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Chapter 1 : Research | Occupational Therapy | Western Michigan University

The paradigm for OT reflects systems theory which proposes that 'a system is an entity that maintains its existence and functions as a whole through interaction of its parts.' a paradigm describes a philosophical viewpoint, is a shared vision and force for unity, and provides a professional identity.

Early history[edit] The earliest evidence of using occupations as a method of therapy can be found in ancient times. Later, the Roman Celsus prescribed music, travel, conversation and exercise to his patients. However, by medieval times the use of these interventions with people with mental illness was rare, if not nonexistent. Instead of the use of metal chains and restraints, their institutions used rigorous work and leisure activities in the late 18th century. This was the Moral Treatment era, developed in Europe during the Age of Enlightenment , where the roots of occupational therapy lie. It re-emerged in the early decades of the 20th century as Occupational Therapy. The Arts and Crafts movement that took place between and also impacted occupational therapy. In the US, a recently industrialized country, the arts and crafts societies emerged against the monotony and lost autonomy of factory work. Slagle, who was one of the founding members of the National Society for the Promotion of Occupational Therapy NSPOT , proposed habit training as a primary occupational therapy model of treatment. Although habit training was initially developed to treat individuals with mental health conditions, its basic tenets are apparent in modern treatment models that are utilized across a wide scope of client populations. In Slagle opened the first occupational therapy training program, the Henry B. Slagle went on to serve as both AOTA president and secretary. Toy making in psychiatric hospital. World War 1 era. The health profession of occupational therapy was conceived in the early s as a reflection of the Progressive Era. Other titles such as "work-cure","ergo therapy" ergo being the greek root for "work" , and "creative occupations" were discussed as substitutes, but ultimately, none possessed the broad meaning that the practice of occupational therapy demanded in order to capture the many forms of treatment that existed from the beginning. The emergence of occupational therapy challenged the views of mainstream scientific medicine. Instead of focusing purely on the medical model , occupational therapists argued that a complex combination of social, economic, and biological reasons cause dysfunction. Between and , the founders defined the realm of practice and developed supporting theories. By the early s, AOTA had established educational guidelines and accreditation procedures. The entry of the United States into World War I was also a crucial event in the history of the profession. Up until this time, occupational therapy had been concerned primarily with the treatment of people with mental illness. The military enlisted the assistance of NSPOT to recruit and train over 1, "reconstruction aides" to help with the rehabilitation of those wounded in the war. With entry into World War II and the ensuing skyrocketing demand for occupational therapists to treat those injured in the war, the field of occupational therapy underwent dramatic growth and change. Occupational therapists needed to be skilled not only in the use of constructive activities such as crafts, but also increasingly in the use of activities of daily living. Emphasis shifted from the altruistic war-time mentality to the financial, professional, and personal satisfaction that comes with being a therapist. To make the profession more appealing, practice was standardized, as was the curriculum. Entry and exit criteria were established, and the American Occupational Therapy Association advocated for steady employment, decent wages, and fair working conditions. Via these methods, occupational therapy sought and obtained medical legitimacy in the s. Eleanor Clarke Slagle proposed a month course of training in , and these standards were adopted in Educational standards were expanded to a total training time of months in to place the requirements for professional entry on par with those of other professions. The first textbook was published in United States for occupational therapy in , edited by Helen S. Willard and Clare S. The profession continued to grow and redefine itself in the s. The profession also began to assess the potential for the use of trained assistants in the attempt to address the ongoing shortage of qualified therapists, and educational standards for occupational therapy assistants were implemented in New developments in the areas of neurobehavioral research led to

