

## Occupational Therapy's Role in **Acute Care**

Acute care is an inpatient hospital setting for individuals with a critical medical condition. These patients may have experienced a sudden decline in their medical and functional status due to a traumatic event, a worsening of a progressive disease, or the onset of a new condition. The primary goal of acute care is to stabilize the patient's medical status and address life-threatening issues. An essential second goal is to improve functional status and safety to prevent physical and cognitive complications—which are also key components of occupational therapy interventions.

Occupational therapy is the only spending category that has been shown to reduce hospital readmissions (Rogers, Bai, Lavin, & Anderson, 2016), through facilitating early mobilization, restoring function, preventing further decline, and coordinating care, including transition and discharge planning.



### **A Holistic View of Recovery**

Occupational therapy's holistic approach focuses on client goals to integrate occupation-based activity into the rehabilitation process. For example, if sitting up in bed for brief periods is recommended by the physician, the occupational therapist will determine personalized motivators to do so, such as eating a meal, sending an email, or another activity that won't compromise the client's status. Knowledge of normal human development, from neonate through geriatrics; the disease process and surgical and medical interventions; and anatomy, kinesiology, and neurology allows occupational therapy practitioners to contribute a broad range of clinical skills to acute/critical care services, including the following:

- A focus on mental health and cognitive factors, in addition to physical symptoms, to reduce noncompliance issues.
- Client-centered evaluation, intervention, and task modification to facilitate progress toward performance-based goals. This begins with identifying what the client needs and wants to do, and the supports or barriers to participating in those activities.
- An analysis of pre-hospitalization roles and the patient's likelihood of resuming them. Factors such as discharge destination, the potential need for adaptive equipment or modifications for safety and driving, and/or community mobility support are addressed.

### **How Occupational Therapy Complements Specialty Services in Acute Care**

#### **Critical Care**

- Evaluate the need for splints and positioning devices to preserve joint integrity and protect skin from breakdown due to prolonged pressure.
- Perform bedside evaluations to determine safety in eating and swallowing, and make recommendations for diet and liquid consistencies.
- Train families and caregivers to assist with range-of-motion exercises, safe transfers and mobility, and skin checks.
- Train patients who are unable to verbalize basic needs in how to use mobile devices or tablets to communicate or for other desirable activities.

#### **Medical-Surgical, Neurology, and Orthopedics**

- Provide training in self-care activities (e.g., bathing, dressing) with adaptive or durable medical equipment and/or compensatory techniques if needed.
- Use neuromuscular re-education, trunk stabilization, and balance activities to improve clients' ability to move in and out of bed and maintain an upright posture necessary to perform self-care and, eventually, home management activities.
- Use relevant occupation-based activities and preventive splinting to preserve muscle balance and range of motion for functional tasks.

- Address cognitive and perceptual deficits, including compensatory techniques.
- Provide wheelchair assessment and management to promote endurance and mobility, depending on patient readiness.
- Contribute to safe discharge planning, including recommendations for transitioning to the next level of care.
- Train patients in postsurgical orthopedic protocols, including appropriate weight bearing and/or precautions during activities of daily living (ADLs).
- Develop home programs and instruct patients, family members, and caregivers in how to use them to continue rehabilitation after discharge.
- Fabricate or provide assistive devices and protective orthoses and splints, and train patients in their use, to promote healing and maximize independence.
- Where applicable, teach specific techniques for functional mobility (e.g., safe car transfers).

#### **Psychiatry/Behavioral Health**

- Assist patients in organizing their daily activities to maximize performance, including self-care, home management, leisure, and community and social participation.
- Teach stress management techniques and coping skills.
- Address the needs of clients in behavioral or mental health units who also have physical impairments.
- Develop protocols for and facilitate therapy groups to address goal setting, community re-entry strategies, sleep hygiene, prevocational skills, body image issues, and basic to advanced ADLs such as money management.

#### **Pediatrics**

- Evaluate sensorimotor, cognitive, and adaptive skills, and facilitate progress toward developmental milestones.
- Collaborate with and train families to reinforce therapeutic skill acquisition.
- Develop and implement an intervention plan, based on the child's needs, to participate in various child-appropriate occupations and environments (e.g., school, home, playground), including socializing with other children.

### **Conclusion**

Occupational therapy practitioners collaborate closely with other health care team professionals such as case managers, nurses, physical therapists, speech-language pathologists, and physicians to create an interdisciplinary plan of care and a coordinated and appropriate discharge plan. They have a good understanding of the match between the patient's needs, abilities, and the environments in which they need to function, which assists with the successful transition to the home, community, or next level of care. In spite of the short length of hospitalization in the acute care setting, occupational therapy practitioners play an integral role in starting a successful rehabilitation process. They also recommend home safety modifications and durable medical equipment as part of an effective discharge plan to support functional performance.

### **References**

Rogers, A. T., Bai, G., Lavin, R. A., & Anderson, G. F. (2016, September 2). Higher hospital spending on occupational therapy is associated with lower readmission rates. *Medical Care Research and Review*, 1–19.

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Occupational therapy enables people of all ages live life to its fullest by helping them to promote health, make lifestyle or environmental changes, and prevent—or live better with—injury, illness, or disability. By looking at the whole picture—a client's psychological, physical, emotional, and social make-up—occupational therapy assists people to achieve their goals, function at the highest possible level, maintain or rebuild their independence, and participate in the everyday activities of life.

