The Joy of Cooking with OTs: A Visual Guide

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The Joy of Cooking with OTs: A Visual Guide

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Access to the full guide found here:

https://mixam.com/share/60bf9e1ed250502f2e67534e
Project Overview

Occupational therapy (OT) is an allied healthcare profession that is uniquely situated at the intersection of art and science. OT seeks to improve quality of life by addressing occupations, or daily activities that are meaningful and purposeful (Nelson, 2014). In order to accomplish these goals, occupational therapists (OTs) must use design thinking through the lens of evidence-based practice. This artistic creativity paired with well-researched scientific findings mimics the visual nature of this guide, which prioritizes this need for alternative representation of the sciences.

This visual guide focuses on the interconnectivity of culture, therapy, and food to support the idea that care is a group endeavor. The audience of this guide might consist of all members of a care team, including patients, care-partners, and practitioners. It is important that the voice of the person accessing the OT services is elevated, but it is also essential to recognize that navigating this system of discipline-specific practitioners is not easy to do alone. Self-advocacy is a priority, though it does not always take the shape of speaking up alone, which is often the perception in the Western biomedical model of healthcare. *The Joy of Cooking with OTs* actively counteracts these assumptions.

This tactile, interactive-style guide is designed to be written in, torn apart, and, more generally, experienced. This commitment to highlighting experiences as evidence encourages the viewer to question their assumptions about the therapeutic process and their relationship with food. Through the use of graphic representation to portray a composite narrative, inspired by multiple interviews with current patients and practitioners, this experience is reflected in several ways.
It is also an ode to the creative, client-centered approach of occupational therapy. This may include working with individuals so they can to “do what they want and need to do” (Alex Neukirch, OTR/L) while remaining independent in their home, managing a chronic disease, or developing socioemotional skills as a child. OTs must create interventions specifically tailored to the individual and their daily activities, wants, and needs pertaining to their physical, social, or cognitive function. This unique emphasis on what makes an individual who they are parallels the ability of the guide to create a partnership between the guide creator and the reader by building a visual world for them to explore.

**Existing Literature**

Very few guides to occupational therapy and cooking exist, and those that do are underutilizing the potential for visual expression (Campbell, n.d.; Koch, 2018; Moore et al., 2018). Shape, form, and color have much to offer healthcare communication that the current text-based guides do not make a priority. These visual components allow for the simultaneous representation of multiple perspectives within the same illness narrative in a way that text alone cannot.

Within the field of healthcare communication, visuals are typically supplementary to text. Written explanation is the primary form of communication one encounters, whether in a scientific journal or during the clinical encounter, where visuals exist primarily to represent data. While this can be effective in the former context, in which researchers and practitioners communicate with one another, mutual understanding is more elusive in the latter. In the fraught context of the clinical encounter, pain, anxiety, and different educational backgrounds can easily disrupt understanding between practitioner and patient. To supplement this written form, there
must be additional opportunities for interaction with the information through visuals. This variety in informational dissemination will allow for a higher chance of connection through increased understanding.

Guides to occupational therapy currently exist. However, they tend to materialize as text alone, or as text accompanied by graphics that are included to illustrate the words on the page. Visual components are subordinated to the text, rather than being based in narrative or appealing aesthetics. Some include stock images, or even clip art, as the only visuals (Campbell, n.d.; Koch, 2018; Moore et al., 2018). In the case of visual representations of exercises or therapy techniques, they are often behind a paywall (see left). Such texts can be helpful to supplement therapy, particularly when they depict exercises that are prescribed for completion at home. Because instructional pamphlets do not center narratives of experience, however, they do not foster feelings of connection between those depicted in the illustrations and those reading the pamphlet. When they reduce visual components in these ways, instructional texts are unable to account for the personal details and relational complexities that are central to The Joy of Cooking with OTs.

