

# Evidence-Based Practice Resources

## Work and Industry

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Since the inception of the profession, occupational therapists and occupational therapy assistants have provided services in the area of work and industry. Many occupational therapy practitioners work with adults dealing with an employment-related injury or clinical condition, as well as with individuals following an injury or illness (e.g., stroke, traumatic brain injury) that may impact their ability to participate in work and work-related activities.<sup>1</sup> Likewise, occupational therapy services are provided to employers on injury management and prevention, and to industry personnel on adaptation of work activities and equipment, and environmental modifications. The American Occupational Therapy Association's (AOTA's) Centennial Vision provides a clear path for occupational therapy practitioners working with adults in the area of work by emphasizing excellence in service that is informed by evidence. AOTA has developed many evidence-based resources that are useful for strengthening evidence-based practice (EBP). In addition to these resources from AOTA, there are several valuable evidence-based resources available on the AOTA EBP Resource Directory.

AOTA has published a number of practice guidelines that use information from systematic reviews, expert opinions, and key concepts from the *Occupational Therapy Practice Framework: Domain and Process, 2nd Edition*.<sup>2</sup> One of these guidelines of relevance to those working in the area of work and industry is *Occupational Therapy Practice Guidelines for Individuals With Work-Related Injuries and Illnesses*.<sup>3</sup> Other practice guideline topics that may

be of interest for the working-age population are occupational therapy for adults with neurodegenerative disorders,<sup>4</sup> stroke,<sup>5</sup> and traumatic brain injury.<sup>6</sup> The research findings included in the practice guidelines are based on systematic reviews that incorporate evidence on interventions within the scope of occupational therapy practice.

Additional evidence-based resources are available to members in the Evidence-Based Practice & Research section of AOTA's Web site. This information can be accessed through the Practitioners or Educators-Researchers tab on the home page. Various formats for summarizing the evidence relevant to work and industry include Critically Appraised Topics (CATs—summaries of a group of articles included in a systematic review) on Workers' Compensation, Mental Health, and Traumatic Brain Injury; Critically Appraised Papers (CAPs—summaries and critical appraisal of individual articles included in a systematic review) on Traumatic Brain Injury; and Evidence Briefs (summaries of individual articles) on Chronic Pain, Multiple Sclerosis, Parkinson's Disease, Substance Use Disorder, Traumatic Brain Injury, and Stroke.

The EBP Resource Directory includes many Web sites and resources specifically targeting the practice area of work and industry. The subcategory of Work and Industry EBP Resources in the Selected EBP Resources section would be of particular interest. The Institute for Work and Health (IWH) (<http://www1.aota.org/ebp/index.aspx?RSID=1150>) is a Canadian, independent, nonprofit organization that studies the prevention of work-related

injury, illness, and disability. The research section of the Web site has systematic reviews developed by the IWH and a database of more than 500 references written by IWH scientists. A recent addition to the systematic reviews is on the effectiveness of training and education to protect workers.

The Web site of the National Institute for Occupational Safety and Health (<http://www1.aota.org/ebp/index.aspx?RSID=1193>), a section of the Centers for Disease Control and Prevention, has many resources on workplace issues. Citations for evidence-based articles can be found in categories such as falls from elevation, carpal tunnel syndrome, musculoskeletal disorders, and traumatic occupational injuries.

Regardless of the setting in which you work, the resources included on AOTA's Web site provide a one-stop shopping source of useful and valuable information to inform, guide, and foster the provision of occupational therapy services from an evidence-based perspective. Accessing the information and determining how to incorporate the findings, along with your clinical expertise, provides a challenge that should be embraced by all practitioners within the area of work and industry. ■

### References

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## LETTER

### GRANT WRITING TIPS

I read with great interest the article in the March 22, 2010, issue, "Grant Writing." I have been conducting rehabilitation research for 35 years and was one of the earliest occupational therapists to be hired to work specifically on a federally funded grant. The article by Drs. Reynolds and Lane is very timely. However, I believe that two issues need more emphasis. The first is to find a mentor who is engaged in an area of research that is of interest to you. This mentor should have a track record in funded research and the time and resources to work with someone new to research. The second issue that I would like to address does not seem to be mentioned in the article. It is the idea that someone new to research should read a number of research proposals, preferably in the areas of interest, that have been successful in funding and implementation.

One other suggestion is to include private companies/vendors in the list of granting agencies. Outstanding objective research can be conducted even if funded by companies that have a commercial connection to the topic of the research. —*Susan L. Garber, MA, OTR, FAOTA, FACRM, Professor, Department of Physical Medicine and Rehabilitation, Baylor College of Medicine, Houston, Texas*

## PRACTICE PERKS

# Telerehabilitation

Jeanette Justice

**Q** I live and work in a rural area with very few occupational therapy practitioners. Clients in need of occupational therapy services must travel many miles to reach outpatient clinics located in more urban areas; this travel can be both costly and time restrictive. Can occupational therapy practitioners provide services from a distant location to ensure that these individuals can receive needed interventions?

**A** Occupational therapy services provided through the use of telerehabilitation are gaining popularity, particularly when used in rural and underserved geographical areas. The American Occupational Therapy Association is currently revising the *Telerehabilitation Position Paper*,<sup>1</sup> which provides an overview of this practice method and the role that it can play in enabling occupational therapy interventions.

Telerehabilitation lies within the realm of TeleHealth and is the application of communication technology for supporting rehabilitation services. Telerehabilitation allows for two-way or multipoint interactive telecommunication, such as video conferencing, and can also be used as remote monitoring, virtual reality, and remote feedback and cueing.

Through telerehabilitation, occupational therapy services can be provided at a distance, in natural environments where people live, work, and play; treatment goals are the same as they would be in a face-to-face session. Examples of interventions that can be successfully conducted via telerehabilitation include activities of daily living training, instrumental activities of daily living training, training in the use of adaptive equipment, and monitoring the use of splints and physical agent modalities.

As telerehabilitation has become more popular, many interdisciplinary disciplinary articles have been published that describe the processes and expected outcomes. The growth of this

method of service delivery will necessitate the development of guidelines and health care policy for appropriate clinical uses, cost, reimbursement, and legal and ethical ramifications. Occupational therapy practitioners using telerehabilitation must be well versed in the regulations of the Health Insurance Portability and Accountability Act (HIPAA)<sup>2</sup> for security and confidentiality in addition to state licensure regulations.

Practitioners should have a working knowledge of the technology that they are using and have technical support personnel available. The AOTA official document *Specialized Knowledge and Skills in Technology and Environmental Interventions for Occupational Therapy Practice*<sup>3</sup> can assist practitioners in understanding their role and the skill sets necessary to use this approach appropriately and successfully. Despite the fact that formal education is not mandated in order to use telerehabilitation in practice, practitioners should use evidence, mentoring, and continuing education to enhance their competency to provide best practice interventions. In addition, practitioners should be aware that not all third-party payers will cover telerehabilitation at this time; insurers should be contacted prior to service provision. ■

### References

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