

Clinical Task Instruction

Skill Shared Task

S-AD02: Assess grooming and provide basic/bridging intervention

Scope and objectives of clinical task

This CTI will enable the health professional to:

- assess the client's ability to safely and effectively groom themselves in sitting.
- develop and implement an appropriate plan to address common grooming problems including providing standard education on environmental set-up, adaptive equipment, one-handed techniques and cueing.

Note: "Grooming" in this CTI refers to face washing, brushing hair (including tying up/applying clips), brushing teeth, application of creams, facial shaving, and/or applying make-up.

VERSION CONTROL

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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This CTI must be used under a skill sharing framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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Requisite training, knowledge, skills and experience

Training

- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.
- If not part of mandatory training requirements, complete patient manual handling techniques, including the positioning of a client in sitting.
- This CTI is written for client's performing the task in a seated position. If the local implementation of the CTI will include client's standing during the task, the skill share-trained health professional should have completed training in, or have demonstrated competence in facilitating and assessing safe standing balance e.g. CTI S-MT05: Assess standing balance. A standing balance assessment should be conducted prior to commencing the task. The standing balance assessment should include standing with eyes closed, head back, arms to head, and reaching as components of the task. This variant should be noted in the Performance Criteria Checklist.

Clinical knowledge

- To deliver this clinical task, a health professional is required to possess the following theoretical knowledge:
 - understanding and ability to identify, from the medical record, subjective history and client observation, common conditions that make grooming tasks difficult. This should include conditions identified in the indications and limitations section of this CTI and/or relevant to the local setting.
 - basic elements of a normal grooming pattern and common deviations e.g. altered posture, unilateral neglect, poor coordination during the task, altered sequencing or incompleteness of the task.
 - potential causes for deviations from a normal grooming pattern including pain, medical or surgical restrictions, reduced range of motion, muscle weakness/tightness, neurological conditions, altered vision, altered cognition and altered sensation.
 - common compensatory strategies to assist grooming including pacing, environmental set-up, one-handed techniques and adaptive equipment.
 - risk factors for safe grooming e.g. electric razors and water, sensation and razors and appropriate use of products.
- The knowledge requirements will be met by the following activities:
 - review of the Learning resource.
 - receive instruction from the lead health professional in the training phase.

Skills or experience

- The following skills or experience are not specifically identified in the task procedure but support the safe and effective performance of the task or the efficiency of the training process and are:
 - **required** by a health professional in order to deliver this task:
 - competence or the ability to acquire competence in assessing skin sensation for temperature and sharp/blunt discrimination of the hands and face.

- **relevant but not mandatory** for a health professional to possess in order to deliver this task:
 - experience providing functional rehabilitation programs.

Indications and limitations for use of a skill shared task

The skill share-trained health professional shall use their independent clinical judgement to determine the situations in which they will deliver this clinical task. The following recommended indications and limitations are provided as a guide to the use of the CTI, but the health professional is responsible for applying clinical reasoning and understanding of the potential risks and benefits of providing the task in each clinical situation.

Indications

- The client has been identified as having grooming problems. This may be via referral, subjective history or direct observation e.g. observed difficulty washing face or brushing teeth or hair.
- The client is medically stable and there is no medical prohibition to participating in grooming e.g. the medical record indicates that the client can undertake grooming tasks and vital signs are within expected limits, or the client is living in the community and is not acutely unwell.

Limitations

- The client is known to require full assistance to groom. The client currently receives support from family or service providers for grooming and there has been no change in physical or cognitive function to indicate a need for re-assessment.
- The client demonstrates poor balance whilst sitting in a supportive chair with arm rests and feet flat on the floor. The client must, at a minimum be able to reach to their head, face and neck without a loss of balance in order to proceed with the assessment.
- The client lacks sufficient strength in the upper limbs to grasp an object e.g. squeeze the face washer and reach the head/face and neck. If bilateral deficits are present, cease the task. If deficits are on the dominant side, determine if the client is willing to continue with the assessment and if it is safe to continue i.e. using compensatory strategies with the non-dominant hand. If deficits are on the non-dominant limb, continue the task noting compensatory strategies used during bilateral tasks e.g. placing objects between legs to remove lids.
- The client is known to have ideation apraxia. This is a condition in which an individual is unable to plan movements related to the interaction with objects e.g. trying to put shoes on hands, putting soap on a toothbrush, or buttering bread prior to placing in the toaster.
- The client shows signs of excessive fatigue and/or drowsiness. Schedule the assessment at a time that coincides with an increased level of alertness or at a time when grooming is required e.g. in the morning.
- The client complains of moderate to severe pain at rest and/or pain is aggravated by movement. Consider scheduling the assessment to a time that coincides with analgesia or support the client to avoid aggravating movements during the activity through environmental set-up, cueing or manual guidance.
- The client has moderate to severe ataxia or freezing, increasing the risk of injury including placement of fingers or hygiene products in eyes or abrasion/cuts to the skin.

