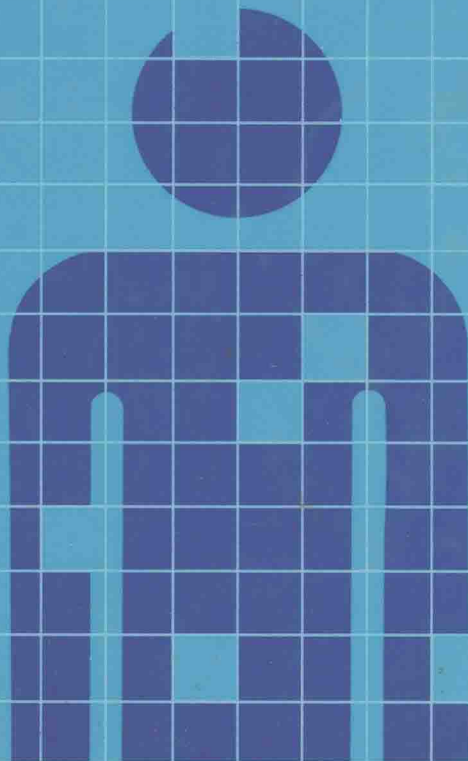


*Concepts of*  
**Occupational  
Therapy**

*Third Edition*



**Kathlyn L. Reed**

**Sharon Nelson Sanderson**

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# *Concepts of* **Occupational Therapy**

*Third Edition*

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Accurate indications, adverse reactions, and dosage schedules for drugs are provided in this book, but it is possible that they may change. The reader is urged to review the package information data of the manufacturers of the medications mentioned.

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*To students and practitioners of occupational therapy  
and to the clients they will serve.*

# Preface to the Third Edition

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The Third Edition of *Concepts of Occupational Therapy* has been revised to reflect some changes of emphasis in the profession. All sections have been updated to provide the most current information and changes. Among these updates are the change of certification from the AOTA to the American Occupational Therapy Certification Board, the increase in the number of states with licensure, and shifts in the work settings of occupational therapy personnel.

The section on Management of Occupational Therapy Practice has been reformatted and expanded to provide additional detail as to how occupational therapy practice is organized and what occupational therapy services provide. New chapters have been added as well as new figures and tables.

Section V, Sources of Information, has been added to emphasize the need to acquire information and informational skills both as a student and as a practitioner. Learning how to acquire information is critical for lifelong professional development and permits the occupational therapist and assistant to stay current in practice knowledge and skills in the ever-changing health care scene. Reading journals and listening to lectures are not limited to the student role. Likewise, continuing education must be a factor throughout one's professional career.

Finally, terminology changes. The Glossary reflects these changes. Many new words have been added to provide a better source of vocabulary for students and practitioners.

As in previous editions, we have strived to make the text serve as a useful foundation to the practice of occupational therapy. We welcome your comments and suggestions.

# Acknowledgments

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We acknowledge the collective contribution of our parents, occupational therapy instructors, fellow staff occupational therapists, former occupational therapy students, and, finally, our patients, who taught us the real value of occupational therapy by applying it to their lives.

The senior author (K.L.R.) wishes to acknowledge the significant contribution of Cecelia A. Conoly, M.P.H., OTR/L, formerly Associate Professor, Department of Occupational Therapy, College of Allied Health, University of Oklahoma Health Sciences Center, for her assistance in preparing this text.

During the time of working on this edition, I (S.N.S.) have been through a major growth experience in my life, both personally and professionally. I am grateful for all of the pain and joy that has been involved in the process. My love and appreciation for the profession of occupational therapy deepen the more involved I become in analyzing its intricacies.

I especially appreciate the understanding, kindness and encouragement of one of my dearest colleagues, Toby Hamilton; the support and concern of my friend, Lil Heron; the respect and challenges of my students; the humor and wisdom of my son, Eric Sanderson; and the confrontations and caring of my daughter, Ingrid Sanderson.

