

Voiceover: You're listening to Real Life Renos with Karen Brown and Melissa Schenk, the show where this dynamic duo gets real about your life because change happens to more than just your home.

Melissa Schenk: Hello, I'm Melissa.

Karen Brown: And I'm Karen.

Melissa Schenk: And on today's show we're going to be talking with occupational therapist Lesya Dyk. She is the owner of LDOT Services. Now, we first met Lesya at a conference we attended on home modification and discovered that when the conversation comes to aging in place, it can indeed involve an Occupational Therapist, which is why I really wanted you to come out to the show today and then tell us about this. And I want to dive right in Lesya. Can you explain to us what exactly is an Occupational Therapist and what do you do?

Lesya Dyk: So an Occupational Therapist is a regulated health professional. You go to university and right now Occupational Therapists are studying at the Master's level. We do a lot of our training along with Physiotherapists, which people may be more familiar with, but where Physiotherapists deal more with physical aspects of health and recovery, we deal with the more functional aspects. So if you've been involved in an accident or have an injury, or you're a child and were born with some issues that make it difficult for you to grow, an occupational therapist looks at your everyday living activities and tries to figure out how can you function in the best way. So we look at those as physical, but also the cognitive and mental spheres of your life and try to pull all that together to help you function to the best of your capacity.

Melissa Schenk: Beautiful. Hey, and in speaking with you in the past, I know that you are so passionate about what you do. One of your mottos is to empower yourself to do more, to live better. What made you personally pursue a field as an occupational therapist?

Lesya Dyk: Well, funnily enough, my mother had an illness that made it a challenge for her to function as she got older and we saw the change in my mom and the struggles that my dad had looking after her. I was really inspired, not only by her challenge and the family pulling together to rally around her, but also a cousin of mine was an Occupational Therapist and she sort of lit the way for me, and show me that this profession existed, she was an Occupational Therapist, and based on that, I dove in and I haven't looked back.

Karen Brown: Fantastic. Now, you've risen to be a leader in your field and certainly a go to person for a wealth of knowledge. Your mother has probably inspired you to dabble your toe into the aging in place movement, but you're really all in with that. Can you tell us a bit about how you got involved with that?

- Lesya Dyk: Sure. I was involved in home modifications on every level, mostly with people who been involved in motor vehicle accidents. But at one point it became very clear to me that more and more phone calls were coming in to the office by people asking for help or support with home modification. It wasn't necessarily that people and themselves that needed help, but it was their children, or adults who are concerned about their aging parents and were concerned about them falling, or they had fallen. So with that in the background of my business, things physically happening spontaneously, I joined a bunch of authorizations and for the skills committee and that has really led me to this vast movement. I think that is beginning to go from a slow simmer to a boil in Canada. We really are taking this issue seriously and looking at what needs to be done before a vast amount of people that are going to be hitting that 75 year age group very soon is going to take place and it is a real significant issue for officers in my health team.
- Melissa Schenk: And you mentioned that it is reaching that boiling point coming up very quickly. Where should people start? Where do you recommend that people start if they plan or they choose to age in place? Does it have to start with, I know you probably get called in for some sort of an issue or an accident or at hand, but I'm thinking like can it start in the planning process before there is a need?
- Lesya Dyk: Absolutely. You're right that people generally call when there's a crisis, or they feel that there's an impending crisis and often you wish that there was more time before because if you're dealing with a hospital discharge, and I don't know if anybody has been to hospital lately, but they really try to get there pretty quick. Often it's not the time to plan and build something that people are really happy with. So I always think that before the crisis is better, but sometimes people are dealing with denial or guilt because they feel guilty that they're sort of pulling everybody else in the family down.
- Lesya Dyk: Sometimes we have fear. I think about my in-laws who in their sixties decided to sell their two and a half story home in High Park and they bought a bungalow and they renovated it with exactly that thought in mind. That one day they're going to be in their eighties and they're not going to want to do stairs and they're not going to want to clean a big house or tend to a large garden. I've witnessed how a bit of planning can really make a difference in the quality of a person's life as they age in place.
- Karen Brown: And how often would you get those calls? Out of all of your calls, what percentage would be people like your in-laws being proactive?
- Lesya Dyk: I would say very little. I would say probably about ten percent, so one in ten.
- Karen Brown: yep.