new conceptualizations and new treatment approaches, possibly the most groundbreaking being the sensory integrative approach developed by A. Occupational science, the study of occupation, was created in 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". Furthermore, occupational therapy practitioners have been striving personally and professionally toward concepts of occupational justice and other human rights issues that have both local and global impacts. Philosophical underpinnings[edit] The philosophy of occupational therapy has evolved over the history of the profession. The philosophy articulated by the founders owed much to the ideals of romanticism, [12] pragmatism [13] and humanism, which are collectively considered the fundamental ideologies of the past century. At the time, Dr. Meyer was one of the leading psychiatrists in the United States and head of the new psychiatry department and Phipps Clinic at Johns Hopkins University in Baltimore, Maryland. From his statements came some of the basic assumptions of occupational therapy, which include: Occupation has a positive effect on health and well-being. Occupation creates structure and organizes time. Occupation brings meaning to life, culturally and personally. People value different occupations. The relevance of occupation to health and well-being remains the central theme. In the s, criticism from medicine and the multitude of disabled World War II veterans resulted in the emergence of a more reductionistic philosophy. While this approach led to developments in technical knowledge about occupational performance, clinicians became increasingly disillusioned and re-considered these beliefs. However, there have been some dissenting voices. Mocellin, in particular, advocated abandoning the notion of health through occupation as he proclaimed it obsolete in the modern world. As well, he questioned the appropriateness of advocating holism when practice rarely supports it. There are several versions of this process as described by numerous scholars. All practice frameworks include the components of evaluation or assessment, intervention, and outcomes. This process provides a framework through which occupational therapists assist and contribute to promoting health and ensures structure and consistency among therapists. The OPTF framework is divided into two sections: 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. A central element of this process model is the focus on identifying both client and therapists strengths and resources prior to developing the outcomes and action plan. The following are examples of such occupations: The preparation involved for interviews, the act of participating in an interview, as well as following up after an interview. The opportunity for individuals to develop and enhance interests and skills. How an individual is able to balance play with their other occupations. This area also addresses how a person gathers the necessary components for play and uses the equipment appropriately. The capacity to maintain a balance between leisure and other occupation as well as using the equipment necessary appropriately. Practice settings[edit] According to the Salary and Workforce Survey by the American Occupational Therapy Association, occupational therapists work in a wide-variety of practice settings including: In this section, the categorization from the American Occupational Therapy Association is used. These occupations may include: 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 an increase in overall well-being. To enable independence of older adults at home, occupational therapists perform falls risk assessments, assess clients functioning in their homes, and recommend specific home modifications. When addressing low vision, occupational therapists modify tasks and the environment. Visual Impairment[edit] Visual impairment is one of the top 10 disabilities among American adults. Populations that may benefit from occupational therapy includes older adults, persons with traumatic brain injury, adults with potential to return to driving, and children with visual impairments. Visual impairments addressed by occupational therapists may be characterized into 2 types including low vision or a neurological visual impairment. Occupational therapy for older adults with low vision includes task analysis, environmental evaluation, and modification of tasks or the environment as needed. Many occupational therapy practitioners work closely with optometrists and ophthalmologists to address visual deficits in acuity, visual

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field, and eye movement in people with traumatic brain injury, including providing education on compensatory strategies to complete daily tasks safely and efficiently. Adults with a stable visual impairment may benefit from occupational therapy for the provision of a driving assessment and an evaluation of the potential to return to driving. Lastly, occupational therapy practitioners enable children with visual impairments to complete self care tasks and participate in classroom activities using compensatory strategies. When planning treatment, occupational therapists address the physical, cognitive, psychosocial, and environmental needs involved in adult populations across a variety of settings. Occupational therapy in adult rehabilitation may take a variety of forms: Working with adults with autism at day rehabilitation programs to promote successful relationships and community participation through instruction on social skills [59] Increasing the quality of life for an individual with cancer by engaging them in occupations that are meaningful, providing anxiety and stress reduction methods, and suggesting fatigue management strategies [60] Coaching individuals with hand amputations how to put on and take off a myoelectrically controlled limb as well as training for functional use of the limb [60] As for paraplegics, there are such things as sitting cushion and pressure sore prevention. Prescription of these aids is the common job for paraplegics. Using and implementing new technology such as speech to text software and Nintendo Wii video games [61] Communicating via telehealth methods as a service delivery model for clients who live in rural areas [62] Working with adults who have had a stroke to regain strength, endurance, and range of motion on their affected side. Assignments can range from 8 weeks to 9 months, but typically last 13-26 weeks in length. OTs perform assessments to simulate work tasks in order to determine best matches for work, accommodations needed at work, or the level of disability. Work conditioning and work hardening are interventions used to restore job skills that may have changed due to an illness or injury. Occupational therapists can also prevent work related injuries through ergonomics and on site work evaluations. The skills of an occupational therapist enable them to serve as advocates for systemic change, impacting institutions, policy, and entire populations. Examples of populations that experience occupational injustice include:

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Chapter 2 : Occupational Therapy

A reflective occupational therapist is conceived as one who values theory and uses it as a tool for setting and solving problems in clinical situations. In this study, we investigated the extent of knowledgeability of theories of occupational therapy practitioners in Israel.

