Occupational Therapy Practice Framework: Domain and Process

Contents

When citing this document the preferred reference is:

American Occupational Therapy Association. (2002). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy, 56*, 609–639.

Occupational therapy is an evolving profession. Over the years, the study of human occupation and its components has enlightened the profession about the core concepts and constructs that guide occupational therapy practice. In addition, occupational therapy's role and contributions to society have continued to evolve. The *Occupational Therapy Practice Framework: Domain and Process* (also referred to in this document as the Framework) is the next evolution in a series of documents that have been developed over the past several decades to outline language and constructs that describe the profession's focus.

The Framework was developed in response to current practice needs—the need to more clearly affirm and articulate occupational therapy's unique focus on occupation and daily life activities and the application of an intervention process that facilitates engagement in occupation to support participation in life. The impetus for the development of the Framework was the review process to update and revise the *Uniform Terminology for Occupational Therapy—Third Edition* (UT-III) (American Occupational Therapy Association [AOTA], 1994). The background for the development of the Framework is provided in a section at the end of this document. As practice continues to evolve, the field should consider the continued need for the *Occupational Therapy Practice Framework: Domain and Process* and should evaluate and modify its format as appropriate.

The intended purpose of the Framework is twofold: (a) to describe the domain that centers and grounds the profession's focus and actions and (b) to outline the process of occupational therapy evaluation and intervention that is dynamic and linked to the profession's focus on and use of occupation. The domain and process are necessarily interdependent, with the domain defining the area of human activity to which the process is applied.

This document is directed to both internal and external audiences. The internal professional audience—occupational therapists and occupational therapy assistants—can use the Framework to examine their current practice and to consider new applications in emerging practice areas. Occupational therapy educators may find the Framework helpful in teaching students about a process delivery model that is client centered and facilitates engagement in occupation to support participation in life. As occupational therapists and occupational therapy assistants move into new and expanded service arenas, the descriptions and terminology provided in the Framework can assist them in communicating the profession's unique focus on occupation and daily life activities to external audiences. External audiences can use the Framework to understand occupational therapy's emphasis on supporting function and performance in daily life activities and the many factors that influence performance (e.g., performance skills, performance patterns, context, activity demands, client factors) that are addressed during the intervention process. The

description of the process will assist external audiences in understanding how occupational therapists and occupational therapy assistants apply their knowledge and skills in helping people attain and resume daily life activities that support function and health.

The *Occupational Therapy Practice Framework: Domain and Process* begins with an explanation of the profession's domain. Each aspect of the domain is fully described. An introduction to the occupational therapy process follows with key statements that highlight important points. Each section of the process is then specifically described. Numerous resource materials, including an appendix, a glossary, references, a bibliography, and the background of the development of the Framework are supplied at the end of the document.

Domain

The Domain of Occupational Therapy

"A profession's domain of concern consists of those areas of human experience in which practitioners of the profession offer assistance to others" (Mosey, 1981, p. 51). Occupational therapists and occupational therapy assistants focus on assisting people to engage in daily life activities that they find meaningful and purposeful. Occupational therapy's domain stems from the profession's interest in human beings' ability to engage in everyday life activities. The broad term that occupational therapists and assistants use to capture the breadth and meaning of "everyday life activity" is *occupation*. Occupation, as used in this document, is defined in the following way:

> [A]ctivities…of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves, including looking after themselves…enjoying life…and contributing to the social and economic fabric of their communities…. (Law, Polatajko, Baptiste, & Townsend, 1997, p. 32)

Occupational therapists' and occupational therapy assistants' expertise lies in their knowledge of occupation and how engaging in occupations can be used to affect human performance and the effects of disease and disability. When working with clients, occupational therapists and occupational therapy assistants direct their effort toward helping clients perform. Performance changes are directed to support engagement in meaningful occupations that subsequently affect health, well-being, and life satisfaction.

The profession views occupation as both means and end. The process of providing occupational therapy intervention may involve the therapeutic use of occupation as a "means" or method of changing performance. The "end" of the occupational therapy intervention process occurs with the client's improved engagement in meaningful occupation.

Both terms, *occupation* and *activity*, are used by occupational therapists and occupational therapy assistants to describe participation in daily life pursuits. Occupations are generally viewed as activities having unique meaning and purpose in a person's life. Occupations are central to a person's identity and competence, and they influence how one spends time and makes decisions. The term *activity* describes a general class of human actions that is goal directed (Pierce, 2001). A person may participate in activities to achieve a goal, but these activities do not assume a place of central importance or meaning for the person. For example, many people participate in the activity of gardening, but not all of those individuals would describe gardening as an "occupation" that has central importance and meaning for them. Those who see gardening as an activity may report that gardening is a chore or task that must be done as part of home and yard maintenance but not one that they particularly enjoy doing or from which they derive significant personal satisfaction or fulfillment. Those who experience gardening as an occupation would see themselves as "gardeners," gaining part of their identity from their participation. They would achieve a sense of competence by their accomplishments in gardening and would report a sense of satisfaction and fulfillment as a result of engaging in this occupation. Occupational therapists and occupational therapy assistants value both occupation and activity and recognize their importance and influence on health and well-being. They believe that the two terms are closely related yet recognize that each term has a distinct meaning and that individuals experience each differently. In this document the two terms are often used together to acknowledge their relatedness yet recognize their different meanings.

The domain of occupational therapy frames the arena in which occupational therapy evaluations and interventions occur. To make the domain more understandable to readers and easier to visualize, the content of the domain has been illustrated in Figure 1. At the top of the page is the overarching statement—Engagement in Occupation to Support Participation in Context or Contexts. This statement describes the domain in its broadest sense. The other terms outlined in the figure identify the various aspects of the domain that occupational therapists and occupational therapy assistants attend to during the process of providing services. The three terms at the bottom of the figure (*context, activity demands,* and *client factors*) identify areas that influence performance skills and patterns. The two terms in the middle of the figure (*performance skills* and *performance patterns*) are used to describe the observed performance that

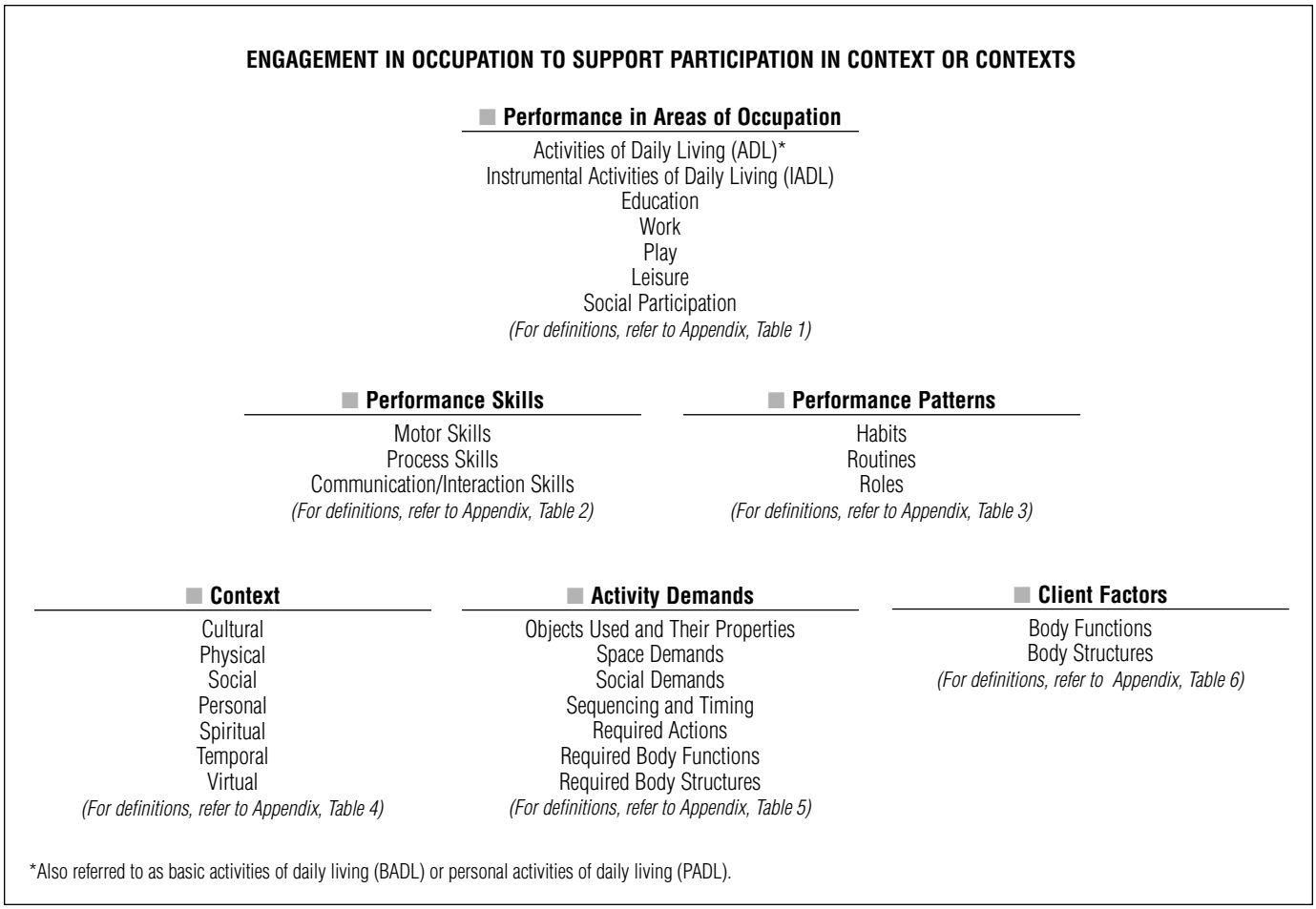

Figure 1. Domain of Occupational Therapy. This figure represents the domain of occupational therapy and is included to allow readers to visualize the entire domain with all of its various aspects. No aspect is intended to be perceived as more important than another.

the individual carries out when engaging in a range of occupations. No one aspect outlined in the domain figure is considered more important than another. Occupational therapists are trained to assess all aspects and to apply that knowledge to an intervention process that leads to engagement in occupations to support participation in context or contexts. Occupational therapy assistants participate in this process under the supervision of an occupational therapist. The discussion that follows provides a brief explanation of each term in the figure. Tables included in the appendix provide full lists and definitions of terms.

Engagement in Occupation to Support Participation in Context

Engagement in occupation to support participation in context is the focus and targeted end objective of occupational therapy intervention. Engagement in occupation is seen as naturally supporting and leading to participation in context.

When individuals engage in occupations, they are committed to performance as a result of self-choice, motivation, and meaning. The term expresses the profession's belief in the importance of valuing and considering the individual's desires, choices, and needs during the evaluation and intervention process. Engagement in occupation includes both the subjective (emotional or psychological) aspects of performance and the objective (physically observable) aspects of performance. Occupational therapists and occupational therapy assistants understand engagement from this dual and holistic perspective and address all the aspects of performance (physical, cognitive, psychosocial, and contextual) when providing interventions designed to support engagement in occupations and in daily life activities.

Occupational therapists and occupational therapy assistants recognize that health is supported and maintained when individuals are able to engage in occupations and in activities that allow desired or needed participation in home, school, workplace, and community life situations. Occupational therapists and occupational therapy assistants assist individuals to link their ability to perform daily life activities with meaningful patterns of engagement in occupations that allow participation in desired roles and life situations in home, school, workplace, and community. The World Health Organization (WHO), in its effort to broad-

en the understanding of the effects of disease and disability on health, has recognized that health can be affected by the inability to carry out activities and participate in life situations as well as by problems that exist with body structures and functions (WHO, 2001). Occupational therapy's focus on engagement in occupations to support participation complements WHO's perspective.

Occupational therapists and occupational therapy assistants recognize that engagement in occupation occurs in a variety of contexts (cultural, physical, social, personal, temporal, spiritual, virtual). They also recognize that the individual's experience and performance cannot be understood or addressed without understanding the many contexts in which occupations and daily life activities occur.

