

An Overview of Occupational Therapy

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Introduction

The field of occupational therapy (OT) is one of healthcare. To establish, recover, or preserve the worthwhile activities or occupations of people, organisations, or communities, it requires the use of assessment and intervention. Occupational therapists and occupational therapy assistants make up this independent health profession, which is frequently referred to as an associated health profession (OTA). OTs frequently works with individuals who have mental health issues, physical limitations, injuries, or impairments [1].

Description

An occupational therapist is someone who "assists people across their lifespan participate in the things they desire and/or need to achieve via the therapeutic utilisation of ordinary activities (occupations)," according to the American Occupational Therapy Association. The content of occupational therapy professional organisations' definitions outside of North America is comparable [2].

Typical interventions comprise:

- Assisting disabled children in participating in social and educational settings (independent mobility is often a central concern).
- Injury rehabilitation assisting the elderly by undergoing physical and mental changes.
- Determining the best assistive seating solutions to promote independence and reduce the risk of pressure injuries.

Occupational therapists typically hold university degrees and need to pass a licence exam in order to practise. Professionals in nursing, social work, psychology, medicine, physical therapy, speech-language pathology, audiology, and assistive technology frequently collaborate closely with occupational therapists.

History

Early history: The earliest examples of jobs being used as a kind of therapy date back to antiquity. Greek physician Asclepiades provided compassionate mental disease treatment to his patients in the early BCE era through therapeutic baths, massage, exercise, and music. Later, the Roman physician Celsius advised his patients to engage in exercise, travel, and music. But by the Middle Ages, these treatments for mental disease were either uncommon or non-existent.

Revolutionaries like Philippe Pinel and Johann Christian Reil changed the

hospital system in 18th-century Europe. In the late 18th century, their institutions employed demanding work and leisure activities rather than the usage of metal chains and restrictions. The origins of occupational therapy can be found during the Moral Treatment period, which was developed in Europe during the Age of Enlightenment. The reform movement experienced varying levels of interest in the United States during the 19th century, despite being prospering in Europe. In the first half of the 20th century, it came back as occupational therapy. Occupational therapy was impacted by the Arts & Crafts movement, which existed between 1860 and 1910. The emergence of arts and crafts societies in the US, a recently industrialised nation, was a response to the monotony and diminished autonomy of factory work. In addition to offering a creative outlet and a method to pass the time during protracted hospital stays, arts and crafts were utilised to encourage learning through doing [1].

The "mother" of occupational therapy is regarded as Eleanor Clarke Slagle (1870–1942). Slagle suggested habit training as a major occupational therapy paradigm of treatment. Slagle was one of the founding members of the National Society for the Promotion of Occupational Therapy (NSPOT). Habit training centered on establishing structure and balance between work, rest, and leisure. It was founded on the idea that participation in meaningful routines shapes a person's wellness. Although habit training was primarily created to help people with mental health disorders, its fundamental principles may be found in contemporary treatment approaches that are applied to a variety of client populations.

The Henry B. Favill School of Occupations, founded by Slagle in 1915 at Hull House in Chicago, was the first occupational therapy training programme. Slagle later held the positions of secretary and president of the AOTA. The Eleanor Clarke Slagle Lectureship Award was established by AOTA in her honour in 1954. AOTA members who "have creatively contributed to the advancement of the body of knowledge of the profession through research, education, or clinical practise" are honoured with this award each year. Early in the decade of 1910, the Progressive Era gave birth to the health profession of occupational therapy. Early professionals combined scientific and medical ideas with highly regarded virtues like having a strong work ethic and the value of making things by hand. The American Occupational Therapy Association (AOTA), formerly known as the National Society for the Promotion of Occupational Therapy (NSPOT), was established in 1917, and the name "occupational therapy" was given to the field in 1921. In the early years of the profession, William Rush Denton, one of the NSPOT founders and a visionary leader, grappled with the "cumbersomeness of the term occupational therapy" since it lacked the "exactness of meaning which is supplied by scientific terms." Other names were considered as alternatives, including "work-cure," "ergo therapy," and "creative occupations," but none had the comprehensive connotation that occupational therapy required to encompass the variety of treatments that have existed since the inception of the field [3].

Areas of practice

It is challenging to classify the areas of practise because of the wide range of OT work, especially in light of the many worldwide health care systems. The American Occupational Therapy Association's classification is applied in this section.

Children and youth: In a range of contexts, such as schools, clinics, homes, hospitals, and the community, occupational therapists deal with newborns, toddlers, kids, teens, and their families. The first stage of occupational therapy (OT) intervention involves evaluating a young person's occupational performance in areas such as feeding, playing, socialising, daily living skills, or attending school in order to determine their capacity to engage in daily, meaningful tasks. Occupational therapists assess a child's fundamental

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skills, which may be physical, cognitive, or emotional in nature, as well as the situation and the needs of the environment.