This oversight opens an incredible opportunity to harness the visual power of beauty, aesthetics, taste, and trend. Beauty is a human experience, and experiencing it improves well-being (Kurzgesagt, 2018). Taking the opportunity to bring beautiful visuals to illness narratives and explanations about the field of occupational therapy is increasing visibility and interest in the...
field - and scholars have begun to take notice. The emerging field of graphic medicine has formed around shared commitments to the artistic representation of the physical and socioemotional contexts that arise from the experience of illness. This new form of scholarship examines how the interplay of visuals and text reveals an entirely new way of expressing information and narrative. It is particularly useful for promoting the voices of all actors within the care system, and comics allow these diverse perspectives to be present simultaneously. Named by Ian Williams and blossoming into a group of medical professionals, artists, and those with their own illness or health narratives, graphic medicine continues to elevate these stories through visual mediums (Czerwiec et al., 2015). In keeping with the priority of graphic medicine to incorporate multiple sides of a story, this guide crafts a composite narrative grounded in interviews with multiple individuals.

These complexities are held together by a focus on the specific intervention of cooking as it might be used by someone with wrist pain. In this way, it builds upon and expands existing works of graphic medicine. Because it is a relatively new field, the canon is dominated by more common illnesses. The graphic novels Cancer Vixen (Marchetto, 2006) and Our Cancer Year (Pekar et al., 1994), for example, depict a journey with cancer, which is the second leading cause of death in the United States (Centers for Disease Control and Prevention [CDC], 2017). The graphic novel Epileptic (Beauchard, 1996) explores epilepsy, which affects over three million individuals in the United States (CDC, 2020). Recently published works also expand this emphasis on the patient experience with a particular illness to include the experiences of practitioners as well. Taking Turns (Czerwiec, 2017) depicts one nurse’s experience in an HIV/AIDS ward and The Bad Doctor (Williams, 2014) explains the experience of a rural English doctor. There are currently 21 times more jobs in the U.S. for registered nurses than for
occupational therapists, but the need for OTs is growing immensely (Bureau of Labor Statistics, 2019). But while the field explores common experiences through sequential storytelling, occupational therapy is not yet represented in graphic medicine. *The Joy of Cooking with OTs* corrects this oversight by applying the insights, methods, and commitments of graphic medicine to this important allied healthcare profession.

**Visual Form & Narrative**

There has been a recent movement to include graphic to communicate stories about the Western biomedical healthcare system to people navigating it as patients, healthcare providers, care-partners, and more. Meanwhile, inhabiting the digital age means that instantaneous access to a near-infinite array of visuals is often assumed. As visuals become easier to reproduce, and the accessibility of image capture and manipulation more wide-spread, the visual has become an essential aspect of existence. Healthcare communication, however, lags, and the common infographic is no longer sufficient.

There is an important opportunity to experience information vertically, rather than following the horizontal path of written text. Psychologically, people tend to spend longer looking at new images. This concept emerged perhaps most powerfully from research with infants, who gaze longer at something that is novel and interesting (Dzwilewski et al., 2020; Fantz, 1964). By contrast, when encountering a written, words start to swim together in a way that can challenge the capacity for engagement. With visuals, new shapes and forms appear on every page. Not only is the brain engaged in the scholarly discourse of forming connections and analysis through words, but visuals create the opportunity for deeper communication and connection.
Being able to articulate a specific thought through written text is a skill that does not go unnoticed, as words have the power to evoke a feeling in their readers. So too does the visual medium, but in different fashion. In the following example, you see two shapes. One is red and spiked, the other is blue and rounded. These descriptions are factual, but everyone who looks at them will have a unique reaction to the shapes.

Even color has cultural significance. For example, red can symbolize good luck in China, but aggression or lust in the context of Western depictions of evil (St. Clair, 2016). Depending on where you are, a red shape may be exciting, scary, or something else entirely. It is the responsibility of the designer or artist to be aware of this cultural context and to create something that communicates clearly while still leaving room for interpretation.

One challenge presented by this new visual medium is the representation of people. A nondescript person can be explained with words by omitting specifics about their mannerisms or appearance. In a visual setting, illustrating a person tends to take a physical form, no matter how vague they may be. Scott McCloud (1993) describes how variation in the detail of faces allows for the artist to decide how distant they would like the reader to

*What emotions would you ascribe to these shapes? Did you give them pronouns when discussing them? Do you see a face? How is your reaction shaped by your cultural context?*

*Understanding Comics, p. 36 (McCloud, 1993)*
be from their characters (see right). In the case of this guide, the main character of the story has a distinct, long hairstyle that is separate from the square-shaped care-partner character. However, their bodies are identical. This way, a balance was struck between relatability and clarity of narrative. Though some may map feminine or masculine characteristics onto each of the characters presented in the story, no pronouns are mentioned in the dialogue to underscore their ambiguous look.