Performance in Areas of Occupation

Occupational therapists and occupational therapy assistants direct their expertise to the broad range of human occupations and activities that make up peoples' lives. When occupational therapists and assistants work with an individual, a group, or a population to promote engagement in occupations and in daily life activities, they take into account all of the many types of occupations in which any individual, group, or population might engage. These human activities are sorted into categories called "areas of occupation"—activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation (see Appendix, Table 1). Occupational therapists and occupational therapy assistants under the supervision of an occupational therapist use their expertise to address performance issues in any or all areas that are affecting the person's ability to engage in occupations and in activities. Addressing performance issues in areas of occupation requires knowledge of what performance skills are needed and what performance patterns are used.

Performance Skills

Skills are small units of performance. They are features of what one does (e.g., bends, chooses, gazes), versus underlying capacities or body functions (e.g., joint mobility, motivation, visual acuity). "Skills are observable elements of action that have implicit functional purposes" (Fisher & Kielhofner, 1995, p. 113). For example, when observing a person writing out a check, you would notice skills of gripping and manipulating objects and initiating and sequencing the steps of the activity to complete the writing of the check.

Execution of a performance skill occurs when the performer, the context, and the demands of the activity come together in the performance of the activity. Each of these factors influences the execution of a skill and may support or hinder actual skill execution.

When occupational therapists and occupational therapy assistants, who have established competency under the supervision of occupational therapists, analyze performance, they specifically identify the skills that are effective or ineffective during performance. They use skilled observations and selected assessments to evaluate the following skills:

- Motor skills—observed as the client moves and interacts with task objects and environments. Aspects of motor skill include posture, mobility, coordination, strength and effort, and energy. Examples of specific motor performance skills include stabilizing the body, bending, and manipulating objects.
- Process skills—observed as the client manages and modifies actions while completing a task. Aspects of process skill include energy, knowledge, temporal organization, organizing space and objects, and adaptation. Examples of specific process performance skills include maintaining attention to a task, choosing appropriate tools and materials for the task, logically organizing workspace, or accommodating the method of task completion in response to a problem.
- Communication/Interaction skills—observed as the client conveys his or her intentions and needs and coordinates social behavior to act together with people. Aspects of communication/interaction skills include physicality, information exchange, and relations. Examples of specific communication/interaction performance skills include gesturing to indicate intention, asking for information, expressing affect, or relating in a manner to establish rapport with others.

Skilled performance (i.e., effective execution of performance skills) depends on client factors (body functions, body structures), activity demands, and the context. However, the presence of underlying client factors (body functions and structures) does not inherently ensure the effective execution of performance skills. (See Appendix, Table 2, for complete list of performance skills)

Performance Patterns

Performance patterns refer to habits, routines, and roles that are adopted by an individual as he or she carries out occupations or daily life activities. Habits refer to specific, automatic behaviors, whereas routines are established sequences of occupations or activities that provide a structure for daily life. Roles are "a set of behaviors that have some socially agreed upon function and for which there is an accepted code of norms" (Christiansen & Baum, 1997, p. 603).

Performance patterns develop over time and are influenced by context (See Appendix, Table 3).

Context

Context refers to a variety of interrelated conditions within and surrounding the client that influence performance. These contexts can be cultural, physical, social, personal, spiritual, temporal, and virtual. Some contexts are external to the client (e.g., physical context, social context, virtual context); some are internal to the client (e.g., personal, spiritual); and some may have external features, with beliefs and values that have been internalized (e.g., cultural). Contexts may include time dimensions (e.g., within a temporal context, the time of day; within a personal context, one's age) and space dimensions (e.g., within a physical context, the size of room in which activity occurs). When the occupational therapist and occupational therapy assistant are attempting to understand performance skills and patterns, they consider the specific contexts that surround the performance of a particular occupation or activity. In this process, the therapist and assistant consider all the relevant contexts, keeping in mind that some of them may not be influencing the particular skills and patterns being addressed. (See Appendix, Table 4, for a description of the different kinds of contexts that occupational therapists and occupational therapy assistants consider.)

Activity Demands

The demands of the activity in which a person engages will affect skill and eventual success of performance. Occupational therapists and occupational therapy assistants apply their analysis skills to determine the demands that an activity will place on any performer and how those demands will influence skill execution. (See Appendix, Table 5, for complete list of activity demands.)

Client Factors

Performance can be influenced by factors that reside within the client. Occupational therapists and occupational therapy assistants are knowledgeable about the variety of physical, cognitive, and psychosocial client factors that influence development and performance and how illness, disease, and disability affect these factors. The occupational therapist and occupational therapy assistant recognize that client factors influence the ability to engage in occupations and that engagement in occupations can also influence client factors. They apply their understanding of this interaction and use it throughout the intervention process.

Client factors include the following:

- Body functions—"physiological function of body systems (including psychological functions)" (WHO, 2001, p. 10). (See Appendix, Table 6, for complete list.) The occupational therapist and occupational therapy assistant under the supervision of an occupational therapist use knowledge about body functions to evaluate selected client body functions that may be affecting his or her ability to engage in desired occupations or activities.
- Body structures—"anatomical parts of the body such as organs, limbs, and their components" (WHO, 2001, p. 10). (See Appendix, Table 6.) Occupational therapists and occupational therapy assistants under the supervision of an occupational therapist apply their knowledge about body structures to determine which body structures are needed to carry out an occupation or activity.

The categorization of client factors outlined in Table 6 is based on the *International Classification of Functioning, Disability and Health* proposed by the WHO (2001). The classification was selected because it has received wide exposure and presents a common language that is understood by external audiences. The categories include all those areas that occupational therapists and assistants address and consider during evaluation and intervention.

Process

The Process of Occupational Therapy: Evaluation, Intervention, and Outcome

Many professions use the process of evaluating, intervening, and targeting intervention outcomes that is outlined in the Framework. However occupational therapy's focus on occupation throughout the process makes the profession's application and use of the process unique. The process of occupational therapy service delivery begins by evaluating the client's occupational needs, problems, and concerns. Understanding the client as an occupational human being for whom access and participation in meaningful and productive activities is central to health and well-being is a perspective that is unique to occupational therapy. Problems and concerns that are addressed in evaluation and intervention are also framed uniquely from an occupational perspective, are based on occupational therapy theories, and are defined as problems or risks in occupational performance. During intervention, the focus remains on occupation, and efforts are directed toward fostering improved engagement in occupations. A variety of therapeutic activities, including engagement in actual occupations and in daily life activities, are used in intervention.

Framework Process Organization

The *Occupational Therapy Practice Framework* process is organized into three broad sections that describe the process of service delivery. A brief overview of the process as it is applied within the profession's domain is outlined in Figure 2.

Figure 3 schematically illustrates how these sections are related to one another and how they revolve around the col-

Evaluation

Occupational profile—The initial step in the evaluation process that provides an understanding of the client's occupational history and experiences, patterns of daily living, interests, values, and needs. The client's problems and concerns about performing occupations and daily life activities are identified, and the client's priorities are determined.

Analysis of occupational performance—The step in the evaluation process during which the client's assets, problems, or potential problems are more specifically identified. Actual performance is often observed in context to identify what supports performance and what hinders performance. Performance skills, performance patterns, context or contexts, activity demands, and client factors are all considered, but only selected aspects may be specifically assessed. Targeted outcomes are identified.

Intervention

Intervention plan—A plan that will guide actions taken and that is developed in collaboration with the client. It is based on selected theories, frames of reference, and evidence. Outcomes to be targeted are confirmed.

Intervention implementation—Ongoing actions taken to influence and support improved client performance. Interventions are directed at identified outcomes. Client's response is monitored and documented.

Intervention review—A review of the implementation plan and process as well as its progress toward targeted outcomes.

Outcomes (Engagement in Occupation To Support Participation)

Outcomes—Determination of success in reaching desired targeted outcomes. Outcome assessment information is used to plan future actions with the client and to evaluate the service program (i.e., program evaluation).

Figure 2. Framework Process of Service Delivery as Applied Within the Profession's Domain.

laborative therapeutic relationship between the client and the occupational therapist and occupational therapy assistant.

To help the reader understand the process, key statements highlight important points about the process outlined below.

The process outlined is dynamic and interactive in nature. Although the parts of the Framework are described in a linear manner, in reality, the process does not occur in a sequenced, step-by-step fashion. The arrows in Figure 3 that connect the boxes indicate the interactive and nonlinear nature of the process. The process, however, does always start with the occupational profile. An understanding of the client's concerns, problems, and risks is the cornerstone of the process. The factors that influence occupational performance (performance skills, performance patterns, context or contexts, activity demands, client factors) continually interact with one another. Because of their dynamic interaction, these factors are frequently evaluated simultaneously throughout the process as their influence on performance is observed.

Context is an overarching, underlying, embedded influence on the process of service delivery. Contexts exist around and within the person. They influence both the client's performance and the process of delivering services. The external context (e.g., the physical setting, social and virtual contexts) provide resources that support or inhibit the client's performance (e.g., presence of a willing caregiver) as well as the delivery of services (e.g., limits placed on length of intervention in an inpatient hospital setting). Different settings (i.e., community, institution, home) provide different supports and resources for service delivery. The client's internal context (personal and spiritual contexts) affects service delivery by influencing personal beliefs, perceptions, and expectations. The cultural context, which exists outside of the person but is internalized by the person, also sets expectations, beliefs, and customs that can affect how and when services may be delivered. Note that in Figure 3, context is depicted as surrounding and underlying the process.

The term *client* is used to name the entity that receives occupational therapy services. Clients may be

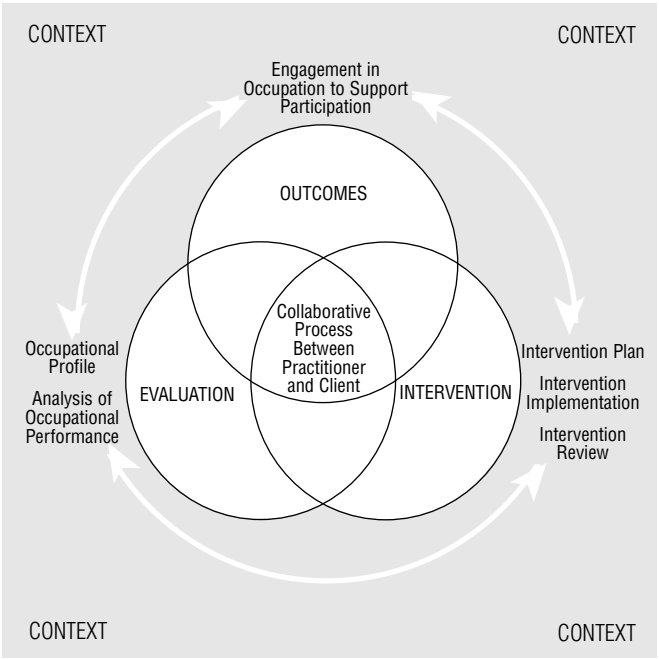

Figure 3. Framework Collaborative Process Model. Illustration of the framework emphasizing client–practitioner interactive relationship and interactive nature of the service delivery process.

categorized as (a) individuals, including individuals who may be involved in supporting or caring for the client (i.e., caregiver, teacher, parent, employer, spouse); (b) individuals within the context of a group (i.e., a family, a class); or (c) individuals within the context of a population (i.e., an organization, a community). The definition of *client* is consistent with *The Guide to Occupational Therapy Practice* (Moyers, 1999) and is indicative of the profession's growing understanding that people may be served not only as individuals, but also as members of a group or a population. The actual term used for individuals who are served will vary by practice setting. For example, in a hospital, the person might be referred to as a "patient," whereas in a school, he or she might be called a "student." Clients may be served as individuals, groups, or populations. Although the most common form of service delivery within the profession now involves a direct individual client to service provider model, more and more occupational therapists and occupational therapy assistants are beginning to serve clients at the group and population level (i.e., organization, community). When providing interventions other than in a one-to-one model, the occupational therapist and occupational therapist assistant are seen as agents who help others to support client engagement in occupations rather than as those who personally provide that support. Often, they use education and consultation as interventions. When occupational therapists and occupational therapy assistants are collaborating with clients to provide services at the group or population level, an important point to recognize is that although interventions may be directed to a group or population (i.e., organization, community), the individuals within those entities are the ones who are being evaluated and served. The wants, needs, occupational risks or problems, and performance patterns and skills of individuals within the group or population (i.e., organization, community) are evaluated as an aggregate, and information is compiled to determine group or population occupational issues and solutions.

