Occupational therapists (OTs) work with all age groups of people who have physical, mental or social problems, regardless of the cause. Within this article, the main work areas of OT will be outlined. The College of Occupational Therapists (COT) states:

‘Occupational therapy is the assessment and treatment of physical and psychiatric conditions using specific, purposeful activity to prevent disability and promote independent function in all aspects of daily life’ (COT, 2009a).

Problem solving
The ability to manage tasks is often taken for granted, until illness or injury makes them difficult. An OT’s skills guide and enable patients to identify options and to develop skills to overcome problem areas affecting abilities to cope with everyday life. Sometimes, solutions need to be modified to be acceptable to patients, their families and/or significant carers. A person-centred approach ensures client ownership of goal setting and improves motivation.

OTs concentrate on the management of coping strategies covering diverse practical Activities of Daily Living (ADL), from toileting, dressing, making a hot drink, opening the front door, communicating and participating in leisure activities to more complex tasks, like time-planning, budgeting, childcare and coping with stressful situations.

Treatment using activities has been undertaken for thousands of years, and is a core part of OT intervention. OTs can adapt activities to suit a person’s level of function and encourage the development of further abilities.

OTs can help people to compensate for a reduction, or loss, of ability in activities. Alternative techniques of carrying out tasks may need exploring, such as sitting instead of standing (Figure 1) or sliding items rather than carrying them. This may involve breaking an activity down into its component parts, perhaps only doing part of a task.

Advice can be provided on suitable equipment or structural alterations to make tasks easier and, in some cases, possible (Figure 2). Occupational therapists and support workers help people engage as independently as possible in the activities (occupations) which enhance their health and wellbeing (COT, 2009b).

Assessment
OTs use a variety of subjective, objective and standardized assessment methods, chosen according to the area under assessment to suit the particular situation and the person’s needs. Post-graduate training can be undertaken to learn how to administer and interpret specialized tests, such as psychological testing.

Creek (2003) explains that assessments include:

- Interacting informally with the client
- Observing activity in the client’s own living, working or social environments or in the clinical setting
- Setting the client specific tasks
- Carrying out standardized tests
- Interviewing clients and carers
- Asking questions and discussing the situation informally.

However, all OT contact is on a professional and thus a formal basis and should be recorded accurately.

Environmental problems
Poorly-designed environments cause functional impairments to become disabilities. Inclusive design of houses, public buildings, transport and thoroughfares can increase independence. OTs can help in the design and adaptation of property, whether this is general housing stock, individual homes, care homes or public environments.

OTs can analyse work areas where activities are undertaken, providing suggestions on re-designing areas to make them ergonomic, whether at home or work. Work areas within the home include the kitchen, bathroom, bedroom, office, garden and where leisure activities are carried out.

Places of work
On qualifying, the skills and knowledge acquired during training enables OTs to work collaboratively with individuals or groups and with people who experience difficulty managing activities.

Many OTs begin their career within a hospital, often on a rotational post, working with specialties such as orthopaedics and general surgery. A wide knowledge base of a variety of conditions is acquired and opportu...
opportunities arise to develop skills. Supervision is provided by a senior member of staff, and many posts involve student training. OTs may decide to concentrate on a specialist area throughout their career, such as neurology or paediatrics. The work varies considerably according to their job description and their employer’s needs (Box 1). Examples include:

- **In physical rehabilitation**: to assess and improve a person’s level of activity, functional ability, and independence in ADL. This may be part of early intervention strategies, within a head injury or a stroke unit, upper-limb prosthetic training, or part of pre- and postoperative clinical assessments. OTs also make and fit splints for musculo-skeletal problems, or make pressure garments for patients who have sustained severe burns. Home visits with patients, including other professionals, may be required to check any access issues and the need for equipment or adaptations before discharge is arranged. Often, advice is needed on the supply of equipment or adaptations to property, including workplaces.

- **Within mental health settings**: to improve coping strategies, provide confidence-building tasks, develop techniques for coping with stressful situations, teach relaxation techniques, explore career options, and encourage the development of skills and hobbies. Occupational therapy in mental health is concerned with helping people to recover ordinary lives that have been affected by mental ill health (COT, 2006).

