

# Beyond Arm's Reach

## Using the Selfie Stick for Client Adaptations

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**M**aybe you have seen it, towering over your head, reaching out in front of the crowd, trying to capture “that” moment. Those who suffer from functional fixedness may recognize this only as a selfie stick. But occupational therapists, able to see beyond the obvious, know this could be a versatile device for helping others complete various tasks that might not otherwise seem feasible. First, let's explore the anatomy of the selfie stick.

As shown in Figure 1, its features include:

- Telescoping/collapsible pole (available in 42- to 60-inch extension lengths with non-slip foam handle): The telescoping feature of the pole allows the length to be adjusted in specific increments.
- Smartphone cradle: This has a slight extension and spring back securing feature through the adjustable device mount.

- Smartphone adapter: The adapter component is able to be angled by means of the plastic wingnut and screw to adjust and tighten.
- External remote plug in (not present on Wi-Fi version).
- Selfie button

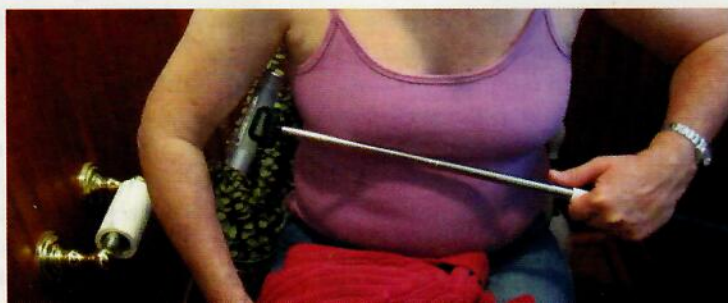
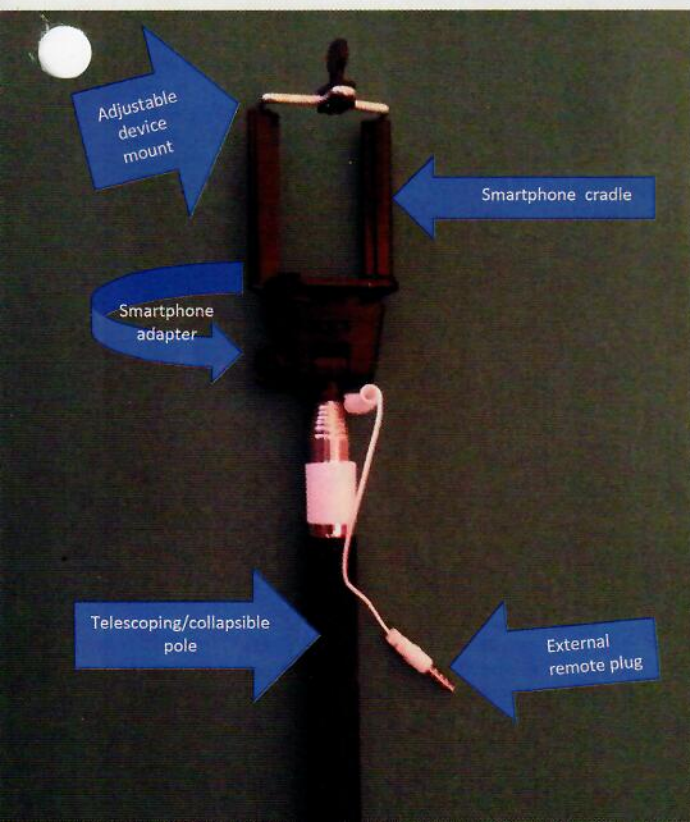
These features can be adapted to different situations and individual needs. The external remote cord—unnecessary and a potential hindrance when using the stick beyond its original purpose—can be cut off, thus rendering the selfie button inactive.

This article spotlights using a selfie stick beyond its obvious function. The following are some examples of the selfie stick in occupational therapy action.

### Case One

A 58-year-old woman with a brachial plexus injury lived alone and was unable to fully use her left hand and arm. She complained of the inability to apply deodorant. Her occupational therapist (OT) suggested using a selfie stick to hold the deodorant stick where the smartphone normally would sit. The deodorant stick was then secured in place by the spring-back action of the cradle (see Figure 2).

Figure 1. Anatomy of a Selfie Stick



lights should be placed on the opposite side of the client's dominant hand. For example, a right-handed person would place the task light on the left side of the desk, angled down to the surface where they write. This position allows the light to illuminate the surface without the shadow of the hand falling across the writing surface.

## Home

In the home, OTs educate and recommend additional lighting on stairs, passageways, workstations, closets, and other commonly used areas that do not have enough light, or where the light and glare vary. For example, the amount of light coming through a client's kitchen window will change based on the time of day, season, and weather. On overcast days, the client may need to use overhead lights and lights mounted under the counter to see. On a sunny day, the client may not need to use the lights under the counter. The client may need to pull down a shade at sunrise or sunset because of the glare of the sun coming through the window at a specific angle. Educating clients on how and when to use lights will help maximize vision.

