

Expert. evidence:

A personal perspective of a practicing occupational therapist

“The ‘occupation’ in occupational therapist refers to more than paid employment – it encompasses everything that ‘occupies’ a person’s time as part of their lifestyle.”



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With courts demanding an assessment of functional abilities before determining the impact of an injury on an individual, the role of the occupational therapist as an expert witness is becoming increasingly important.

Occupational therapists are qualified to determine the impact of impairment on individuals’ abilities from a biological, behavioural, social and occupational perspective. The ‘occupation’ in occupational therapist refers to more than paid employment – it encompasses everything that ‘occupies’ a person’s time as part of their lifestyle.¹

The profession’s main aim is to address problems or dysfunctions that arise in occupational performance areas. Causative factors in occupational dysfunction can include physical or brain injury or mental health disorder.² An occupational therapist has specific training to assess the holistic impact of an injury on an individual’s daily life.

Recommendations can include specific daily care requirements in personal care, childcare, domestic tasks, transport and return to work. Ongoing therapeutic needs, particularly interventions to maximise function in all aspects of

daily life, can also be identified. These may include personal care, leisure, domestic tasks, driving, attending school and work options.

Occupational therapists are trained in child development and ageing and can factor these elements into future care recommendations.³

In my experience, the impact particularly of mental health or cognitive dysfunction can be underestimated, as these are ostensibly hidden disorders.

A mother with short-term memory and concentration problems may require considerable support to safely care for her child. A young adult with depression may require assistance or prompting to attend to basic self-care.⁴ Every individual experience of injury is different. Pre-existing health problems, age, family structure, lifestyle, culture and values can all impact on how individuals recover from or cope with chronic injury or impairment.

Prescription of aids to daily living can range from small handheld aids to specialised seating, electric wheelchairs and modified cars for wheelchair-seated drivers. Identification of specific equipment and care requirements over the life span, particularly for clients with catastrophic injuries, requires considerable commitment of time and expertise. ►

Progression or improvement in injury (as guided by accompanying medical reports), impact of the life stages and changing physical or cognitive abilities all need consideration. Equipment, such as electric hoists and wheelchairs, has a finite life and occupational therapists can reassess equipment needs at different stages.

Occupational therapy skills include:

- Review of the client's occupational history.
- Assessment of the injury's impact on the family unit.
- Ability to determine reasonable levels of past gratuitous care provided by family or friends.
- Analysis of the current level of function in daily activities.
- Review of current and required ergonomic practices,⁵ major or minor home modifications and equipment prescription for access and safety.
- Predicted future needs based on

medical reports, client's life stage, and the treating occupational therapist's experience and knowledge of functional outcomes of specific injuries or deficits.

- Detailed recommendations for daily care needs.

In effect, the occupational therapist can assess how an injury has impacted on the satisfactory performance of various tasks for employment on the open labour market and on personal and domestic activities of daily living, such as housekeeping, leisure, child care, self-care, food preparation or home maintenance.

The injury's impact on the family unit and the increased burden of gratuitous care can be assessed in detail.

The client's sincerity of effort is always a concern and many attempts have been made within a number of disciplines to quantify the plaintiff's genuine injury. A combination and cross-referencing of assessments using infor-

mation from many domains, including medical reports, history, self-reports, functional tests,⁶ critical observation and activity analysis,⁷ can all contribute to effectively determine the injured person's capabilities.

It is vital that the rehabilitation process encourages the injured person to achieve their optimum level of independence and safety through active participation in all activities of daily living, within the parameters of their medical restriction. **PL**

Endnotes: 1 M Law, C Baumm, W Dunn (2001) *Measuring Occupational Performance: Supporting Best Practice in Occupational Therapy*, Slack Inc, New Jersey 6. 2 M Kwai-sang Yau, 'Occupational Therapy in Community Mental Health' (1995) 42 *Australian Occupational Therapy Journal* 129-32. 3 C Christiansen, C Baum (1997) *Occupational Therapy: Enabling Function and Wellbeing*, Slack Inc, New Jersey 5. 4 K Larson 'Activity Patterns and Life Changes in People With Depression' (1990) 44 *American Journal of Occupational Therapy* 902-06. 5 K Jacobs (1999) *Ergonomics for Therapists*, Buttermark Heinemann, Boston. 6 A Turner, M Foster, S Johnson (2002) *Occupational Therapy and Physical Dysfunction: Principles, Skills and Practices*, Churchill Livingstone, Edinburgh. 7 N Lampport, M Coffey, G Hersch (1996) *Activity Analysis and Application: Building Blocks for Treatment*, Slack Inc, New Jersey 8.



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