

Introduction to Occupational Therapy

THE OCCUPATIONAL THERAPY FIELD

The History of Occupational Therapy

You're entering an admirable health profession with roots that go back at least 200 years in history. A brief understanding of the establishment of the occupational therapy profession will give you a sense of its purpose and its approach to treatment.

Occupational therapy today is used to treat both physical and psychiatric conditions in patients. However, the first philosophical foundations of occupational therapy can be found in the area of treating mentally ill patients.

In 1786, French physician Philippe Pinel used manual activity as a means of returning psychiatric patients to their previous interests, work, and final recovery. During that same time, an American physician, Benjamin Rush, was the primary supporter for the use of labor, exercise, and interests in the recovery of patients with mental illnesses.

In 1892, Adolf Meyer, an American psychiatrist, promoted the use of gratifying activity which helped mentally ill patients return to normal function in society. He stressed the importance of a balance of work, play, and rest. Meyer's later published works began to outline a formal philosophy for what would eventually become the occupational therapy profession.

In 1914, a New York architect named George Edward Barton opened an institution which used work as a means of therapy in treating a wide range of physical and mental illnesses and disabilities. Convinced of the benefits of using meaningful activity in rehabilitation, Barton named his approach to treatment *occupational therapy*.

Occupational therapy was formally established as a profession in March 1917 at the first meeting of the National Society for the Promotion of Occupational Therapy. The name was changed to American Occupational Therapy Association (AOTA) in 1923 (Figure 1).

As injured soldiers returned from World War I, the need for occupational therapy in treating physical disabilities increased. Reconstruction aides were the forerunners of modern occupational therapists. These aides were civilian employees who worked with patients suffering from both physical and mental disabilities. World War II

FIGURE 1—Founders of the American Occupational Therapy Association (AOTA) in 1917. Standing, left to right, Dr. William Rush Dunton, Jr., Miss Isabel G. Newton, and Thomas B. Kidner. Seated, left to right, Miss Susan C. Johnson, George Edward Barton, and Mrs. Eleanor Clarke Slagle. (Photo courtesy Archives of the American Occupational Therapy Association, Inc., Bethesda, MD. Reprinted with permission.)



further expanded the use of occupational therapy in physical injury rehabilitation.

The AOTA has grown from only 40 members at its creation to well over 50,000 members in 1998. The purpose of the AOTA is to support a professional community for members and to promote occupational therapy as a profession. The Association also issues guidelines and standards that ensure a high quality of patient rehabilitation care. The AOTA publishes three periodicals for its membership, which provide information on developments within the profession, employment opportunities, and continuing-education programs. Check the Resources section in this study unit for more information on AOTA periodicals and other publications that will help you in your new career.

Definition and Key Terms of Occupational Therapy

You'll notice some new terms and concepts in this section. Be sure to read the definitions but don't be too concerned if you don't understand the full meanings at first. We'll be reviewing the most important concepts throughout this program. As you continue to study, you'll soon become comfortable with the ideas and vocabulary related to your new career.

What exactly is occupational therapy? *Occupational therapy* is the therapeutic use of self-care, work, and play activities to increase independent function, enhance development, and prevent disability. Occupational therapy may include the accommodation of a task or environment to achieve maximum independence and quality of life. Let's take a look at each part of this definition to make sure you understand what it means.

Occupation

So what does the *occupation* in occupational therapy actually mean? *Occupations* are activities or tasks that use a person's resources of time

and energy. As the definition of occupational therapy indicates, the tasks used in treatment are activities that a person uses to take care of oneself, to do work, and to enjoy leisure time. Examples of a patient's occupations could include getting dressed, entering data into a computer, and crocheting.

The Therapeutic Use of Self-Care, Work, and Play Activities

One of the distinctive traits of occupational therapy is that it treats the patient as a whole individual. Therefore, occupational therapy employs the entire range of a person's activities and interests to promote rehabilitation. Treatment begins by addressing the most basic *self-care activities*. Self-care tasks are sometimes referred to as *activities of daily living (ADL)*. These tasks can include grooming, bathing, toileting, dressing, eating, socializing, communicating, mobility, and sexual expression (Figure 2).