This “composite individual” is the primary focus of the nine-page narrative that depicts the therapeutic experience of an individual with wrist pain, starting with the hospital perspective, and working through multiple occupational therapists. This story was created based on interviews with two women who had both received OT services for wrist pain, but includes fictional elements inspired by further interviews and readings. Content from interviews with two practicing occupational therapists were also considered, as they contributed experience with different approaches to OT and the environments in which they practice.

**Physical Form & Design**

This guide takes the form of a 46-side printed booklet that is 6.7 by 10.2 inches. Being able to physically hold this guide allows for a partnership between the guide creator and the person interacting with this resource. It allows the individual to write in the guide, answer questions, draw, tear up, or otherwise use this guide.

With an emphasis on world-building, the physical nature of this guide brings a tactile component to these ideas. The story of the composite individual seeks to create a relatable experience for the reader, who has not had the same experiences as the person in the story, but who should be able to feel as if they are familiar with the world in which the story takes place.
Having a concrete way to experience this guide augments the goal of representing abstract concepts and providing a sense of security and connectedness for the reader to feel as if they are not alone.

The chapters of the story are interspersed with poster-like pages that provide information, perspective, and opportunity for reflection related to the content of the narrative. These poster pages all follow different trends, including a motivational office graphic, classic comic book, seventies illustration, and art deco. A variety of materials were represented either digitally or physically, drawing inspiration from charcoal on kraft paper, ink and watercolor, risograph printing, and more. There were two pages that were created physically and photographed to be included in the guide--one spread was produced using acrylic paint and the other was written using a Smith-Corona Clipper typewriter. This variation in material and trend was unified by restricting the color palette to tones and shades of black, white, red, and blue. Imposing this limitation allowed for a greater focus on the content and allowed for a synthesis across the guide while still retaining a boldness that encourages interaction with the guide. By creating variety and contrast, this tactile guide is something that is appealing and intriguing in a way that starts the world-building from the very first glance.

**Process**

This guide took form in three stages--analysis of existing literature and guides, interviews with patients and practitioners, and creation of the guide.

In order to investigate the need for this type of resource, I examined textual primary sources, secondary scholarship, and examples of method and form. Professional organizations and blogs provided perspectives on how healthcare professions represent themselves and
communicate their own goals and ideas. Within this work, I examined currently existing visual guides to occupational therapy or cooking that operated within the context of therapeutic use or education. Several literature reviews were conducted to gain a more nuanced understanding of current conversations in various academic fields, including therapeutics, cultural competency, healthcare communication, and more. This review revealed the robust discussion of terminology within OT (Hammell, 2004; Nelson, 1995), but the lack of published research into verbal and non-verbal healthcare communication strategies for OTs—even if it exists for other health-related fields (Caris-Verhallen et al., 1999; Chester et al., 2014; Stevenson, 2014; Ye et al., 2009). There was an overwhelming amount of commentary on the need for a shift in focus from a Western viewpoint to those that include a greater amount of cultural understanding (Al Busaidy & Borthwick, 2012; Bonder et al., 2004; Hordichuk et al., 2015; Kondo, 2004; Maroney et al., 2014; Nelson et al., 2011; Thomas et al. 2011).

To further discussions on form, the presentation of graphic novels and zines was considered both within and outside the context of illness narratives. Through this exploration, the field of graphic medicine appeared and directed the selection of resources afterwards. This step was helpful for exploring how sequential storytelling can work as a narrative structure for representing information surrounding and experiences related to healthcare. Structure for these types of resources used visuals in a comic-style to represent a mainly personal narrative (Beauchard, 1996; Williams, 2014), they could be used in a purely informational manner (Loris, n.d.), or a combination of the two (Forney, 2012; Czerwiec, 2017). The reading of existing visual narratives also influenced design choices, including decisions related to line thickness, color, shape, and the spectrum between realism and abstraction. Experiencing a wide variety of visual
communication styles allowed me to make more informed design choices that would be most
effective for the goals of this guide.

