

## REVIEW ARTICLE

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# Role of occupational therapy in improving quality of life of physically challenged persons

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### Abstract:

*Occupational therapy is a branch of medicine which uses different methods to help physically and mentally ill people to develop, maintain, and recover skills needed to function in day to day life, as well as in workplace environments. Thus lives of millions of disabled all over the world are enhanced to a meaningful quality of life. Occupational therapists also focus much of their work on identifying and eliminating environmental barriers to independence and participation in daily activities. This is a client-centered practice that places emphasis on the progress towards the client's goals. The interventions are made on adapting the environment, modifying the task, teaching the skill, and educating the client/family in order to increase participation in and performance of daily activities, particularly those that are meaningful to the client. They often find it challenging to implement client-centered and occupation-based assessment tools into practice. This part of rehabilitation medicine is neglected in our country. More work is needed to understand how best practices can be incorporated into a changing occupational therapy daily practice. The aim of this review article is to highlight the importance of occupational therapy and its application in improving the quality of life and quality adjusted life years in physically challenged persons.*

### Introduction:

Occupational science, the study of occupation, was created in 1989 as a tool for providing evidence-based research to support and advance the practice of occupational therapy, as well as offer a basic science to study topics surrounding "occupation"<sup>1</sup>. Occupational therapists have during many decades used a wide range of formalized assessment tools, including tools borrowed from other disciplines, in order to provide relevant services to clients<sup>2</sup>. During the last 20 years, the profession has seen a steady increase in the development and validation of assessment tools that more distinctly reflect occupational therapy domains of practice such as quality of occupational performance,<sup>2,3</sup> occupational gaps<sup>4</sup>, and quality of social interaction<sup>5</sup>. Occupational therapists use assessment tools with an intended purpose to better guide intervention planning and to provide baseline and outcome measures in order to track progress and/or change among clients. Occupation-focused assessment refers to keeping

the focus on occupation, with an immediate impact on occupational performance<sup>6</sup>.

### Practicing occupational therapy:

The role of occupational therapy allows occupational therapists to work in many different settings, work with many different populations and acquire many different specialties. This broad spectrum of practice lends itself to difficulty categorizing the areas of practice that exist, especially considering the many countries and different health care systems. In America the Occupational Therapy Practice Framework (OTPF) is the core competency of occupational therapy. The OTPF framework is divided into two sections: domain and process. The domain includes environment, client factors, such as the individual's motivation, health status, and status of performing occupational tasks. The domain looks at the contextual picture to help the occupational therapist understand how to diagnose and treat the patient. The process is the actions taken by the therapist

to implement a plan and strategy to treat the patient<sup>7</sup>.

Studies show that contributions from occupational science are also reflected in clinical reasoning. Clinical reasoning is regarded as core element in health professional's practice and provides a link between research and practice<sup>8</sup>.

#### **Promotion of health and quality of life:**

The practice area of Health and Wellness is emerging steadily due to the increasing need for wellness-related services in occupational therapy in order to improve the quality of life and quality adjusted life years. A connection between wellness and physical health, as well as mental health, has been found; consequently, helping to improve the physical and mental health of clients can lead to a general increase in wellness. Prevention of disease and injury, prevention of secondary conditions, promotion of the well-being of those with chronic illnesses, reduction of health care disparities, and enhancement of factors that impact quality of life, promotion of healthy living practices, social participation, and occupational justice should be focused in the practice area<sup>9</sup>. There must also be a shift from performance to participation in daily life, with evidence supporting the link between *participation* and a person's health status. A paradigm shift is imperative to reorganize the profession and make a dramatic shift<sup>10</sup>.

The quality of life (QOL) concept was introduced in healthcare research to complement the traditional medical outcomes, such as mortality and morbidity<sup>11</sup>. Nowadays, this concept constitutes the highest level of health outcomes. The literature suggests that the factors that contribute to improve QOL level in older adults are maintenance of independence, autonomy, adaptability, social participation, social role functioning and others.<sup>12</sup> Those factors remain an important topic of study because of a need to clarify the specific influence of each factor on QOL.

#### **Rehabilitation need:**

Occupational therapists address the needs of rehabilitation, disability and participation. Occupational therapists provide treatment for adults with disabilities in a variety of settings

including hospitals (acute rehabilitation, in-patient rehabilitation, and out-patient rehabilitation), home health, skilled nursing facilities, and day rehabilitation programs. When planning treatment, occupational therapists address the physical, cognitive, psychosocial, and environmental needs involved in adult populations across a variety of settings such as improving of life with assistive devices and telehealth<sup>13</sup>. One study showed that fall risk is closely related to ADL capability, and that the frequency of leaving the house is very important for reducing fall risk<sup>14</sup>.

