

Occupational therapy

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Early June 2011 my grandfather suffered a minor stroke at the age of 76. He was quickly admitted to John Muir in Walnut Creek, a few days went by and he only seemed to be getting worse; when unfortunately my family's worst nightmare became a reality. My grandfather endured another stroke, but this time it was much more serious. This put my family in an enormous amount of emotional distress, everyone was terrified and we had no idea what was going to happen to my grandfather. It happened so fast, all we wanted were answers.

But, when we got answers, they were far from what we wanted to hear. A few days after my grandfather's second stroke my family met with his doctors who showed little hope or optimism. They told us we were lucky he was still alive, but with the condition he was in now we were never going to see him walk again, he would probably never talk again, and he was definitely never going to be able to live independently ever again. As he kept explaining to us what was going to happen to my grandfather's life, the words cut like daggers.

My cousins and I watched our parents bewail with sorrow as we just sat aside our grandfather's hospital bed feeling helpless and confused. About a month went by while my grandfather was still in John Muir, and his progress was nothing to rave about. We would visit him daily, but he never seemed to be getting much better. He couldn't eat, talk, or move, but we just reminded him to keep fighting and we knew, with hope, he would be able to make a substantial recovery. When my grandfather was dismissed from the John Muir hospital in Walnut Creek, he moved into the Kaiser Permanente Medical Center in San Leandro.

While in San Leandro, he started to receive more intense therapy, his recovery was slow but we started seeing improvements; he was able to eat solid food, without a pump, began to talk again. While visiting my grandfather in San Leandro I was introduced to occupational therapy for the first time. I had no idea what occupational therapists did or even what occupational therapy was, but as I sat in on a few of my grandfather's sessions I became very interested. According to the World Federation of Occupational Therapy, "occupational therapy is a profession concerned with promoting health and well-being through engagement in occupation. But, when I sat down and talked with Julie Roberts, an in-home occupational therapist, she sighed, "[describing what OTs do is] really the hardest part of the job; there are so many different things we do and everyone has their own individual qualifications." When Julie goes into a home to meet with her clients for the first time, she greets them with a smile and tells them she's there to "help them with their job of living." Occupational therapy is an integral part of the therapeutic aspects of a person's recovery.

Although many people may see OTs for physical disabilities, it's also very common for someone to go to an OT for help with their mental or emotional state. Since everyone suffers uniquely from their various disabilities, typically the therapeutic process begins with an "individualized evaluation during which the client, their family and their occupational therapist determine the individual's goals" leading to "a customized intervention to improve the person's ability to perform daily activities and reach his/her goals" and once their therapy is over an "evaluation to monitor progression towards meeting the client's goals" is conducted.

Occupational therapists focus on “ adapting the environment, modifying the task, teaching the skill, and educating the client/family in order to increase participation in and performance of daily activities. ” “ For instance, teaching an elderly woman with a hip replacement how to get in and out of the bath tub while minimizing her fall risk, or helping a man recovering from a car accident use grabbers to reach things to keep his back safe. ” According to Roberts the most important part of her job is helping people “ adapt to living with their disability as efficiently as possible. During my visitation I went to an assisted living home in Antioch with my mentor, OT Stephanie Morano, I was able to sit in on a therapy session for a 92-year-old woman named Fern. Fern suffered from a GI bleed and although she was living somewhat independently, she had trouble moving and limited mobility. During the session I sat in on Stephanie used a balloon to help Fern feel comfortable standing and regain her balance, while strengthening her core just by making Fern stand in front of her couch while they batted the balloon back and forth.

Morano is also an in-home OT, meaning her main focus is to “ evaluate their [patients] level of independence, cognition, and safety. ” Moreover, “ occupational therapists provide intervention to maximize independence and function through remedial and compensatory strategies, with the ultimate goal of the client’s regaining the ability to live independently at home. ” Typically in-home OTs work with the geriatric community and spend most of their days in assisted living facilities or in homes with elderly people. According to Roberts most of her elderly patients suffering from various disabilities, are retired and don’t understand why she’s there; they don’t

think they need her help, until she starts showing them what she does. " Outside of home health there are a plethora of different areas to specialize in occupational therapy, a wonderful thing about this career is the ability to change your area of expertise.

