

Occupational therapy

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The Gale Encyclopedia of Medicine. Ed. Jacqueline L. Longe. 5th ed. Farmington Hills, MI: Gale, 2015.

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Full Text:

Definition

Occupational therapy (OT) is a holistic, patient-centered, occupation-based approach to life-skills development for people with developmental disabilities, physical or mental diseases, injuries, or other health problems. Occupational therapy addresses physical, psychological, social, and environmental factors that interfere with functioning in various ways.

Purpose

The goal of occupational therapy is to help patients develop the skills and obtain the support necessary to live productive lives as independently as possible, to improve quality of life, and to decrease hospitalization and institutionalization.

Occupational therapy is used to treat a variety of physical and developmental disabilities, including:

- cerebral palsy, spina bifida, and other birth injuries and defects
- Down syndrome
- muscular dystrophy, arthritis, multiple sclerosis, or other serious chronic conditions
- developmental delays
- intellectual disabilities (ID)
- autism
- learning disabilities
- attention deficit disorder (ADD)
- sensory processing/integrative disorders
- broken bones and other injuries from falls, sports injuries, or accidents
- brain and spinal cord injuries
- hand injuries
- amputations
- post-surgical conditions
- burns
- work-related injuries including lower-back problems and repetitive stress injury (RSI)
- limitations following a heart attack or stroke
- diabetes

- cancer
- Parkinson's disease

In recent years occupational therapy has expanded its scope into new areas, including:

- mental health and behavioral problems such as depression, dementia, Alzheimer's disease, schizophrenia, posttraumatic stress, substance abuse, and eating disorders
- visual impairment
- home modification
- ergonomics consulting

Demographics

The demand for occupational therapy is expected to continue grow, as the baby-boomer generation (those born between 1945 and 1965) ages and requires various services, such as modifications in order to stay in their homes. As people live longer despite serious illness and disability, occupational therapy will facilitate independence in daily living and working. For example, stroke is the major cause of disability in adults and it is estimated that 5.4 million Americans are living with the effects of stroke.

Description

Occupational therapy provides direct care to patients with physical, developmental, and mental disabilities, in settings that include:

- long-term-care (LTC) facilities
- skilled-nursing facilities (SNFs) and nursing homes
- assisted-living facilities
- mental-health facilities
- hospitals
- rehabilitation centers
- outpatient and children's clinics
- adult daycare centers
- home healthcare agencies
- schools
- foster-care residences
- group and private homes
- sheltered workplaces
- senior centers
- wellness education programs
- business-to-business consulting firms that specialize in ergonomics
- private practices

Occupational therapists may work with and receive referrals from:

- physicians and nurses
- psychologists and psychiatrists

- other health professionals
- social workers
- case managers
- courts
- teachers, and vocational and guidance counselors
- foster-care providers
- families
- clients themselves

Regardless of the setting, occupational therapy is centered on the needs of patients and the environments in which they live. The therapist may perform activities-of-daily-living (ADL) evaluations to determine patients' competence and independence in performing daily tasks at home, work or school, and within their social environments. Examples of activities of daily living might include dialing a phone, paying bills, using a computer, or driving a car. Children are evaluated by their abilities to perform activities such as writing the alphabet, drawing shapes, playing games, tying shoes, brushing teeth, combing hair, or squeezing a special grip meter. Following the evaluation the occupational therapist may implement a treatment plan or interventions to facilitate a more independent lifestyle. The OT may evaluate the need for special equipment such as splints, wheelchairs, bathing equipment, dressing devices, or communication aids.

Occupational therapists work within six broad fields:

- rehabilitation, disability, and participation
- productive aging
- children and youth
- mental health
- health and wellness
- work and industry

Within these broad categories occupational therapy can involve a wide range of interventions, including:

- exercises for improving mobility
- prevention of falls
- sensory integration
- home modifications for independent living
- analysis of home lighting and contrast for the visually impaired
- slings or splints to provide support to body parts
- assistive devices for activities such as opening a jar, putting on shoes, or taking a bath or shower
- chronic disease management
- home healthcare
- driving and alternative transportation
- stress management

- communication skills
- assertiveness skills
- problem solving
- time management
- management of medications
- safety in the home and community
- pursuing vocational interests
- developing self-awareness
- interpersonal and social skills
- hygiene
- parenting skills