- **Within community-based services**: perhaps assessing a person’s ability to manage at home as part of the single assessment process. This can enable people to achieve optimal independence and continue to live in their own home. Liaison with housing associations may be needed if relocation to more suitable property is needed. Some OTs work for housing associations or in social services, assessing for equipment and adaptations, including provision under the Disabled Facilities Grant. OTs assist in the identification of a suitable care home if a transition into care is needed. Day centres have OT staff to plan activities to improve and develop a person’s level of physical strength and independence in self-care activities.

- **Within health promotion**: helping to promote a patient’s well-being through occupation, which can be leisure pursuits or work (paid or voluntary).

- **Teaching students on OT work-practice or at college/university**: Input may be provided to other allied courses, or as part of in-house training. Many OTs are involved in research or have research posts. OT consultants can combine these two roles in this senior role.

- **Work-based assessments**: looking at workplace ergonomics, transport issues and the supply of equipment under the Job Centre’s ‘Access to Work’ scheme, or to facilitate a career change.

- **Independent practice**: offering diverse services such as short-term contracts for health authorities and social services, individual treatments, staff training, moving and handling assessment, vocational assessment, reports for court after personal injury, consultancy to housing associations or care homes.

- **Management and supervision**: of students, OTs, OT assistants and technical instructors. Senior management positions within health and social services.

- **Other work**: there is a wide range of specialist work. Charities employ OTs to assess need and arrange for the provision of adaptations and equipment. Wheelchair clinics have OTs to assess a

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**Figure 1. Sitting can facilitate a number of tasks.**
person’s needs for wheelchair and specialized pressure relief. Driving assessment centres (Mobility centres) or suppliers and manufacturers of equipment have OTs, as do prisons and secure hospitals.

**OT in care homes**

OTs work in care homes that have intermediate-care beds. OT is closely linked to physiotherapy, as both professionals improve levels of general mobility and function. However, an OT tends to focus on general mobility, ADL and improving levels of self-care.

Some larger care homes or groups of care homes employ OTs, while others arrange for private OTs to provide a service on a sessional basis. An OT can help to ensure that a care home complies with building regulations and the National Minimum Standards by providing access audits and reports that focus on the elimination of physical, cognitive, sensory or perceptual barriers which can prevent full participation of residents, visitors and staff. OTs can also work with architects and home-owners when extensions are planned or new homes are commissioned.

**Benefits to residents**

OTs focus on activity and independence; they can assist to improve general mobility and self-care abilities and thus minimize the need for hands-on care. Independence in some activities improves the quality of life for individual residents.

OTs may provide home visits with residents to check on access issues before allowing them to return home. OTs can identify equipment and adaptations that will be needed before a person goes home, and provide information on obtaining equipment, and what funding may be required. Minor changes, such as organizing routines and altering the location of items, can make the difference between independence and the need for physical help or prompting by staff.

The skills of an OT can also assist to enable residents to take part in the day-to-day running of a home. Some OTs organize group activities, such as discussions, reminiscence, movement-to-music, creative activities or relaxation.

**Benefits to care staff**

OTs can help staff, and residents, to understand any cognitive and perceptual problems that are experienced. OTs can identify changes that may be required to minimize problems and to assist with way-finding and general management of communal areas and residents’ rooms. Some OTs provide training in activities such as reminiscence or moving and handling. Some OTs may advise, train or supervise activities organizers. OTs can be work-based assessors or internal verifiers within the NVQ setting.

**OT training**

In the UK, there are 31 universities with OT programmes that include clinical placement across a wide range of fields, within psychiatry and physical health settings. Most are three- or four-year Bachelor of Science (with Honours) degrees. Courses include biological sciences (anatomy and physiology); behavioural sciences (psychology and sociology); psychiatry, medicine and surgery; occupational therapy knowledge and skills; creative and management skills; therapeutic interventions; environmental adaptations; and research methods.

As the theoretic content is similar to other health-care professionals, such as

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**Figure 2.** Assistive devices can range from kitchen aids to stairlifts.

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**Box 1.**

**AN OCCUPATIONAL THERAPIST’S WORK COULD INVOLVE:**

Ensuring homes, workplaces and public places are accessible for people with specific needs: for example, wheelchair users, people with walking difficulties or impaired vision.

Helping people to learn new or different ways of doing things: for example, how do you think you would turn over this page if you couldn’t use your hands?