A client-centered approach is used throughout the Framework. The Framework incorporates the value of client-centered evaluation and intervention by recognizing from the outset that all interventions must be focused on client priorities. The very nature of engagement in occupation—which is internally motivated, is individually defined, and requires active participation by the client—means that the client must be an active participant in the process. Clients identify what occupations and activities are important to them and determine the degree of engagement in each occupation. However, in some circumstances the client's ability to provide a description of the perceived or desired occupations or activity may be limited because of either the nature of the client's problems (e.g., autism, dementia) or the stage of development (e.g., infants). When this occurs, the occupational therapist and occupational therapy assistant must then take a broader view of the client and seek input from others such as family or significant others who would have knowledge and insight into the client's desires. By involving the family or significant others, the occupational therapist and assistant can better understand the client's history, developmental stage, and current contexts. Inclusion of others in these circumstances allows the client to be represented in intervention planning and implementation.

The entire process of service delivery begins with a collaborative relationship with the client. The collaborative relationship continues throughout the process and affects all phases of the process. The central importance of this collaboration is noted in Figure 3.

The Framework is based on the belief that the occupational therapist, occupational therapy assistant, and the client bring unique resources to the Framework process. Occupational therapists and occupational therapy assistants bring knowledge about how engagement in occupation affects health and performance. They also bring knowledge about disease and disability and couple this information with their clinical reasoning and theoretical perspectives to critically observe, analyze, describe, and interpret human performance. Therapists and assistants combine their knowledge and skills to modify the factors that influence engagement in occupation to improve and support performance. Clients bring knowledge about their life experiences and their hopes and dreams for the future. Clients share their priorities, which are based on what is important to them, and collaborate with the therapist and assistant in directing the intervention process to those priorities.

"Engagement in occupation" is viewed as the overarching outcome of the occupational therapy process. The Framework emphasizes occupational therapy's unique contribution to health by identifying "engagement in occupation to support participation" as the end objective of the occupational therapy process. The profession recognizes that in some areas of practice (e.g., acute rehabilitation, hand therapy) occupational therapy intervention may focus primarily on performance skills or on client factors (i.e., body functions, body structures) that will enable engagement in occupations later in the continuum of care.

Evaluation Process

The evaluation process sets the stage for all that follows. Because occupational therapy is concerned with performance in daily life and how performance affects engage-

ment in occupations to support participation, the evaluation process is focused on finding out what the client wants and needs to do and on identifying those factors that act as supports or barriers to performance. During the evaluation process, this information is paired with the occupational therapist's knowledge about human performance and the effect that illness, disability, and engagement in occupation have on performance. The occupational therapist considers performance skills, performance patterns, context, activity demands, and client factors and determines how each influences performance. The occupational therapist's skilled observation, use of specific assessments, and interpretation of results leads to a clear delineation of the problems and probable causes. The occupational therapy assistant may contribute to the evaluation process based on established competencies and under the supervision of an occupational therapist.

During the evaluation, a collaborative relationship with the client is established that continues throughout the entire occupational therapy process. The evaluation process is divided into two substeps, the first of which is the occupational profile—the initial step during which the client's needs, problems, and concerns about occupations and daily life activity performance are identified and priorities and values ascertained. The client's background and history in reference to engagement in occupations and in activities are also explored. The second substep of the evaluation process, analysis of occupational performance, focuses on more specifically identifying occupational performance issues and evaluating selected factors that support and hinder performance. Although each subsection is described separately and sequentially, in actuality, information pertinent to both subsections may be gathered during either one. The client's input is central in this process, and the client's priorities guide choices and decisions made during the process of evaluation.

Occupational Profile

An occupational profile is defined as information that describes the client's occupational history and experiences, patterns of daily living, interests, values, and needs. The profile is designed to gain an understanding of the client's perspective and background. Using a client-centered approach, information is gathered to understand what is currently important and meaningful to the client (what he or she wants and needs to do) and to identify past experiences and interests that may assist in the understanding of current issues and problems. During the process of collecting this information, the client's priorities and desired targeted outcomes that will lead to engagement in occupation to support participation in life are also identified. Only clients can identify the occupations that give meaning to their lives and select the goals and priorities that are important to them. Valuing and respecting the client's input helps to foster client involvement and can more efficiently guide interventions.

Information about the occupational profile is collected at the beginning of contact with the client. However, additional information is collected over time throughout the process, refined, and reflected in changes subsequently made to targeted outcomes.

Process. The theories and frames of reference that the occupational therapist selects to guide his or her reasoning will influence the information that is collected during the occupational profile. Scientific knowledge and evidence about diagnostic conditions and occupational performance problems is used to guide information gathering.

The process of completing the occupational profile will vary depending on the setting and the client. The information gathered in the profile may be obtained both formally and informally and may be completed in one session or over a much longer period while working with the client. Obtaining information through both formal interview and casual conversation is a way of beginning to establish a therapeutic relationship with the client. Ideally, the information obtained through the occupational profile will lead to a more individualized approach in the evaluation, intervention planning, and intervention implementation stages.

Specifically, the following information is collected:

- Who is the client (individual, caregiver, group, population)?
- Why is the client seeking service, and what are the client's current concerns relative to engaging in occupations and in daily life activities?
- What areas of occupation are successful, and what areas are causing problems or risks? (see Figure 1)
- What contexts support engagement in desired occupations, and what contexts are inhibiting engagement?
- What is the client's occupational history (i.e., life experiences, values, interests, previous patterns of engagement in occupations and in daily life activities, the meanings associated with them)?
- What are the client's priorities and desired targeted outcomes (see Appendix, Table 9)?
  - Occupational performance
  - Client satisfaction
  - Role competence
  - Adaptation
  - Health and wellness
  - Prevention
  - Quality of life

After profile data are collected, the therapist reviews the information and develops a working hypothesis regarding possible reasons for identified problems and concerns and identifies the client's strengths and weaknesses. Outcome measures are preliminarily selected.

Analysis of Occupational Performance

Occupational performance is defined as the ability to carry out activities of daily life, including activities in the areas of occupation: activities of daily living (ADL) [also called basic activities of daily living (BADL) and personal activities of daily living (PADL)], instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Occupational performance results in the accomplishment of the selected occupation or activity and occurs through a dynamic transaction among the client, the context, and the activity. Improving or developing skills and patterns in occupational performance leads to engagement in one or more occupations (adapted in part from Law et al., 1996, p. 16).

When occupational performance is analyzed, the performance skills and patterns used in performance are identified, and other aspects of engaging in occupation that affect skills and patterns (e.g., client factors, activity demands, context or contexts) are evaluated. The analysis process identifies facilitators as well as barriers in various aspects of engagement in occupations and in daily life activities. Analyzing occupational performance requires an understanding of the complex and dynamic interaction among performance skills, performance patterns, context or contexts, activity demands, and client factors rather than of any one factor alone.

The information gathered during the occupational profile about the client's needs, problems, and priorities guides decisions during the analysis of occupational performance. The profile information directs the therapist's selection of the specific occupations or activities that need to be further analyzed and influences the selection of specific assessments that are used during the analysis process.

Process. Using available evidence and all aspects of clinical reasoning (scientific, narrative, pragmatic, ethical), the therapist selects one or more frames of reference to guide further collection of evaluation information. The following actions are taken:

- Synthesize information from the occupational profile to focus on specific areas of occupation and their contexts that need to be addressed.
- Observe the client's performance in desired occupations and activities, noting effectiveness of the performance skills and performance patterns. May select and use specific assessments to measure performance skills and patterns as appropriate.
- Select assessments, as needed, to identify and measure more specifically context or contexts, activity demands, and client factors that may be influencing performance skills and performance patterns.
- Interpret the assessment data to identify what supports performance and what hinders performance.
- Develop and refine hypotheses about the client's occupational performance strengths and weaknesses.
- Create goals in collaboration with the client that address the desired targeted outcomes. Confirm outcome measure to be used.
- Delineate potential intervention approach or approaches based on best practice and evidence.

Intervention Process

The intervention process is divided into three substeps: intervention plan, intervention implementation, and intervention review. During the intervention process, information from the evaluation step is integrated with theory, frames of reference, and evidence and is coupled with clinical reasoning to develop a plan and carry it out. The plan guides the actions of the occupational therapist and occupational therapy assistant and is based on the client's priorities. Interventions are carried out to address performance skills, patterns, context or contexts, activity demands, and client factors that are hindering performance. Periodic reviews throughout the process allow for revisions in the plan and actions. Again, collaboration with the client is vital in this section of the process to ensure effectiveness and success. All interventions are ultimately directed toward achieving the overarching outcome of engagement in occupation to support participation.

Intervention Plan

An intervention plan is defined as a plan that is developed based on the results of the evaluation process and describes selected occupational therapy approaches and types of interventions to reach the client's identified targeted outcomes. An intervention plan is developed collaboratively with the client (including, in some cases, family or significant others) and is based on the client's goals and priorities.

The design of the intervention plan is directed by

- the client's goals, values, and beliefs;
- the health and well-being of the client;
- the client's performance skills and performance patterns, as they are influenced by the interaction among the context or contexts, activity demands, and client factors; and
- the setting or circumstance in which the intervention is provided (e.g., caregiver expectations, organization's purpose, payer's requirements, or applicable regulations).

Interventions are designed to foster engagement in occupations and in activities to support participation in life. The selection and design of the intervention plan and goals are directed toward addressing the client's current and potential problems related to engagement in occupations or in activities.

Process. Intervention planning includes the following steps:

1. Develop the plan. The occupational therapist develops the plan. The occupational therapy assistant, based on established competencies and under the supervision of the occupational therapist, may contribute to the plan's development. The plan includes the following:
   - Objective and measurable goals with a timeframe
   - Occupational therapy intervention approach or approaches based on theory and evidence (see Appendix, Table 7).
     – Create or promote
     – Establish or restore
     – Maintain
     – Modify
     – Prevent
   - Mechanisms for service delivery
     – Who will provide intervention
     – Types of interventions
     – Frequency and duration of service
2. Consider potential discharge needs and plans.
3. Select outcome measures.
4. Make recommendation or referral to others as needed.

Intervention Implementation

Intervention is the process of putting the plan into action. Intervention implementation is defined as the skilled process of effecting change in the client's occupational performance, leading to engagement in occupations or in activities to support participation. Intervention implementation is a collaborative process between the client and the occupational therapist and assistant.

Interventions may be focused on changing the context or contexts, activity demands, client factors, performance skills, or performance patterns. Occupational therapists and occupational therapy assistants recognize that change in one factor may influence other factors. All factors that affect performance are interrelated and influence one another in a continuous dynamic process that results in performance in desired areas of occupation. Because of this dynamic interrelationship, dynamic assessment continues throughout the implementation process.

Process. Intervention implementation includes the following steps:

1. Determine and carry out the type of occupational therapy intervention or interventions to be used (see Appendix, Table 8).
   - Therapeutic use of self
   - Therapeutic use of occupations or activities
     – Occupation-based activity
     – Purposeful activity
     – Preparatory methods
   - Consultation process
   - Education process
2. Monitor client's response to interventions based on ongoing assessment and reassessment.

Intervention Review

Intervention review is defined as a continuous process for reevaluating and reviewing the intervention plan, the effectiveness of its delivery, and the progress toward targeted outcomes. This process includes collaboration with the client (including, in some cases, family, significant others, and other service providers). Reevaluation and review may lead to change in the intervention plan. The intervention review process may be carried out differently in a variety of settings.

Process. The intervention review includes the following steps:

1. Reevaluate the plan and how it is carried out with the client relative to achieving targeted outcomes.
2. Modify the plan as needed.
3. Determine the need for continuation, discontinuation, or referral.

Outcomes Process

Outcomes are defined as important dimensions of health that are attributed to interventions, including ability to function, health perceptions, and satisfaction with care (adapted from Request for Planning Ideas, 2001). The important dimension of health that occupational therapists and occupational therapy assistants target as the profession's overarching outcome is "engagement in occupation to support participation." The two concepts included in this outcome are defined as follows:

- Engagement in occupation—The commitment made to performance in occupations or activities as the result of self-choice, motivation, and meaning, and includes the objective and subjective aspects of carrying out occupations and activities that are meaningful and purposeful to the person.
- Participation—"involvement in a life situation" (WHO, 2001, p. 10).