- Melissa Schenk: Even ten percent's higher than what I was thinking it would be. Seriously...
- Lesya Dyk: yeah. People are often, it may not be the crisis, but they feel the impending crisis. And I think that it's important to know that if you've had a fall in the past year, your relative risk for having another fall is six or seven times than someone who has not yet fallen. So, it's really a matter of when it's going to happen again and not if it happens again.
- Karen Brown: We all think we're 30 in our heads, don't we?
- Lesya Dyk: Mm-hmm (affirmative) Absolutely.
- Melissa Schenk: Hey, you've mentioned to me before that people buy with their heart and not with their head. And so what issues or problems have you witnessed in homes? And maybe that's again there hasn't been an accident or there hasn't been an issue, but perhaps the purchase was the issue and then now they need the modifications.
- Lesya Dyk: Yes, I mean certainly I've been involved in helping people purchase homes that are suitable for them or know that not only now, but in the future in terms of their functioning. And you know, until occasion the homeowner just went ahead and put an offer on the house and it was accepted and it was a fair complete. And in the one case, the homeowner actually sold their house within a year because they just couldn't make it work. He bought with his heart, he bought in an area where it was a cul de sac and he saw that there was a large garage and place where he could work on his car, that was his thoughtful stuff, which is great, but there were so many stairs within the home. They made it difficult for him.
- Lesya Dyk: And likewise, there's another couple that purchased a home with a split level with many stairs. They bought because there was a pool in their backyard, and they felt that it was a great place to do pool exercises in the summer, which that's true. However, unfortunately there was a fall and a hip factor and it was so difficult for them. I actually got called in after the fact to help with that. And it was so difficult for them to function because they needed to have a bathroom on the same level as they were had their bedroom and, and that just couldn't happen in every entrance to the home involved a step or stairs.
- Melissa Schenk: So in a moment like that, would you be called in to, obviously because there was an issue and you're working with the client there, but are they more apt then to sell that house or to renovate the house and would they sell the house to find another suitable one to still age in place or are they going into long term care at some point because of that?

- Lesya Dyk: That's a very good question. I think that we have way more options now than we did before in terms of modifying homes. And it's really how much people love their home and, and love where they are and how open they are to making some pretty radical things and having me organize this thing. So this is the time that I would nearly call in an interior designer and architect who have some experience in home modifications for accessibility to try to sort of help us with organizing the space and making sure that it still flows and it's not awkward. Because really the worst case scenario, you want to have a bedroom and a dining room that connects with nowhere or nothing and people feel sort of on display, so that's basically what I think that some of the challenges are for homeowners. Homeowners that would wish to stay, but some of them are renovating and modifying their home with stair lifts or a ramp in the back of the house. So it's not so obvious in the front, but there are definitely options now that there weren't before.
- Karen Brown: I want to expand the conversation a little bit in terms of this team that you put together. So how does a renovator find an OT to add to their team or vice versa? How do you as an OT find an appropriate renovator to build your team?
- Lesya Dyk: Sure. Well there are renovators in all the major centers that really do specialize in home modification and accessibility. They're readily available to look them up on the internet. Another really good source is the community Home Builders Association and a lot of times people overlook them, but their website has the [inaudible 00:11:24] that you can find a renovator contractor. And that organization is really taking this whole aging in place issue very seriously and so they've developed a learning certification called CAPS, Certified Aging in Place Specialist. It's license is from the US and turned it into a Canadianized version and they've launched it. Their goal is to have all of their renovator contractors that want to work in the space, take this course. So the CHBA would be a fantastic resource.
- Lesya Dyk: And for occupational therapists, people can obviously go on the internet and find out who are occupational therapists in their neighborhoods that are working. But also you can contact the Ontario Society of Occupational Therapy or the Canadian society, search Canadian Association of Occupational Therapists and they will have a feature on their website, finding those who are pretty prominent. And then you can sort of narrow down the search and find an OT that works in home modification.
- Melissa Schenk: I have a quick question for you about just occupational therapy in general. Are there enough OTs right now or is this a career somebody should be thinking about if they're listening and they've, maybe you've got a child wondering what should I do for a career?

