Letters to the Editor

We thought readers would be interested in the following excerpt from a letter by Jeanette Bair, Executive Director of AOTA, that was sent to Peter Marson, Administrative Manager of the Illinois Elks Crippled Children's Corporation. The letter's purpose was both to describe the field of occupational therapy to a member of the public and to point out the ways in which occupational therapy differs from physical therapy. The letter was composed from two internal Association documents.

The Editor

Occupational Therapy Defined

Occupational therapy is a vital health care profession whose practitioners help to restore and sustain the highest quality of productive life to persons recovering from illness or disability. What is unique about occupational therapy is its focus on "occupation," or purposeful activity. Occupational therapists help persons whose abilities might otherwise be impaired by illness or disability to master activities of daily life, from the simplest activities of self-care, such as dressing, bathing, and cooking, to more complex activities required in home, social, and work environments. Occupational therapists address not only the mastery of these activities, but also the way the individual feels about them and how they promote, strengthen, and enhance health. The reference to "occupation" in our profession's title is in the context of man's goal-directed use of time, energy, interest, and attention. The concern of occupational therapy is the development and maintenance of the capacity, throughout the life span, to perform satisfactorily for oneself and others those tasks and roles essential to productive living and to the mastery of the self and the environment.

Occupational therapists help persons whose ability to engage in purposeful activity is compromised by physical injury or the onset of illness, developmental deficits or learning disabilities, psychological disability, poverty, cultural differences, or the aging process. They use a model that considers biological, psychological, and social factors to evaluate a pattern and employ carefully structured activities as the basis of treatment. Specific occupational therapy services include teaching daily living skills; developing perceptual-motor skills and sensory-integrative functioning; developing play skills and pre-vocational and leisure capacities; designing and fabricating adaptive equipment and splints; administering and interpreting tests such as manual muscle tests and range of motion; and adapting environments for persons with disabilities. These services are provided individually, in groups, or through social systems.

In addition to working in hospitals, rehabilitation centers, and nursing homes, an increasing number of occupational therapists are working in public and private schools, in patients' homes, and in private practice. They assist patients in a variety of ways. Examples of functions performed by occupational therapists include:

- Conducting a job-site analysis of work habits and environments to identify and eliminate the causes of repetitive injuries at industrial work sites.
- Designing or modifying classroom equipment to enable children with multiple disabilities to participate as fully as possible in school activities.
- Directing a high school program for students with learning disabilities to improve their time management and organizational behavior.
- Developing a program for a corporation to help employees develop successful strategies for managing and reducing job-related stress.
- Conducting seminars for well elderly persons to help them identify and remove environmental hazards that lead to slip-and-fall accidents.

The Education for All Handicapped Children Act (Public Law 94–142) mandates the provision of occupational therapy services in school systems. Occupational therapists in schools evaluate the abilities of children with disabilities, recommend therapy, modify classroom equipment, and generally help these children to participate as fully as possible in school programs and activities.

According to a 1990 AOTA membership survey, 10,546 of the Association's 40,000 members are working in pediatrics. Thus, pediatrics is a major area of occupational therapy practice, and occupational therapists are significant participants in the treatment team for children. There are major shortages of occupational therapists for pediatric positions, and there is a great need for occupational therapy education scholarships to facilitate entry into the profession.

Historically, occupational therapy began in the treatment of mentally ill patients when nurses used occupations common in everyday life as the modalities of treatment. These included work-related activities, handicrafts, and recreation. Nurses were trained to use some of these activities in general hospitals as well, in the treatment of medically ill patients. At the same time, other nurses in general hospitals were supervised by doctors in the application of the modalities of heat, water, and light.

World War I was the impetus for the formal delineation of the professions of occupational therapy and physical therapy. The goal was the physical restoration of disabled servicemen. A group known as Reconstruction Aides was assembled by the military. Those nurses who had previous training in heat, light, and water were designated as physiotherapists. Those nurses who had used life tasks and arts and crafts for treatment were designated as occupational therapists. Between World War I and World War II, these two groups developed professional identities. The onset of World War II and the development of hospitals for the war injured necessitated the treatment of trauma patients. Physicians recognized that occupational therapists had enough training in physiology and kinesiology to treat patients with orthopedic injuries, and occupational therapists began to treat patients with physical injuries as well as patients with mental illness. A person with diminished motor control, range of motion, or coordination would be treated in physical therapy until basic muscle function was attained and the patient became able to perform motions against gravity. The patient was referred to occupational therapy to train this
function into purposeful activity and skill development. In general, physical therapy concentrated on the recovery of individual muscle strength, whereas occupational therapy worked with groups of muscles for skill attainment.

This history is important because it demonstrates some of the fundamental underpinnings that make occupational therapy and physical therapy different. Occupational therapy had its roots in mental health, and occupational therapy students continue to take a significant number of courses in psychology and psychiatry. This coursework enables the occupational therapy graduate to take a holistic view of a patient, to consider both the physical and the emotional aspects of disability. Occupational therapy concerns itself with the psychodynamics of illness, and the occupational therapist works with the patient to enhance life skills and promote self-esteem and interaction with others. Occupational therapy plays a role in the treatment of patients with mental illness as well as physical illness. Physical therapists do not have this extensive psychiatric background and rarely work in mental health settings.

A second major difference between the professions that has evolved through history is the occupational therapist's emphasis on purposeful activity, that is, the use of work, play/leisure, and self-care skills as modalities of treatment. Physical therapists rely more on a purely exercise approach. For example, to increase the endurance of weak elbow bending and extending, a physical therapy approach might be to have the patient repeatedly bend and extend the elbow against gravity while holding a light hand weight. An occupational therapy approach might be for the patient to repeatedly feed himself using an elbow bending and extending motion at a normal meal period, using the weight of the food and the silverware as the resistance against gravity and the functional activity as the motivator for movement. Both activities take the special skills of the therapist to set them up so they promote the desired strengthening activity. One relies more on pure exercise, whereas the other relies more on an integrated life approach. Physical therapy coursework places more emphasis on the application of modalities to human tissue; occupational therapy coursework places more emphasis on activity analysis and environmental modification.

Physical therapy training places more emphasis on gait training and the use of equipment, such as crutches and walkers, to promote walking; occupational therapy training places more emphasis on fine motor coordination activities such as object manipulation, eye-hand coordination, and handwriting. Occupational therapists have more coursework on perception and perceptual motor skills such as construction. The sensory integrative approach to treating children with learning disabilities was the brainchild of an occupational therapist using this perceptual knowledge.

In general, occupational therapy and physical therapy are complementary professions, not duplicate professions. They often serve the same populations of patients, but they accomplish different goals. Occupational therapists and physical therapists differ in fundamental ways, and the skills that each brings to the treatment setting are complementary but not interchangeable.

The American Journal of Occupational Therapy welcomes letters to the editor. If you have a comment about or reaction to something that has appeared in the journal or about an issue that affects us or the profession, let us know your views. Type the letter double spaced and forward it to Elaine Viselehar, Editor.