I conducted Zoom interviews with four individuals - two patients and two practitioners -
who had experience in the world of OT in Washington State (see Interviewees). Both patients
received occupational therapy for wrist pain, which informed the creation of the composite
character that experiences the same wrist pain. The professional OTs, who currently work within
the subdisciplines of home health and early intervention, provided perspective on the thoughts
and experiences of a practitioner in this profession. If this guide was to be created again, a
greater number of interviewees would be recruited from a variety of countries and
socioeconomic statuses.

The creation of the guide was undertaken by creating rough, refined, digitized, and final
drafts for most pages. A base template had to be created in order to prepare the digital files for
printing at 300 dpi in CMYK printing, with appropriate space surrounding each page for bleed
and trim. The process of inking and coloring could then begin, with regular edits and updates
based on feedback. The written text of the guide was compiled first in an outline and the guiding
narrative was storyboarded and scripted in keeping with comic book script formatting.

**Desired Impact**

*The Joy of Cooking with OTs* will create a feeling of relatability and shared experience
within a community of patients, practitioners, and other partners on the care team. Those within
this system of care will have the opportunity to spend time thinking about the importance of self-
advocacy and be able to recognize the complexity of daily occupations. This thinking will create
a broader appreciation for the essential nature of occupational therapy as a profession, and the value of cooking as a therapeutic intervention.

Copies of this guide were printed through Mixam, an online copy and print service, and distributed to contributors of this guide and clinics that provide occupational therapy services in Bellingham, WA and the greater Seattle area. These locations were chosen to minimize distribution costs and to ensure that the 100 printed copies would reach the hands of those who are actively engaging in OT, about to be, or curious about the profession. The guide will also be available digitally with open access in order to provide as many people as possible with the opportunity to benefit from this resource.

In the future, I hope that this guide inspires others to create this type of resource for a variety of allied healthcare professions and different types of interventions. This guide can also help others realize the power of the graphic medicine style, and the accessibility of this visual communication form. No specialty materials are required to create these comics that can have profound impacts on communities of people engaged in this kind of disability discourse on an individual or scholarly level. However, access to a greater variety of materials could have increased the number of visual elements that appeal to a wider audience. This guide was also created by a Washingtonian, with interviewees from the same area, and secondary literature from mainly Western perspectives. Including people and experiences from more diverse backgrounds would allow for greater production, distribution, and overall impact of this resource.

By building a visual world that explores occupational therapy and cooking in a way that acknowledges both the patient and practitioner perspective, readers who come across this guide will leave feeling connected to a greater therapeutic community and more aware of their own assumptions and backgrounds.
Interviewees

Alex Neukirch, MS, OTR/L
Alex has been an OT for almost 8 years. His primary interest is in pediatrics and sensory processing, and that is the area he currently works in. In the past, he has worked in the hospital setting, including acute care and outpatient rehab.

Gerry Cherney, OTR/L
Gerry is a home health OT practitioner specializing in safety and independence with activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

Jamie Steffen
Jamie is a 30-something year old mother of two and pediatric SLP. She spends all day playing with kids or working on the computer, and all evening playing and working with her kids at home. Functional body mechanics are a necessity for success.

Tracey Gaver
Tracey is a teacher for the visually impaired and an infant mental health specialist. She enjoys illustration and art. She has experience with surgery for carpal tunnel syndrome.
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joy of cooking with o.ts

a visual guide by sarah baker
dedicated to LB Baker
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This is a resource for patients, care-partners, and practitioners of OT to explore this allied healthcare profession as it relates to the tools, methods, and emotional connotations of cooking.

Throughout this guide, you will find a story of an individual seeking treatment for wrist pain. This story is fictional, with elements inspired by the stories of Tracey Gaver and Jamie Steffen, who themselves worked with OTs for wrist pain. The OT perspective and cooking interventions are inspired by interviews with Gerry Cherney (home health OT) and Alex Neukirch (early intervention OT).

As you navigate this guide, you will find chapters of this individual’s journey interspersed with poster-style guides, worksheets, and further information. Please feel free to write in it, tear it up, go at it with scissors, hang pages on the wall, or otherwise interact with this guide! It is here for YOU.

Enjoy!

