

Brain Injury Related Services

WHAT IS OCCUPATIONAL THERAPY'S ROLE IN MANAGING BRAIN INJURY?

Occupational Therapy: Occupational therapists (OTs) work to improve quality of life by helping patients get back to doing daily activities that they find meaningful. Occupations are any activity or task you participate in throughout your day, from brushing your teeth in the morning, getting dressed, going to the bathroom, going to work or school, laying down to sleep at night, and everything else in between. Occupations consist of activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure activities, and social participation (American Occupational Therapy Association [AOTA, 2020]).

- Occupational Therapist
 - Education/Requirements: Receive a doctorate in occupational therapy (OTD) or master's in occupational therapy (MOT) degree from an accredited school and pass a national and state licensure exam.
- Occupational Therapy Assistant (OTA) Education/Requirements: Receive an associate degree from an accredited OTA program and be certified and/ or pass state licensure exam.

OTs assess:

- Cognition/executive functioning
- Motor skills (gross and fine motor), process skills, social interaction skills
- Coordination
- Body functions and body structures
- Habits, routines, roles, and rituals
- Sensory integration
- Self-care skills
- Environmental supports and barriers
- Community mobility
- Chronic and acute pain
- Activity analysis

Outcomes of OT

Greater satisfaction with participation in daily occupations (work, school, leisure, social participation, health management, sleep, and play)

Improved performance with motor skills, processing skills, and social interaction skills Enriched mental functions including energy, sleep, emotions, and higher-level cognition

Address sensory functions including vision, body awareness, touch, and pain.

OTs are present in all stages of recovery

Early stage (coma)

- Range of motion exercises
- Positioning and mobility to prevent contractures and pressure injuries
- Teaching caregivers/family how to be interactive with patient

■ Middle and end stage

- Helping patient to become aware of strengths and how to capitalize on them
- Developing self-management strategies
- Focus on initiation of tasks and breaking down complex tasks to facilitate patient success
- Providing education to patient and caregivers to improve outcomes
- Energy conservation techniques and management of chronic fatigue

Late recovery/ Long term

- Establishing skills needed to participate in daily tasks
- Establishing self-management skills, including medication management, pain management, and more
- Developing social skills to participate in social interactions with others

Brain injury can cause neuromuscular, cognitive, visual, perceptual, and behavioral impairments that can lead to functional limitations or disability.

Common functional limitations OTs can address include:

- Chronic fatigue
- Chronic pain
- Psychosocial or mental health components
- Environmental barriers
- Community mobility
- Strength and range of motion
- Home and community safety

Each patient with a brain injury may have different needs. Working with OTs begins with evaluating and testing to identify the patient's needs. Once the individualized needs are identified, a plan of care can be made.

How Can Occupational Therapy Help?

- Physical agent modalities for managing pain
- Establishing routines and habits
- Energy conservation strategies
- Health management
- Social participation and managing life roles
- Community mobility
- Rest and sleep
- Assistive devices/adaptive equipment
- Chronic pain management

- Mental health management
- Adapting and modifying environments
- Building functional strength
- Building neuroplasticity
- Educating on community resources
- Self-management strategies
- Breaking down tasks to be more manageable
- ADL and IADL interventions

References



