Making Therapy Fun
A little effort can go a long way in helping residents achieve results

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Productive Aging
‘You don’t stop laughing because you grow old. You grow old because you stop laughing.’
- Comedian Michael Pritchard

After working in a variety of settings throughout my career as an occupational therapist, I have used and seen many different interventions across the spectrum of age and ability. Without exception, however, I have not seen any intervention as globally effective and universally beneficial as fun and laughter.

I currently work with a phenomenal multidisciplinary team of physical and occupational therapists, speech-language pathologists and techs at Scepter Health and Rehab, LLC, a skilled nursing facility in northeast Atlanta. We use fun and laughter in the skilled treatments of our geriatric rehab inpatients daily. As a result, our clients often choose to stay in the therapy [room] longer than required, and even choose to come when they are not scheduled because they are happy being with us and enjoy the time they spend in therapy.

After discharge, several patients have returned just to pay us visits.

Let’s Get This Party Started
So how do you start incorporating humor and laughter into treatment plans? Your interventions are limited only by your imagination.

Our team has used themed treatment sessions with clients that are appropriate to their level of function, both physically and cognitively. One such theme is Fun Friday. Each week we engage our clients in activities that promote involvement in a group, physical exercise and cognitive re-education.

A tug-of-war between residents and staff brings lots of energy and smiles.

One Fun Friday had a luau theme. We decorated the rehab gym and played Hawaiian music during the day, and everyone that came for therapy was greeted with a flower lei. We encouraged clients to use their imagination, and we used typical items in the room as props. We used gait belts for tug-o-war, with residents sitting or standing for balance, endurance and upper-body exercise. A cane was used for the limbo, and residents had to propel their wheelchairs or walk underneath while other residents cheered them on. If you needed to work on weight shifting in the wheelchair, you might ask your client to pretend to hula dance while seated in the wheelchair. The residents with whom I have used these techniques say they prefer it when they work in a group. They like to watch other residents participate, succeed and have fun.
Laughter Rounds
Another activity we have done several times is to have laughter rounds. I will tell the group how beneficial laughter is for
the body and how helpful it can be socially and psychologically. We will then go around the room taking turns laughing. I
explain that even fake laughter has the same benefits as real laughter. “Fake it till you make it,” is a good saying to begin
the group. Once you start around the room fake laughing, real laughter invariably follows.

Current Events
Last winter for Super Bowl week we made small goalposts out of PVC pipes and held footballs for residents to kick
through the goal. We divided the residents into teams representing the teams in the game. They could stand or sit for this
activity, which helps with balance, lower-body strengthening, eye-foot coordination and timing.

You also can ask your clients what could make therapy more fun or to give you ideas for how to make their activity part of
the theme. Use that idea with them, and use it again with other residents if it is appropriate. Allow the residents to assist in
preparation of some props if possible as part of therapy. This can give them purpose and engage them at the same time.

You’ll be able to accomplish many therapy goals with these activities. You are limited only by your ability to grade and
specify tasks. Use your imagination!

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