Sarah Baker
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CHAPTER 1
not the first time

are you OK?? what happened?
( it's just
my hands
again

Seems to be happening a lot lately
( it's not that bad

Later...
Ooh, I can't ignore this anymore

To be continued...
CHAPTER 2
your hospital awaits

March 2nd
Yes...

March 2nd
No...

WHAT BRINGS YA IN?

SCALE OF 1 TO 10

300 MG.

NEXT!

IF THERE ARE

93% SUCCESS

MAKE SURE TO FOLLOW UP.

NOW ARE WE TODAY?

ONLY A PINCH

COUNT TO ONE

YOU KNOW?

BREATHE

here to see Dr...

Looks like you'll need surgery.

carpet cleaning

ALL MAKING ANY M

carpet cleaning

امي שורק

carpet cleaning

ami soorok
COMMUNICATION

RECORD session with support. Bring extra set of cards.

WRITE notes during appointment.

EMAIL sessions.

PARTNER for support. Bring extra set of cards.
Just discharged someone from surgery, will insurance cover OT?

Out patient?
Yes.
Umm...
June 7th?
That works for me.

Send 'er over!

That's fine.

Great!
My job is to ensure you as my patient or client can do what you feel you need and want to do on a daily basis.

Schools
serves older children & their families

Hospital
after a health event as in-patient or out-patient

OTs can specialize in one age group, and they see all sorts of variety across the lifespan (but who doesn’t?)

Infants
sociomotor, cognitive skills

Early Childhood
social skills, sensory

Late Childhood
fine motor, writing, typing

Older Adult
independent living, disease management

Adult
fine motor, injury rehab, disease management

OTs and PTs communicate frequently and have similar (yet distinct) roles.

PT works more on leg strength, standing balance, ambulation or walking. OT works more on the day to day tasks that go along with the walking, balance, safety and cognition to be more functionally independent.
Occupations are activities that are meaningful and purposeful for an individual. Meaning is gained by what someone enjoys doing or who they are within the context of identity or belonging. If an occupation is purposeful, it is necessary to support what the person needs to do to fulfill a specific goal. OT is focused on quality of life, and being able to participate in self-care, productivity, and leisure activities is an essential part of that. See Hammell, 2004 for further reading.
OT follows a client-centered approach

OTs look at you as a whole person, you have many more hopes and experiences than your physical self represents. OTs seek to address all these parts of you.

Care partners and support team

Collaboration with gross motor therapists

Large movements ex. walking

Ot can have a more holistic approach with goals literally from my toes to my fingertips is

Out of all the healthcare professions, it is one that falls under the category of extremely client-specific
I saw how this egg was prepared from fridge to plate. Looks alien.

Seems salty and strange. Unique texture is new & scary. Don’t want it near me.

Smell is overpowering, makes me want to run. Wall of savory.

I’m in control. I’ll eat this on my own schedule.

Poke. Poke. Poke it. Do it. So slimy and squishy hehe. Don’t know if I want to put this in my mouth though.
Chapter 4
the ultimate choice

Let’s see that hand

We’ll create goals for your whole body...
SELF-ADVOCACY

1. **Self-awareness**
   You are the expert on you. Take mental or physical note of your highs and lows. This practice takes conscious effort.

2. **Arrive prepared**
   Take a tape recorder, notepad, and/or care-partner. Go slowly. Absorb everything. Process at your own speed.

3. **Practice assertiveness**
   Be confident in asking for help. Surround yourself with a care team you trust, if you can. If there is a concern, voice it.

4. **Communicate**
   Let your OT know if something is uncomfortable or not working. They will work with you to find a just-right challenge.
THINK
What are you hoping to get out of seeing an OT? Who suggested you see an OT? Do your reasons align with their expectations?

