

## Occupational Therapy's Role in Acute Care

Acute care is an inpatient hospital setting for individuals with a critical 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. Research provides strong support for 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.



### A Holistic View of Recovery

The unique perspective of occupational therapy focuses on a holistic view, where many factors can influence the success of each person's 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). Knowledge of normal human development, from neonate through geriatrics, allows occupational therapy practitioners to contribute a broad range of clinical skills to acute/critical care services, including 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 performance-based goals (AOTA, 2008). This begins with identifying activities that the client needs and/or wants to do, and the abilities and barriers to participating in those activities.
- Analysis of pre-hospitalization roles and the patient's likelihood of resuming them. Factors such as discharge destination, the potential need for adaptive equipment or modifications for safety and driving, and/or community mobility needs are addressed.

### How Occupational Therapy Complements Specialty Services in Acute Care

#### *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, Neurology, and Orthopedics*

- Provide training in self-care activities (e.g., bathing, dressing) with adaptive or durable medical equipment and/or compensatory techniques if needed.
- Use neuromuscular re-education, trunk stabilization, and balance activities to improve clients' ability to move in and out of bed and maintain an upright posture necessary to perform self-care and home management activities.
- 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.
- 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.

- Train patients in postsurgical orthopedic protocols, including appropriate weight bearing and/or postsurgical precautions during activities of daily living (ADLs).
- Develop home programs and instruct patients, family members, and caregivers in how to use the programs to continue rehabilitation after discharge.
- Fabricate or provide assistive devices and protective orthoses and splints, and train patients in their use, to promote healing and maximize independence.
- Where applicable, teach specific techniques for functional mobility (e.g., safe car transfers).

#### *Psychiatry/Behavioral Health*

- 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 or 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 ADLs and skills such as home and money management.

#### *Pediatrics*

- Evaluate sensorimotor, cognitive, and adaptive skills, and facilitate developmental milestones.
- Collaborate with and train families to reinforce therapeutic skill acquisition.
- Develop and implement an intervention plan, based on the child's needs, to participate in various occupations and environments (e.g., school, home, playground), including socializing with other children.

Occupational therapy practitioners collaborate closely with other health care team professionals such as case managers, nurses, physical therapists, speech-language pathologists, and physicians to create 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, which assists the patient's successful transition to the home, community, or next level of care. Because functional performance is strongly linked to the patient's environment, 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 practitioners make recommendations for services that are appropriately provided at various points along a continuum of care to achieve the desired performance and participation outcomes in daily activities.

## References

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Occupational therapy enables people of all ages live life to its fullest by helping them to promote health, make lifestyle or environmental changes, and prevent—or live better with—injury, illness, or disability. By looking at the whole picture—a client's psychological, physical, emotional, and social make-up—occupational therapy assists people to achieve their goals, function at the highest possible level, maintain or rebuild their independence, and participate in the everyday activities of life.