In order to create functional goals for the young client within a variety of jobs that are important to them, occupational therapists collaborate with parents, carers, teachers, or the children and teens themselves while arranging treatment. A child's ability to operate on a daily basis between the ages of birth and three is greatly impacted by early intervention. The standard or tone for treatment in the school context is set by this field of practise. Early intervention OTs work to strengthen a family's capacity to care for a child with special needs and to support that kid's involvement and function in the most natural setting feasible. An Individualized Family Service Plan (IFSP), which focuses on the family's objectives for the child, is essential for every kid.

Health and wellness: The domain of occupational therapy is defined as "Achieving health, well-being, and involvement in life via engagement in occupation" in the American Occupational Therapy Association's (AOTA) Occupational Therapy Practice Framework, 3rd Edition. The ability of occupational therapy practitioners to use regular jobs to reach ideal health and well-being is a particular asset. Occupational therapists can pinpoint the obstacles to obtaining general health, well-being, and engagement by investigating a person's roles, routines, environment, and jobs. Practitioners of occupational therapy can make interventions at the primary, secondary, and tertiary levels to advance health and wellness. To avoid illness and injuries, as well as to modify good lifestyle habits for people with chronic illnesses, it can be addressed in all practise settings. The Lifestyle Redesign Program and the REAL Diabetes Program are two occupational therapy initiatives that concentrate on health and wellness.

School: Practitioners of occupational therapy focus on school-wide initiatives for health and wellbeing, such as bullying prevention, backpack awareness, promotion of recess, school lunches, and PE inclusion. They also spend a lot of time working with students who have learning problems, like those who are autistic. According to a survey done in Switzerland, the majority of occupational therapists work with schools, with half of them offering direct services in regular classrooms. The findings also demonstrate that interventions were primarily directed at children with medical diagnoses, with less emphasis placed on the child's handicap and more on the school setting.

Outpatient: To address leisure, health literacy and education, modified physical activity, stress/anger management, healthy meal preparation, and medication management, occupational therapy practitioners conduct one-on-one treatment sessions and group programmes.

Productive aging: Older adults, who want to keep their independence, engage in worthwhile activities, and lead fulfilling lives are helped by occupational therapists. Driving, ageing in place, limited vision, and dementia or Alzheimer's disease is a few instances of the issues that occupational therapists work with older people on (AD). Driver assessments are conducted in order to ascertain whether drivers are secure while operating a vehicle. Occupational therapists do falls risk assessments, evaluate how clients operate in their homes, and suggest particular home adaptations to help older persons maintain their independence at home. Occupational therapists alter work and the environment when treating low eyesight. Occupational therapists that work with people who have AD prioritise preserving quality of life, ensuring safety, and fostering independence.

Geriatrics/Productive aging: Occupational therapists deal with all

facets of ageing, including disease prevention and treatment. Older people' occupational therapy aims to maintain their independence while lowering the expense of care associated with institutionalisation and hospitalisation. Occupational therapists can evaluate a senior's capacity to drive and whether it is safe for them to do so in the community. The occupational therapist can help a person locate other transportation choices if it is determined that they are not safe to drive. As part of home care, occupational therapists also assist senior citizens at home. An occupational therapist can work with a patient at home on issues like fall prevention, maximising independence with daily living tasks, assuring safety, and being able to remain in the home as long as the patient desires. To guarantee safety in the house, an occupational therapist may also suggest home improvements. Chronic diseases like diabetes, arthritis, and cardiac disorders are common in older persons. By providing information on energy-saving techniques or coping mechanisms, occupational therapists can aid in the management of these illnesses.

Visual impairment: One of the top 10 disabilities among American adults is visual impairment. By maximising the freedom of people with visual impairments by making the best use of their remaining eyesight, occupational therapists collaborate with other professions like optometrists, ophthalmologists, and licenced low vision therapists. When promoting the participation in worthwhile activities, regardless of a visual impairment, AOTA's promotional goal of "Living Life to Its Fullest" talks to who people are and learning about what they want to accomplish [3-5].

Conclusion

Occupational therapy is used all around the world and can be used in a variety of settings and cultural contexts. No matter the nation, culture, or environment, the profession as a whole shares the occupation construct. Today, occupation and actively engaging in an occupation are viewed as human rights and are said to have a significant impact on one's health and well-being. Many people are moving across borders to work as occupational therapists as the field expands in search of better jobs or career prospects. Every occupational therapist must adjust to a new culture that is different from their own in this situation. The occupational therapy ethos depends on an understanding of cultures and communities. Recognizing each client's values and social perspectives is a crucial component of effective occupational therapy work. Independence can be attained more quickly by utilising culture and learning about the client's priorities.

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