- The client has orthopaedic, surgical or medical restrictions. These will be documented via protocols, theatre notes or medical orders e.g. total hip replacement precautions, skin grafting protocols, movement while wearing a range of a movement brace only, sternotomy precautions for upper limb weight bearing or a history of shoulder dislocation or surgery. The client with restrictions must be cleared to undertake the task by the medical team or through a protocol/care pathway and any restrictions must be adhered to during the task. If restrictions are unclear, consult with the treating team.
- The client has a significant cognitive deficit. Observations may include disorientation in the bathroom environment or impulsive, unpredictable or aggressive behaviour. The client must, at a minimum, be able to consistently and appropriately follow single step instructions for safety.
- The client has a known cognitive impairment and wishes to use a razor to shave. Shaving should not be included in the assessment.
- The client has dysphagia or an inability to manage oral secretions safely. This is either documented in the medical record or the client is observed to be drooling or regularly wiping secretions from the mouth. Teeth brushing should not be assessed. Liaise with a health professional with expertise in oral hygiene care.
- The client has wounds to the head and/or neck. If the wound is clean and dry, monitor that the client avoids contact with the wound during the task i.e. during face washing, cream application or shaving. If the wound is not clean and dry, discuss with the healthcare team for appropriate wound management.
- The client has a wound to the hand and does not have a waterproof dressing applied. If relevant, discuss the application of a waterproof dressing with a health professional with expertise in wound dressings.
- The client has a recent upper limb amputation or severe hemiplegia on the dominant side. The client will require retraining in performing tasks with the non-dominant side and use of adaptive techniques. Liaise with a health professional with expertise in functional retraining tasks as part of the management plan.
- The client normally and plans to continue to perform grooming in standing. A standing balance assessment is required prior to commencing the assessment of grooming. This must be undertaken by a health professional with expertise in standing balance.

Safety and quality

Client

- The skill share-trained health professional shall identify and monitor the following risks and precautions that are specifically relevant to this clinical task:
 - water temperature should be suitable for the client's sensation. If the client is unable to discriminate temperature, the health professional will monitor and provide assistance as required during the task.
 - if the client is unable to discriminate sharp/blunt, the task should be modified to remove use of a manual razor for shaving e.g. electric razor or assistance provided for shaving.

Equipment, aids and appliances

- The client should be assessed using their usual grooming tools i.e. hairbrush, toothbrush and razor. Ensure items are well maintained and that creams/lotions are within the expiry date.
- The safe working load, height and chair dimensions must be suitable for the client.

Environment

- As this task assesses the client's ability to groom themselves, it should be performed in a private area with a mirror, commonly in the bathroom, or sitting on a chair in the bedroom with a handheld mirror. If using a fixed mirror, the location of the mirror should be accessible for the client e.g. height and position. The task location should also consider the client's modesty, dignity, safety and infection control requirements.

Performance of clinical task

1. Preparation

- Use information collected from the medical chart to determine the client's grooming ability including the use of any modified techniques and/or aids, required assistance and additional infection control requirements as per the *Guide to conducting a grooming history* in the Learning resource. Determine if the client is medically cleared to undertake the task.
- Ensure the client has grooming tools e.g. face washer, toothbrush, toothpaste, brush/comb, lotions/creams, razor and make-up.

2. Introduce task and seek consent

- The health professional checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The health professional introduces the task and seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

3. Positioning

- The client's position during the task should be:
 - sitting in a supportive chair with arm rests, in front of a mirror with feet flat on the floor.
 - allow access to a hand basin or bowl for water.
- The health professional's position during the task should be:
 - standing in a position that allows for observation and assistance for safety, if required.

