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# DEFINING OCCUPATIONAL THERAPY AND ITS ROLE IN THE ADULT ACUTE CARE HOSPITAL SETTING

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**Patricia Gryczan MS, OTR/L**

*Senior Occupational Therapist*

*Acute Care Medical/Surgical Services*

*Rusk Rehabilitation*

*NYU Langone Orthopedic Hospital*

patricia.n.gryczan@gmail.com

## **Abstract**

The aim of this article is to define the scope of Occupational Therapy (OT) practice in the United States of America (USA). Research shows that most of the OT practitioners in the USA are employed by the hospitals or offices of occupational therapy. Furthermore, research also indicates that acute care is found to be the most common hospital setting in the USA. As such, this article concentrates on describing the role and expertise of OT in the adult acute care hospital setting

**Keywords:** Occupational Therapy, Hospital, Acute Care, Rehabilitation

Occupational Therapy (OT) is worldwide recognized profession. The American Occupational Therapy Association (AOTA) defines OT in its centennial vision as “(...) a powerful, widely recognized, science-driven, and evidence based profession with a globally connected and diverse workforce meeting society’s occupational needs”<sup>1</sup>. The World Federation of Occupational Therapy (WFOT) identifies that the scope of OT practice can be different depending on the country of its origin. The WFOT explains that OT is a unique field which adapts itself to the culture, belief system and healthcare system of each country; however each country may require different educational, training and licensure regulations in order to practice OT on their territory<sup>2</sup>.

While the scope of OT practice may be different depending on the country, its fundamental goal and purpose remains the same. OT is a client centered profession, working with people of all ages in recovering and maintaining their ability to perform occupations that are meaningful to them. In the field of OT, occupations are defined as “things like making meals, dressing, managing medications, driving, going to school or work, playing, or caring for family members”<sup>3</sup>. The goal of OT is to provide the client with therapeutic interventions, tools and modifications to help them live life as independent as possible and to the best of their potential.

In the United States of America (USA), the scope of the OT profession includes working with individuals who have chronic health conditions, developmental disabilities, and those recovering from surgery or life-changing injuries. The areas of OT expertise include: neuro-rehabilitation, physical disability rehabilitation, mental health rehabilitation, pediatrics, hand therapy, assistive devices (AD), durable medical equipment (DME), splinting and etc. The full domain of OT is identified by the Occupational Therapy Practice Framework (OTPF):

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<sup>1</sup> American Occupational Therapy Association (AOTA), AOTA's Centennial Vision and Executive Summary. American Journal of Occupational Therapy, Vol. 61, No. 6, 2007, p. 613-614.

<sup>2</sup> World Federation of Occupational Therapy, Working as an Occupational Therapist in Another Country, 2015, Retrieved on January 3<sup>rd</sup>, 2023 from <https://www.arbetsterapeuterna.se/media/1246/workingasotabroad.pdf>

<sup>3</sup> American Occupational Therapy Association (AOTA), About Occupational Therapy, 2023. Retrieved on January 3<sup>rd</sup>, 2023 from <https://www.aota.org/about/for-the-media/about-occupational-therapy>

Occupations	Contexts	Performance Patterns	Performance Skills	Client Factors
<ul style="list-style-type: none"> <li>• Activities of daily living (ADLs)</li> <li>• Instrumental activities of daily living (IADLs)</li> <li>• Health management</li> <li>• Rest and sleep</li> <li>• Education</li> <li>• Work</li> <li>• Play</li> <li>• Leisure</li> <li>• Social participation</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental factors</li> <li>• Personal factors</li> </ul>	<ul style="list-style-type: none"> <li>• Habits</li> <li>• Routines</li> <li>• Roles</li> <li>• Rituals</li> </ul>	<ul style="list-style-type: none"> <li>• Motor skills</li> <li>• Process skills</li> <li>• Social interaction skills</li> </ul>	<ul style="list-style-type: none"> <li>• Values</li> <li>• Beliefs &amp; Spirituality</li> <li>• Body functions</li> <li>• Body structures</li> </ul>

(AOTA, 2020)

The unique holistic approach of OT allows it to adapt to any client population and environment. The AOTA explains that “Occupational therapy (OT) considers the complex relationship between the client, the activity, and the environment in which the activity takes place”<sup>4</sup>. OT presents a wide range of specializations that can be implemented with any type of client population, throughout human lifespan and in any setting. In addition, OT utilizes many different assessments and interventions choosing them as appropriate to respond to client’s specific needs depending of their age, functional level and condition.