Engagement in occupation to support participation is the broad outcome of intervention that is designed to foster performance in desired and needed occupations or activities. When clients are actively involved in carrying out occupa-

tions or daily life activities that they find purposeful and meaningful in home and community settings, participation is a natural outcome. Less broad and more specific outcomes of occupational therapy intervention (see Appendix, Table 9) are multidimensional and support the end result of engagement in occupation to support participation.

In targeting engagement in occupation to support participation as the broad, overarching outcome of the occupational therapy intervention process, the profession underscores its belief that health and well-being are holistic and that they are developed and maintained through active engagement in occupation.

The focus on outcomes is interwoven throughout the process of service delivery within occupational therapy. During the evaluation phase of the process, the client's initial targeted outcomes regarding desired engagement in occupation or daily life activities are identified. As further analysis of occupational performance and development of the treatment plan take place, targeted outcomes are further refined. During intervention implementation and reevaluation, targeted outcomes may be modified based on changing needs, contexts, and performance abilities. Outcomes have numerous definitions and connotations for different clients, payers, regulators, and organizations. The specific outcomes chosen will vary by practice setting and will be influenced by the particular stakeholders in each setting.

Process. Implementation of the outcomes process includes the following steps:

1. Select types of outcomes and measures, including, but not limited to occupational performance, client satisfaction, adaptation, role competence, health and wellness, prevention, and quality of life.
   - Selection of outcome measures occurs early in the intervention process (see Evaluation Process, Occupational Profile section).
   - Outcome measures that are selected are valid, reliable, and appropriately sensitive to change in the client's occupational performance, and they match the targeted outcomes.
   - Selection of an outcome measure or instrument for a particular client should be congruent with client goals.
   - Selection of an outcome measure should entail considering its actual or purported ability to predict future outcomes.
2. Measure and use outcomes.
   - Compare progress toward goal achievement to targeted outcomes throughout the intervention process.
   - Assess outcome results and use to make decisions about future direction of intervention (i.e., continue intervention, modify intervention, discontinue intervention, provide follow-up, refer to other services).

An Overview of the Occupational Therapy Practice Process

Table 10 in the Appendix summarizes the process that occurs during occupational therapy service delivery. The arrow placed between the Occupational Profile and Analysis of Occupational Performance evaluation substeps indicates the interactions between these two. However, a similar interaction occurs among all of the steps and substeps. The process is not linear but, instead, is fluid and dynamic, allowing the occupational therapist and occupational therapy assistant to operate with an ongoing focus on outcomes while continually reflecting and changing an overall plan to accommodate new developments and insights along the way.

Acknowledgments

The Commission on Practice (COP) would like to thank and acknowledge all those who participated in the review and comment process associated with the development of the *Occupational Therapy Practice Framework: Domain and Process.* The COP has found this process invaluable and enriching. Everyone's input has been carefully reviewed and considered. Often, small comments repeated by many can lead to significant discussion and change. The COP hopes that all those who contributed to this process will continue to do so for future documents and will encourage others to participate. The profession is richer for this process.

The COP would like to thank the following individuals for their significant contributions to the direction and final content of this document: Carolyn Baum, PhD, OTR, FAOTA; Elizabeth Crepeau, PhD, OTR, FAOTA; Patricia A. Crist, PhD, FAOTA; Winifred Dunn, PhD, OTR, FAOTA; Anne G. Fisher, PhD, OTR, FAOTA; Gail S. Fidler, OTR, FAOTA; Mary Foto, OT, FAOTA; Nedra Gillette, SCD (HON), MEd, OTR, FAOTA; Jim Hinojosa, PhD, OT, FAOTA; Margo B. Holm, PhD, OTR, FAOTA; Gary Kielhofner, DRPH, OTR/L, FAOTA; Paula Kramer, PhD, OTR, FAOTA; Mary Law, PhD, OT(C); Linda T. Learnard, OTR/L; Anne Mosey, PhD, OTR, FAOTA; Penelope A. Moyers, EDd, OTR, FAOTA; David Nelson, PhD, OTR, FAOTA; Marta Pelczarski, OTR; Kathlyn L. Reed, PhD, OTR, FAOTA; Barbara Schell, PhD, OTR/L, FAOTA; Janette Schkade, PhD, OTR; Wendy Schoen; Carol Siebert, MS, OTR/L; V. Judith Thomas, MGA; Linda Kohlman Thomson, MOT, OT, OT(C), FAOTA; Amy L. Walsh, OTR/L; Wendy Wood, PhD, OTR, FAOTA; Boston University OT Students mentored by Karen Jacobs, EDd, OTR/L, CPE, FAOTA; and the University of Kansas Occupational Therapy Education Faculty.

Appendix

TABLE 1. AREAS OF OCCUPATION

Various kinds of life activities in which people engage, including ADL, IADL, education, work, play, leisure, and social participation.

ACTIVITIES OF DAILY LIVING (ADL)

Activities that are oriented toward taking care of one's own body (adapted from Rogers & Holm, 1994, pp. 181–202)—also called basic activities of daily living (BADL) or personal activities of daily living (PADL).

- **Bathing, showering**—Obtaining and using supplies; soaping, rinsing, and drying body parts; maintaining bathing position; and transferring to and from bathing positions.
- **Bowel and bladder management**— Includes complete intentional control of bowel movements and urinary bladder and, if necessary, use of equipment or agents for bladder control (Uniform Data System for Medical Rehabilitation [UDSMR], 1996, pp. III–20, III–24).
- **Dressing**—Selecting clothing and accessories appropriate to time of day, weather, and occasion; obtaining clothing from storage area; dressing and undressing in a sequential fashion; fastening and adjusting clothing and shoes; and applying and removing personal devices, prostheses, or orthoses.
- **Eating**—"The ability to keep and manipulate food/fluid in the mouth and swallow it (O'Sullivan, 1995, p. 191)" (AOTA, 2000, p. 629).
- **Feeding**—"The process of [setting up, arranging, and] bringing food [fluids] from the plate or cup to the mouth (O'Sullivan, 1995, p. 191)" (AOTA, 2000, p. 629).
- **Functional mobility**—Moving from one position or place to another (during performance of everyday activities), such as in-bed mobility, wheelchair mobility, transfers (wheelchair, bed, car, tub, toilet, tub/shower, chair, floor). Performing functional ambulation and transporting objects.
- **Personal device care**—Using, cleaning, and maintaining personal care items, such as hearing aids, contact lenses, glasses, orthotics, prosthetics, adaptive equipment, and contraceptive and sexual devices.
- **Personal hygiene and grooming**—Obtaining and using supplies; removing body hair (use of razors, tweezers, lotions, etc.); applying and removing cosmetics; washing, drying, combing, styling, brushing, and trimming hair; caring for nails (hands and feet); caring for skin, ears, eyes, and nose; applying deodorant; cleaning mouth; brushing and flossing teeth; or removing, cleaning, and reinserting dental orthotics and prosthetics.
- **Sexual activity**—Engagement in activities that result in sexual satisfaction.
- **Sleep/rest**—A period of inactivity in which one may or may not suspend consciousness.
- **Toilet hygiene**—Obtaining and using supplies; clothing management; maintaining toileting position; transferring to and from toileting position; cleaning body; and caring for menstrual and continence needs (including catheters, colostomies, and suppository management).

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

Activities that are oriented toward interacting with the environment and that are often complex—generally optional in nature (i.e., may be delegated to another) (adapted from Rogers & Holm, 1994, pp. 181–202).

- **Care of others (including selecting and supervising caregivers)**—Arranging, supervising, or providing the care for others.
- **Care of pets**—Arranging, supervising, or providing the care for pets and service animals.
- **Child rearing**—Providing the care and supervision to support the developmental needs of a child.
- **Communication device use**—Using equipment or systems such as writing equipment, telephones, typewriters, computers, communication boards, call lights, emergency systems, braille writers, telecommunication devices for the deaf, and augmentative communication systems to send and receive information.
- **Community mobility**—Moving self in the community and using public or private transportation, such as driving, or accessing buses, taxi cabs, or other public transportation systems.
- **Financial management**—Using fiscal resources, including alternate methods of financial transaction and planning and using finances with long-term and short-term goals.
- **Health management and maintenance**—Developing, managing, and maintaining routines for health and wellness promotion, such as physical fitness, nutrition, decreasing health risk behaviors, and medication routines.
- **Home establishment and management**—Obtaining and maintaining personal and household possessions and environment (e.g., home, yard, garden, appliances, vehicles), including maintaining and repairing personal possessions (clothing and household items) and knowing how to seek help or whom to contact.
- **Meal preparation and cleanup**—Planning, preparing, serving well-balanced, nutritional meals and cleaning up food and utensils after meals.
- **Safety procedures and emergency responses**—Knowing and performing preventive procedures to maintain a safe environment as well as recognizing sudden, unexpected hazardous situations and initiating emergency action to reduce the threat to health and safety.
- **Shopping**—Preparing shopping lists (grocery and other); selecting and purchasing items; selecting method of payment; and completing money transactions.

EDUCATION

Includes activities needed for being a student and participating in a learning environment.

- **Formal educational participation**—Including the categories of academic (e.g., math, reading, working on a degree), nonacademic (e.g., recess, lunchroom, hallway), extracurricular (e.g., sports, band, cheerleading, dances), and vocational (prevocational and vocational) participation.
- **Exploration of informal personal educational needs or interests (beyond formal education)**—Identifying topics and methods for obtaining topic-related information or skills.
- **Informal personal education participation**—Participating in classes, programs, and activities that provide instruction/training in identified areas of interest.

WORK

Includes activities needed for engaging in remunerative employment or volunteer activities (Mosey, 1996, p. 341).

- **Employment interests and pursuits**—Identifying and selecting work opportunities based on personal assets, limitations, likes, and dislikes relative to work (adapted from Mosey, 1996, p. 342).
- **Employment seeking and acquisition**—Identifying job opportunities, completing and submitting appropriate application materials, preparing for interviews, participating in interviews and following up afterward, discussing job benefits, and finalizing negotiations.
- **Job performance**—Including work habits, for example, attendance, punctuality, appropriate relationships with coworkers and supervisors, completion of assigned work, and compliance with the norms of the work setting (adapted from Mosey, 1996, p. 342).
- **Retirement preparation and adjustment**—Determining aptitudes, developing interests and skills, and selecting appropriate avocational pursuits.

(Continued)

TABLE 1. AREAS OF OCCUPATION

(Continued)

- **Volunteer exploration**—Determining community causes, organizations, or opportunities for unpaid "work" in relationship to personal skills, interests, location, and time available.
- **Volunteer participation**—Performing unpaid "work" activities for the benefit of identified selected causes, organizations, or facilities.

PLAY

"Any spontaneous or organized activity that provides enjoyment, entertainment, amusement, or diversion" (Parham & Fazio, 1997, p. 252).

- **Play exploration**—Identifying appropriate play activities, which can include exploration play, practice play, pretend play, games with rules, constructive play, and symbolic play (adapted from Bergen, 1988, pp. 64–65).
- **Play participation**—Participating in play; maintaining a balance of play with other areas of occupation; and obtaining, using, and maintaining, toys, equipment, and supplies appropriately.

LEISURE

"A nonobligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or sleep" (Parham & Fazio, 1997, p. 250).

- **Leisure exploration**—Identifying interests, skills, opportunities, and appropriate leisure activities.
- **Leisure participation**—Planning and participating in appropriate leisure activities; maintaining a balance of leisure activities with other areas of occupation; and obtaining, using, and maintaining equipment and supplies as appropriate.

SOCIAL PARTICIPATION

Activities associated with organized patterns of behavior that are characteristic and expected of an individual or an individual interacting with others within a given social system (adapted from Mosey, 1996, p. 340).

- **Community**—Activities that result in successful interaction at the community level (i.e., neighborhood, organizations, work, school).
- **Family**—"[Activities that result in] successful interaction in specific required and/or desired familial roles" (Mosey, 1996, p. 340).
- **Peer, friend**—Activities at different levels of intimacy, including engaging in desired sexual activity.

Note. Some of the terms used in this table are from, or adapted from, the rescinded *Uniform Terminology for Occupational Therapy—Third Edition* (AOTA, 1994, pp. 1047–1054).