FIGURE 2—Self-care tasks can include grooming, eating, toileting, and mobility.



Occupational therapy also uses activities that patients perform in order to meet their need to be productive individuals. These *work activities*, or *productive activities*, fall into four general categories: (1) home management, (2) care of others, (3) educational activities, and (4) vocational activities. Work activities may include—but aren't limited to—meal preparation and cleanup, shopping, money management, work or job performance, retirement planning, going to school, and caring for a family member.

Occupational therapy is concerned with patients' ability to receive satisfaction and enjoyment from their environments. *Play activities*, or *leisure activities*, are activities that individuals do for recreation or relaxation. These activities can include hobbies, sports activities, and creative activities.

Increasing Independent Function, Enhancing Development, and Preventing Disability

Independent function describes a patient's ability to perform a task with as little reliance on others as possible. For the patient with a physical disability, increasing independent function might involve performing strengthening exercises, installing grab bars in a hallway, and training the patient to prepare meals using modified techniques. With occupational therapy treatment, the patient would be able to go about daily life with greater independence than before treatment.

Occupational therapy is used to enhance development in cases where patients have disorders that cause deficiencies or delays in proper functioning. Development-enhancing treatment is often given to premature infants and children who have cerebral palsy or muscular dystrophy. In these cases, therapy would focus on promoting development of movement and/or communication functions.

Without treatment, certain conditions may cause temporary or permanent disability. For instance, individuals with tendon injuries can potentially lose some or all of the function in the injured part of the body. Occupational therapy prevents disabilities by providing treatment to avoid the loss of function.

Adapting Tasks and Environments

Occupational therapy may also include adapting a task or an environment to gain the highest degree of independence and the greatest quality of life for the patient. For example, an occupational therapy professional might suggest the use of a dressing stick for someone who is unable to dress independently due to limitations in movement (Figure 3). An occupational therapist might also recommend the use of a transfer board for someone who has difficulty moving from a chair to a bed.

FIGURE 3—Occupational therapy often includes adapting, or changing, a task to help the patient achieve maximum independent function.



Purposeful Activity

Purposeful activity has always been a central focus of occupational therapy. Purposeful activities are the behaviors or tasks that make up occupations. These behaviors or tasks are directed towards a specific goal. To be considered a purposeful activity, the individual must be participating actively and voluntarily toward a goal that the individual considers meaningful. For a mentally ill patient who previously enjoyed woodworking as a hobby, for example, occupational therapy treatment may include the purposeful activity of constructing a desk-top bookshelf.

Occupational therapy practitioners use purposeful activity to evaluate, simplify, restore, or maintain a patient's ability to function in his or her daily occupations. Using purposeful activity in therapy produces many benefits, including the following:

- Purposeful activity focuses attention on a meaningful goal rather than on the process required for achievement (Figure 4).

FIGURE 4—Using purposeful activity in therapy focuses attention on a meaningful goal rather than on the process required for achievement.



- Purposeful activity assists and builds on the individual's abilities and leads to the achievement of personal functional goals.
- Purposeful activity encourages coordination of the individual's various body systems.
- Purposeful activity provides feedback on performance to both the occupational therapy practitioner and the individual.

Now let's take a moment to review. Occupational therapy focuses on patients' day-to-day involvement in occupations (activities) that organize their lives and meet their needs. These needs would include taking care of themselves (self-care), being productive (work), and

receiving enjoyment and satisfaction in their environments (leisure). Occupational therapy includes performing activities of daily living (ADL) as routine as bathing and dressing. Occupational therapy also addresses more involved and complex tasks that are related to one's work and leisure environments. Patients engage in purposeful activities, or therapeutic activities, that are meaningful to them and promote independence. If necessary, tasks and environments are changed to meet the ability level of the patient.