The most common settings of OT practice in the USA include: academia, community, early intervention, freestanding outpatient, home health, hospital, long-term care/skilled nursing facility, mental health and schools<sup>5</sup>. However, the U.S Bureau of Labor Statistics (BLS) states that “About half of occupational therapists work in offices of occupational therapy or in

<sup>4</sup> Ibidem.

<sup>5</sup> American Occupational Therapy Association (AOTA). (2017). Occupational Therapy Fact Sheet. Retrieved on January 3<sup>rd</sup>, 2023 <https://www.aota.org/-/media/Corporate/Files/Advocacy/Federal/Tips-and-Tools/OT-Fact-Sheet-2017.pdf>

hospitals”<sup>6</sup>. Furthermore, American Hospital Association (AHA) reports that most of the hospital settings in the USA fall in the category of acute care<sup>7</sup>.

In the acute care hospital setting patients are treated for a short period of time, during a severe episode of illness or recovery from a surgery, trauma or disease. Acute care services include “promotive, preventive, curative, rehabilitative or palliative actions, whether oriented towards individuals or populations, whose primary purpose is to improve health and whose effectiveness largely depends on time-sensitive and, frequently, rapid intervention”<sup>8</sup>. The AOTA further explains that; “The primary goal of acute care is to stabilize the patient’s medical status and address life-threatening issues. An essential second goal is to improve functional status and safety to prevent physical and cognitive complications—which are also key components of occupational therapy interventions”<sup>9</sup>.

In the USA, OT has an important role in the acute care hospital setting as it possesses a strong science-driven background in “knowledge of normal human development, from neonate through geriatrics; the disease process and surgical and medical interventions; and anatomy, kinesiology, and neurology (...)”<sup>10</sup>. This allows OT to contribute to the acute care setting with a wide range of clinical skills. In this setting, OT programs may include specialization in treatment of patient population following strokes, brain injury and other neurological, medically complex, orthopedic or cardiac conditions.

When working with adult acute care patients, OT goals include early mobilization, restoring function, practice of safety with performance of the ADLs, fall prevention training, prevention of further physical or cognitive

<sup>6</sup> U.S Bureau of Labor Statistics (BLS), Occupational Outlook Handbook: Occupational Therapists 2022, Retrieved on January 3<sup>rd</sup>, 2023 from <https://www.bls.gov/ooh/health-care/occupational-therapists.htm#:~:text=Work%20Environment,feet%20while%20working%20with%20patients>

<sup>7</sup> See: American Hospital Association. (2022). Fast Facts on U.S. Hospitals, 2022. Retrieved on January 3<sup>rd</sup>, 2023 from <https://www.aha.org/statistics/fast-facts-us-hospitals>

<sup>8</sup> Hirshon J., Risko N., Calvello E., Stewart de Ramirez S., Narayan M., Theodosios C., O’Neill J. (2013). Acute Care Research Collaborative at the University of Maryland Global Health Initiative. Health systems and services: the role of acute care. *Bull World Health Organ.* 1;91(5), p.386-8.

<sup>9</sup> Bondoc, S., Lashgari, D., Hermann, V., Finnen, L., Frost, L., Alexander H. (2017). Occupational Therapy’s Role with Acute Care. Retrieved on January 3<sup>rd</sup>, 2023 from <https://www.aota.org/~media/Corporate/Files/AboutOT/Professionals/WhatIsOT/RDP/Facts/Acute-Care.pdf>

<sup>10</sup> Ibidem.

decline, and coordination of safe discharge planning. OT covers a wide range of patient education topics which include: ADLs/Self care, AD training, delirium prevention, delirium treatment, DME management, edema management, energy conservation, falls prevention, hip/ cardiac/ spinal/ shoulder precautions, home environment modification, pain management, positioning, pressure relief, proper body mechanics, breathing techniques, safety precautions, sexuality and intimacy, sleep hygiene, transfer training, upper extremity training, weight bearing precautions, compensatory visual strategies etc. OT also offers family/caregiver training and education when appropriate. The main methods for patient and caregiver education include; explanation, demonstration, teach-back, handouts and video.