TABLE 2. PERFORMANCE SKILLS

Features of what one does, not what one has, related to observable elements of action that have implicit functional purposes (adapted from Fisher & Kielhofner, 1995, p. 113).

MOTOR SKILLS—skills in moving and interacting with task, objects, and environment (A. Fisher, personal communication, July 9, 2001).

- **Posture**—Relates to the stabilizing and aligning of one's body while moving in relation to task objects with which one must deal.

  Stabilizes—Maintains trunk control and balance while interacting with task objects such that there is no evidence of transient (i.e., quickly passing) propping or loss of balance that affects task performance.

  Aligns—Maintains an upright sitting or standing position, without evidence of a need to persistently prop during the task performance.

  Positions—Positions body, arms, or wheelchair in relation to task objects and in a manner that promotes the use of efficient arm movements during task performance.

- **Mobility**—Relates to moving the entire body or a body part in space as necessary when interacting with task objects.

  Walks—Ambulates on level surfaces and changes direction while walking without shuffling the feet, lurching, instability, or using external supports or assistive devices (e.g., cane, walker, wheelchair) during the task performance.

  Reaches—Extends, moves the arm (and when appropriate, the trunk) to effectively grasp or place task objects that are out of reach, including skillfully using a reacher to obtain task objects.

  Bends—Actively flexes, rotates, or twists the trunk in a manner and direction appropriate to the task.

- **Coordination**—Relates to using more than one body part to interact with task objects in a manner that supports task performance.

  Coordinates—Uses two or more body parts together to stabilize and manipulate task objects during bilateral motor tasks.

  Manipulates—Uses dexterous grasp-and-release patterns, isolated finger movements, and coordinated in-hand manipulation patterns when interacting with task objects.

  Flows—Uses smooth and fluid arm and hand movements when interacting with task objects.

- **Strength and effort**—Pertains to skills that require generation of muscle force appropriate for effective interaction with task objects.

  Moves—Pushes, pulls, or drags task objects along a supporting surface.

  Transports—Carries task objects from one place to another while walking, seated in a wheelchair, or using a walker.

  Lifts—Raises or hoists task objects, including lifting an object from one place to another, but without ambulating or moving from one place to another.

  Calibrates—Regulates or grades the force, speed, and extent of movement when interacting with task objects (e.g., not too much or too little).

  Grips—Pinches or grasps task objects with no "grip slips."

- **Energy**—Refers to sustained effort over the course of task performance.

  Endures—Persists and completes the task without obvious evidence of physical fatigue, pausing to rest, or stopping to "catch one's breath."

  Paces—Maintains a consistent and effective rate or tempo of performance throughout the steps of the entire task.

PROCESS SKILLS—"Skills…used in managing and modifying actions en route to the completion of daily life tasks" (Fisher & Kielhofner, 1995, p. 120).

- **Energy**—Refers to sustained effort over the course of task performance.

  Paces—Maintains a consistent and effective rate or tempo of performance throughout the steps of the entire task.

(Continued)

TABLE 2. PERFORMANCE SKILLS

(Continued)

Attends—Maintains focused attention throughout the task such that the client is not distracted away from the task by extraneous auditory or visual stimuli.

- **Knowledge**—Refers to the ability to seek and use task-related knowledge.

Chooses—Selects appropriate and necessary tools and materials for the task, including choosing the tools and materials that were specified for use prior to the initiation of the task.

Uses—Uses tools and materials according to their intended purposes and in a reasonable or hygienic fashion, given their intrinsic properties and the availability (or lack of availability) of other objects.

Handles—Supports, stabilizes, and holds tools and materials in an appropriate manner that protects them from damage, falling, or dropping.

Heeds—Uses goal-directed task actions that are focused toward the completion of the specified task (i.e., the outcome originally agreed on or specified by another) without behavior that is driven or guided by environmental cues (i.e., "environmentally cued" behavior).

Inquires—(a) Seeks needed verbal or written information by asking questions or reading directions or labels or (b) asks no unnecessary information questions (e.g., questions related to where materials are located or how a familiar task is performed).

- **Temporal organization**—Pertains to the beginning, logical ordering, continuation, and completion of the steps and action sequences of a task.

Initiates—Starts or begins the next action or step without hesitation.

Continues—Performs actions or action sequences of steps without unnecessary interruption such that once an action sequence is initiated, the individual continues on until the step is completed.

Sequences—Performs steps in an effective or logical order for efficient use of time and energy and with an absence of (a) randomness in the ordering and/or (b) inappropriate repetition ("reordering") of steps.

Terminates—Brings to completion single actions or single steps without perseveration, inappropriate persistence, or premature cessation.

- **Organizing space and objects**—Pertains to skills for organizing task spaces and task objects.

Searches/locates—Looks for and locates tools and materials in a logical manner, including looking beyond the immediate environment (e.g., looking in, behind, on top of).

Gathers—Collects together needed or misplaced tools and materials, including (a) collecting located supplies into the workspace and (b) collecting and replacing materials that have spilled, fallen, or been misplaced.

Accommodates to other people's reactions and requests.

Note. The Motor and Process Skills sections of this table were compiled from the following sources: Fisher (2001), Fisher and Kielhofner (1995)—updated by Fisher (2001). The Communication/Interaction Skills section of this table was compiled from the following sources: Forsyth and Kielhofner (1999), Forsyth, Salamy, Simon, and Kielhofner (1997), and Kielhofner (2002).

TABLE 3. PERFORMANCE PATTERNS

Patterns of behavior related to daily life activities that are habitual or routine.

■ **HABITS**—"Automatic behavior that is integrated into more complex patterns that enable people to function on a day-to-day basis" (Neistadt & Crepeau, 1998, p. 869). Habits can either support or interfere with performance in areas of occupation.

Type of Habit	*Examples*
• Useful habits	
Habits that support performance in daily life and contribute to life satisfaction.	– Always put car keys in the same place so they can be found easily.
Habits that support ability to follow rhythms of daily life.	– Brush teeth every morning to maintain good oral hygiene.
• Impoverished habits	
Habits that are not established.	– Inconsistently remembering to look both ways before crossing the street.
Habits that need practice to improve.	– Inability to complete all steps of a self-care routine.
• Dominating habits	
Habits that are so demanding they interfere with daily life.	– Repetitive self-stimulation such as type occurring in autism. – Use of chemical substances, resulting in addiction.
Habits that satisfy a compulsive need for order.	– Neatly arranging forks on top of each other in silverware drawer.

■ **ROUTINES**—"Occupations with established sequences" (Christiansen & Baum, 1997, p. 6).

■ **ROLES**—"A set of behaviors that have some socially agreed upon function and for which there is an accepted code of norms" (Christiansen & Baum, 1997, p. 603).

Note. Information for Habits section of this table adapted from Dunn (2000, Fall).

TABLE 4. CONTEXT OR CONTEXTS

Context (including cultural, physical, social, personal, spiritual, temporal, and virtual) refers to a variety of interrelated conditions within and surrounding the client that influence performance.

Context	*Definition*	*Example*
Cultural	Customs, beliefs, activity patterns, behavior standards, and expectations accepted by the society of which the individual is a member. Includes political aspects, such as laws that affect access to resources and affirm personal rights. Also includes opportunities for education, employment, and economic support.	• Ethnicity, family, attitude, beliefs, values
Physical	Nonhuman aspects of contexts. Includes the accessibility to and performance within environments having natural terrain, plants, animals, buildings, furniture, objects, tools, or devices.	• Objects, built environment, natural environment, geographic terrain, sensory qualities of environment
Social	Availability and expectations of significant individuals, such as spouse, friends, and caregivers. Also includes larger social groups that are influential in establishing norms, role expectations, and social routines.	• Relationships with individuals, groups, or organizations; relationships with systems (political, economic, institutional)
Personal	"[F]eatures of the individual that are not part of a health condition or health status" (WHO, 2001, p. 17). Personal context includes age, gender, socioeconomic status, and educational status.	• Twenty-five-year-old unemployed man with a high school diploma
Spiritual	The fundamental orientation of a person's life; that which inspires and motivates that individual.	• Essence of the person, greater or higher purpose, meaning, substance
Temporal	"Location of occupational performance in time" (Neistadt & Crepeau, 1998, p. 292).	• Stages of life, time of day, time of year, duration
Virtual	Environment in which communication occurs by means of airways or computers and an absence of physical contact.	• Realistic simulation of an environment, chat rooms, radio transmissions

Note. Some of the definitions for areas of context or contexts are from the rescinded *Uniform Terminology for Occupational Therapy—Third Edition* (AOTA, 1994).

TABLE 5. ACTIVITY DEMANDS

The aspects of an activity, which include the objects, space, social demands, sequencing or timing, required actions, and required underlying body functions and body structure needed to carry out the activity.

Activity Demand Aspects	*Definition*	*Examples*
Objects and their properties	The tools, materials, and equipment used in the process of carrying out the activity	• Tools (scissors, dishes, shoes, volleyball) • Materials (paints, milk, lipstick) • Equipment (workbench, stove, basketball hoop) • Inherent properties (heavy, rough, sharp, colorful, loud, bitter tasting)
Space demands (relates to physical context)	The physical environmental requirements of the activity (e.g., size, arrangement, surface, lighting, temperature, noise, humidity, ventilation)	• Large open space outdoors required for a baseball game
Social demands (relates to social and cultural contexts)	The social structure and demands that may be required by the activity	• Rules of game • Expectations of other participants in activity (e.g., sharing of supplies)
Sequence and timing	The process used to carry out the activity (specific steps, sequence, timing requirements)	• Steps—to make tea: gather cup and tea bag, heat water, pour water into cup, etc. • Sequence—heat water before placing tea bag in water • Timing—leave tea bag to steep for 2 minutes
Required actions	The usual skills that would be required by any performer to carry out the activity. Motor, process, and communication interaction skills should each be considered. The performance skills demanded by an activity will be correlated with the demands of the other activity aspects (i.e., objects, space)	• Gripping handlebar • Choosing a dress from closet • Answering a question
Required body functions	"The physiological functions of body systems (including psychological functions)" (WHO, 2001, p. 10) that are required to support the actions used to perform the activity.	• Mobility of joints • Level of consciousness
Required body structures	"Anatomical parts of the body such as organs, limbs, and their components [that support body function]" (WHO, 2001, p. 10) that are required to perform the activity.	• Number of hands • Number of eyes

TABLE 6. CLIENT FACTORS

Those factors that reside within the client and that may affect performance in areas of occupation. Client factors include body functions and body structures. Knowledge about body functions and structures is considered when determining which functions and structures are needed to carry out an occupation/activity and how the body functions and structures may be changed as a result of engaging in an occupation/activity. Body functions are "the physiological functions of body systems (including psychological functions)" (WHO, 2001, p. 10). Body structures are "anatomical parts of the body such as organs, limbs and their components [that support body function]" (WHO, 2001, p. 10).

Client Factor	*Selected Classifications From ICF and Occupational Therapy Examples*
BODY FUNCTION CATEGORIES[a]	
Mental functions (affective, cognitive, perceptual)	
• Global mental functions	*Consciousness functions*—level of arousal, level of consciousness.
	Orientation functions—to person, place, time, self, and others.
	Sleep—amount and quality of sleep. *Note:* Sleep and sleep patterns are assessed in relation to how they affect ability to effectively engage in occupations and in daily life activities.
	Temperament and personality functions—conscientiousness, emotional stability, openness to experience. *Note:* These functions are assessed relative to their influence on the ability to engage in occupations and in daily life activities.
	Energy and drive functions—motivation, impulse control, interests, values.
• Specific mental functions	*Attention functions*—sustained attention, divided attention.
	Memory functions—retrospective memory, prospective memory.
	Perceptual functions—visuospatial perception, interpretation of sensory stimuli (tactile, visual, auditory, olfactory, gustatory).
	Thought functions—recognition, categorization, generalization, awareness of reality, logical/coherent thought, appropriate thought content.