- Lesya Dyk: This is a very expanding career right now because as the whole population in Canada ages there will be need for services, not just in home modification but in areas such as dementia care and stroke rehab, so it's definitely something that if one has an interest in health care, I think it's an excellent profession to go towards. There's definitely a move from in hospital occupational therapist to a community based occupational therapist, but definitely depending on the region. In Canada there are shortages of occupational therapists staff, that's for sure.
- Karen Brown: I think it's really interesting too. It seems like there's this new movement like as you mentioned with the C CAP certification program. How long have you been actually working with renovators? It seems like it wasn't always like this. Now I think there's a really fabulous opportunity for this merger with renovations, renovators to work with people like yourself, like OTs, that can come together to make a difference together. But it wasn't always like this.
- Lesya Dyk: No, not at all. In fact there was probably a handful of people that we used to work with that were vendors who would do some home modification on the side but for larger projects we would have to go to sort of a [inaudible 00:14:23] renovator contractor and often they didn't understand what our role was.
- Lesya Dyk: I think the important thing about that team that you mentioned is that everybody could understand their role, stay in their lane, but also collaborate. We're not there to tell the renovator contractor how to do their job, but we may suggest things that would be featured in a home that would need to be always important to be for now, but also for in the future for functioning. The designer would look at the functional piece as well, but also looking at the aesthetics of the space and making sure that everybody in the home feels comfortable in that space and also that it's in harmony with the rest of the home. Many people are very afraid of modifying their homes because they're worried about the reduction in the value of the property and it just doesn't have to be that case anymore.
- Melissa Schenk: Which is great for the client obviously, are you finding that...
- Lesya Dyk: Absolutely.
- Melissa Schenk: The clients are super surprised to see, Hey I need a renovation, I need a modification made to my home and then an occupational therapist shows up. How cool is that? That's pretty fabulous.
- Lesya Dyk: Well, I think that there's a growing number of renovator contractors who are thinking this is really, really good business. They right off will say, I think that this is an opportunity for us to bring in an occupational therapist, and here's why, because I think that there are some things about your functioning and I

may not understand from now into the future. I'd love to get their advice to ensure that whatever we build today will last you for as long as you're staying in this home. And people are even taken aback a little bit and say, wow, they really care. They really have my best interest at heart, not just doing the reno and walking away. So I think that that tide is beginning to turn. The other thing is, is that a lot of renovators are thinking this is really cheap insurance.

Melissa Schenk: Yeah, that's a good point.

Lesya Dyk: Yeah. I'm ensuring that I'm not having the whole responsibility of doing something that in the future, may be not practical, or even dangerous, and create a bunch of issues then with the clients, and with the reputation, and even lawsuits. So by having somebody, it can be some as simple as somebody wants to have a walk in tub because they've seen them on television and think that that would be a great thing. And if an occupational therapist comes in and says, I'm really concerned about your mobility getting in and out of that walking path, but also your sitting balance isn't sufficient to hold yourself in a tub without any side support and you might slip to the bottom and that would be a pretty tragic thing if that happens.

Karen Brown: For sure.

Melissa Schenk: So it sounds like language and communication on your part and the renovators part makes a huge difference with the client and then can make the huge difference between doing a renovation and doing the right renovation.

Lesya Dyk: Absolutely. At the end of the day we want to be client centered and we want to have a project that their clients feel that they are driving and that they're going to be happy with and they're going to be happy to live with. So we need to do as much as we can to help them with that goal. But in any adult learning process, adults don't do well in turn by being told something, they need to understand why. So with a lot of education and consultation and communication, I think everybody can be on the same page and we can make sure that everybody's happy in the end and for as long as possible.

Karen Brown: With that thought in mind, can you just walk us through a an ideal renovation process? How you get contacted, how you do the assessment, building the team.

Lesya Dyk: Sure. If we had a renovator contractor to contact us and say we've been asked to do a home modification to put some ramps in the home. However we've sort of noticed that there's some other areas of function that are of concern and we've spoken to the homeowner and they've agreed to have you come out. That's a really great place to start. I would come in, either alone or sometimes with the contractor, and I would just spend some private time with the clients

because it still is a healthcare interaction, so privacy and confidentiality is very important.

Karen Brown: Right.