WRITE
What are your top 3 leisure activities?
1. __________
2. __________
3. __________

What are your top 3 fears about seeing an OT? Have you talked to your OT about these?
1. ______________
2. ______________
3. ______________

SHARE
What is a goal you have? About anything! Tell someone once you’re done
S - Specific? Eat 3 veggies/day
M - Measurable? 1 veggie = 1 cup
A - Attainable? Yes, buy enough each week
R - Relevant? Yes, for proper nutrition
T - Time-based? Achieve goal by June 1st

DRAW
What does your ideal afternoon look like? Draw it here:
The World Federation of Occupational Therapists (WFOT) is an international NGO created in 1952 to foster international collaboration between OTs. Occupational therapy originated in the need for veterans returning home from war to come back to a normal life. Since then, it has expanded from primarily Western countries to an evidence-based, global profession. This transition is important to keep in mind, as most OT research has been done by majority groups for majority groups. There is the need for greater equity and inclusion within the field, even if it has come far. Part of this shift is recognizing the emphasis of individual care and quality of life over simply independence.
How will you know if you don’t? Cooking is an occupation, and just like any other daily activity, it will vary by person. Be conscious of cultural differences, but not every person from the same cultural group will have the same traditions. It is important to ask to develop the best intervention specifically for that individual and their family.
“Culinary knowledge is social knowledge. Cooking is a ‘thoughtful practice.’”

- Deane W. Curtin

We all have different relationships with food, whether or not we are aware of the factors that influence that relationship. Our ways of perceiving, preparing, and interacting with food are shaped by many characteristics that contribute to our identities and social positions: gender, race, kinship, cultural and religious heritage, socioeconomic position, and mental health status, among others.

Cooking becomes a meaningful occupation that can match needs as a therapeutic intervention.
CHAPTER 6

Tests

Great, just a few painful hindsight to do something.

To see how the range in your mouth is improving.

Let's say something.

Why are we going...? going anyway.

Just met with it, I'm going. "Next game just gone, the game is invalid."

Later...

This is a bit of a stretch, let's work on it together. I know what hurts.

I'm sure this is a normal part of the test. If they don't hurt me, I'm sure this is a normal pain I should probably be in. Good reason to do anything.

Anyway, I should say something.
I'm confused but don't want to admit it.

Reflect on why you may find self-advocacy challenging... sound familiar?

Interrupting is impolite!

I can't show any pain.

I've never trusted doctors...

I should trust them, they have a degree.

Maybe I just don't know my body.
Chapter 7
Redefining Success

I've been so tired lately. I just want to get back where I was.

That makes sense; your body has been busy healing. Let's talk about goals to regain some of that function.

I've been managing with walking and typing, which means I can't work for long periods right now!

Yes, your PT mentioned that we can definitely work on that together. Seems like recovery might mean some of your goals...

Am I complaining too much?

I hope they know I hear the difficult parts too.

I just want to be back to normal.

There's a whole care team for you to lean on! If insurance covers it...

I just want to get through this as quickly as possible, we need to get going.

That is my goal too; what do you think about focusing on your wrist strength for now? Then we can work towards a pain-free grip?

Working on grip strength, now...

...which will allow you to work in the future but it's not the focus yet and that's okay.

YES
NO
Healing is cyclical

Graph showing progress over time with a checkpoint marked as "YES."
SUCCESS

It’s not the end results it’s all the little victories along the way there that creates the end result. The goals you arrive with may be different than the ones you feel fulfilled with accomplishing. AN, GC
we can cook to get better at motor, cognitive, and coordination skills that translate to a completely different part of our life. An unexpected kitchen event dealing with angry driver

arm bike

OT & COOKING

puzzle

peg board

pincer grip

writing

pomegranate
HOW-TO: PB&J

Even seemingly simple recipes can be broken down into multiple steps requiring skills an OT can identify as potential goals.
* Grocery shopping is an instrumental ADL, or one that requires a wide variety of skills to allow a person to function independently in a community

* 4.2 x 3.8 m room in the Sheba Medical Center with supermarket items and simulated tender transaction capabilities

* Allows shopping simulation with varying levels of noise and accommodations

* Can be used for assessment of motor and cognitive ability or as practice for shopping in a grocery store in the community