Occupational therapy treatment considers all physical, psychological, and social factors related to individuals' ability to function in their particular home, work, or leisure environment (Figure 5). The therapist discovers what personal goals the patients have, and what motivates the patients toward the achievement of these goals. The therapist

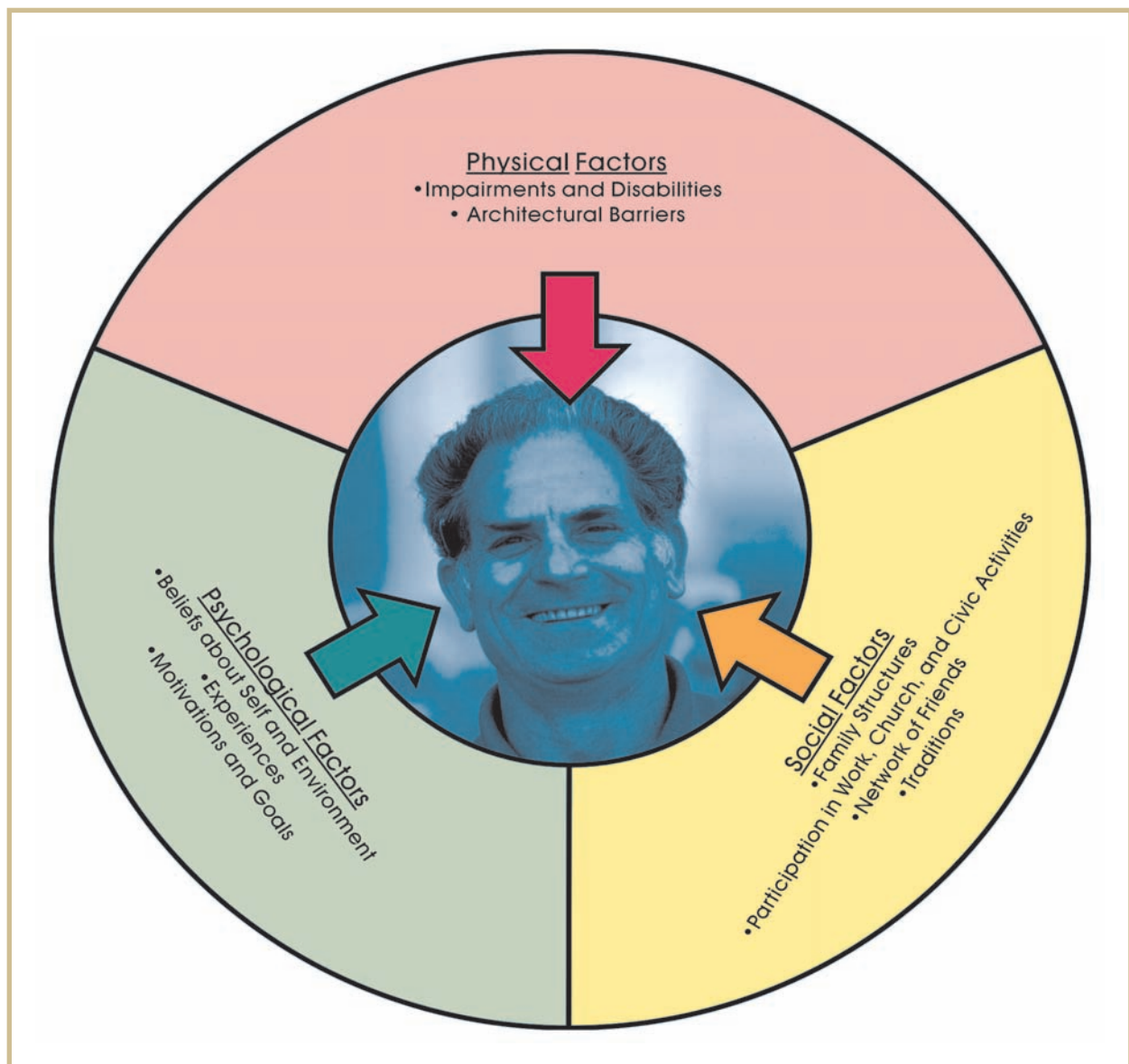


FIGURE 5—Occupational therapy considers all factors related to an individual's ability to function on a day-to-day basis.

needs to know something about the patient's family structure and network of friends to design and implement effective treatment. A patient's cultural traditions that influence food preparation, clothing restrictions, and/or holiday observances are factored into therapy when necessary. These factors are examined in order to make treatment as effective and as meaningful to the individual as possible.