4. Task procedure

- The task comprises the following steps:
 1. Explain and demonstrate (where applicable) the task to the client.
 2. Check the client has understood the task and provide an opportunity to ask questions.
 3. Obtain or confirm information from the client (or carer) with regard to:
 - a. current physical capability/issues relevant to grooming.

- b. assistance required for sitting, sit to stand and standing.
4. Based on information provided, determine if the task will progress to include observation of grooming performance.
5. Observe the client in sitting. If the client has sitting balance problems, cease the task. See Limitations. Document all observations and liaise with a health professional with expertise in the task.
6. In consultation with the client, determine the order that the grooming task assessment will occur considering client preference, task performance requirements and safety.
7. Assess skin sensation for the face/neck and both hands. If sensation deficits are present, adjust the assessment process to reduce the risk of harm. See the Safety and quality section.
8. Observe the client performing each grooming task using the agreed order. Evaluate performance using *Table 2: Clinical reasoning guide to grooming assessment* in the Learning resource. Provide assistance to complete the task if required, noting any verbal prompting and/or physical assistance.
9. Determine if the client would benefit from a basic/bridging intervention/s to improve grooming performance. Refer to *Table 2: Clinical reasoning guide to grooming assessment* in the Learning resource.
10. Select appropriate basic/bridging intervention/s considering the client's goals, impact on independence, safety and pace of task performance.
11. Discuss and develop a plan with the client and/or carer (if relevant) for the intervention/s i.e. environmental set-up, adaptive equipment, one-handed techniques or cueing. If recommending equipment, include discussion of features, maintenance requirements, risks, costs and proposed benefits for independence.
12. Implement the plan by providing education including demonstration (if required) for each intervention. Observe the client using the prescribed environment, technique and/or equipment. Provide cueing and manual guidance if required for safety and training effectiveness. Make any adjustments to the plan to improve performance.
13. Determine if the client requires further review and/or functional rehabilitation to achieve grooming goals.

5. Monitoring performance and tolerance during the task

- Common errors and compensation strategies to be monitored and corrected during task include:
 - difficulty performing the task when two hands are required e.g. holding a toothbrush and putting toothpaste on, unscrewing lids or removing caps. Provide the client with an opportunity to problem solve a solution. If the client is not successful, prompt and then provide instructions for one-handed techniques and/or provide a physical prompt or manual guidance.
 - unilateral neglect e.g. brushing half their hair or teeth, applying make-up or shaving only half their face. Provide the client with an opportunity to self-correct. If the client does not self-correct, prompt the client and then provide instructions to correct and/or provide a physical prompt or manual guidance.
 - pacing of the task is too long or short e.g. brushing teeth for only two seconds or shaving over the same spot. Provide the client with a verbal cue. If required for safety provide manual guidance.

- repetition of task activities e.g. puts toothpaste on again and re-brushes teeth. Provide the client with a verbal cue. If required for safety provide manual guidance.
 - missing components of the task e.g. washing face with a dry washcloth or not putting toothpaste on the toothbrush. Provide the client with an opportunity to self-correct. If the client does not self-correct, verbally prompt the client and then provide instructions and/or a physical prompt or manual guidance.
 - unsafe use of grooming tools e.g. poking eye, attempting to shave tongue or rubbing hand cream/lotion into eyes. Provide the client with a verbal cue. If required for safety provide a physical prompt or manual guidance.
 - fatigue or drowsiness during task performance. Observations may include yawning, closing of eyes or taking rest breaks during the task. Confirm the client consents to continue the task and prompt them to do so. If symptoms persist, cease the task noting the duration and tasks completed.
- Monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above.

6. Progression

- The client may require further assessment if grooming goals change such as discharge destination, restrictions or if factors impacting grooming improve or decline e.g. an improvement in fine motor skills or balance/postural control.

