones and engage in reminiscing conversations.

MAY DO (What They Might Need Support With)

- Remembering appointments, medications, or important dates without reminders.
- Handling complex financial tasks, such as paying bills or managing accounts.
- Following multi-step instructions without occasional confusion.
- Adapting to new environments or learning unfamiliar technology without frustration.
- Completing household tasks that require sustained attention, such as cooking full meals.
- Processing abstract or complex information without needing clarification.

Care Partner Tips:

- Encourage continued independence in familiar tasks.
- Allow extra time for problem-solving and decision-making.
- Use visual reminders, to-do lists, and schedules for support.
- Maintain a structured routine to reduce confusion.
- Provide opportunities for social engagement to maintain connections.
- Offer familiar and meaningful activities that bring joy.
- Encourage movement and exercise to promote overall well-being.
- Reinforce a sense of purpose by involving them in daily tasks.
- Set up calendars, alarms, and written reminders to support memory.
- Offer step-by-step guidance for more complex tasks.
- Simplify choices to avoid overwhelming decision-making.
- Provide reassurance and encouragement when they experience difficulty.

Early Stage Dementia (Allen Cognitive Level 4.6–5.4: Exploratory/Goal-Directed Actions) MMSE: 20-24, MoCA:11-17

"In this stage, your loved one can still do many things, but they may start making mistakes or forgetting steps. With the right support, they can remain independent in many daily tasks."

CAN DO – Abilities They Still Have:

- Follow routines and complete familiar activities.
- Cook simple meals if they have a structured environment.
- Manage personal care (bathing, dressing) with some reminders.
- Hold conversations but may forget recent details.

WILL DO – What Motivates or Interests Them:

- Engage in social interactions and reminisce about the past.
- Participate in simple games, puzzles, or gardening.
- Follow structured routines, especially for self-care.

MAY DO – What They Might Need Support With:

- Manage medications if given a pill organizer or reminders.
- Handle money if bills are set up on autopay.
- Continue hobbies if given clear instructions.

Care Partner Tips:

- Set up daily reminders and calendars.
- Encourage participation in familiar tasks.
- Allow them to make choices to maintain independence.

Example: Instead of saying, "Do you want to get dressed?" try, "Would you like the blue sweater or the red one?" This keeps them involved while reducing decision-making stress.

Middle Stage Dementia (Allen Cognitive Level 3.0–4.4: Manual/Goal-Directed Actions) MMSE: 13-19, MoCA:6-10

"This is where daily tasks become more challenging. Your loved one may need step-by-step guidance and will rely more on their hands and senses to complete tasks."

CAN DO – Abilities They Still Have:

- Use their hands to complete simple, repetitive tasks.
- Follow one-step instructions (e.g., "Brush your hair").
- Recognize familiar people and places.

WILL DO – What Motivates or Interests Them:

- Respond to music, rhythm, and sensory activities.
- Enjoy familiar, repetitive movements (sorting objects, holding soft fabrics).
- Follow daily routines with structured support.

MAY DO – What They Might Need Support With:

- Eat independently if meals are pre-cut and easy to handle.
- Participate in familiar household tasks like folding laundry.
- Engage in social activities with guidance.

Care Partner Tips:

- Use hand-over-hand guidance (place their hand on the brush to start hair brushing).
- Offer simple choices (e.g., "Do you want coffee or tea?").
- Keep instructions short and direct ("Put your arm in the sleeve").

Example: If they struggle with brushing their teeth, guide their hand to start the motion, then let them finish.

Late Stage Dementia (Allen Cognitive Level 2.0–3.0: Postural/Manual Actions)
MMSE: 0-12, MoCA: 0-5

"At this stage, thinking skills are very limited, but your loved one can still respond to touch, sound, and movement. They rely on reflexes and need full-time care."

CAN DO – Abilities They Still Have:

- React to sensory experiences (warmth, touch, familiar music).
- Move their body in response to gentle guidance (standing, walking).
- Show emotional responses (smiling, frowning, turning toward a voice).

WILL DO – What Motivates or Interests Them:

- Respond to a familiar voice or favorite song.
- Enjoy being near loved ones, even if they don't communicate verbally.
- React to comfort items like a warm blanket or a pet.

MAY DO – What They Might Need Support With:

- Hold soft objects or squeeze a stress ball.
- Participate in rhythmic activities (rocking, clapping).
- Engage in gentle movements, like swaying to music.

Care Partner Tips:

- Use a soft touch when helping with care tasks.
- Play soothing music to reduce agitation.
- Provide familiar scents (lavender, favorite lotion) to create a calming environment.

Example: If they no longer speak, instead of asking, "Do you want water?" try gently placing a cup near their lips and waiting for a response.

End Stage Dementia (Allen Cognitive Level 1.0–2.0: Automatic/Postural Actions)

"At this stage, the focus is on comfort and dignity. Your loved one's responses are mostly reflexive, but they can still feel love and care."

CAN DO – Abilities They Still Have:

- Swallowing small amounts of soft food.
- Responding to touch, warmth, and gentle movements.
- Sleeping and resting for long periods.

WILL DO – What Motivates or Interests Them:

- React to comforting sensations (warm blankets, soft textures).
- Enjoy familiar, soothing sounds (a care partner's voice, favorite music).
- Find peace in a calm, predictable environment.

MAY DO – What They Might Need Support With:

- Show a small reaction to a loved one's voice.
- Turn their head toward a familiar sound.
- Grip a hand or respond to light massage.

Care Partner Tips:

- Focus on gentle touch and voice for connection.
- Prevent skin issues and dehydration with regular repositioning.
- Use hand massage with familiar scents to provide comfort.

References:

- 1.Allen Cognitive Group. (2023). *Case Examples of Evaluation and Intervention within the Cognitive Disabilities Model*. <https://doi.org/10.5014/ajot.2020.74s2001>
- 2.Allen Cognitive Network. (2017). *Brief history of the Cognitive Disabilities Model and assessments*. <https://www.allen-cognitive-network.org/index.php/allen-cognitive-model/brief-history>
- 3.Crisis Prevention Institute. (2018). *Instructor guide: Dementia capable care: Foundation and behaviors course*.
- 4.Shaw, E. G. (2019). *The Dementia Care Partner's Workbook: A Guide for Understanding, Education, and Hope*. Companion Press.
- 5.Earhart, C. A., OTR/L & ACLS and LACLS Committee. (2017). Analysis of modes of performance for the hierarchies of functional cognition and cognitive activity demands in the Allen Cognitive Scale. *In Allen Cognitive Group [Report]*. <https://allencognitive.com/wp-content/uploads/Analysis-of-Modes-of-Performance-4.2023-.pdf>
- 6.Katz, N., & Togliola, J., (2018). *Cognition, occupation, and participation across the lifespan: Neuroscience, neurorehabilitation, and models of intervention in occupational therapy*. (4th ed.). AOTA Press. 10.7139/2017.978-1-56900-479-1