Settings for Occupational Therapy

There's a good demand for occupational therapy professionals. This is good news for you as you start your career as an occupational therapy aide. You'll most likely have the opportunity to choose from among several work settings where occupational therapy is practiced.

You might choose to work in a rehabilitation hospital, children's hospital, school, nursing home, the psychiatric unit of a hospital, an outpatient clinic, or another occupational therapy setting (Figure 6).

FIGURE 6—Occupational therapy aides are employed in a variety of settings, including general and specialty hospitals.



When selecting where you would like to work, you'll want to consider which age group you're most gifted to work with—children, teens, middle-aged people, the elderly, or a blend of age groups. You'll also want to explore whether you want to help individuals who are recovering from severe to minor physical, developmental, or emotional disabilities. Let's examine some of the settings where occupational therapy aides can work.

Hospitals

Hospitals have traditionally been one of the biggest employers of occupational therapy professionals. Hospitals also provide occupational therapy aides with the opportunity to work with the widest variety of age groups and types of disabilities.

Many *acute care hospitals* use occupational therapy professionals to treat both physical and psychiatric disabilities. An acute care hospital is a health care facility that provides care for most conditions—from setting broken bones to cancer therapy to psychiatric services. Some acute care hospitals also offer outpatient occupational therapy services.

A hospital that specializes in treating a specific condition or age population is called a *specialty hospital*. Examples of specialty hospitals include psychiatric hospitals for the care of mentally ill patients and pediatric hospitals for the care of children. Occupational therapy departments in these hospitals serve patients with a more narrowly defined age or disability.

State and Federal Institutions

The government provides money to state and federal institutions so that these institutions can provide care for the physical and psychiatric needs of specialized patients. Some examples of state and federal institutions that might offer occupational therapy services include prisons, psychiatric hospitals, facilities for the mentally retarded, Veteran's Administration (VA) hospitals, armed services hospitals, and public-health agencies.

Rehabilitation Hospitals

Physicians are increasingly referring patients with certain conditions to *rehabilitation hospitals*. These facilities provide short-term care for individuals who need around-the-clock nursing care and intensive therapy following a stroke, certain surgeries, disease, or serious injury. Because patients are sent to rehabilitation hospitals to receive intensive therapy, the occupational therapy and physical therapy departments are essential units of the health care team at these facilities (Figure 7).

FIGURE 7—The occupational and physical therapy departments are essential service units in rehabilitation hospitals.



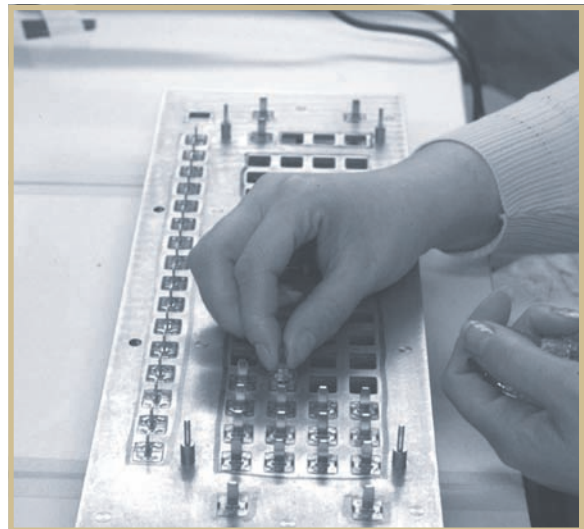
Outpatient Clinics and Centers

When a patient is able to return home after a hospital stay, the physician may recommend additional therapy at an *outpatient clinic* or center. These facilities offer occupational and physical therapy to patients who are able to live at home and come to the facility to receive daily or weekly treatment. Offering therapy on an outpatient basis is less expensive for health care providers because the patient doesn't require around-the-clock nursing or supervision. Outpatient therapy also allows patients to return to the comfort of familiar surroundings, which can also mean a quicker return to normal routines and independence.