Karen Brown: When I meet alone I may be able to get some information that they wouldn't feel comfortable telling the family member or the contractor.

Karen Brown: In one case, I had an older lady who had some issues related to her medication that made toileting and hygiene a bit of a challenge. I asked her those questions based on the medications that she was taking, knowing that those medications cause some gastric upset. She was so grateful that I had opened up that conversation because it was a huge problem for her and she didn't know what to do about it, or was ashamed to talk about it. So we installed a toilet seat that also has a feature that will clean the toileting areas. And so I'm so grateful that I pointed out the product that she didn't know how to get, she had always known about bidets, which was something that she couldn't physically use anymore. These new bidet products that have come out have been a huge improvement in that whole thing. And literally the consult [inaudible 00:21:16] I would never in a million years have thought of that as a modification because I would never ask that question and she would've never told me about it.

Melissa Schenk: It's like being able to have a step back and looking at the bigger picture, which a lot of people can't do when they're in the picture.

Lesya Dyk: Absolutely.

Melissa Schenk: Yeah. Yeah. So I have one quick question because you're such a big part of the piece of this puzzle. How are the costs covered? Is this something our government pays for? Like can people, is this an OHIP related piece or would a renovator put that, build that, into his fee for your time?

Lesya Dyk: So OHIP right now does not cover private services. There are services that are in Ontario through the lens, but they are, it depends on which [inaudible 00:22:02] you live in and also what type of OT service they provide. And generally they're not proactive, they're reactive. You would have had to have an issue in the hospital and then have a referral to an Occupational Therapist and they may do or want to visit safety visits but their scope is not to provide advice on renovation. Generally it is paid for either by the homeowner or the contractor. They're thinking about this now, in terms of their business plan, of covering the cost of an occupational therapy assessment and there's other financial organizations that have even said that they would cover the cost if there was money on board for bathroom renovation, for example, and it would also cover the costs of an occupational therapy assessment in that loan because they think that that's what money we'll spend.

- Karen Brown: Well, and it's like anything, right? If you spend the money there, it's going to cost you a whole lot less later on...
- Lesya Dyk: Absolutely.
- Karen Brown: ...down the road, yes.
- Lesya Dyk: The adage an ounce of prevention is worth a pound of cure is absolutely true.
- Karen Brown: Yes. So for our listeners who may live outside of Ontario, let me just point out that OHIP that was referred to is the Ontario Health Insurance Plan and the LENS, our local governing body. We have listeners who live outside of Ontario and even outside of Canada, so you'd have to check your local resources.
- Melissa Schenk: Good point.
- Lesya Dyk: Absolutely.
- Melissa Schenk: Yeah. Good point Karen.
- Melissa Schenk: Okay, to wrap up today, can you offer one piece of advice? I know that that's probably a big tall tale for here, like tall feat here for you, but if you had to give one piece of advice to our listeners today, what would that be?
- Lesya Dyk: Well, I'd probably want to make three points if I can. The first one I just made is an ounce of prevention is worth a pound of cure. So, if you can just keep thinking about this ahead of time, it's going to be so much easier than having to scramble if there is a crisis.
- Lesya Dyk: The second thing is everybody is going through that. Every family, every table that I've sat at, at the corporate level, at governments, in organizations, when we start talking about aging in place and home modification and what we're doing, the first part of the conversation is everybody telling their own story. This has even gone on in Ottawa in meetings, where colleagues of mine, [inaudible 00:24:44] health with ministers. They end up talking about their past.
- Lesya Dyk: The third thing is that you don't have to compromise with the design and the aesthetics of your home. If you have some help with occupational therapy and your contractor or perhaps a designer, vendors are coming out with really, and product manufacturers, are coming out with a really beautiful fixtures and fittings that to make the home look really comfortable and not clinical, and you can still achieve that goal of being safe and secure.
- Melissa Schenk: Beautiful. I love it, Lesya. I'm going to make sure that our listeners have access to your website so they can get in touch with you or your other OTs across the



country, but thank you so much for your knowledge, your information, and for taking the time to be with us today. We look...

Lesya Dyk: Thank you.

Melissa Schenk: Thank you! We look forward to you being with us on our next podcast episode of Real Life Renos.

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