Ayres wrote two books and more than thirty journal articles. In she standardized tests originally known as the Southern California Sensory Integration Tests and later revised the Sensory Integration and Praxis Tests in In , Ayres founded a private pediatric practice called the Ayres Clinic in Torrance, California where she conducted occupational therapy assessment and intervention on children and adults with a variety of disorders, including learning disabilities and autism. Sensory processing disorder Building on the work of Charles S. Sherrington and others, she began developing the theory and associated intervention techniques of sensory integration in the s by examining the relationship between the brain and behavior. By the s, Dr. Our senses give us information about the physical conditions of our body and the environment around us The brain must organize all of our sensations if a person is to move and learn and behave in a productive manner" p. Thus, the assessment and intervention from a sensory integration perspective are most commonly used by occupational therapy practitioners in their treatment of children with difficulties in occupational performance and participation related to sensory integrative or sensory processing dysfunction. She developed the intervention approach through empirical research [15] [16] [17] [18] [19] [20] [21] Many professionals[who? Ayres created one of the first structures for evidence-based practice in occupational therapy through her theory development Ayres, , model development Ayres, , assessment development Ayres, and intervention strategies Ayres, It has not been easy for the helping professions to conceive of human behavior as an express of the brain, and they are still struggling to do soâ€ The employing of neural mechanisms to enhance motor development is now well established; the current area of major growth and controversy lies in the use of neurological constructs to aid in understanding and ameliorating cognitive functions such as learning disabilities; the next step may well be a more fruitful attack on emotional and behavior disorders. Bibliography[edit] Ayres, A. Erwin; Zoe Mailloux Sensory Integration and the Child. Sensory Integration and Learning Disorders. A Collection of the Works of A. Ontogenetic principles in the development of arm and hand functions. Development of the body scheme in children. The development of perceptual-motor abilities: Patterns of perceptual-motor dysfunction in children: Interrelation of perception, function, and treatment. Interrelations among perceptual-motor abilities in a group of normal children. Sensory integrative processes and neuropsychological learning disability. Learning Disorders, 3, 41â€ Characteristics of types of sensory integrative dysfunction. American Journal of Occupational Therapy, 25, â€ Some general principles of brain function. Types of sensory integrative dysfunction among disabled learners. American Journal of Occupational Therapy, 26, 13â€ The development of sensory integrative theory and practice: A collection of the works of A. Sensorimotor foundations of academic ability. Hyper-responsivity to touch and vestibular stimuli as a predictor of positive response to sensory integration procedures by autistic children. American Journal of Occupational Therapy, 34, â€ Sensory integration and praxis tests. Sensory integration and praxis tests manual:

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Chapter 3 : WFOT | About Us | About Occupational Therapy | Definition of Occupational Therapy

In occupational therapy, clients must learn or relearn motor skills through the use of activities. The occupational therapist must present activities in a manner that elicits the retention and transfer of the desired skills for use in functional settings.

History and Theory Sensory integration is a specialty area of occupational therapy that is based on over 40 years of theory and research. The way the brain organizes sensations for engagement in occupation A theory based on neuroscience that provides perspective for appreciating the sensory dimensions of human behavior A model for understanding the way in which sensation affects development Assessments including standardized testing, systematic observation, and parent or teacher interviews that identify patterns of sensory integration dysfunction Intervention strategies that enhance information processing, praxis, and engagement in daily life for individuals, populations and organizations History of Sensory Integration The sensory integration SI specialty was originally developed by A. A former member of the USC occupational therapy faculty, she developed a theoretical framework, a set of standardized tests today known as the Sensory Integration and Praxis Tests , and a clinical approach for identification and remediation of SI problems in children. Her publications on sensory integration span a year period from the s through the s, and include psychometric studies as well as clinical trials and single case studies. Most SI research and practice focuses on children who have a variety of developmental and learning difficulties, including autism and other developmental disabilities, developmental risk conditions, behavior and attention disorders, learning disabilities and developmental coordination disorder. Classic intervention usually takes place within a specially designed therapeutic environment that allows the therapist to present specific sensory and movement challenges to the child, which gradually increase in complexity over time. This kind of intervention is characterized by a playful atmosphere in which the child is encouraged to generate ideas for activities, to flexibly respond to novel challenges and to develop confidence as well as competence. Intervention includes consultation and education with parents, teachers and other caregivers, modification of environments and inclusion of appropriate sensory-based activities throughout the day. The application of sensory integration principles within organizations takes into consideration the sensory demands in the workplace. The application for populations takes into account the sensory and practic differences and demands for a population such as adults with autism. More About Sensory Integration The term sensory integration holds special meaning for occupational therapists. In some contexts it is used to refer to a particular way of viewing the neural organization of sensory information for functional behavior. In other situations this term refers to a clinical frame of reference for the assessment and treatment of persons who have functional disorders in sensory processing. Both of these meanings originated in the work of A. Jean Ayres, an occupational therapist and educational psychologist whose brilliant clinical insights and original research revolutionized occupational therapy practice with children. Sensory Integration in Child Development One of the most distinctive contributions that Ayres made to understanding child development was her focus on sensory processing, particularly with respect to the proximal senses vestibular, tactile and proprioceptive. The distal senses of vision and hearing are critical and become increasingly more dominant as the child matures. Ayres believed, however, that the body-centered senses are a foundation on which complex occupations are scaffolded. Furthermore, when Ayres began her work, the vestibular, tactile and proprioceptive senses were virtually ignored by scholars and clinicians who were interested in child development. She devoted her career to studying the roles that these forgotten senses play in development and in the genesis of developmental problems of children. A basic assumption made by Ayres was that brain function is a critical factor in human behavior. She reasoned, therefore, that knowledge of brain function and dysfunction would give her insight into child development and would help her understand the developmental problems of children. However, Ayres also had a pragmatic orientation that sprang from her professional background as an occupational therapist. Consequently, her work represents a