Some outpatient clinics offer services in very remote rural settings. However, these clinics offer the same quality and range of services as a hospital. The advantages to the patient of attending an outpatient clinic include convenience and less crowded surroundings.

Many employees are injured on the job each year or are disabled by off-the-job accidents or other medical conditions. *Work-hardening* focuses on helping patients regain the functions they need to return to their jobs as soon as possible without reinjuring themselves. Both occupational and physical therapy professionals work in outpatient work-hardening centers. These professionals work with disabled employees on an outpatient basis to perform the specific occupations the workers need to get back to work. Work-hardening centers set up simulated work environments to help workers regain strength and confidence before actually returning to their jobs (Figure 8).

FIGURE 8—Outpatient work-hardening centers use simulated work environments to help workers regain functions, build stamina, and gain confidence before returning to their jobs.



Both outpatient rehabilitation clinics and work-hardening centers employ numerous therapists. Therefore, occupational therapy aides can expect these clinics and centers to be especially interested in their skills.

Long-Term Care Facilities

Patients who require 24-hour, long-term nursing care often live in *long-term care facilities* such as nursing homes and residential centers. Residents of long-term care facilities are typically elderly and/or seriously impaired. Patients are placed in these facilities for long-term rehabilitation with the goal to return to living an independent lifestyle. Some patients may require permanent residency if independent living isn't a possibility. Long-term care facilities generally provide therapy services to those patients with rehabilitation potential. The number of jobs available to occupational therapy professionals in these facilities has greatly increased.

Schools

Public, private, and specialty schools—such as those for the mentally retarded—employ occupational therapy workers. These occupational therapy workers are hired to help students receive the maximum benefit from the educational programs that are offered (Figure 9). Occupational therapy workers might work in only one school at a time or in several schools on a rotating basis.

FIGURE 9—Most public school districts and many private schools employ occupational therapy workers. These occupational therapy workers provide students with therapeutic intervention to become as independent as possible in the school setting so that they'll be able to achieve the best learning ability possible. (Photo by Photographic Details)



Elementary school children usually benefit most from occupational therapy because of the rapid developmental changes that take place during this young age. Occupational therapy professionals work with students who have a range of disabilities, including the following:

- Developmental and learning disabilities
- Speech, language, and hearing impairment

- Physical, emotional, and mental impairment

The following are some examples of occupational therapy intervention in the school setting.

- Helping a child to hold a pencil in a deformed hand, using an adaptive device
- Positioning a child with poor sitting posture in order to maintain balance to permit reading or typing
- Providing individualized neurodevelopmental therapy to children with central nervous system disorders, such as cerebral palsy

Community Centers

Over the past decade, *community centers* have started to offer an extensive range of services to local residents. Some examples of community centers that employ occupational therapy workers include

- Mental health care centers
- Day care centers for disabled children or adults (Figure 10)

FIGURE 10—A day care center for disabled children is a type of community center that employs occupational therapy workers.



- Community centers sponsored by United Cerebral Palsy, the Arthritis Foundation, Muscular Dystrophy Association, and other local social and health agencies

Individuals who attend community centers usually go to the center every day or drop in on an occasional basis as activities are scheduled. According to a recent AOTA publication, these community settings that are in need of occupational therapy professionals are expected to be the areas with the most job opportunities.

Work-Setting Preferences—A Self-Inventory

Occupational therapy aides can work in a range of settings. Some of these settings include hospitals, state and federal institutions, outpatient centers and clinics, long-term care facilities, schools, and community centers. The job opportunities that are available vary considerably depending on where you live.

Before you can decide which work setting might be a good career match, you'll need more time to learn more about the occupational therapy profession, your own abilities, and the facilities that are available in your town or city. Take a moment to complete the following self-inventory to see where you think you might like to work.