7. Document

- Document the outcomes of the task as part of the skill share-trained health professional's entry in the relevant clinical record, consistent with relevant documentation standards and local procedures, commenting on the client's ability to complete the task including:
 - the outcome of skin sensation testing for the face and hands i.e. hot/cold, sharp/blunt and any safety requirements for task performance.
 - the environment the task was undertaken in e.g. hospital ward bathroom, client's bedroom, kitchen table.
 - observations on initiation and completion of the task in a timely manner.
 - observations on planning of the task including correct use of any required equipment.
 - the specifics of task performance including initiation, planning, performance order, ability to recognise items and problem solve.
 - safety during the task and the client's awareness of the potential dangers.
 - observations if the task was completed effectively.
 - the level of assistance required, the use of redirection/verbal cueing or manual guidance. If the assessment identified that no assistance was required record, 'independent'.
 - a recommendation for ongoing grooming performance including a plan to achieve this e.g. environmental set-up, provision of equipment, carer to provide assistance/supervision or commencement of a rehabilitation program.
- The skill shared task should be identified in the documentation as 'delivered by skill share-trained (*insert profession*) implementing CTI S-AD02: Assess grooming and provide basic/bridging intervention" or similar wording.

References and supporting documents

- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: performance criteria checklist

S-AD02: Assess grooming and provide basic/bridging intervention

Name:

Position:

Work Unit:

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task through observed performance and the clinical reasoning record.			
Identifies indications and safety considerations for the task and makes appropriate decisions to implement the task, including any risk mitigation strategies, in accordance with the clinical reasoning record.			
Completes preparation for the task including ensuring grooming tools are available and in good working order.			
Describes the task and seeks informed consent.			
Prepares the environment and positions self and client appropriately to ensure safety and effectiveness of the task, including reflecting on risks and improvements in the clinical reasoning record where relevant.			
Delivers the task effectively and safely as per the CTI procedure in accordance with the Learning Resource. a) Clearly explains and demonstrates the task, checking the client's understanding. b) Obtains a grooming history from the medical record and subjectively from the client/carer. c) Confirms the client's capacity to participate in a grooming assessment including dynamic sitting balance. d) Determines a suitable order for grooming tasks considering client preference, task performance requirements and safety. e) Assesses skin sensation for face/neck and both hands and adjusts the assessment appropriately to any identified deficits (if present). f) Observes the client grooming. g) Describes grooming performance including compensatory strategies and limitations. h) Determines if the client would benefit from a basic/bridging intervention. i) Selects appropriate intervention/s. j) Develops a plan with the client for the intervention/s.			

k)	Implements the agreed planned intervention/s, including observation of the client using the technique/equipment.			
l)	Makes any adjustments to the plan.			
m)	Determines if the client will require review and/or rehabilitation.			
n)	During the task, maintains a safe clinical environment and manages risks appropriately.			
Monitors for performance errors and provides appropriate correction, feedback and/or adapts the task to improve effectiveness, in accordance with the clinical reasoning record.				
Documents in the clinical notes including a reference to the task being delivered by the skill share-trained health professional and the CTI used.				
If relevant, incorporates outcomes from the task into an intervention plan e.g. plan for task progression, interprets findings in relation to care planning, in accordance with the clinical reasoning record.				
Demonstrates appropriate clinical reasoning throughout the task, in accordance with the Learning Resource.				

Notes on the service model in which the health profession will be performing this task:

For example: the type of setting (community, medical assessment planning unit) and any additional client groups in scope e.g. standing, weight bearing restrictions, surgical conditions, etc.

Comments:

Record of assessment competence:

Assessor name:	Assessor position:	Competence achieved:	/	/
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Scheduled review:

Review date:	/	/
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S-AD02: Assess grooming and provide basic/bridging intervention

Clinical reasoning record

- The clinical reasoning record can be used:
 - as a training resource, to be completed after each application of the skill shared task (or potential use of the task) in the training period and discussed in the supervision meeting.
 - after training is completed for the purposes of periodic audit of competence.
 - after training is completed in the event of an adverse or sub-optimal outcome from the delivery of the clinical task, to aid reflection and performance review by the lead practitioner.
- The clinical reasoning record should be retained with the clinician's records of training and not be included in the client's clinical documentation.

Date skill shared task delivered: _____

1. Setting and context

- insert concise point/s outlining the setting and situation in which the task was performed, and their impact on the task

2. Client

Presenting condition and history relevant to task

- insert concise point/s on the client's presentation in relation to the task e.g. presenting condition, relevant past history, relevant assessment findings

General care plan

- insert concise point/s on the client's general and profession-specific/allied health care plan e.g. acute inpatient, discharge planned in 2/7

Functional considerations

- insert concise point/s of relevance to the task e.g. current functional status, functional needs in home environment or functional goals. If not relevant to task - omit.