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fusion of neurobiologic insights with the practical, everyday concerns of human beings, particularly children and their families. As Ayres developed her ideas about sensory integration, she used terms such as sensory integration, adaptive response and praxis in ways that reflected her orientation. She drew other terms from the literature of other fields. When Ayres borrowed a term from another field, however, she imparted a particular meaning to it. For example, Ayres did not use the term sensory integration to refer solely to intricate synaptic connections within the brain, as neuroscientists typically do. Rather, she applied it to neural processes as they relate to functional behavior. Ayres introduced a new vocabulary of sensory integration theory and synthesized important concepts from the neurobiological literature to organize her views of child development and dysfunction. Many of these ideas were first published in her classic book, *Sensory Integration and Learning Disorders*. Later she wrote a book for parents, *Sensory Integration and the Child*, , outlining the behavioral changes that can be observed in a child as sensory integration develops.

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Chapter 4 : Occupational Therapy Associations & Organizations

Applied Theories in Occupational Therapy: A Practical Approach provides a comprehensive overview of theories and frames of reference in occupational therapy. Unlike other texts, there are no distinctions between specialty areas as current and developing theories are applied to a continuum of health and wellness for all age groups.

Occupational Therapy Research Dr. Carla Chase is a professor and interim chair of the Department of Occupational Therapy. As an occupational therapist and gerontologist, her work centers on meeting the needs of older adults in the community by researching the impact of environmental modifications on participation and safety and the role of occupational therapy in home health care. Debra Lindstrom is a professor in the Department of Occupational Therapy. Ann Chapleau is an associate professor in the Department of Occupational Therapy. Chapleau is currently principal investigator of a 1. She is also working with a research team to develop HIPAA-compliant technology for digitization of historical psychiatric records. Steven Eberth is an assistant professor in the Department of Occupational Therapy. His evidence-based research interests exist within the intersection of clinical practice and public health through the application of theory to solve clinical, organizational and social issues to promote safety and engagement in occupation. His past research projects include the development of a systems theory framework to reduce physical restraint use and falls and the application of a systems approach to improve safe patient handling. His current research includes the application of public health theories to improve organizational and individual safety culture, the use of an evidence-based communication model to promote collaboration to mitigate risk, and the relationship between trauma and occupation in adults. Michelle Suarez is an associate professor in the Department of Occupational Therapy. Her research interests include autism, food selectivity in the pediatric population, sensory processing disorder and child trauma. Currently, she is studying the effectiveness of a holistic treatment protocol for treatment of food selectivity in the pediatric population. She is also investigating effective interventions for self-regulation deficits that include a parent education component. Maureen Mickus, a professor in the Department of Occupational Therapy and a gerontologist, conducts research focusing on aging policy and supporting community-based care for elders. Mickus is also working on intervention research designed to alleviate loneliness in high risk elder populations. Recently, she assembled a team of ten occupational therapy students for a project relating to older adults who attend congregate meal sites throughout Kalamazoo. The focus on the project was to determine the level of physical activity in the lives of these individuals and associated barriers related to exercise. Data was collected for participants at eleven sites. Findings from this project will be used to establish future student-led exercise programs at the congregate meal sites, whose participants are mostly underserved populations and older adults living alone.