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## **Section I**

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# ***Scope of Occupational Therapy Services***

# 1/ Defining Occupational Therapy

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## THE MEANING OF WORDS

Occupational therapy can be analyzed by examining the meanings of the words which make up the professional title. These words are “to occupy,” a verb; “occupation,” a noun; and “therapy,” a noun. As the term is used in the professional title, to occupy means to fill up or take up time or space and to engage, employ, or busy oneself. Occupation means an activity or something in which one engages. Therapy means treatment of illness or disability (1). Thus, the name occupational therapy is meant to convey that the practice involves treatment of illness or disability through the analysis and use of the occupations that fill up a person’s time and space and engage the individual in activity.

Further refinement of these concepts is included in the definitions of occupational therapy as a professional specialty that have evolved over the years.

## HISTORICAL DEFINITIONS OF OCCUPATIONAL THERAPY

The first definition of occupational therapy was given by the originator of the term, George Barton, a founder of the profession. In 1914, Barton stated, “If there is an occupational disease, why not an occupational therapy” (2). He hoped to provide a useful occupation for each separate organ, joint, and muscle of the human body and thus provide an occupational treatment for every disease. Although experience has shown that there is not an occupational cure for every disease, the name has endured.

The first formal definition of occupational therapy was written in 1922 by H. A. Pattison, M.D. Dr. Pattison defined occupational therapy as “any activity, mental or physical, definitely prescribed and guided for the distinct purpose of contributing to, and hastening recovery from, disease or injury” (3). This definition explains that the concepts of occupational therapy include (a) a prescribed and guided treatment, (b) mental and physical activity, and (c) contrib-

uting to and hastening recovery. Thus, Dr. Pattison stresses that occupations have a mental as well as a physical component and that treatment should be prescribed (ordered) and guided (directed) toward hastening the recovery from disease or injury.

It can be assumed, therefore, that Dr. Pattison would not have approved of occupations (activities) simply being given to persons to keep them busy without regard for the prescribed therapeutic value to hasten recovery.

These concepts were reaffirmed by Herbert J. Hall, M.D., in 1923. His definition states that "occupational therapy provides light work under medical supervision for the benefit of patients convalescing in hospitals or in their homes. The handicrafts are used not with the idea of making craftsmen of the patients, but for the purposes of developing physical and mental effectiveness at a time when courage and initiative are at low ebb" (4).

Dr. Hall's definition adds two more concepts fundamental to occupational therapy. One concept is that occupational therapy uses work to assist in development and recovery of skills needed for tasks. It does not teach people specific job skills for industrial work and does not offer employment services for unemployed workers. The second concept involves helping people to gain and regain functional abilities when the emotional and psychological levels are also less than normal. Special attention must be given to the emotional and psychological state as the occupational therapist works with an individual. The total person always must be considered, with the mind and body as an integrated, inseparable whole.

The definition used by the Boston School of Occupational Therapy in 1924 adds still more concepts. This definition says that "occupational therapy aims to furnish a scheme of scientifically arranged activities which will give, to any set of muscles or related parts of the body in cases of disease or injury, just the degree of movement and exercise that may be directed by a competent physician or surgeon" (5). The major addition to basic concepts in this definition concerns the inclusion of "scientifically arranged activities which will give just the degree of movement and exercise." In other words, occupational therapy should be measured in precise units that are based on scientific facts that the occupational therapist has learned. Although our ability to measure some tasks, such as muscle strength, is more precise than measuring self concept, nevertheless, every occupational therapist can contribute to the scientific knowledge of occupational therapy. At the same time, occupational therapists must learn that different activities and tasks provide different effects on people. The value of occupational therapy is in selecting the right task for the person in the right amount. Analyzing and selecting tasks and activities constitute a major part of the learning process of the student occupational therapist.

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In summary, the above four historical definitions have stated some important concepts basic to occupational therapy. These are:

1. Occupations (activities) can be mental and/or physical in nature.
2. Occupational therapy should be ordered or written (prescribed), especially if it is part of a medical management plan.
3. One purpose of occupational therapy is to contribute to or hasten recovery from injury or disease.
4. Occupational therapy assists in the development and recovery of occupational (task) skills.
5. Occupational therapy involves the total person.
6. Occupational therapy has a scientific rationale.
7. Occupational therapy tasks and activities can be analyzed and selected according to known criteria.