## Case Example

Ms. S was evaluated by an OT in an outpatient setting for her visual impairment, which was impeding her ability to read. The referring optometrist diagnosed Ms. S with a primary diagnosis of moderate low vision and a secondary diagnosis of age-related macular degeneration. The OT completed an occupational profile and evaluated Ms. S's eye dominance, visual acuity, visual fields, contrast sensitivity, and preferred light levels. From the occupational therapy profile, the therapist learned Ms. S was retired, lived alone, had enjoyed reading in the past, and participated in activities at the senior center. As a result of Mrs. S's visual impairment, reading was challenging. It took more time to read, and she struggled to identify letters and numbers. Evaluation by the OT found Ms. S was right-eye dominant, with 20/80 intermediate and

Figure 2. The LuxIQ 2



The OT taught Ms. S how to use her preferred retinal locus (PRL) for reading. Using her PRL, Ms. S moved the scotoma out of the way during reading. Ms. S also purchased a light bulb with 516 lumens for a desk lamp that was placed 10 inches from the desktop surface. This provided her with 1000 lux to read. Using her PRL and her preferred lighting level, Ms. S resumed reading. For her floor lamp, she purchased a light bulb with 5268 lumen for a distance of 32 inches from the light to her lap when she sat to read in her recliner.

Client education on PRL training and proper light levels allowed Ms. S to resume reading with ease. The OT taught her how to position her lights and how to effectively use her remaining vision. Ms. S was discharged from occupational therapy after achieving her goal to read.

## Conclusion

Preferred lighting level is an important component to address during evaluation and intervention for older adults and individuals with visual impairment. Lighting in conjunction with conventional occupational therapy can facilitate occupational performance

or additional lighting will need to be added. ☺

## References

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Figure 3. Applying Lotion

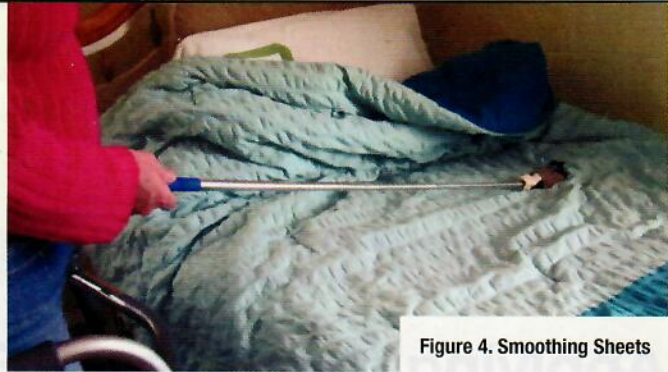


Figure 4. Smoothing Sheets



Figure 5. Grooming

### Case Two

A 69-year-old woman with lower extremity lymphedema also had rheumatoid arthritis. This individual lacked the flexibility and strength to apply lotion to her feet and lower legs. As proper skin care is an important component in preventing infections for those with lymphedema, this issue was of big concern. In this case, the OT began by removing the cradle of the selfie stick, then folded a household sponge 4.5 inches by 3 inches in half and used a rotary punch to put a centered hole through both layers of the sponge approximately one-half inch from the non-folded edge. The therapist then attached the folded sponge to the stick with a screw and wingnut, extended the stick to the appropriate length, and applied lotion to the sponge.

The client mastered the ability to apply lotion to her legs, heels, and feet using this modified device (see Figure 3).

### Case Three

An elderly woman who lived alone in a small apartment and used a walker for mobility had no other place to put her bed except against a wall. She reported having difficulty reaching across the bed to complete making it. To help her client perform this activity, the OT positioned a selfie stick (with the cradle intact) at a 30° angle, using a piece of thermoplastic splinting material molded to secure the angle. The therapist then cut and wrapped a 2.5-inch strip of non-slip grip liner around and within the cradle, securing it at the top with a 1-inch binder clip. With the rod extensibility of 42 inches, the client was able to lift the sheet with the cradle to position it on the opposite side of the bed. With the attached non-slip pad, she was able to push the top sheet in increments to smooth it out while making the bed (see Figure 4).

the cradle from a selfie stick pole by loosening the plastic wingnut. He then drilled a hole into the handle of a flat-handled comb and attached the comb to the pole with a metal screw and wingnut (see Figure 5).

### Case Five

A 58-year-old woman who was a college residential director presented with limited left shoulder range of motion after a mastectomy. The client explained how she previously enjoyed putting up bulletin boards for the students, but that she now needed assistance to hold papers in place to staple them to the board. Her OT recommended using a selfie stick to hold papers that were above shoulder height, which enabled the client to use her right hand to complete the display when help was not around.

### Creative Adaptations

For some individuals, commercially available adapted devices may be cost prohibitive, whereas the cost of a selfie stick can be relatively inexpensive, especially when purchased at a craft store or “dollar” store.

Other objects can of course be attached to the end of selfie sticks, such as a small mirror from a rectangular makeup compact for doing skin inspections. The stick with the cradle removed can also aid in removing socks, looping pant legs over feet, and much more. Bunching up a dust cloth and attaching it to the stick with a Velcro strap can help someone dust behind furniture in narrow spaces.

Open your lens, look, focus, and create other ADL memories with this non culture device. People are waiting for you to