

Occupational Therapy's Role in Bariatric Care

Bariatrics is the branch of medicine that addresses the causes, prevention, and treatment of obesity. Approximately one third or 78.6 million U.S. adults are classified as obese (Centers for Disease Control and Prevention, 2014). Obesity can lead to serious health risks, such as cardiovascular disease, diabetes, musculoskeletal disorders, and cancer. Obesity also contributes to psychosocial and societal problems, resulting in job absenteeism, less education, fewer housing and work opportunities, restricted access to health care, and reduced social participation due to a societal stigma (American Occupational Therapy Association [AOTA], 2013). Individuals with obesity face limitations in their ability to perform daily activities, especially if they have other medical complications or comorbidities.

Some health care settings use a multidisciplinary team approach to bariatric intervention. Team members may include bariatric physicians, advanced practice nurses, dietitians, social workers, case managers, pharmacists, physical therapists, and occupational therapists and occupational therapy assistants. Occupational therapy practitioners have a unique role on these teams as they are equipped with skills to address patients' functional limitations and environmental barriers, as opposed to the historical emphasis on remediating medical deficits.



The Role of Occupational Therapy in Bariatrics

Occupational therapy practitioners can help individuals with obesity change their lifestyle, engage in meaningful activities, and manage their weight (AOTA, 2013). Practitioners focus on health promotion, disease prevention, remediation, adaptation, and maintenance (AOTA, 2013). Occupational therapy practitioners can provide services to individuals receiving specialized bariatric care, or to individuals with other medical conditions who have obesity as a secondary diagnosis, to enhance their functional abilities in the following areas.

- Activities of daily living (ADLs) such as bathing, dressing, and toileting, with particular attention to areas requiring sufficient reach and flexibility (e.g., washing and drying the buttocks, back, and feet).
- Activity tolerance, by grading functional tasks to progressively increase physical endurance.
- Safe household and community mobility, including transferring in and out of a car, using public transportation if relevant, maneuvering safely in limited spaces, using mobility devices (e.g., electric scooter, walker, or wheelchair), and adapting vehicles (e.g., seat belt extender) (Forhan & Gill, 2013).
- Energy conservation and work simplification to facilitate performance of daily activities at home, work, and/or in the community, particularly when respiratory insufficiency is a co-morbid condition (AOTA, 2013).
- Instruction in body mechanics for the client and/or caregiver to maintain safety for both during physical activities and transfers.
- Monitoring and maintaining skin integrity to maintain optimal health and prevent wounds, especially when co-morbid conditions are present.
- Providing strategies, including adaptive equipment and methods to facilitate performance of instrumental ADLs (IADLs) such as cleaning, doing laundry, cooking, and caring for children.
- Home modifications to promote activity participation, improved environmental access, and safety (e.g., recommend DME appropriate for the client's weight and size; have appropriate seating choices) (AOTA, 2013).

- Routines related to planning for healthier choices, food selection and shopping, meal preparation, mealtimes, and daily health management tasks.
- Relaxation and sleep routines or positioning to increase comfort and facilitate restorative sleep periods.
- Wellness groups for individuals and their families, facilitating health promotion through lifestyle change and engaging in supportive interpersonal relationships.
- Education and coping strategies for how to effectively manage pain, stress, and anxiety during daily activities, especially in social contexts.
- Addressing sexual health including sexual expression, communication, positioning, and intimacy.
- Community participation, including identifying businesses and social gatherings that the individual feels comfortable accessing, in order to increase or maintain social and leisure activities.
- Task and environmental modifications to increase activity demands and energy expenditure safely and appropriately for improved weight management or to maintain participation in valued and meaningful roles and occupations at the individual's current weight, during all household, leisure, educational, work, and community activities.

Where Are Occupational Therapy Services Provided?

Occupational therapy practitioners may provide bariatric intervention throughout the continuum of care in hospitals, rehabilitation facilities, outpatient clinics, community centers, and home health environments. They may also provide services in specialty bariatric clinics or centers. They support the National Institutes of Health recommendation that staff respect all individuals, an issue especially important for the bariatric population, as social stigma and weight bias can negatively affect the health care experience of patients who are obese.

Conclusion

Occupational therapy practitioners bring a functional perspective to bariatric intervention, an area of practice that has historically emphasized the client's medical deficiencies. Occupational therapy practitioners are trained to address occupational issues affected by obesity through interventions supporting health promotion and disease prevention, in addition to established roles in ADLs and IADLs (AOTA, 2013). Through education, customized intervention, and adaptive strategies, practitioners can use occupation as a tool for promoting healthy habits, routines, and overall lifestyles for clients who are obese. The focus on occupational performance that is meaningful to individual clients, as well as the knowledge of the psychosocial impact of obesity on all aspects of daily life, are critical elements in the delivery of occupational therapy services that benefit this population.

References

- American Occupational Therapy Association. (2013). Obesity and occupational therapy position paper. *American Journal of Occupational Therapy*, 67, S39–S46. doi:10.5014/ajot.2013.67S39
- Centers for Disease Control and Prevention. (2014). Adult obesity facts. Retrieved from <http://www.cdc.gov/obesity/data/adult.html>
- Forhan, M. & Gill, S. V. (2013). Obesity, functional mobility, and quality of life. *Best Practice & Research Clinical Endocrinology & Metabolism*, 27, 129–137.

Revised by Melissa Allen, OTR/L, and the Physical Disabilities Special Interest Section Standing Committee for the American Occupational Therapy Association. Copyright © 2015 by the American Occupational Therapy Association. This material may be copied and distributed for personal or educational uses without written consent. For all other uses, contact copyright@aota.org.

Living Life To Its Fullest[®]

O C C U P A T I O N A L T H E R A P Y

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.