The same definitions have also ruled out some concepts that do not belong to occupational therapy. These are:

1. Occupational therapy should not be used as a means of keeping a person busy with no other objective in mind. It is not "busy work."
2. Occupational therapy does not teach specific job skills or provide selected vocational training for industrial workers.
3. Occupational therapy does not provide an employment service for unemployed workers.
4. Occupational therapy should not be an unplanned, haphazard program of activities.

### MODERN DEFINITIONS OF OCCUPATIONAL THERAPY

Although the early definitions of occupational therapy provide insight into the thinking that has evolved with the profession, early definitions do not illustrate the major criteria needed in a definition in today's world. The criteria are:

1. A brief account of the *unique feature* of the profession, which distinguishes it from others;
2. Inclusion of the major professional *goals, outcomes, or purposes*;
3. The *population served*;
4. A summary of the service *programs* offered;
5. The *process* model used to deliver service;
6. The *means* through which the results are achieved (media or modalities, and methods or techniques);
7. The above must be stated concisely.

In 1972, the Council on Standards of the American Occupational Therapy Association (AOTA) proposed the definition that occupational therapy is "the

art and science of directing man's participation in selected tasks to restore, reinforce and enhance performance, facilitate learning of the skills and functions essential for adaptation and productivity, diminish or correct pathology and to promote and maintain health" (6). Analysis of this definition shows that the unique feature can be identified as "directing man's participation in selected tasks" and the objectives, goals, or purposes follow. No mention is made of the population served, the service offered, the process model used, or the means of achieving results. Thus, the definition is incomplete. A more complete definition was accepted by the Representative Assembly of the AOTA in March 1981, for use in state licensure bills. It reads:

"Occupational therapy is the use of purposeful activity (unique feature) with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, poverty and cultural differences or the aging process (population) in order to maximize independence, prevent disability and maintain health (outcome). The practice encompasses evaluation, treatment and consultation (processes). Specific occupational therapy services include: teaching daily living skills; developing perceptual-motor skills and sensory integrative functioning; developing play skills and prevocational and leisure capacities; designing, fabricating or applying selected orthotic and prosthetic devices or selective adaptive equipment; using specifically designed crafts and exercises to enhance functional performance; administering and interpreting tests such as manual muscle and range of motion, and adapting environment for the handicapped (means). These services are provided individually, in groups, or through social systems (programs)" (7).

This definition fulfills all the stated criteria. As such, it is a positive step in helping to identify the elements of occupational therapy. Some improvements may be achieved in the definition by the following modifications made by the author.