(Continued)

TABLE 6. CLIENT FACTORS

(Continued)

Client Factor	*Selected Classifications From ICF and Occupational Therapy Examples*
	Higher-level cognitive functions—judgment, concept formation, time management, problem solving, decision-making.
	Mental functions of language—able to receive language and express self through spoken and written or sign language. Note: This function is assessed relative to its influence on the ability to engage in occupations and in daily life activities.
	Calculation functions—able to add or subtract. *Note:* These functions are assessed relative to their influence on the ability to engage in occupations and in daily life activities (e.g., making change when shopping).
	Mental functions of sequencing complex movement—motor planning.
	Psychomotor functions—appropriate range and regulation of motor response to psychological events.
	Emotional functions—appropriate range and regulation of emotions, self-control.
	Experience of self and time functions—body image, self-concept, self-esteem.
Sensory functions and pain	
• Seeing and related functions	*Seeing functions*—visual acuity, visual field functions.
• Hearing and vestibular functions	*Hearing function*—response to sound. *Note:* This function is assessed in terms of its presence or absence and its affect on engaging in occupations and in daily life activities.
	Vestibular function—balance.
• Additional sensory functions	*Taste function*—ability to discriminate tastes.
	Smell function—ability to discriminate smell.
	Proprioceptive function—kinesthesia, joint position sense.
	Touch functions—sensitivity to touch, ability to discriminate.
	Sensory functions related to temperature and other stimuli—sensitivity to temperature, sensitivity to pressure, ability to discriminate temperature and pressure.
• Pain	*Sensations of pain*—dull pain, stabbing pain.
Neuromusculoskeletal and movement-related functions	
• Functions of joints and bones	*Mobility of joint functions*—passive range of motion.
	Stability of joint functions—postural alignment. *Note:* This refers to physiological stability of the joint related to its structural integrity as compared to the motor skill of aligning the body while moving in relation to task objects.
	Mobility of bone functions—frozen scapula, movement of carpal bones.
• Muscle functions	*Muscle power functions*—strength.
	Muscle tone functions—degree of muscle tone (e.g., flaccidity, spasticity).
	Muscle endurance functions—endurance.
• Movement functions	*Motor reflex functions*—stretch reflex, asymmetrical tonic neck reflex.
	Involuntary movement reaction functions—righting reactions, supporting reactions.
	Control of voluntary movement functions—eye–hand coordination, bilateral integration, eye–foot coordination.
	Involuntary movement functions—tremors, tics, motor perseveration.
	Gait pattern functions—walking patterns and impairments, such as asymmetric gait, stiff gait. (*Note:* Gait patterns are assessed in relation to how they affect ability to engage in occupations and in daily life activities.)
Cardiovascular, hematological, immunological, and respiratory system function	
• Cardiovascular system function	*Blood pressure functions*—hypertension, hypotension, postural hypotension.
• Hematological and immunological system function	Occupational therapists and occupational therapy assistants have knowledge of these body functions and understand broadly the interaction that occurs between these functions and engagement in occupation to support participation. Some therapists may specialize in evaluating and intervening with a specific function as it is related to supporting performance and engagement in occupations and activities targeted for intervention.

(Continued)

TABLE 6. CLIENT FACTORS

(Continued)

Client Factor	*Selected Classifications From ICF and Occupational Therapy Examples*
• Respiratory system function	*Respiration functions*—rate, rhythm, and depth.
• Additional functions and sensations of the cardiovascular and respiratory systems	*Exercise tolerance functions*—physical endurance, aerobic capacity, stamina, and fatigability.
Voice and speech functions **Digestive, metabolic, and endocrine system function** • Digestive system function • Metabolic system and endocrine system function **Genitourinary and reproductive functions** • Urinary functions • Genital and reproductive functions	Occupational therapists and occupational therapy assistants have knowledge of these body functions and understand broadly the interaction that occurs between these functions and engagement in occupation to support participation. Some therapists may specialize in evaluating and intervening with a specific function as it is related to supporting performance and engagement in occupations and activities targeted for intervention.
Skin and related structure functions	
• Skin functions	*Protective functions of the skin*—presence or absence of wounds, cuts, or abrasions. *Repair function of the skin*—wound healing.
• Hair and nail functions	Occupational therapists and occupational therapy assistants have knowledge of these body functions and understand broadly the interaction that occurs between these functions and engagement in occupation to support participation. Some therapists may specialize in evaluating and intervening with a specific function as it is related to supporting performance and engagement in occupations and activities targeted for intervention.

Client Factor	*Classifications (Classification are not delineated in the Body Structure section of this table)*
BODY STRUCTURE CATEGORIES[b]	
Structure of the nervous system **The eye, ear, and related structures** **Structures involved in voice and speech** **Structures of the cardiovascular, immunological, and respiratory systems** **Structures related to the digestive** **Structure related to the genitourinary and reproductive systems** **Structures related to movement** **Skin and related structures**	Occupational therapists and occupational therapy assistants have knowledge of these body functions and understand broadly the interaction that occurs between these structures and engagement in occupation to support participation. Some therapists may specialize in evaluating and intervening with a specific structures as it is related to supporting performance and engagement in occupations and activities targeted for intervention.

Note. The reader is strongly encouraged to use *International Classification of Functioning, Disability and Health* (ICF) in collaboration with this table to provide for in-depth information with respect to classification in terms (inclusion and exclusion).

[a]Categories and classifications are adapted from the ICF (WHO, 2001). [b]Categories are from the ICF (WHO, 2001).

TABLE 7. OCCUPATIONAL THERAPY INTERVENTION APPROACHES

Specific strategies selected to direct the process of intervention that are based on the client's desired outcome, evaluation data, and evidence.

Approach	*Focus of Intervention*	*Examples*
Create, promote (health promotion)[a]—an intervention approach that does not assume a disability is present or that any factors would interfere with performance. This approach is designed to provide enriched contextual and activity experiences that will enhance performance for all persons in the natural contexts of life (adapted from Dunn, McClain, Brown, & Youngstrom, 1998, p. 534).	**Performance skills**	• Create a parenting class for first- time parents to teach child development information (performance skill).
	Performance patterns	• Promote handling stress by creating time-use routines with healthy clients (performance pattern).
	Context or contexts	• Create a variety of equipment available at public playgrounds to promote a diversity of sensory play experiences (context).
	Activity demands	• Promote the establishment of sufficient space to allow senior residents to participate in congregate cooking (activity demand).
	Client factors (body functions, body structures)	• Promote increased endurance in school children by having them ride bicycles to school (client factor: body function).
Establish, restore (remediation, restoration)[a]—an intervention approach designed to change client variables to establish a skill or ability that has not yet developed or to restore a skill or ability that has been impaired (adapted from Dunn et al., 1998, p. 533).	**Performance skills**	• Improve coping needed for changing workplace demands by improving assertiveness skills (performance skill).
	Performance patterns	• Establish morning routines needed to arrive at school or work on time (performance pattern).
	Client factors (body functions, body structures)	• Restore mobility needed for play activities (client factor: body function).
Maintain—an intervention approach designed to provide the supports that will allow clients to preserve their performance capabilities that they have regained, that continue to meet their occupational needs, or both. The assumption is that without continued maintenance intervention, performance would decrease, occupational needs would not be met, or both, thereby affecting health and quality of life.	**Performance skills**	• Maintain the ability to organize tools by providing a tool outline painted on a pegboard (performance skill).
	Performance patterns	• Maintain appropriate medication schedule by providing a timer (performance pattern).
	Context or contexts	• Maintain safe and independent access for persons with low vision by providing increased hallway lighting (context).
	Activity demands	• Maintain independent gardening for persons with arthritic hands by providing tools with modified grips (activity demand).
	Client factors (body functions, body structures)	• Maintain proper digestive system functions by developing a dining program (client factor: body function). • Maintain upper-extremity muscles necessary for independent wheelchair mobility by developing an after-school–based exercise program (client factor: body structure).
Modify (compensation, adaptation)[a]—an intervention approach directed at "finding ways to revise the current context or activity demands to support performance in the natural setting…[includes] compensatory techniques, including enhancing some features to provide cues, or reducing other features to reduce distractibility" (Dunn et al., 1998, p. 533).	**Context or contexts**	• Modify holiday celebration activities to exclude alcohol to support sobriety (context).
	Activity demands	• Modify office equipment (e.g. chair, computer station) to support individual employee body function and performance skill abilities (activity demand).
	Performance patterns	• Modify daily routines to provide consistency and predictability to support individual's cognitive ability (performance pattern).
Prevent (disability prevention)[a]—an intervention approach designed to address clients with or without a disability who are at risk for occupational performance problems. This approach is designed to prevent the occurrence or evolution of barriers to performance in context. Interventions may be directed at client, context, or activity variables (adapted from Dunn et al., 1998, p. 534).	**Performance skills**	• Prevent poor posture when sitting for prolonged periods by providing a chair with proper back support (performance skill).
	Performance patterns	• Prevent the use of chemical substances by introducing self-initiated strategies to assist in remaining drug free (performance pattern).
	Context or contexts	• Prevent social isolation by suggesting participation in after-work group activities (context).
	Activity demands	• Prevent back injury by providing instruction in proper lifting techniques (activity demand).
	Client factors (body functions, body structures)	• Prevent increased blood pressure during homemaking activities by learning to monitor blood pressure in a cardiac exercise program (client factor: body function). • Prevent repetitive stress injury by suggesting that a wrist support splint be worn when typing (client factor: body structure).

[a]Parallel language used in Moyers (1999, p. 274).

TABLE 8. TYPES OF OCCUPATIONAL THERAPY INTERVENTIONS

THERAPEUTIC USE OF SELF—A practitioner's planned use of his or her personality, insights, perceptions, and judgments as part of the therapeutic process (adapted from Punwar & Peloquin, 2000, p. 285).

THERAPEUTIC USE OF OCCUPATIONS AND ACTIVITIES[a]—Occupations and activities selected for specific clients that meet therapeutic goals. To use occupations/activities therapeutically, context or contexts, activity demands, and client factors all should be considered in relation to the client's therapeutic goals.

Occupation-based activity

Purpose: Allows clients to engage in actual occupations that are part of their own context and that match their goals.

Examples:

- Play on playground equipment during recess.
- Purchase own groceries and prepare a meal.
- Adapt the assembly line to achieve greater safety.
- Put on clothes without assistance.

Purposeful activity

Purpose: Allows the client to engage in goal-directed behaviors or activities within a therapeutically designed context that lead to an occupation or occupations.

Examples:

- Practice vegetable slicing.
- Practice drawing a straight line.
- Practice safe ways to get in and out of a bathtub equipped with grab bars.
- Role play to learn ways to manage anger.

Preparatory methods

Purpose: Prepares the client for occupational performance. Used in preparation for purposeful and occupation-based activities.

Examples:

- Sensory input to promote optimum response
- Physical agent modalities
- Orthotics/splinting (design, fabrication, application)
- Exercise

CONSULTATION PROCESS—A type of intervention in which practitioners use their knowledge and expertise to collaborate with the client. The collaborative process involves identifying the problem, creating possible solutions, trying solutions, and altering them as necessary for greater effectiveness. When providing consultation, the practitioner is not directly responsible for the outcome of the intervention (Dunn, 2000, p. 113).

EDUCATION PROCESS—An intervention process that involves the imparting of knowledge and information about occupation and activity and that does not result in the actual performance of the occupation/activity.

[a]Information adapted from Pedretti and Early (2001).

TABLE 9. TYPES OF OUTCOMES

The examples listed specify how the broad outcome of engagement in occupation may be operationalized. The examples are not intended to be all-inclusive.

Outcome	*Description*
Occupational performance	The ability to carry out activities of daily life (areas of occupation). Occupational performance can be addressed in two different ways: • Improvement—used when a performance deficit is present, often as a result of an injury or disease process. This approach results in increased independence and function in ADL, IADL, education, work, play, leisure, or social participation. • Enhancement—used when a performance deficit is not currently present. This approach results in the development of performance skills and performance patterns that augment performance or prevent potential problems from developing in daily life occupations.
Client satisfaction	The client's affective response to his or her perceptions of the process and benefits of receiving occupational therapy services (adapted from Maciejewski, Kawiecki, & Rockwood, 1997).
Role competence	The ability to effectively meet the demand of roles in which the client engages.
Adaptation	"A change a person makes in his or her response approach when that person encounters an occupational challenge. This change is implemented when the individual's customary response approaches are found inadequate for producing some degree of mastery over the challenge" (Schultz & Schkade, 1997, p. 474).
Health and wellness	*Health*—"A complete state of physical, mental, and social well-being and not just the absence of disease or infirmity"(WHO, 1947, p. 29). *Wellness*—The condition of being in good health, including the appreciation and the enjoyment of health. Wellness is more than a lack of disease symptoms; it is a state of mental and physical balance and fitness (adapted from *Taber's Cyclopedic Medical Dictionary*, 1997, p. 2110).
Prevention	Promoting a healthy lifestyle at the individual, group, organizational, community (societal), and governmental or policy level (adapted from Brownson & Scaffa, 2001).
Quality of life	A person's dynamic appraisal of his or her life satisfactions (perceptions of progress toward one's goals), self-concept (the composite of beliefs and feelings about oneself), health and functioning (including health status, self-care capabilities, role competence), and socioeconomic factors (e.g., vocation, education, income) (adapted from Radomski, 1995; Zhan, 1992).

