

Subject: sheepskin recommendations

I would like to speak in regards to the role that sheepskin plays in my interventions and care:

Sheepskin is an irreplaceable tool that, as an OT, I require in order to mitigate wounds and maintain skin integrity. In sitting, this item is not replaceable by a ROHO; while they work towards the same goal, both items have a time and a place. Often I see clients who have wounds on their buttocks but do not use a wheelchair. In these situations obtaining a wheelchair cushion, unless privately purchased, can be impossible for client's with little to no income. At homecare we have the luxury to provide these items on loan to address acute issues, but only for a small period of time. Often the clients with sores who were loaned a sheepskin for their recliner or chair end up returning on caseload for chronic returning wounds because the sheepskin had to be returned to homecare. However, in my experience, the clients with the means to purchase a medical grade sheepskin for their chair have not returned on caseload. This tool was the ideal intervention in that situation, but sadly only accessible to the clients who had the means to access it. By putting sheepskin on AADL, we would be creating fair access to healthcare products and intervention.

And while I use sheepskin to address wounds when sitting, sheepskin is the go to item to address wounds and skin integrity issues all over the body from palm protection to ankle protection to heel protection. Sheepskin is the first line of defense in order to address these issues. Without it we would be at a great loss to manage our client's care. With funding access we could significantly decrease the amount of wounds and recurring wounds we address which is ideal for client care. And from a financial stand point, reducing the hours spent by interdisciplinary teams to address these wounds would open up more time for client care elsewhere.

Only good things could come from having this funded and part of the AADL program.

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