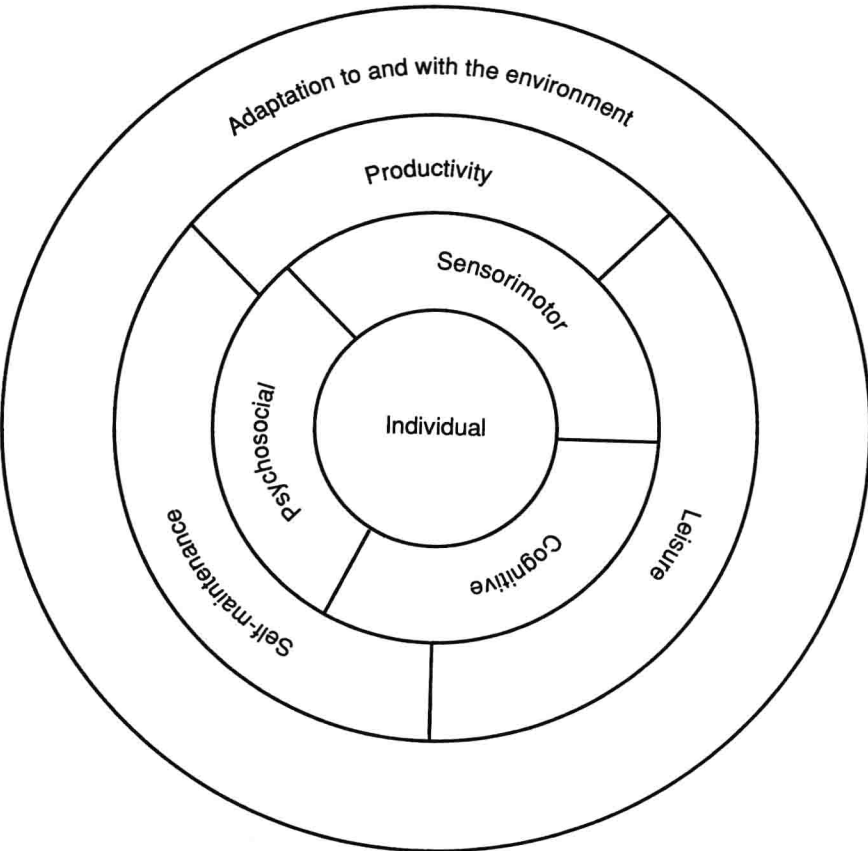
Occupational therapy is the analysis and application of purposeful occupations (unique feature), specifically self-maintenance, productivity, and leisure, through the problem-solving process of assessment, interpretation, planning, and intervention or consultation (processes), to problems interfering with functional or adaptive performance in persons whose occupations are impaired by physical illness or injury, emotional disorder, congenital or developmental disability, or the aging process (population) for the purpose of enabling a person to achieve optimum functional and adaptive occupational performance, prevent or minimize occupational impairment and promote health and occupational maintenance (outcomes). Services to people with impaired occupational performance may be offered to an individual or a group of persons through medical, health, educational, and social systems (programs) and may include, but not be limited to, analysis and training of daily living skills; design, fabrication, and application of orthotic and prosthetic devices; analysis, selection, and use of adaptive equipment; selected application of sensorimotor, cognitive, and psy-

**6 Section I. Scope of Occupational Therapy Services**

chosocial skills and activities; use of therapeutically analyzed crafts, games, and toys; task analysis and development of play, prevocational, and avocational skills; and adaptation of physical environments (architectural barriers) (means).

**SUMMARY**

Occupational therapy is the study of human occupations (self-maintenance, productivity, and leisure) and the management of the adaptive behavior required to perform these occupational functions (Fig. 1.1). The study of occupations entails analysis of the kinds of occupations, requirements for their performance, and the meaning or significance of each. Management involves



**Figure 1.1.** Human occupations model.

assessment, interpretation, planning, and intervention, through treatment or consultation, for the development, remediation, or maintenance of occupational performance. Thus, the study and management of the purposeful occupations (activities) in which humans engage is the unique feature of occupational therapy that separates the knowledge base from all other professions. The purposes of occupational therapy are to (a) enable each person to achieve optimum function and adaptation in performance of occupations, (b) prevent occupational impairment whenever possible, and (c) promote the maintenance of occupational performance. The purposes are applicable to all persons in society, but those persons most likely to need occupational therapy services can be grouped into: (a) those with physical illness or injury (b) those with emotional disorders, (c) those with congenital or developmental disability, and (d) the aged.

Services to people with occupational impairment may be offered to an individual or a group of persons through medical, health, educational, and social systems. In other words, occupational therapists may be employed and provide occupational therapy in any of the aforementioned systems.

Specific occupational therapy services may include the use of one or more of the following media, methods, and techniques:

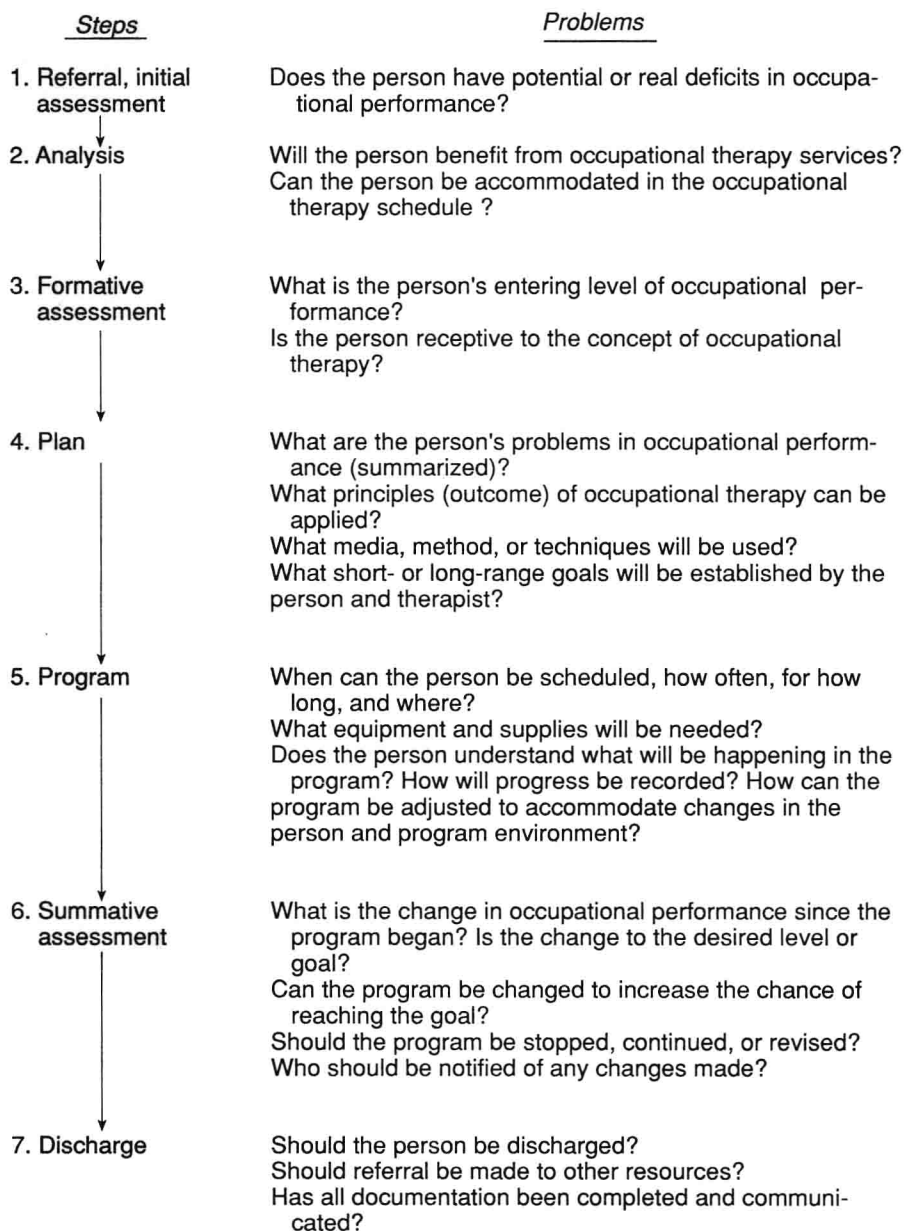
1. Analysis and training of daily living skills for the development, restoration, or maintenance of skill performance in self-maintenance, productivity, and leisure occupations;
2. Design, fabrication, and application of orthotic and prosthetic devices to assist or substitute for functional performance;
3. Analysis, selection, and use of adaptive equipment or assistive technology or devices for functional performance;
4. Selected application of sensorimotor, cognitive, or psychosocial activities to develop or redevelop specific performance components;
5. Use of therapeutically analyzed crafts, games, or toys to promote purposeful actions that can be organized into performance components;
6. Task analysis and development of play and of prevocational and avocational skills to facilitate the organization of performance components into occupational areas;
7. Adaptation of physical environment to improve the health, well-being, and functional performance of all people (architectural or environmental barriers).

These specific services are a part of the problem-solving process of occupational therapy that includes:

1. Acceptance of a person for screening assessment (referral, intake);
2. Assessment of that person's occupational performance (formative assessment);
3. Analysis of results to identify performance problem(s);



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**Figure 1.2** Problem-solving process model.