Note. ADL = activities of daily living; IADL = instrumental activities of daily living.

TABLE 10. OCCUPATIONAL THERAPY PRACTICE FRAMEWORK PROCESS SUMMARY

Evaluation		*Intervention*			*Outcomes*
Occupational Profile ⟷	*Analysis of Occupational Performance*	*Intervention Plan*	*Intervention Implementation*	*Intervention Review*	*Engagement in Occupation to Support Participation*
• Who is the client? • Why is the client seeking services? • What occupations and activities are successful or are causing problems? • What contexts support or inhibit desired outcomes? • What is the client's occupational history? • What are the client's priorities and targeted outcomes?	• Synthesize information from the occupational profile. • Observe client's performance in desired occupation/activity. • Note the effectiveness of performance skills and patterns and select assessments to identify factors (context or contexts, activity demands, client factors) that may be influencing performance skills and patterns. • Interpret assessment data to identify facilitators and barriers to performance. • Develop and refine hypotheses about client's occupational performance strengths and weaknesses. • Collaborate with client to create goals that address targeted outcomes. • Delineate areas for intervention based on best practice and evidence.	• Develop plan that includes – objective and measurable goals with timeframe, – occupational therapy intervention approach based on theory and evidence, and – mechanisms for service delivery. • Consider discharge needs and plan. • Select outcome measures. • Make recommendation or referral to others as needed.	• Determine types of occupational therapy interventions to be used and carry them out. • Monitor client's response according to ongoing assessment and reassessment.	• Reevaluate plan relative to achieving targeted outcomes. • Modify plan as needed. • Determine need for continuation, discontinuation, or referral.	• Focus on outcomes as they relate to engagement in occupation to support participation. • Select outcome measures. • Measure and use outcomes.
		⟵ Continue to renegotiate intervention plans and targeted outcomes. ⟶			
⟵ Ongoing interaction among evaluation, intervention, and outcomes occurs throughout the process. ⟶					

Glossary

A

Activities of daily living or ADL (an area of occupation)

Activities that are oriented toward taking care of one's own body (adapted from Rogers & Holm, 1994, pp. 181–202). (See Appendix, Table 1, for definitions of terms.) **ADL** is also referred to as basic activities of daily living (BADL) and personal activities of daily living (PADL).

- Bathing, showering
- Bowel and bladder management
- Dressing
- Eating
- Feeding
- Functional mobility
- Personal device care
- Personal hygiene and grooming
- Sexual activity
- Sleep/rest
- Toilet hygiene

Activity (activities)

A term that describes a class of human actions that are goal directed.

Activity demands

The aspects of an activity, which include the objects, space, social demands, sequencing or timing, required actions, and required underlying body functions and body structures needed to carry out the activity. (See Appendix, Table 5, for definitions of these aspects.)

Adaptation (as used as an outcome; see Appendix, Table 9)

"A change a person makes in his or her response approach when that person encounters an occupational challenge. This change is implemented when the individual's customary response approaches are found inadequate for producing some degree of mastery over the challenge" (Schultz & Schkade, 1997, p. 474).

Adaptation (as used as a performance skill; see Appendix, Table 2)

Relates to the ability to anticipate, correct for, and benefit by learning from the consequences of errors that arise in the course of task performance (Fisher, 2001; Fisher & Kielhofner, 1995—updated by Fisher [2001].

Areas of occupations

Various kinds of life activities in which people engage, including the following categories: ADL, IADL, education, work, play, leisure, and social participation. (See Appendix, Table 1, for definitions of terms.)

Assessment

"Shall be used to refer to specific tools or instruments that are used during the evaluation process" (AOTA, 1995, pp. 1072–1073).

B

Body functions (a client factor, including physical, cognitive, psychosocial aspects)

"The physiological functions of body systems (including psychological functions)" (WHO, 2001, p. 10). (See Appendix, Table 6, for categories.)

Body structures (a client factor)

"Anatomical parts of the body such as organs, limbs and their components [that support body function]" (WHO, 2001, p. 10). (See Appendix, Table 6, for categories.)

C

Client

(a) Individuals (including others involved in the individual's life who may also help or be served indirectly such as caregiver, teacher, parent, employer, spouse), (b) groups, or (c) populations (i.e., organizations, communities).

Client-centered approach

An orientation that honors the desires and priorities of clients in designing and implementing interventions (adapted from Dunn, 2000, p. 4).

Client factors

Those factors that reside within the client and that may affect performance in areas of occupation. Client factors include body functions and body structures. (See Appendix, Table 6, for categories.)

Client satisfaction

The client's affective response to his or her perceptions of the process and benefits of receiving occupational therapy services (adapted from Maciejewski, Kawiecki, & Rockwood, 1997, pp. 67–89).

Communication/interaction skills (a performance skill)

Refer to conveying intentions and needs as well as coordinating social behavior to act together with people (Forsyth & Kielhofner, 1999; Forsyth, Salamy, Simon, & Kielhofner, 1997; Kielhofner, 2002). (See Appendix, Table 2, for skills.)

Context or contexts

Refers to a variety of interrelated conditions within and surrounding the client that influence performance. Contexts include cultural, physical, social, personal, spiritual, temporal, and virtual. (See Appendix, Table 4, for definitions of terms.)

Cultural (a context)

"Customs, beliefs, activity patterns, behavior standards, and expectations accepted by the society of which the individual is a member. Includes political aspects, such as laws that

affect access to resources and affirm personal rights. Also includes opportunities for education, employment, and economic support" (AOTA, 1994, p. 1054).

D

Dynamic assessment

Describes a process used during intervention implementation for testing the hypotheses generated through the evaluation process. Allows for evaluation of change and intervention effectiveness during intervention. Assesses the interactions among the person, environment, and activity to understand how the client learns and approaches activities. May lead to adjustments in intervention plan (adapted from Primeau & Ferguson, 1999, p. 503).

E

Education (an area of occupation)

Includes activities needed for being a student and participating in a learning environment. (See Appendix, Table 1, for definitions of terms.)

- Formal educational participation
- Informal personal educational needs or interests exploration (beyond formal education)
- Informal personal education participation

Engagement in occupation

This term recognizes the commitment made to performance in occupations or activities as the result of self-choice, motivation, and meaning and alludes to the objective and subjective aspects of being involved in and carrying out occupations and activities that are meaningful and purposeful to the person.

Evaluation

"Shall be used to refer to the process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results" (AOTA, 1995, p. 1072).

G

Goals

"The result or achievement toward which effort is directed; aim; end" (*Random House Webster's College Dictionary,* 1995).

H

Habits (a performance pattern)

"Automatic behavior that is integrated into more complex patterns that enable people to function on a day-to-day basis…" (Neistadt & Crepeau, 1998, p. 869). Habits can either support or interfere with performance in areas of occupation. (See Appendix, Table 3, for descriptions of types of habits.)

Health

"A complete state of physical, mental, and social well-being and not just the absence of disease or infirmity" (WHO, 1947, p. 29).

Health status

A condition in which one successfully and satisfactorily performs occupations (adapted from McColl, Law, & Stewart, 1993, p. 5).

I

Identity

"A composite definition of the self and includes an interpersonal aspect (e.g., our roles and relationships, such as mother, wives, occupational therapists), an aspect of possibility or potential (who we *might* become), and a values aspect (that suggests importance and provides a stable basis for choices and decisions)…. Identity can be viewed as the superordinate view of ourselves that includes both self-esteem and self-concept, but also importantly reflects and is influenced by the larger social world in which we find ourselves" (Christiansen, 1999, pp. 548–549).

Independence

"Having adequate resources to accomplish everyday tasks" (Christiansen & Baum, 1997, p. 597). "The profession views independence as the ability to self-determine activity performance, regardless of who actually performs the activity" (AOTA, 1994, p. 1051).

Instrumental activities of daily living or IADL (an area of occupation)

Activities that are oriented toward interacting with the environment and that are often complex. IADL are generally optional in nature, that is, may be delegated to another (adapted from Rogers & Holm, 1994, pp. 181–202). (See Appendix, Table 1, for definitions of terms.)

- Care of others (including selecting and supervising caregivers)
- Care of pets
- Child rearing
- Communication device use
- Community mobility
- Financial management
- Health management and maintenance
- Home establishment and management
- Meal preparation and cleanup
- Safety procedures and emergency responses
- Shopping

Interests

"Disposition to find pleasure and satisfaction in occupations and the self-knowledge of our enjoyment of occupa-

tions" (Kielhofner, Borell, Burke, Helfrick, & Nygard, 1995, p. 47).

Intervention approaches

Specific strategies selected to direct the process of interventions that are based on the client's desired outcome, evaluation date, and evidence. (See Appendix, Table 7, for definitions of various occupational therapy intervention approaches.) The terms in parentheses indicate parallel language used in Moyers (1999, p. 274).

- Create/promote (health promotion)
- Establish/restore (remediation/restoration)
- Maintain
- Modify (compensation/adaptation)
- Prevent (disability prevention)

Intervention implementation

The skilled process of effecting change in the client's occupational performance leading to engagement in occupations or activities to support participation.

Intervention plan

An outline of selected approaches and types of interventions, which is based on the results of the evaluation process, developed to reach the client's identified targeted outcomes.

Intervention review

A continuous process for reevaluating and reviewing the intervention plan, the effectiveness of implementation, and the progress toward targeted outcomes.

Interventions

(See Appendix, Table 8, for definitions of the types of occupational therapy interventions.)

- Therapeutic use of self
- Therapeutic use of occupations/activities
- Consultation process
- Education process

L

Leisure (an area of occupation)

"A nonobligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or sleep" (Parham & Fazio, 1997, p. 250). (See Appendix, Table 1, for definitions of terms.)

- Leisure exploration
- Leisure participation

M

Motor skills (a performance skill)

Skills in moving and interacting with task, objects, and environment (A. Fisher, personal communication, July 9, 2001).

O

Occupation

"Activities…of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves, including looking after themselves…enjoying life…and contributing to the social and economic fabric of their communities.…" (Law, Polatajko, Baptiste, & Townsend, 1997, p. 34).

Occupational performance

The ability to carry out activities of daily life. Includes activities in the areas of occupation: ADL (also called BADL and PADL), IADL, education, work, play, leisure, and social participation. Occupational performance is the accomplishment of the selected activity or occupation resulting from the dynamic transaction among the client, the context, and the activity. Improving or enabling skills and patterns in occupational performance leads to engagement in occupations or activities. (Adapted in part from Law et al., 1996, p. 16.)

Occupational profile

A profile that describes the client's occupational history, patterns of daily living, interests, values, and needs.

Outcomes

Important dimensions of health attributed to interventions, including ability to function, health perceptions, and satisfaction with care (adapted from Request for Planning Ideas, 2001).

P

Participation

"Involvement in a life situation" (WHO, 2001, p. 10).

Performance patterns

Patterns of behavior related to daily life activities that are habitual or routine. Performance patterns include habits and routines. (See Appendix, Table 3, for descriptions of terms.)

Performance skills

Features of what one does, not of what one has, related to observable elements of action that have implicit functional purposes (adapted from Fisher & Kielhofner, 1995, p. 113). Performance skills include motor skills, process skills, and communication/interaction skills. (See Appendix, Table 2, for definitions of skills.)

Personal (a context)

"Features of the individual that are not part of a health condition or health status" (WHO, 2001, p. 17). Personal context includes age, gender, socioeconomic status, and educational status.

Physical (a context)

"Nonhuman aspects of contexts. Includes the accessibility to and performance within environments having natural

terrain, plants, animals, buildings, furniture, objects, tools, or devices" (AOTA, 1994, p. 1054).