Occupational therapy provides early intervention for children with physical, sensory, or cognitive disabilities in daycare centers, preschools, and elementary and high schools. Occupational therapists also have an important role in disaster relief. OT can help children with disabilities become as independent as possible or **successfully return to school after a long illness or serious injury**. Childhood interventions may involve:

- working with children to brush their teeth, dress, tie their shoes, and feed themselves
- handwriting and drawing to improve finger dexterity
- coloring within the lines
- working on hand-eye coordination by hitting a target, batting a ball, or copying from the blackboard
- using a computer
- alternative ways for playing popular games
- teaching strategies for improving focus and attentiveness
- homework help
- managing a wheelchair in school
- interacting with others and improving social skills
- learning anger-management skills, such as writing about feelings or pursuing a physical activity

Occupational therapy often breaks tasks down into smaller steps, such as learning a song note by note. To learn to bathe, the client may first learn to turn on the water, then adjust the temperature, find soap and a towel, and then climb in the tub.

Occupational therapy also includes:

- adapting the home, school, or work environment to a client's needs
- developing educational programs, experiential learning, and treatment groups or classes
- housing and job placement, and ongoing monitoring
- assisting with client-run support groups
- consulting with employers about the requirements of the Americans with

- Disabilities Act
- developing transitional work programs

Occupational therapy in the workplace may involve:

- evaluating a worker on the job
- recommending job modifications
- implementing and supervising a return-to-work program
- monitoring progress
- improving productivity
- ergonomics to maximize function and comfort and minimize repetitive stress injuries from jobs such as typing or assembly-line work

Origins

Occupational therapy developed as a healthcare specialty during World War I, to work with soldiers suffering from shell shock, amputations, and other injuries. In the early twentieth century, occupational therapists also treated tuberculosis and polio patients. The advent of managed healthcare in the United States dramatically expanded the role of occupational therapy.

Results

In addition to helping the injured and disabled to perform everyday tasks, live independently, and work or attend school, occupational therapy can improve skills and help prevent injuries in people of any age and ability. Benefits of occupational therapy include:

- assessments of performance and skills
- customized treatment programs for improving clients' abilities to perform daily activities
- home and workplace evaluations and recommendations for adaptations
- guidance for family members and caregivers
- providing fun, positive activities for improving children's cognitive, physical, and motor skills and enhancing self-esteem and sense of accomplishment

Key Terms

Activities of daily living (ADL) The skills and practices that determine how well individuals function in their daily lives and relate to and participate in their environment. **Alzheimer's disease** A progressive, neurodegenerative disease characterized by loss of function and death of nerve cells in several areas of the brain, leading to loss of mental functions, such as memory and learning.

Alzheimer's disease is the most common cause of dementia.

ArthritisInflammation of one or more joints. **Attention deficit disorder (ADD)**A condition characterized by age-inappropriate attention span; often accompanied by age-inappropriate

hyperactivity and impulsive behavior. **Autism**A variable developmental disorder that includes an impaired ability to communicate and form normal social relationships. **Ergonomics**The study of the relationship between people and their working environment. **Home modification**The altering of the physical environment of the home to remove hazards and provide a more functional environment; examples include the installation of grab bars and no-slip foot mats in the bathroom to prevent falls.

Parkinson's diseaseA disorder of the brain characterized by shaking and difficulty with walking, movement, and coordination. The disease is associated with damage to a part of the brain that controls muscle movement. **Repetitive stress injury; repetitive strain injury (RSI)**Any of various musculoskeletal disorders—such as tendonitis or carpal tunnel syndrome—that are caused by cumulative damage to muscles, tendons, ligaments, nerves, or joints from highly repetitive movements, such as of the hand, wrist, arm, or shoulder.

StrokeA sudden diminishing or loss of consciousness, sensation, or voluntary movement from a rupture or obstruction of a blood vessel in the brain.

Preparation

Client attitude and cooperation are key to successful occupational therapy. Clients should be active participants, aware of the short-term and long-term goals of their therapy and able to communicate with their therapists.

Aftercare

Clients must continue to practice what they have learned in their occupational therapy and make appropriate adjustments in their lives. Many clients have long-term monitoring and assessments.

Training and certification

Occupational therapists have master's or doctoral degrees in OT. Practitioners must complete supervised clinical internships in a variety of healthcare settings and pass a national examination. Occupational therapy assistants (OTAs) usually have associate degrees. OTAs are able to carry out treatment plans developed by occupational therapists, but do not perform evaluations and assessments. The National Board for Certification in Occupational Therapy provides certification for the profession.