Environmental considerations

- insert concise point/s of relevance to the task e.g. environment set-up/preparation for task, equipment available at home and home environment. If not relevant to task - omit.

Social considerations

- insert concise point/s of relevance to the task e.g. carer considerations, other supports, client's role within family, transport or financial issues impacting care plan. If not relevant to task - omit.

Other considerations

- insert concise point/s of relevance to the task not previously covered. If none - omit.

3. Task indications and precautions considered

Indications and precautions considered

- insert concise point/s on the indications present for the task, and any risks or precautions, and the decision taken to implement/not implement the task including risk management strategies.

4. Outcomes of task

- insert concise point/s on the outcomes of the task including difficulties encountered, unanticipated responses

5. Plan

- insert concise point/s on the plan for further use of the task with this client including progression plan (if relevant)

6. Overall reflection

- insert concise point/s on learnings from the use of the task including indications for further learning or discussion with the lead practitioner

Skill share-trained health professional

Name:

Position:

Date this case was discussed in supervision:

Outcome of supervision discussion:

Lead health professional (trainer)

Name:

Position:

/ /

e.g. further training, progress to final competency assessment

Assess grooming and provide basic/bridging intervention: Learning resource

When assessing a client's ability to groom, the person, the environment and the occupation (reason for grooming) should be explored. The Occupational Performance Model (Australia) is a model that assists occupational therapists to examine these aspects of functional activities. For further information read:

- Occupational Performance Model (Australia). (2014). Available at: <http://www.occupationalperformance.com/> Including subsections:
 - Definitions <http://www.occupationalperformance.com/definitions/>
 - Structure: Construct 4: Occupational Performance Components <http://www.occupationalperformance.com/constructs-and-structure-construct-4/>

Required reading

- Cohen-Mansfield J, Jensen B (2007). Dressing and grooming: preferences of community-dwelling older adults. *Journal of Gerontological Nursing* 33(2):31-9. Available through [CKN](#) for Queensland Health staff.
- Edmans J (Ed). (2010). *Occupational therapy and stroke* (2nd edition). Appendix: One-handed techniques. Blackwell Publishing Ltd. ISBN: 978-1-405-19266-8. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/9781444323801.app1/pdf>
- Schell, B (2018). Chapter 44: Theory of Occupational Adaptation. In, Willard and Spackman's *Occupational Therapy*. Wolters Kluwer. This resource is commonly located in Occupational Therapy departments, where this is not available alternative resources should be located.

Balanced sitting

The following information is adapted from Carr and Shepherd (1987), *Chapter 5: Balanced Sitting. A motor relearning programme for stroke* and describes the essential components to maintain upright sitting and common deviations observed.

- The essential components of sitting alignment relate to sitting up straight:
 - feet and knees close together
 - weight evenly distributed across the base of support i.e. feet and buttock
 - hips flexed to ~90°, trunk straight/extended i.e. shoulders over hips
 - shoulders level with head balanced.
- Dynamic sitting balance includes the ability to make:
 - postural adjustments in preparation/anticipation of movement and
 - ongoing postural adjustments whilst performing a task.
- The analysis of sitting consists of observation of the client's alignment in quiet sitting, followed by their ability to make postural adjustments when challenged e.g. closing eyes, when moving (e.g. deep breath, head/trunk turning, reaching) and responding to the environment (e.g. timer, unstable or conformable seating surface etc.). Common compensatory strategies include:
 - widening the base of support e.g. feet and/or knees apart or using arms for support.
 - voluntarily restricting movement e.g. holding self stiffly or holding breath.

- shuffling feet instead of making postural adjustments to maintain balance.
- seeking hand support e.g. grabbing at surfaces to increase the base of support.
- leaning forward/backwards when the task requires body weight to shift sideways, demonstrating poor lateral flexion control.

Guide to conducting a grooming history

Do you normally perform face washing, brushing hair (including tying up/applying clips), brushing teeth, application of creams, facial shaving, and/or applying make-up?

Ask the client if they complete each task, as listed above. For each task they complete, ask the follow-up questions below.

