

AOTA Occupational Profile Outpatient Pediatric Example

“The occupational profile is a summary of a client’s (person’s, group’s, or population’s) occupational history and experiences, patterns of daily living, interests, values, needs, and relevant contexts” (AOTA, 2020, p. 21). The information is obtained from the client’s perspective through both formal and informal interview techniques and conversation.

The information obtained through the occupational profile contributes to a client-focused approach in the evaluation, intervention planning, intervention implementation, and discharge planning stages. Each item below should be addressed to complete the occupational profile. Page numbers are provided to reference the description in the *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; AOTA, 2020).

OCCUPATIONAL PROFILE		
Client Report	<p>Reason the client is seeking service and concerns related to engagement in occupations (p. 16)</p>	<p>Why is the client seeking services, and what are the client’s current concerns relative to engaging in occupations and in daily life activities? (This may include the client’s general health status.)</p> <p>The 9-year-old client and family are seeking services secondary to concerns over gross and fine motor coordination, and difficulty with self-regulation. The client’s mom reports, “He’s clumsy and it seems like he doesn’t know how to control his body. He cannot tie his shoes, and in the morning, he just wants to rush through everything because he gets too excited and distracted.” The client often loses focus while completing routine tasks and during meal times.</p> <p>The client reports he is able to focus on high energy video games that maintain his attention, but feels it is difficult to play sports with friends where there is increased stimulus from the environment and other players.</p>
	<p>Occupations in which the client is successful and barriers impacting success (p. 16)</p>	<p>In what occupations does the client feel successful, and what barriers are affecting their success in desired occupations?</p> <p>Success: Playing video games, playing with his little brother, playing with his dog</p> <p>Barriers: Client reports he has difficulty calming himself when he gets excited and reports frequently running into things or dropping them. He feels it negatively impacts his ability to play with friends and complete self-care tasks</p>
	<p>Occupational history (p. 16)</p>	<p>What is the client’s occupational history (i.e., life experiences)?</p> <p>The client lives in a multi-generational home with his maternal grandmother, parents, and younger brother. He has been attending elementary school and will start the third grade in a few months. He currently attends school in a hybrid format. He is a member of Boy Scouts that now meets virtually over Zoom.</p> <p>The client also receives sixty minutes of occupational therapy services at school to address performance related to activities needed for learning and participation in the educational environment.</p>
	<p>Personal interests and values (p. 16)</p>	<p>What are the client’s values and interests?</p> <p>Interests: Pokémon, cars, playing with friends, video games, his dog</p> <p>Values: The family values spending time together, and participating in Boy Scouts</p>

Contexts		What aspects of their contexts (environmental and personal factors) does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement?	
	Environment (p. 36) (e.g., natural environment and human-made changes, products and technology, support and relationships, attitudes, services, systems and policies, etc.)	Supporting Engagement <ul style="list-style-type: none"> • Supportive family and homelife • Access to the internet and other technologies to continue occupational and role participation • Parents utilize verbal warnings and a picture chart for routine changes and expectations in the morning to mitigate emotional outburst and facilitate concentration on self-care routines. 	Inhibiting Engagement <ul style="list-style-type: none"> • Financial concerns regarding cost of some interventions • Prevalence of technology requiring fine motor skills to engage in social communication • Busy environment in the morning with increased stimulation resulting in decreased attention needed for tying shoes and competing morning routines of self-care and breakfast.
	Personal (p. 40) (e.g., age, sexual orientation, gender identity, race and ethnicity, cultural identification, social background, upbringing, psychological assets, education, lifestyle, etc.)	Supporting Engagement <ul style="list-style-type: none"> • Young age • Educational access • Supportive family that is involved in care and client's success 	Inhibiting Engagement <ul style="list-style-type: none"> • Multiple family members contributing to patient care resulting in varying structure at home • Difficulty self-regulating emotions when overwhelmed
Performance Patterns	Performance patterns (p. 41) (e.g., habits, routines, roles, rituals)	What are the client's patterns of engagement in occupations, and how have they changed over time? What are the client's daily life roles? (Patterns can support or hinder occupational performance.) Roles: The client most identifies with the friend, student, and sibling roles. Routines: Routines were significantly disrupted due to transition from home schooling to in-person schooling. While routines have normalized with time, meal and dressing routines are a challenge due to decreased time in morning and evening to complete ADLs and eat.	
Client Factors		What client factors does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement (e.g., pain, active symptoms)?	
	Values, beliefs, spirituality (p. 51)	Supporting Engagement <ul style="list-style-type: none"> • The client has a strong desire and motivation to participate in activities. 	Inhibiting Engagement <ul style="list-style-type: none"> • The client is starting to internalize negative beliefs in relation to being able to tie his shoes and complete morning and evening routines. • He is frustrated by his distractibility and difficulty focusing on the task at hand such as eating, dressing himself, or playing a sport.
	Body functions (p. 51) (e.g., mental, sensory, neuromusculoskeletal and movement-related, cardiovascular functions, etc.)	Supporting Engagement <ul style="list-style-type: none"> • No comorbidities or secondary diagnoses 	Inhibiting Engagement Per parental report: <ul style="list-style-type: none"> • Mental Body Functions: Distracted, timing and pacing • Sensory: Per family report, client appears sensitive to loud noises and his movement • Movement: Decreased proprioception resulting impaired coordination, fine and gross motor control

	Body structures (p. 54) (e.g., structures of the nervous system, eyes and ears, related to movement, etc.)	Supporting Engagement <ul style="list-style-type: none"> Structures related to voice and speech – the client can communicate his needs and desires Structures related to the eyes and ears – no corrective lenses or hearing difficulties 	Inhibiting Engagement <ul style="list-style-type: none"> None identified

Client Goals	Client's priorities and desired targeted outcomes (p. 65)	What are the client's priorities and desired targeted outcomes related to the items below?
		Occupational Performance: Client would like to be able to improve his focus to complete tasks such as tying his shoes and playing sports
		Prevention: Continue strategic use of warnings and picture charts to reduce outburst and improve the client's attention to steps in a task.
		Health and Wellness: Improve participation in sports to promote physical activity and healthy lifestyle and to use it as a healthy outlet for energy.
		Quality of Life: Improve self-efficacy and participation in self-care and social activities.
		Participation: Improve participation in daily routines such as dressing and shoe tying without frustration or outburst, increase participation in social activities such as sports through improved emotional regulation and proprioception.
		Role Competence Increase perceived competence in the friend role to participate in age-related games and activities.
		Well-Being: Address negative beliefs surrounding inability to engage in sports with friends or tie his shoes and promote healthy coping strategies for challenging tasks
		Occupational Justice: Identify budget-friendly interventions that can be completed at home without instilling financial burden on family.

For a complete description of each component and examples of each, refer to the *Occupational Therapy Practice Framework: Domain and Process, 4th Edition*.

Resources

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74 (Suppl. 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>.

American Occupational Therapy Association. (2021). Improve your documentation and quality of care with AOTA's updated occupational profile template. *American Journal of Occupational Therapy*, 75 (Suppl. 2), 7502420010. doi: <https://doi.org/10.5014/ajot.2021.752001>

The occupational therapy evaluation and re-evaluation CPT® codes established in 2017 require the inclusion of an occupational profile. For more information visit <https://www.aota.org/practice/practice-essentials/coding>.