Regular continuing education courses and additional training are necessary for

occupational therapists to maintain competency. Practitioners can take advantage of continuing education courses offered by the American Occupational Therapy Association, as well as online courses, annual conference and exposition workshops, and educational sessions offered by leaders in occupational therapy.

The practice of occupational therapy is regulated in every state and licensing of occupational therapists is required in most states. Licensure defines the scope of OT practice and provides guidance to facilities and healthcare providers on the appropriate applications of occupational therapy.

Books

Creek, Jennifer, and Lesley Lougher. *Occupational Therapy and Mental Health*. 4th ed. New York: Churchill Livingstone Elsevier, 2008.

Parham, L. Diane, and Linda S. Fazio. *Play in Occupational Therapy for Children*. 2nd ed. St. Louis, MO: Mosby Elsevier, 2008.

Radomski, Mary Vining, and Catherine A. Trombly Latham. *Occupational Therapy for Physical Dysfunction*. 6th ed. Philadelphia: Lippincott Williams & Wilkins, 2008.

Willard, Helen S., et al. *Willard & Spackman's Occupational Therapy*. 11th ed. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins, 2009.

Websites

American Occupational Therapy Association. "Occupational Therapy: Fact Sheets and Articles." *Living Life To Its Fullest*. <http://www.aota.org/Consumers/WhatisOT.aspx>

Nemours Foundation. "Going to an Occupational Therapist." *KidsHealth*. http://kidshealth.org/kid/feel_better/people/occupational_therapist.html# (accessed December 12, 2014).

Organizations

American Occupational Therapy Association, Inc. Street 4720 Montgomery Lane, P.O. Box 31220 Bethesda MD 20824-1220 Phone 301 652-2682 Fax 301 652-7711
<http://www.aota.org>

National Board for Certification in Occupational Therapy, Inc. Street 12 South Summit Avenue, Suite 100 Gaithersburg MD 20877-4150 Phone 301 990-7979 Fax 301 869-8492 info@nbcot.org <http://www.nbcot.org>

World Federation of Occupational Therapists Street P.O. Box 30 Forrestfield Western Australia 6058 Fax 61-8-9453-9746 admin@wfot.org.au <http://www.wfot.org>

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Highlighted Passages:

Text: Occupational therapy (OT) is a holistic, patient-centered, occupation-based approach to life-skills development for people with developmental disabilities, physical or mental diseases, injuries, or other health problems.

Notes: Occupational Therapy: both physical and mental diseases are treated. Impacts everyday life because of the types of treatment it covers: final product hypothesis.

Text: develop the skills and obtain the support necessary to live productive lives as independently as possible,

Notes: Purpose of the specialty is to make life as simple and independent as possible, shapes the way a person sees the world.

Text: children and youth

Notes: Falls under the branch of pediatrics as well; the quality of treatment changes the way a patient functions on an everyday basis.

Text: successfully return to school after a long illness or serious injury.

Notes: not necessarily treating an illness, revolves more around the time after the illness to help adjust to the changes in the world after the disease. The way the treatment is administered depends on each illness.

Text: Occupational therapy often breaks tasks down into smaller steps, such as

learning a song note by note. To learn to bathe, the client may first learn to turn on the water, then adjust the temperature, find soap and a towel, and then climb in the tub.

Notes: By breaking down processes, it allows patients to fully understand how and why every process takes place. By administering this type of therapy to children, they are able to understand and comprehend the world around them.

Text: *assessments of performance and skills customized treatment programs for improving clients' abilities to perform daily activities home and workplace evaluations and recommendations for adaptations guidance for family members and caregivers providing fun, positive activities for improving children's cognitive, physical, and motor skills and enhancing self-esteem and sense of accomplishment*

Notes: Ultimately improves quality of life.

Text: *Clients must continue to practice what they have learned in their occupational therapy and make appropriate adjustments in their lives. Many clients have long-term monitoring and assessments.*

Notes: Life-long treatment, not just a one and done type of treatment/medication.

Text: *Practitioners can take advantage of continuing education courses offered by the American Occupational Therapy Association, as well as online courses, annual conference and exposition workshops, and educational sessions offered by leaders in occupational therapy.*

Notes: Constant research is conducted to improve methods used for patients and to make their life process simpler and easier.