Occupational Therapy and Primary Care

Role Paper

Catherine Donnelly
Leanne Leclair
Carri Hand
Pamela Wener
Lori Letts
Canadian Association of Occupational Therapists
Disclaimer: “The following is a proposal of a vision of occupational therapy practice - one that we suggest will bring about the utmost benefits for Canadians. Roles and recommendations reflected in this document do not preclude the possibility of other approaches or practices also being valid and relevant. In conjunction with these recommendations, Occupational therapists must abide by provincial regulations that govern occupational therapy practice and integrate clinical judgment and other factors including client preferences and resource availability.”

We would like to acknowledge the following individuals who supported the completion of this work: Ashley Yussiem, Monica Kapac, Danielle Degagane, Anna Tjaden- Clemens, Swanti Duet, Amanda Mofina and Ashley
Executive Summary

Primary care in Canada has undergone significant transformation in the past 20 years. Models of interprofessional primary care have been introduced across Canada to support the changing demographics and provide more comprehensive and coordinated care. Occupational therapists have the opportunity to play an important role in this expanding area of practice. In order to do so, it is critical that occupational therapists develop roles that are built on evidence and a clear understanding of the delivery context. Objective: To examine the role of occupational therapy within primary care. Method: A scoping review was conducted. The literature in primary care is emerging and a scoping review is particularly useful for bringing together heterogeneous information. Results: 85 articles were identified: 53 non-research and 32 research focused articles. A total of 185 assessments, 673 interventions and 134 outcomes were identified across the research and non-research literature. Occupation-level was the most frequently identified outcome of practice. The top five interventions were chronic disease management (n=29), health promotion (n=27), self-management (n=25), falls prevention (n=24) and supporting and educating families and caregivers (n=23). The predominant focus in the literature is on adult and older adult populations, largely due to the emphasis on managing chronic conditions in adults and supporting older adults to live independently in their homes. Practice Implications: Our review has demonstrated a breadth of contributions that occupational therapists can make in primary care with a role that is proximal to occupation, with evidence that is emerging, and continued primary care reform suggesting that there is a need for ongoing efforts to ensure solidification and further expansion of occupational therapy in primary care contexts across the country.
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The following provides a summary of roles for occupational therapy in primary care as they are being conceptualized or implemented, with research evidence to support both their implementation and expansion.

1. The primary focus of occupational therapy interventions in primary care is at the occupation-level, with an emphasis on interventions directed at health promotion and primary and secondary disease prevention.

2. Across all client age groups, occupational therapists working in primary care:
   a. engage in collaborative goal setting
   b. link clients of all ages to community services, programs and resources.
   c. target occupation-level outcomes with an emphasis on increasing and optimizing participation and performance in everyday activities.

3. The primary focus of occupational therapy services in primary care is on the adult and older adult population, with less emphasis on children and their families.

4. When working with children, occupational therapists:
   a. Conduct developmental screening and assess physical and cognitive abilities
   b. Support parent and child interaction
   c. Facilitate typical movement patterns

5. When working with adults, occupational therapists:
a. Assess physical activity and well-being, lifestyle and everyday activity patterns, work capacity and workplace accommodations.

b. Support individuals at work or returning to work through ergonomics, work-based coping strategies and skills.

c. Provide interventions related to grading, adapting or sequencing of activities.

d. Offer strategies to adapt to both physical and social environments.

e. Facilitate access to benefits, finances and accommodation.

6. When working with **adults and older adults**, occupational therapists:

a. Assess physical function (e.g. hand function, range of motion, strength, sensation, seating), affective components (e.g. mood, psychological well-being), occupation, and activities of daily living, physical and social environments.

b. Employ person-level strategies to support physical (e.g. activity, exercise, fatigue management), cognitive (e.g. cognitive-behavioural techniques) and affective components (e.g. counselling, coping and social skills).

c. Enable the management of chronic disease, using occupation-focused and goal-based approaches.

d. Provide lifestyle modifications and health and wellness activities.

e. Prescribe adaptive aids, assistive technology and equipment.

f. Utilize an integrated approach drawing on person, occupation and environment level interventions to enable individuals to manage chronic pain, manage stress, and promote health and prevent illness and disease (e.g. self management).

7. When working with older adults, occupational therapists:

a. Assess cognition and perception, falls, driving and home safety.
b. Conduct home safety assessments and home adaptations.

c. Offer family and caregiver support.

d. Provide education on community resources.

e. Implement falls prevention through an integrated approach that draws on person, occupation and environmental level interventions.

Our vision for the future of the role of occupational therapy in primary care includes the following:

1. All Canadians will have access to occupational therapy services through primary care, while ensuring coordination with occupational therapy service in other practice contexts to limit duplication of services while promoting continuity of care.

2. Occupational therapists in primary care settings will be generalists who practice to full scope;

3. Research will examine the effectiveness of occupational therapy services delivered in primary care contexts, targeting all three levels of the Health Risk Pyramid (Wallace and Siedman, 2006).

4. Given the focus of the current evidence on adults and older adults particular attention should be given to the roles and effectiveness of occupational therapy services to enable occupations of children and their families in primary care.

5. As interprofessional teams continue to be emphasized in primary care reforms, occupational therapy associations and individual therapists will reinforce the unique contributions of occupational therapy in enabling occupations;

6. Entry to practice occupational therapy programs will prepare student occupational therapists for generalist roles in primary care;
7. Continuing professional development opportunities specific to occupational therapy in primary care will support occupational therapists’ work in this setting.
References