1. I enjoy working with the following age group:

Age Group	Possible Work Settings
Pediatrics	Acute care hospital, children's hospital, day care center, community center, school, group home for the mentally retarded
Adults	Acute care hospital, rehabilitation hospital, VA hospital, psychiatric hospital, facility for the mentally retarded, outpatient rehabilitation clinic, outpatient work-hardening center, community center
Elderly	Acute care hospital, rehabilitation hospital, VA hospital, facility for the mentally retarded, outpatient rehabilitation clinic, community center, long-term care facility

2. I enjoy working with the following disabilities:

Disability	Possible Work Settings
Physical disabilities	Acute care hospital, children's hospital, VA hospital, rehabilitation hospital, outpatient rehabilitation clinic, outpatient work-hardening center, day care center, long-term care facility, school, community center
Developmental disabilities	Day care center, school, community center, facility for the mentally retarded
Emotional disabilities	Acute care hospital, psychiatric hospital, VA hospital, school, community center, day care center, facility for the mentally retarded, long-term care facilities

Self-Check 1

At the end of each section of *Introduction to Occupational Therapy*, you'll be asked to pause and check your understanding of what you've just read by completing a "Self-Check." Writing the answers to these questions will help you review what you've studied so far. Please complete *Self-Check 1* now.

Questions 1–5 and 7–9: Select the one best answer to each question.

1. What's the name of the organization that was established to promote the profession of occupational therapy?
 - a. American Federation of Occupational Therapy (AFOT)
 - b. Society for the Promotion of Occupational Therapy (SPOT)
 - c. American Occupational Therapy Association (AOTA)
 - d. Organization of Occupational Therapy Professionals (OOTP)
2. Which one of the following is an example of increasing a patient's independent function?
 - a. Removing grab bars and assistive devices in the patient's home
 - b. Dressing the patient every morning and walking him or her to the bathroom
 - c. Feeding the patient three meals a day and helping him or her with mobility
 - d. Instructing the patient on how to prepare meals using modified techniques
3. Philippe Pinel's approach to therapy primarily used _____ as a means to return patients to normal function.
 - a. manual activity
 - b. hypnosis
 - c. medication
 - d. automated activity
4. Psychiatrist Adolf Meyer published works outlining a philosophy of therapy based on the use of _____ activity.
 - a. work
 - b. gratifying
 - c. random
 - d. relaxing
5. Who first used the term *occupational therapy* to describe using work as therapy to treat both physical and mental illnesses?
 - a. Benjamin Rush
 - b. George Edward Barton
 - c. William Morris
 - d. William Rush Dunton, Jr.
6. *True or False?* The purposeful activities used in therapy don't have to be meaningful to the patient as long as the therapist believes they're important.

(Continued)

Self-Check 1

7. Grooming, bathing, and socializing activities are examples of _____ tasks.
 - a. self-care
 - b. work
 - c. leisure
 - d. purposeful
8. _____ are designed specifically to help employees return to their jobs as quickly and safely as possible by providing treatments that simulate tasks done on the job.
 - a. Outpatient work-hardening centers
 - b. Long-term care facilities
 - c. Community centers
 - d. Outpatient mental health clinics
9. Which one of the following statements is *true* of occupational therapy?
 - a. Every patient follows the same treatment plan.
 - b. Purposeful activity encourages the patient's coordination.
 - c. Occupational therapy works independently of other medical professionals.
 - d. Interpersonal relationships play a minor role in the occupational therapy process.

Check your answers with those on page 37.

THE OCCUPATIONAL THERAPY TEAM

As an occupational therapy aide, you'll be working in cooperation with other members of the occupational therapy team who will depend on your assistance. Each member of the team plays a special role in helping the patient to recover. You'll play a very important part in assisting patients and making sure that they receive quality care.

The occupational therapy team includes

- Occupational therapists (Some with more experience and education may have managerial positions such as director, assistant director, or supervisor.)
- Occupational therapy assistants
- Occupational therapy aides
- Occupational therapy students
- Volunteers

Depending on where you'll work, your interaction, specific tasks, and communication with other occupational therapy professionals will vary.