* Skills targeted while using the Super-Model facility: mobility, balance, walking, range of motion, upper extremity strength, visual perception, memory, spatial orientation, attention, sorting, planning, and decision-making

items up too high

slippery potential hazard

unexpected spills mess

unexpected events

uneven surfaces

large handles different maneuvers required

appliances down low no distractions

familiar

consistent regulation height

unknown bowls with traction

clean floor
GLOSSARY

Activities of daily living (ADLs): basic activities of everyday life. Ex. bathing, toileting, dressing, personal hygiene.
Activities of daily living, instrumental (IADLs): ADLs that are more complex and support home/community living. Ex. caring for children, driving, grocery shopping, managing finances.
Allied healthcare professionals who are part of the healthcare system, but outside of doctor & nurse roles. Ex. OTs, PTs, SLPs, etc.
Ambulation: walking without assistance.
Care-partner: someone who works with individuals who need care, recognizing that the person themselves takes an active role in the care. Alternative to "caregiver," which indicates one-sided care.
Client-specific approach: approach to OT that recognizes that each person has different needs that require different interventions to accommodate.
Design thinking: working on goals through iterations and continual revision.
Evidence-based practice: providing therapies based on clinical experiences, current research, and patient needs; implementation of research findings into practice; design of a therapist to help someone work towards their goals; can be influenced at 3 levels - overall approach, school of thought, and specific techniques/equipment.
Inpatient: patient has been admitted to the hospital.
Intimacy: allowing someone to be privy to the most personal parts of your life; does not have to imply romantic or sexual attraction. In the case of OT, this could look like talking to a healthcare professional about the small things you do everyday to maintain yourself and your daily life, something that is private and not commonly discussed.
Motor skills, gross: more general skills that require larger muscle groups; Ex. throwing a ball, running, jumping.
Motor skills, fine: detailed skills that require the use of small muscles; Ex. handwriting, fastening buttons, picking up marbles, texting.
Muscle tone: how tense your muscles are when they are not contracting.
High muscle tone means tight/rigid, low muscle tone means loose/slack. Cannot be trained.
Occupational therapy (OT): working with someone to do what they want and need to do - AN. Can vary by age group or location of the therapy. A client specific allied healthcare field.
Occupations: what people do that is meaningful and purposeful to them. Includes ADLs, IADLs, education, work, and social needs.
Outpatient: patient is visiting to receive services, but has not been formally admitted to the hospital.
Patient: someone accessing healthcare services, but this word does not adequately portray the active nature of this role. Other (not necessarily superior) suggestions are client, user of services, customer, consumer, health seeker, etc. that all have their own implications.
Physical therapy (PT): therapy that focuses on gross motor skills through exercise prescription and functional assessment; Ex. walking, standing balance, recovery from whole body injury.
Finger grasp: holding an item between thumb and index finger.
Practitioner: in this guide, referring to someone who provides healthcare services. Ex. PT, OT, general physician, surgeon, nurse practitioner, etc.
Self-advocacy: "the ability to articulate one’s needs & make informed decisions about the support necessary to meet those needs" - National Deaf Center.
Speech language pathology (SLP): therapy that focuses on speech and language/social communication, swallowing, and more.
Traditional OT: An OT who prefers focusing on the specific area in need of intervention; designated injury treatment focuses on arm/hand only.
Whole-body OT: An OT who prefers to treat patients by utilizing exercises and interventions that relate to all parts of the body; "goals from my toes to my fingertips" - JS.
Graphic Medicine Further Readings

“The intersection between the medium of comics and the discourse of healthcare” - Ian Williams

Sequential design captures these experiences in a way that words alone cannot. This is a medium that is available to everyone as a means of expression, but there is still the need to elevate BIPOC voices in body of published works. See graphicmedicine.org for more.

**Graphic Medicine Manifesto**
MK Cternyec, Ian Williams, Susan Merril Snyder, Howard J. Green, Kimberly R. Meyer & Scott T. Smith
Penn State University Press

**Marbles**
Eilen Fanning
Avery, Penguin Random House

**Our Cancer Year**
Harvey Pekar, Joyce Brabner
Illustrated by Frank Stack
Four Walls Eight Windows

**Epileptic**
David B.
Pantheon Books

**Blue Pills**
A positive love story
Frederick Peeters
Houghton Mifflin

**Good Eggs**
Phoebe Potts
Harper Collins

**Black Hole**
Charles Burns
Pantheon Books

**Dr. Rad’s Queer Health Show**
RAD Remedy & Isabella Rofman
Find this zine online!

**Cadaver Diaries**
Kioota Willburg
Birdage Bottom Books

**REFERENCES**

And more suggested readings be found at: tinyurl.com/joyofcookingwithbottlesreferences
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