#### **Mental health**

Mental health and the moral treatment movement have been recognized as the root of occupational therapy<sup>15</sup>. According to the World Health Organization, mental illness is one of the fastest growing forms of disability. There is a focus on prevention and treatment of mental illness in populations including children, youth, the aging, and those with severe and persistent mental health issues<sup>16</sup>. More specifically, military personnel and veterans are populations that can benefit from occupational therapy but currently, there is a lack of focus on these populations regarding mental health care.<sup>[44]</sup> Occupational therapists provide mental health services in a variety of settings including hospitals, day programs, and long-term-care facilities<sup>17</sup>.

#### **Quality of life in physically challenged persons**

To enable independence of older adults at home, occupational therapists perform fall screens and evaluate older adults functioning in their homes and recommend specific home modifications. When addressing low vision, occupational therapists modify tasks and the environment. While working with individuals with Alzheimer's Disease (AD), occupational therapists focus on maintaining quality of life, ensure safety, promote independence, and utilize retained abilities. The evidence for the effect of interventions should be appropriately designed to establish, modify, and maintain activities of daily living (ADLs), instrumental activities of daily living (IADLs), leisure, and social participation on quality of life (QOL), health and wellness, and client and caregiver satisfaction for people with Alzheimer's disease and related dementias<sup>18</sup>.

A retrospective study done by Elisie and her colleagues determined whether the multicomponent rehabilitation program of a memory clinic had positive outcomes on ameliorating everyday functioning, quality of life, mood and behavioral disturbances of persons with dementia and reducing distress and burden of caregivers. For persons with dementia ( $n = 22$ ), participating in the program did not improve everyday functioning and cognition but ameliorated quality of life significantly ( $Z=-2.7$ ,  $p=0.006$ , 95% CI (.003-.005)) and stabilized mood, emotional and behavioral disturbances for 60% or more of them. This program appears to be promising and valuable, and might reduce institutionalization rates.<sup>19</sup>

Adults with cerebral palsy need assistance to maximize their capabilities, interact with others, and achieve independence. They experience difficulty communicating their needs to successfully obtain medical/rehabilitation and independent living services, which are necessary to achieve independent living. Knowledge of the experience of such clients can help occupational therapists to better serve them<sup>20</sup>. Following a six-week 3 hours per week clinical upper extremity functional training, study participants demonstrated significant and clinically meaningful functional improvements measured by motor activity log, Canadian occupational performance measure and wolf motor function test time scale. In contrast, the task oriented approach failed to demonstrate significant improvements on the wolf motor function test quality scale or on the impairment measures, upper extremity active range of motion and strength measures<sup>21</sup>.

### **Occupational therapy and ICF**

The International Classification of Functioning, Disability and Health (ICF) is a framework to measure health and ability by illustrating how these components impact one's function. This relates very closely to the Occupational Therapy Practice Framework, as it is stated that "The profession's core beliefs are in the positive relationship between occupation and health and its view of people as occupational beings<sup>22</sup>. The ICF is also built into the second edition of the practice framework.

Activities and participation examples from the ICF overlap Areas of Occupation, Performance Skills, and Performance Patterns in the framework. The ICF also includes contextual factors (environmental and personal factors) that relate to the context in the framework. In order to enhance occupational therapy reasoning in clinical practice, different elements such as client-centered approach, evidence-based care and interdisciplinary work should be taken into account, but is a challenge<sup>23</sup>.

Although the ICF can be very useful for occupational therapists, it is noted in the literature that occupational therapists should use specific occupational therapy vocabulary along with the ICF in order to ensure correct communication about specific concepts<sup>24</sup>. The ICF might lack certain categories to describe what occupational therapists need to communicate to clients and colleagues. It also may not be possible to exactly match the connotations of the ICF categories to occupational therapy terms. The ICF is not an assessment and specialized occupational therapy vocabulary should not be replaced with ICF terminology<sup>25</sup>. As the health care system continues to evolve toward one based on quality not quantity, demonstrating the value of occupational therapy has never been more important. Providing high-quality services, achieving optimal outcomes and identifying and promoting occupational therapy's distinct value are the responsibilities of all practitioners<sup>26</sup>.

Conclusion: Physically challenged persons face widespread barriers in accessing services such as those for health care (including rehabilitation), education, employment, social services including housing and transport. Occupational therapists can assess and treat to develop, recover, or maintain the daily living and work skills of people with a physical, mental, or cognitive disorder. Occupational therapy is well known as part of recovery for people who've had a stroke or surgery: it helps them relearn everyday activities and adjust to doing them differently. But occupational therapy can also make a difference for people struggling with the physical changes that accompany aging, such as hand arthritis or hip or knee problems that cause pain and problems with mobility. Creating links among occupation, occupational participation,

and health in ways that are understandable to the general public, other health professionals, policy makers, and society must be occupational therapy's mission. The profession must continue to strategize how occupational therapy becomes the leader, in the promotion of health, well-being, and quality of life. Ultimate goal is to bring these physically challenged persons into mainstream of development so that they can contribute to the national economy.

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