Follow up question

- If the answer is “no” for the tasks in the question above, determine the reason for this e.g. cultural or not required (wears a beard, is bald, does not like make-up). If non-performance of the task poses a hygiene risk, discuss with the medical team e.g. client has obvious oral or skin infections, wounds, macerated skin appearance, cradle cap or head lice.

- If the answer is “yes” for the tasks listed above:

- in what order do you perform the tasks?

This question assists in determining the order for task assessment. Generally, in the assessment, low risk tasks are performed first to reduce the risk of harm i.e. face washing, brushing hair (including tying up/applying clips), brushing teeth, application of creams, facial shaving and/or applying make-up. If the client has an alternative preference and the risk is not greater, consider swapping the task order e.g. client prefers to brush their hair last, or apply creams immediately after face washing.

- where do you perform it?

This question assists in determining the location for the assessment and the set-up requirements. The location may include bathroom sink, shower, bowl/mirror at the kitchen table or bedroom. If the client performs the task in the shower, determine if this is in sitting or standing. If in standing, refer to the Limitations section in this CTI.

- how do you do it?

This question assists in determining the equipment required and personal preferences see *Table 1: Common grooming equipment* for details and *Table 2: Clinical reasoning guide to grooming assessment*.

Additional grooming tasks

- There are many other tasks which can be considered to be part of grooming. These may be discussed with the client and include:
 - the cleaning and fitting of glasses, hearing aids, dentures, wigs and personal alarms. If the client requires these items, they should also be included in the *Guide to conducting a grooming history – follow up questions* and as part of the assessment process.
 - applying deodorant. Deodorant may be considered to be part of the dressing or grooming process. If the client is not undertaking a dressing assessment (and therefore being assessed for the application of deodorant), repeat the questions (listed above) in relation to the application of deodorant. The application of deodorant is low risk for injury and therefore should occur earlier in the assessment.

- cutting toe nails and finger nails, nail filing/buffing and polishing, eyebrow shaping, hair removal using tweezers, shaving or waxing regimes (bikini, legs, underarms), masks, home hair colouring, etc. If the client wishes to perform these tasks but is experiencing difficulty, the skill share-trained health professional should discuss alternative access options with the client including assistance from family members, beautician/hairdressing services, podiatrist, community services, etc. If the client is unable to access appropriate services, liaise with a health professional with expertise in the task.

Conducting a grooming assessment

Common equipment required for the assessment of grooming is listed in Table 1 (see below).

Table 2 provides a clinical reasoning guide for grooming assessment (see below).

Table 1: Common grooming equipment

Task	Equipment
Face washing	Face washer, soap, water. Variations include: <ul style="list-style-type: none"> • taps or bowl for water • soap cake, liquid/pump soap, lux flakes.
Deodorant	Roll on/spray/crystal rock/none.
Brushing hair	Brush or comb, clips and/or ties. Clients may also wish to use a hair dryer, curlers, straightening iron or curling wands as part of hair grooming.
Brushing teeth (including the use of toothpaste)	Toothbrush and toothpaste. Variations include: <ul style="list-style-type: none"> • toothbrush, suction brush, electric toothbrush or denture wash • tube of toothpaste, charcoal/baking soda tin or mouthwash.
Application of creams	Sunscreen, moisturiser, shaving cream or foundation. Variations relate to containers: tubs, tubes, pump dispensers etc.
Shaving	Razor or electric. Shaving cream/gel/soap/lathering brush.
Application of make-up	Sponges, brush, applicators, liner pencil & sharpener, etc.