Adapting materials or equipment, for example, what might you suggest if a computer keyboard was difficult to use?

Heading up a disability management programme for an organization, or return-to-work programmes for people with anxiety or back problems.

Assisting an ageing couple to care for one another in their own home and remain independent and safe.

Helping someone manage their depression in order to return to work or continue with their studies.

Setting up a rehabilitation programme in a developing or war-torn region.

Working with socially excluded groups, such as the homeless or asylum seekers.

Source: Adapted from COT (2009b).
physiotherapists and nurses, some subjects are taught with other students on health-related courses. This facilitates inter-professional collaboration.

OT support workers or technical instructors may be funded to allow them to study part-time (a four-year period). Details of entry requirements, courses and locations can be found via the college of OT website (see Further information). Post-graduate study includes additional diplomas, Master’s degrees and PhDs.

The training provides basic skills that enable OTs to work in both physical and psychiatric settings, including the NHS or social services. OTs are allied health professionals, and qualified OTs who are working must be registered with the Health Professions Council (HPC). Only qualified OTs can use the title of occupational therapist. OT’s HPC registration can be checked on-line at http://register.hpc-uk.org/lisa/onlineregister/RegisterSearchInitial.jsp

OT today

OT is a fast-growing profession offering a wide scope of employment within health and social services. The demand for OTs in health and social services is strong and growing (NHS Careers, 2008), but the number of courses and places is limited. New opportunities develop as knowledge of how OT skills can be applied expands. OTs can work inter-professionally training ward facilitators, transition workers, discharge co-ordinators, admission and discharge pathway co-ordinators (Andalo, 2009). There are many emerging fields of work, including within community posts and the private sector, such as life-coaching, fitness-to-work assessments, NVQ assessment, product design, and assisting in building design.

Future of OT in mental health

Positive, focused action by occupational therapy practitioners, managers and educators, by the College of Occupational Therapists and by the commissioners of mental health services over the next ten years will ensure that, in 2017, mental health services are designed and delivered in ways that meet the occupational needs of the people who use them, thus promoting good mental health, assisting recovery and preventing mental ill health (COT, 2006).

Conclusion

OTs work with all age groups to reduce the effects of disability caused by physical or psychological illness, ageing or injury. OTs use person-centred approaches and focus on helping people to make their own choices, whether or not they want to have an active role in society.

Everyday activities (occupations) are used to help people overcome physical or psychological disabilities, to gain confidence and to take control of their lives. Treatment is centred on active participation in activities of everyday living, including home, work and leisure. OTs aim to enable people to manage activities more easily, to be as independent as possible, to lead a full life and to improve a person’s quality of life.

OTs can help people to develop new abilities and achieve their personal goals, particularly for personal ADL. However, everyone’s personal experience of an OT will be different, as the help provided is tailored to an individual’s needs and circumstances.

Within a care home an OT can have several roles including staff training, assessment and treatment of individual residents. The involvement of an OT within a care home benefits proprietors, managers and staff, as well as residents and their families. Occupational therapy is a challenging and dynamic profession that can make a valuable difference in people’s lives. NRC


College of Occupational Therapy (2009a) Occupational therapy as a career. Available online at: www.cot.org.uk/Homepage/About_Occupational_Therapy/Occupational_therapy_as_a_career/

College of Occupational Therapy (2009a) About Occupational Therapy. Available online at: www.cot.org.uk/Homepage/About_Occupational_Therapy/

College of Occupational Therapy (2009b) Occupational Therapy Explained. Available online at: www.cot.org.uk/Homepage/About_Occupational_Therapy/Occupational_therapy_explained/


Further information

http://www.nhscareers.nhs.uk/downloads.shtml

Health Learning and Skills Advice Line: 08000 150 850

College of OT: http://www.cot.co.uk

KEY POINTS

- OTs work in a wide variety of settings and throughout the world.

- A resident’s level of activity and independence can be improved with the help of an OT.

- Alternative techniques or equipment may be required to help people manage everyday tasks more easily, and to maintain levels of abilities.

- OTs can advise on environmental issues to incorporate inclusive design in new buildings, to adapt premises in an aesthetic way or improve ergonomics.

- OT is a personalized intervention that is tailored to individual needs and is part of a multi-disciplinary approach.