Play (an area of occupation)

"Any spontaneous or organized activity that provides enjoyment, entertainment, amusement, or diversion" (Parham & Fazio, 1997, p. 252). (See Appendix, Table 1, for definitions of terms.)

- Play exploration
- Play participation

Prevention

Promoting a healthy lifestyle at the individual, group, organizational, community (societal), governmental/policy level (adapted from Brownson & Scaffa, 2001).

Process skills (a performance skill)

"Skills … used in managing and modifying actions en route to the completion of daily life tasks" (Fisher & Kielhofner, 1995, p. 120).

Purposeful activity

"An activity used in treatment that is goal directed and that the …[client] sees as meaningful or purposeful" (Low, 2002).

Q

Quality of life

A person's dynamic appraisal of his or her life satisfactions (perceptions of progress toward one's goals), self-concept (the composite of beliefs and feelings about oneself), health and functioning (including health status, self-care capabilities, and role competence), and socioeconomic factors (e.g., vocation, education, income) (adapted from Radomski, 1995; Zhan, 1992).

R

Reevaluation

A reassessment of the client's performance and goals to determine the type and amount of change.

Role competence

The ability to effectively meet the demand of roles in which the client engages.

Role(s)

"A set of behaviors that have some socially agreed upon function and for which there is an accepted code of norms" (Christiansen & Baum, 1997, p. 603).

Routines (a performance pattern)

"Occupations with established sequences" (Christiansen & Baum, 1997, p. 16).

S

Self-efficacy

"People's beliefs in their capabilities to organize and execute the courses of action required to deal with prospective situations" (Bandura, 1995, as cited in Rowe & Kahn, 1997, p. 437).

Social (a context)

"Availability and expectations of significant individuals, such as spouse, friends, and caregivers. Also includes larger social groups which are influential in establishing norms, role expectations, and social routines" (AOTA, 1994, p. 1054).

Social participation (an area of occupation)

"Organized patterns of behavior that are characteristic and expected of an individual in a given position within a social system" (Mosey, 1996, p. 340). (See Appendix, Table 1, for definitions of terms.)

- Community
- Family
- Peer, friend

Spiritual (a context)

The fundamental orientation of a person's life; that which inspires and motivates that individual.

T

Temporal (a context)

"Location of occupational performance in time" (Neistadt & Crepeau, 1998, p. 292).

V

Values

"A coherent set of convictions that assigns significance or standards to occupations, creating a strong disposition to perform accordingly" (Kielhofner, Borell, Burke, Helfrick, & Nygard, 1995, p. 46).

Virtual (a context)

Environment in which communication occurs by means of airways or computers and an absence of physical contact.

W

Wellness

The condition of being in good health, including the appreciation and the enjoyment of health. Wellness is more than a lack of disease symptoms; it is a state of mental and physical balance and fitness (*Taber's Cyclopedic Medical Dictionary,* 1997).

Work (an area of occupation)

Includes activities needed for engaging in remunerative employment or volunteer activities (Mosey, 1996, p. 341). (See Appendix, Table 1, for definitions of terms.)

- Employment interests and pursuits
- Employment seeking and acquisition
- Job performance
- Retirement preparation and adjustment
- Volunteer exploration
- Volunteer participation

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Background

Background of Uniform Terminology

The first edition of *Uniform Terminology* was titled the *Occupational Therapy Product Output Reporting System and Uniform Terminology for Reporting Occupational Therapy Services* (American Occupational Therapy Association [AOTA], 1979). It was approved by the Representative Assembly and published in 1979. It was originally developed in response to the Education for All Handicapped Children Act of 1975 (Public Law 94–142) and the Medicare-Medicaid Anti-Fraud and Abuse Amendments of 1977 (Public Law 95–142), which required the Secretary of the U.S. Department of Health and Human Services (DHHS) to establish regulations for uniform reporting systems for all departments in hospitals, including consistent terminology upon which to base reimbursement decisions. The AOTA developed the 1979 document to meet this requirement. However, the federal government's DHHS never adopted or implemented the system because of antitrust concerns related to price fixing. Occupational therapists and occupational therapy assistants, however, began to use the terminology outlined in this system, and some state governments incorporated it into their own payment reporting systems. This original document created consistent terminology that could be used in official documents, practice, and education.

The second edition of *Uniform Terminology for Occupational Therapy* (AOTA, 1989) was approved by the Representative Assembly and published in 1989. The document was organized somewhat differently. It was not designed to replace the "Product Output Reporting System" portion of the first edition but, rather, focused on delineating and defining only the occupational performance areas and occupational performance components that are addressed in occupational therapy direct services. Indirect services and the "Product Output Reporting System" were not revised or included in the second edition. The intent was to revise the document to reflect current areas of practice and to advance uniformity of definitions in the profession.

The last revision, *Uniform Terminology for Occupational Therapy—Third Edition* (UT-III, AOTA, 1994) was adopted by the Representative Assembly in 1994 and was "expanded to reflect current practice and to incorporate contextual aspects of performance" (p. 1047). The intended purpose of the document was "to provide a generic outline of the domain of concern of occupational therapy and … to create common terminology for the profession and to capture the essence of occupational therapy succinctly for others" (p. 1047).

Each revision reflects changes in current practice and provides consistent terminology that could be used by the profession. During each of the three revisions, the purpose of the document shifted slightly. Originally a document that responded to a federal requirement to develop a uniform reporting system, the document gradually shifted to describing and outlining the domain of concern of occupational therapy.

Development of the Occupational Therapy Practice Framework: Domain and Process

In the fall of 1998, the Commission on Practice (COP) began an extensive review process to solicit input from all levels of the profession with respect to the need for another revision of UT-III. The review process is a normal activity

during which each official document can be updated and revised as needed. Themes of concern expressed by reviewers included the following:

- Terms defined in the document were unclear, inaccurate, or categorized improperly.
- Terms that should have been in the document were missing.
- Too much emphasis was placed on performance components.
- The concept of occupation was not included.
- Terms were used that were unfamiliar to external audiences (i.e., performance components, performance areas).
- Consideration should be given to using terminology proposed in the revision of *International Classification of Functioning, Disability and Health* (ICF).
- The document is being used inappropriately to design curricula.
- The role of theory application in clinical reasoning is being minimized by using UT-III as a recipe for practice.

The COP recognized that the practice environment had changed significantly since the last revision and that the profession's understanding of its core constructs and service delivery process had further evolved. The recently published *Guide to Occupational Therapy Practice* (Moyers, 1999) outlined many of these contemporary shifts, and the COP carefully reviewed this document. In light of these changes and the feedback received during the review process, the COP decided that practice needs had changed and that it was time to develop a different kind of document. The *Occupational Therapy Practice Framework: Domain and Process* was developed in response to these needs and changing conditions.

Relationship of the Framework to the Rescinded UT-III and the ICF

The Framework updates, revises, and incorporates the primary elements (performance areas, performance components, performance contexts) outlined in the rescinded UT-III. In some cases, the names of these elements were updated to reflect shifts in thinking and to create more obvious links with terminology outside of the profession. Feedback from the review indicated that the use of occupational therapy terminology often made it more difficult for others to understand what occupational therapy contributes. The ICF language is also seen as important to incorporate. The following chart shows how terminology has evolved by comparing terminology used in the Framework, the rescinded UT-III, and the ICF documents.

COMPARISON OF TERMS

FRAMEWORK	RESCINDED UT-III	ICF
Occupations—"activities…of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves, including looking after themselves,… enjoying life…and contributing to the social and economic fabric of their communities…" (Law, Polatajko, Baptiste, & Townsend, 1997, p. 32).	Not addressed.	Not addressed.
Areas of occupation—various kinds of life activities in which people engage, including the following categories: ADL, IADL, education, work, play, leisure, and social participation.	**Performance areas** (pp. 1051–1052)— • Activities of daily living • Work and productive activities • Play or leisure activities	**Activities and participation**— • **Activities**—"execution of a task or action by an individual" (p. 10). • **Participation**—"involvement in a life situation" (p. 10). Examples of both: learning, task demands (routines), communication, mobility, self-care, domestic life, interpersonal interactions and relationships, major life areas, community, social and civic life. Activities and Participation examples from ICF overlap Areas of Occupation, Performance Skills, and Performance Patterns in the Framework.

(Continued)

COMPARISON OF TERMS

(Continued)

FRAMEWORK	RESCINDED UT-III	ICF
Performance skills—features of what one does, not what one has, related to observable elements of action that have implicit functional purposes (adapted from Fisher & Kielhofner, 1995, p. 113). Performance skills include motor, process, and communication/interaction skills.	**Performance components**—sensorimotor components, cognitive interaction and cognitive components, as well as psychosocial skills and psychological components. These components consist of some performance skills and some client factors as presented in the Framework (pp. 1052–1054).	**Activities and participation**— • **Activities**—"execution of a task or action by an individual" (p. 10). • **Participation**—"involvement in a life situation" (p. 10). Examples of both: learning, task demands (routines), communication, mobility, self-care, domestic life, interpersonal interactions and relationships, major life areas, community, social and civic life. Activities and Participation examples from ICF overlap Areas of Occupation, Performance Skills, and Performance Patterns in the Framework.
Performance patterns—patterns of behavior related to daily life activities that are habitual or routine. Performance patterns include habits, routines, and roles.	Habits and routines not addressed. Roles listed as performance components (p. 1050).	**Activities and participation**— • **Activities**—"execution of a task or action by an individual" (p.10). • **Participation**—"involvement in a life situation" (p. 10). Examples of both: learning, task demands (routines), communication, mobility, self-care, domestic life, interpersonal interactions and relationships, major life areas, community, social and civic life. Activities and Participation examples from ICF overlap Areas of Occupation, Performance Skills, and Performance Patterns in the Framework.
Context or contexts—refers to a variety of interrelated conditions within and surrounding the client that influence performance. Context includes cultural, physical, social, personal, spiritual, temporal, and virtual contexts.	**Performance contexts** (p. 1054)— • **Temporal aspects** (chronological, developmental, life cycle, disability status) • **Environment** (physical, social, cultural)	**Contextual factors**—"represent the complete background of an individual's life and living. They include environmental factors and personal factors that may have an effect on the individual with a health condition and the individual's health and health-related states" (p. 16). • **Environmental factors**—"make up the physical, social and attitudinal environment in which people live and conduct their lives. The factors are external to individuals …" (p. 16). • **Personal factors**—"the particular background of an individual's life and living …" (p. 17) (e.g., gender, race, lifestyle, habits, social background, education, profession). Personal factors are not classified in ICF because they are not part of a health condition or health state, though they are recognized as having an effect on outcomes.
Activity demands—the aspects of an activity, which include the objects, space, social demands, sequencing or timing, required actions, and required underlying body functions and body structures needed to carry out the activity.	Not addressed.	Not addressed.
Client factors—those factors that reside within the client that may affect performance in areas of occupation. Client factors include the following: • **Body functions**—"the physiological functions of body systems (including psychological functions)" (WHO, 2001, p. 10). • **Body structures**—"anatomical parts of the body such as organs, limbs and their components [that support body function]" (WHO, 2001, p. 10).	**Performance components**—sensorimotor components, cognitive interaction and cognitive components, as well as psychosocial skills and psychological components. These components consist of some performance skills and some client factors as presented in the Framework (pp. 1052–1054).	• **Body functions**—"the physiological functions of body systems (including psychological functions)" (p. 10). • **Body structures**—"anatomical parts of the body such as organs, limbs and their components [that support body function]" (p. 10).

(Continued)

COMPARISON OF TERMS

(Continued)

FRAMEWORK	RESCINDED UT-III	ICF
Outcomes—important dimensions of health attributed to interventions, including ability to function, health perceptions, and satisfaction with care (adapted from Request for Planning Ideas, 2001).	Not addressed.	Not addressed.

Note. UT-III = *Uniform Terminology for Occupational Therapy—Third Edition* (AOTA, 1994); ICF = *International Classification of Functioning, Disability and Health* (WHO, 2001).

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Adopted by the Representative Assembly 2002M29

This document replaces the 1994 *Uniform Terminology for Occupational Therapy—Third Edition* and *Uniform Terminology—Third Edition: Application to Practice.*