Table 2: Clinical reasoning guide to grooming assessment

Assessment component	Observation performance criteria	Potential deficits	Compensatory strategies
Upper limb function	The client is able to use both hands/arms in a coordinated fashion during the task including able to manipulate equipment safely and effectively. This includes adequate strength and control to move the upper limb to the required positions and manipulate equipment appropriately for the task.	<ul style="list-style-type: none"> • Muscle weakness and control e.g. unable to reach head, neck and/or face, inability to grasp and manipulate items effectively. 	<ul style="list-style-type: none"> • Increase proximal support e.g. elbow on the bench. • Contralateral upper limb assistance or gripping item between thighs during task e.g. for the removal of lids and caps. • Adaptive equipment e.g. suction cap nail brush to brush dentures; use of a liquid soap dispenser; built up, long handled or lightweight brush/comb; slide clips; electric or suction toothbrush; toothpaste dispenser; jar vs tube containers.
Initiation and completion	The client recognises when to commence the task and when the task is completed. This also includes persevering with the task if there is a challenge.	<ul style="list-style-type: none"> • Cognition e.g. perseverance on an aspect of the task, not completing all aspects of the task. • Neuromuscular control e.g. freezing. 	<ul style="list-style-type: none"> • Verbal cueing e.g. “what part comes/happens next?”, “have you completed the task?” • Physical prompt e.g. provide toothpaste or guide hand to mouth.
Concentration and attention	The client is able to maintain attention during the task. This includes avoiding distractions.	<ul style="list-style-type: none"> • Cognition 	<ul style="list-style-type: none"> • Reduce distractions e.g. turn the TV off, close the door, avoid conversation, reduce/limit object selection choice. • Verbal cueing and physical prompting (see above).
Foresight and planning	The client is able to plan out the task and any required equipment.		
Memory and recognition	The client is able to recall the purpose of the task and the equipment required.		
Problem solving	The client is able to identify and solve a problem if presented.		

Assessment component	Observation performance criteria	Potential deficits	Compensatory strategies
Orientation	The client is able to locate equipment and orientate equipment in relation to the body or other equipment. The client is able to navigate/orientate to the assessment area.	<ul style="list-style-type: none"> • Vision • Cognition • Range of motion and strength of the upper limb 	<ul style="list-style-type: none"> • Magnifying mirror • Placements of objects in visual field • Limit the object selection choice • Verbal cueing and physical prompting (see above) • Physical assistance to orientate equipment.
Sequencing	The client is able to perform the task in an appropriate order.	<ul style="list-style-type: none"> • Cognition • Vision 	<ul style="list-style-type: none"> • Ensure all equipment is in the client's visual field • Verbal and visual cue to correct sequencing • Reduce the object selection choice.
Pace	The task was completed in a timely manner that is suitable for the client's condition and improves the client's quality of life.	<ul style="list-style-type: none"> • Cognition, • Physical capacity 	<ul style="list-style-type: none"> • Reduce distractions e.g. turn TV off, close door, avoid conversation, etc. • Verbal cueing and physical prompting. • Physical assistance • Pacing.
Judgment and safety	The client is aware of potential dangers and is able to modify performance accordingly. The client causes no harm to self, others or the environment. Near miss incidents do not occur.	<ul style="list-style-type: none"> • Cognition 	<ul style="list-style-type: none"> • Verbal cueing and physical prompting • Cease task to prevent harm.
Effectiveness	Despite the deficits, was the task completed?	<ul style="list-style-type: none"> • Yes/No criteria 	<ul style="list-style-type: none"> • Level of assistance • Compensatory strategies as above.

Selecting a basic/bridging intervention

- The hierarchy of intervention generally is:
 - environmental set-up
 - equipment
 - assistance (verbal cueing or physical assistance).
- The first two interventions are aimed at maintaining a client's independence. This should be balanced with the client's safety, goals and ability to perform the task in a timely manner.

Outcomes of a grooming assessment

- At the completion of the grooming assessment a recommendation should be made regarding the client's grooming ability. The recommendation will be one of the following:
 - a) safe to undertake grooming tasks independently i.e. no changes/proposed intervention. This should include a list of the tasks, in the order assessed and the environment. A note that the client should be re-referred should issues/concerns arise should be included.
 - b) client requires assistance to groom. This may be due to incomplete, inefficient or unsafe performance during the assessment.
- Documentation will include a list of the problems observed and the recommended intervention/s.
- Intervention/s will be developed in consultation with the client and aim to improve task performance. This may include a basic/bridging intervention to improve grooming performance. Interventions include:
 - positioning, including environmental/equipment set up
 - equipment
 - cueing strategy
 - manual guidance.
- Where support is required, the carer agreeing and capable of providing support will require information and training in their role in the task including environmental/equipment set up, prompting or manual guidance.
- A therapy or rehabilitation plan may also be required if the basic/bridging intervention does not achieve the client's goals. This may require further assessment and/or intervention by a health professional with expertise in the task or implementation of a skill shared task.