Even though OT assesses patient's functionality in all aspects of daily life, OT's main goal is to improve patient's quality of life and their independence in performance of tasks that are most important to them. As a client centered profession, OT builds an individualized plan of care for each patient. Throughout their work with the patient, OT modifies the hospital environment as needed to simulate performance of tasks and activities in a set up that is most familiar to patient, and which helps to prepare the patient for their discharge disposition. In addition, OT develops and educates the patient on home programs (e.g. exercise programs), which are used to continue patient's rehabilitation after discharge<sup>11</sup>.

One of the main challenges for OT in the adult acute care hospital setting is that the patient's length of stay can be very short. In some cases, OT may only have one or a few sessions to cover extensive functional safety training. During each encounter with a patient, OT evaluates patient's cognition, functional mobility, balance, safety awareness with ADLs performance, vision, skin, muscle and joint integrity and pain. As stated in the OTPF, 2020, OT's client centered approach considers patient's performance patterns, performance skills and client factors. Standardized assessment tools are utilized to measure patient's functional status and to provide a universal form of documentation to communicate session outcomes with the interdisciplinary team.

While working with acute care patient population, OT emphasizes interventions to improve patient's safety with performance of the basic activities of daily living (BADLs), which include "(...) managing one's basic

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<sup>11</sup> Ibidem.

physical needs, including personal hygiene or grooming, dressing, toileting, transferring or ambulating, and eating”<sup>12</sup>. OT interventions may include neuromuscular re-education, balance activities, trunk stabilization, preventative splinting, cognitive and perceptual activities, and education on specific functional mobility techniques and use compensatory techniques as needed<sup>13</sup>. In addition, OT specializes in performance of training in use of assistive devices (AD) (e.g. hip kits, adaptive call bells) and/or durable medical equipment (DME) (e.g. commodes, tub-benches), as well as providing wheelchair assessment and education on its management.

OT interventions are downgraded or upgraded depending on patient’s functional level and their therapeutic progress. When patient is safe with completion of BADLs and is ready to progress further, OT will assess their performance of IADLs. The IADLs require more complex planning and thinking and include activities such as managing finances and medications, food preparation, housekeeping, laundry and the ability to independently live in the community<sup>14</sup>. Whether patient’s discharge disposition is home or next facility of care, OT may also offer family/caregiver education and training as part of the therapy intervention.

OT has a unique role in the USA’s healthcare system. In the acute care hospital setting, OT’s role is especially important as patient’s short length of stay can increase the risk of post discharge complications, if safety concerns are not discovered in time. An interdisciplinary team approach is implemented in the hospital settings so that various groups of healthcare professionals can work together to achieve patient’s goal, and to communicate any concerns in regards to patient’s care or discharge plan. The client centered approach and expertise in assessing patients cognitive and physical safety make OT an important member of the interdisciplinary team. OT contributes to the safe discharge planning and recommendations for transitioning to the next level of care. The importance of OT in the hospital setting is further emphasized in the study by Edelstein, et al., 2021, which states “(...) that patients with HRRP-qualifying diagnoses who received occupational

<sup>12</sup> Edemekong I P, Bomgaars D., Sukumaran S., Schoo C., Activities of Daily Living. National Library of Medicine (NLM) 2022, Retrieved on January 3<sup>rd</sup>, 2023 from [https://www.ncbi.nlm.nih.gov/books/NBK470404/#:~:text=The%20basic%20ADLs%20\(BADL\)%20or,transferring%20or%20ambulating%2C%20and%20eating](https://www.ncbi.nlm.nih.gov/books/NBK470404/#:~:text=The%20basic%20ADLs%20(BADL)%20or,transferring%20or%20ambulating%2C%20and%20eating)

<sup>13</sup> Bondoc, et al., op.cit..

<sup>14</sup> Edemekong I, et al., op.cit.

therapy services at higher frequencies had lower odds of readmission. In addition, patients who received occupational therapy services and who were not readmitted received more ADL/self-care training during sessions than patients who were readmitted.”<sup>15</sup> Finally, in the study OT was also recognized as the only spending category that has been shown to reduce hospital readmissions<sup>16</sup>.

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<sup>16</sup> Rogers, A. T., Bai, G., Lavin, R. A., & Anderson, G. F., *Higher Hospital Spending on Occupational Therapy is Associated with Lower Readmission Rates*, *Medical Care Research and Review* 2016, p. 1-19.

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