

# Occupational Therapy in Acute Care



**What is Acute Care?** Acute care is an inpatient hospital setting for individuals with a serious medical condition. These patients may have experienced a sudden decline in their medical and functional status due to a traumatic event (e.g., head trauma or spinal cord injury), a worsening of a progressive disease (e.g., emphysema or end-stage renal disease), or the onset of a new condition (e.g., myocardial infarction or stroke). The primary goal of acute care is to stabilize the patient's medical status and address any threats to his or her life and loss of function. Emerging research in medicine provides strong support for implementing early mobilization of patients in acute hospital and critical care settings (Needham, 2008). Occupational therapy plays an important role in facilitating early mobilization, restoring function, preventing further decline, and coordinating care, including transition and discharge planning.

## The Occupational Therapy Role in Acute Care

The unique perspective of occupational therapy focuses on a holistic view of individuals where many factors can influence the success of recovery and the rehabilitation process.

“Occupational therapy practitioners believe that intervention provided for people with physical disabilities should extend beyond a focus on recovery of physical skills and address the person's engagement, or active participation, in occupation” (Pendleton & Schultz-Krohn, 2006, p. 5). The concept of occupation is meant to “capture the breadth and meaning of everyday activity” (AOTA, 2008, p. 628). Occupational therapy practitioners contribute a broad range of clinical skills to acute/critical care services that include the following:

- ◆ Knowledge of the disease process, and surgical and medical interventions.
- ◆ Education in anatomy, kinesiology, and neurology, and their practical application to physical rehabilitation.
- ◆ A systematic process of client-centered evaluation, intervention, and task modification to facilitate progress toward identified goals (AOTA, 2008). This begins with establishing an occupational profile, identifying activities that the client needs and/or wants to do and the abilities or barriers to participating in those activities.
- ◆ Consideration of pre-hospitalization roles and the patient's likelihood of resuming them. Practitioners will also consider such factors as discharge destination, and potential need for adaptive equipment and/or modifications for safety and driving, and/or community mobility needs.
- ◆ Development of an intervention plan with performance-based goals. Intervention and the process of discharge planning may occur simultaneously due to the short length of stay in the acute care setting.

## Occupational Therapy Complements Specialty Services in Acute Care

Examples of common occupational therapy interventions in this setting can include the following:

### Critical Care

- ◆ Evaluate the need for splints and positioning devices to preserve joint integrity and protect skin from breakdown due to prolonged pressure.
- ◆ Perform bedside evaluations to determine safety in eating and swallowing and make recommendations for diet and liquid consistencies.
- ◆ Train families and caregivers to assist with range-of-motion exercises, safe transfers and mobility, and skin checks.

### Medical-Surgical Service

- ◆ Provide training in basic self care and functional mobility.
- ◆ Evaluate the need for adaptive aids and durable medical equipment.
- ◆ Provide wheelchair assessment and management to promote endurance and mobility, depending on patient readiness.
- ◆ Contribute to safe discharge planning, including recommendations for transitioning to the next level of care.

### Neurology and Neurosurgery

- ◆ Utilize neuromuscular re-education, trunk stabilization, and balance activities to improve clients' ability to move in and out of bed and maintain a functional upright posture necessary to perform self care and home management activities.
- ◆ Train family/caregivers on proper and safe functional mobility assistance and transfers.
- ◆ Remediate upper-extremity weakness and/or abnormal muscle tone through exercise, relevant simulated activities, and preventive splinting to preserve muscle balance and range of motion.
- ◆ Evaluate and use strategies to address cognitive and perceptual deficits.



### Orthopedics

- ◆ Train patients in self-care activities (e.g., bathing, dressing) with adaptive equipment and/or compensatory techniques if needed.
- ◆ Instruct patients in postsurgical orthopedic protocols, including appropriate weight bearing and/or postsurgical precautions as they relate to performance of activities of daily living (ADL, e.g., self-care activities) and instrumental activities of daily living (IADL e.g. home management tasks).
- ◆ Develop and train patients (and caregivers, family members) in home programs to continue rehabilitation toward goals.
- ◆ Evaluate, fabricate/provide, and train patients to use assistive devices and protective orthoses/splints to promote healing and maximize independence in ADL and IADL.
- ◆ Where applicable, teach specific techniques for functional mobility (e.g., safe car transfers).

## Occupational Therapy Complements Specialty Services in Acute Care, cont'd

### Pediatrics

Occupational therapy practitioners use their knowledge of normal human development from neonate through adolescence to:

- ◆ evaluate sensorimotor, cognitive, and adaptive skills, and promote achievement of developmental milestones;
- ◆ collaborate with and train families to reinforce therapeutic skill acquisition; and
- ◆ develop and implement an intervention plan based on the child's needs for participation in various occupations and environments (e.g., school, home, playground) including socializing with other children.

### Psychiatry/Behavioral Health

- ◆ Occupational therapy practitioners in acute psychiatric/behavioral health may
- ◆ assist patients in organizing their daily activities, including self-care, home management, leisure, and community and social participation;
- ◆ teach stress management techniques and the development of coping skills;
- ◆ meet the needs of clients in behavioral/mental health units who also have physical impairments, or arrange for consulting OT services;
- ◆ develop protocols for and facilitate therapy groups to address goal setting, community re-entry strategies, sleep hygiene, prevocational skills, body image issues, and basic to advanced life skills such as home and money management, etc.; and
- ◆ utilize standardized and functional assessment tools such as the Kohlman Evaluation of Living Skills (Thomson, 1992) and Allen's Cognitive Level Screens and Diagnostic Modules (Allen et al., 2007) to obtain objective data to recommend and coordinate accurate discharge planning.

As members of the acute care medical team, occupational therapy practitioners collaborate closely with other health care professionals such as case managers,

nurses, physical therapists, speech-language pathologists, and physicians to ensure the implementation of an interdisciplinary plan of care and a coordinated and appropriate discharge plan. Occupational therapy practitioners have a good understanding of the match between the patient's needs, abilities, and environment so can play a key role in the patient's successful transition to the home, community, or next level of care. They also understand that the patient's functional performance is strongly linked to his or her environment. Therefore, practitioners also recommend home safety modifications and durable medical equipment as part of an effective discharge plan.



**CONCLUSION** In spite of the short length of hospitalization in the acute care setting, occupational therapy practitioners play an integral role in starting the rehabilitation process. Occupational therapy has a unique focus on addressing deficits and barriers that limit the patient's ability to perform activities that they need or want to do related to independence in self-care, home management, work-related tasks, and participating in leisure and community pursuits. Occupational therapy practitioners make recommendations for services that are appropriately provided at various points along a continuum of care to achieve the desired outcomes.

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