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Chapter 5 : The History Of Occupational Therapy

Founded by Bertalanffy, Hungarian biologist who was interested in the interconnection between humanity and physical environment Rather than reducing the human body to the properties of its parts or elements (e.g. organs or cells) (reductionism), systems theory focuses on the arrangement of and relations between the parts which connect them into a whole (holism).

The History of Occupational Therapy Where Did We Come From? How Did We Get Here? The history of Occupational Therapy is an interesting "story". Many people believe that Occupational Therapy is a new profession. As you will see, this is not so. Many different ideas have been presented throughout history concerning; who should work, what type of work should be performed, what is considered to be "work", who should play, and when the "playing" should begin and end. Health and occupation have evolved to become intertwined, after all, when health suffers, so too does the ability to perform an "occupation" and take part in daily activities. It was during this period that revolutionary ideas were evolving regarding the "infirm" and mentally ill. At that time in history, the mentally ill were treated like prisoners; locked up and considered to be a danger to society. In , Phillipe Pinel began what was then called "Moral Treatment and Occupation", as an approach to treating people with mental illness. Treatment for the mentally ill thus became based on purposeful daily activities. He too was disgusted by the way patients were treated and the horrendous conditions they had to endure in the insane asylums. Tuke therefore developed many principles that would advocate "moral treatment" for the mentally ill. His basic premise which underlined these principles was to treat these people with "consideration and kindness" I know, what a bizarre concept huh? Boy, have we come a long way Tuke then became a unique and positive influence when he founded a retreat center in England based on some of the same ideas. He encouraged patients to learn and grow by engaging them in a variety of employment or "amusements" what we now call leisure activities that were best adapted to their level of functioning and interests. Well, were the "golden years" for the application of Moral Treatment and Occupation in American hospitals. It was during this time that the benefits of arts and crafts began to be noticed. Arts and crafts thus became a highly used activity to promote both relaxation and feelings of being productive, at the same time. A whole new approach was just about to emerge! Unfortunately, during the 19th century, in the U. It became less of a priority and there seemed to be no one to carry on the ideas and insightful philosophies from Tuke and Pinel. She successfully brought back the use of "occupation" with the mentally ill. She began to specialize in this field and even initiated educating student nurses on the therapeutic use of activities as part of treatment. Tracy coined the term "Occupational Nurse" for those she successfully trained in this specialty. In , two people began a series of correspondences concerning the founding of an organization for individuals interested in "Occupation Work" as Occupational Therapy was originally known until this time. Barton, an architect, contacted Dr. It was during this time that Occupational Therapy became more closely related to and aligned with organized medicine, thus creating a more "scientific approach" to this field of study. It is also this organization that would later be known as the American Occupational Therapy Association of today. Following the Great Depression, however, it was difficult to find therapists due to low budgets an poor staffing of clinics. But, then came World War I, which necessitated the use of every available therapist possible! It was this time that Occupational Therapists were called on to develop programs and treat injured soldiers, of which there were too many! Occupational Therapists finally achieved military status. This recognition provided other opportunities to gain financial support from the federal government for the education of OT personnel, and it provided leadership training skills for members of the American Occupational Therapy Association. The COTA required only minimal training and was utilized as an assisting body and aide. The field of Occupational Therapy kept growing. Occupational Therapists were also called upon and qualified to treat in the fields of pediatrics and developmental disabilities. And, with de-institutionalization came an even greater need to help mentally ill, physically infirmed, and

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developmentally challenged individuals become independent and productive members of society. It was Occupational Therapists that could easily fill this role, and the surge for competently educated therapists was on. In , under the amendments to the Social Security Acts, Medicare now covered inpatient occupational therapy services. Goals of occupational therapy could now focus on prevention, quality, and maintaining independence. Today, occupation is the main focus of the profession. It is certainly an ever-evolving and dynamically moving profession. You will find Occupational Therapists working in a variety of settings with several different age groups and disabilities. Many challenges still need to be met

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Chapter 6 : Emerald | Irish Journal of Occupational Therapy

Occupational therapy's broadening horizons --Applied models of health care in occupational therapy practice --Applied systems theory in occupational therapy --Organization of theory in occupational therapy --Applied theories of community health and well-being --Occupational behavior --Model of human occupation --Occupational adaptation.

Intro to Occupational Therapy 3 cr An introduction to the occupational therapy profession and the scope of occupational therapy practice. Familiarizes students with the functions, policies and services of the University, College and Department and includes an exploration of related allied health professions. The senior project will be judged and graded by three faculty members chaired by the honors mentor. This course is required for Honors recognition and may be repeated for up to 6 credit hours. Includes an introduction to the occupational science literature and discussion of the impact of occupation on health and well-being. Covers prenatal period through adolescence. Emphasis is on normal human development, with some consideration of abnormal development. Philosophies inherent to the field will be explored with an overview of the life span approach to "occupation". Includes discussion of official documents guiding the profession and legislative changes affecting the current and future practice of the profession. Students will be required to learn terminology utilized by occupational therapists and demonstrate a beginning awareness of occupational performance analysis. Emphasizes the application of basic science knowledge as it relates to human occupational performance. Includes library search strategies, critical analysis of scientific literature, application of statistical methods and research designs, and scientific writing skills. Students will work in small groups and be mentored by faculty to complete a research proposal. Includes similarities and differences among major theories. Emphasizes application of these theories to professional practice in occupational therapy. Includes the theoretical basis of evaluation, selection of appropriate data gathering methods, use of standardized and non-standardized assessment tools, interpretation of results and documentation of evaluation findings. Emphasizes self-awareness, self-assessment, communication issues and the value of life-long learning. Also includes medical terminology. A life span approach will be taken with emphasis on occupational performance components and context. Therapeutic interventions will emphasize problem-solving, clinical reasoning, and occupational performance synthesis to enhance occupational performance and adaptation. Emphasis on assessment and intervention in performance of occupations related to self-care. This course will require students to synthesize information and apply evidence-based interventions to enhance occupational performance and adaptation. This course will require students to synthesize information and apply evidence-based interventions to enhance occupational performance and adaptation. Includes the identification of the consequences of the disorders and their impact on occupational performance. Includes understanding the varied purposes of documentation as well as legal and ethical issues in documentation. A life span approach will be taken with emphasis on occupational performance components, client factors, and context. Therapeutic interventions will emphasize problem-solving, critical reasoning, and occupational performance synthesis to enhance occupational performance and adaptation. Includes discussion of therapeutic use of self, group dynamics, leadership and stages of group development. Students will learn how to design group interventions for a variety of populations. Emphasizes professional behavior, clinical reasoning and ethical issues. Emphasis on assessment and intervention in performance of occupations related to work. Occupational therapy interventions for persons with developmental and acquired impairments and disabilities, with emphasis on UE impairments impacting daily life skills, work and I-adls. These labs will engage students in hands-on learning which emphasize selection and justification of evidence-based, occupation-based, client centered interventions. Students will be engaged in case-based discussions which emphasize selection, justification, and grading of evidence-based, occupation-based, client centered interventions. Instruction includes assessment of the biomechanical functions of the upper and lower extremities. Includes data collection and preliminary analysis. The focus will be seeking participants, obtaining informed consent, and conducting data collection. It

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will include creation of spreadsheets and conducting preliminary data analysis based on data collected to date. Designed to emphasize clinical reasoning, entry-level skill acquisition and integration of didactic knowledge with practice. Students will study evidence-based interventions that promote performance of various age appropriate and culturally relevant occupations. This course is designed to meet the basic level of competency in TEI for the entry level occupational therapist. Also includes a discussion of issues of professional concern including but not limited to: A lifespan approach will be taken with emphasis on occupational performance areas and contexts. Community interventions will emphasize problem-solving, clinical reasoning and occupational analysis to enhance performance and adaptation.

Chapter 7 : Anna Jean Ayres - Wikipedia

The department is uniquely privileged to be among the few providers of entry-level occupational therapy graduates in the nation's capital. The program has a rich history of excellence in leadership, graduating highly sought-after therapists, and developing national and international health professionals.

Chapter 8 : USC Chan Division of Occupational Science and Occupational Therapy

The American Journal of Occupational Therapy (AJOT), an official publication of the American Occupational Therapy Association, Inc., is a peer-reviewed journal focusing on research, practice, and health care issues in the field of occupational therapy and is the premiere journal for occupational therapy research.

Chapter 9 : Occupational therapy - Wikipedia

Choosing the Path of Leadership in Occupational Therapy Abstract Leadership is vital to the success and sustainability of any group, organization, or profession.