Roberts and Boray both adamantly told me that home health is not for beginning OTs, when doing home health you are completely isolated from any other OTs, whereas in other areas you are surrounded by other OTs with other specific areas of knowledge that you can ask for advice. A few of the most popular areas of specialization include pediatrics, which is working with small children in " schools, community, and child based inpatient hospitals. " Although many times children need the same type of care as adults, the specialization comes in the way that the OTs address the needs in a way to specifically benefit a child.

Jennifer Boray, an OT that has worked in many areas, including pediatrics through the Mount Diablo Unified school district expressed to me that working with children is a wonderful experience to begin being an OT with because their willingness to learn and their want to succeed is fresh and enlightening. Many OTs also work in acute care hospitals, helping people stabilize their medical after a traumatic event, such as a stroke, spinal cord injury, or brain injury.

Occupational therapy plays an important role in facilitating early mobilization, restoring function, preventing further decline, as well as coordinating the patient's transition and discharge planning. Skilled nursing facilities also employ many OTs, in skilled nursing facilities the OTs focus on each individual's needs and typically help with activities of

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daily living and self-reliance, such as dressing and eating. There are also many outpatient clinics in hospitals for patients that are in need of individual treatment, but are still able to function on their own.

The many faces of occupational therapy allow Boray to “ easily move through this career and learn new things every day,” she loves that if she ever “ gets tired of home health care it will always be an option to find something new in this industry” but she plans on being in home health care for the rest of her life. Although occupational therapy is crucial to a person’s recovery, it is still an overlooked career in many ways. Even the OTs that I’ve talked to told me that going into college they had no idea what occupational therapy was.

Many students begin school wanting to pursue a career in physical therapy or rehabilitation when they are approached by a teacher or counselor with information about occupational therapy. Roberts explained when she went to college her career counselor suggested Julie look into occupational therapy, but she “ had no idea what it was. ” Like most people, she was initially confused, “ so they just re-teach people how to live? ” But, as she investigated the career, she realized it was exactly what she was looking for.

Being an OT is an extremely rewarding career, not only for the therapist, but also the patient. While my grandfather was in the hospital he began to get hopeless, he knew that he wasn’t making much of a recovery and it was hard for him to find the want to keep fighting, until he began his occupational therapy. It may not seem like a big deal, but when he isn’t able to hold a fork or stabilize his hand to raise it to his mouth, it frustrated him, but after trying and trying with his OT he was finally able to feed himself.

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When he took his first bite of food by himself after his stroke, his eyes lit up and it was obvious that he was beginning to believe in himself again. As time went on, the tasks he began to strive to achieve got bigger; eventually dressing himself, showering by himself, and contrary to the doctor's belief, walking by himself, were all things my grandfather wouldn't have been able to do if it wasn't for occupational therapy. Roberts professed to me her passion for helping people is what "drew [her] into occupational therapy and kept [her] there." "Seeing the joy on a sixteen year old girl's face when she finally puts her hair in a ponytail for the first time is an indescribable feeling," Julie told me, glowing, "but the thanks that comes after, the true gratitude she feels, that's what I love." When Boray asked me why I was interested in occupational therapy, I told her about my grandfather, and how beneficial occupational therapy was for him. After I was finished telling her about my situation she started glowing, and replied "that's what makes it all worth it, seeing a young girl inspired by an OT makes me know that we're doing something right." In doing this project and researching occupational therapy, I've learned a lot about the career and it's definitely something that I'm interested in pursuing in college. Since very few people are aware of what occupational therapy really is, there is a huge demand for OTs throughout the nation, and world. According to the Medical University of South Carolina, occupational therapy's projected growth rate is over 23% from 2006 to 2016. Roberts declared that becoming an OT was "the smartest thing" she has ever done.

She is a divorced single mother of two, who makes "more than enough" to support herself. She's "never been out of a job" and she was easily able to

take breaks for periods of time while she was having kids and traveling. Roberts affirmed that she's never "had to fish for a job;" and in this economy, that's impressive. I found Boray's ability to meet with me in the early afternoon very interesting, most people working full time jobs are locked into specific hours but when I walked into her home and saw her son playing with Legos on the floor I realized how much flexibility she really had.

When asking Boray how she manages working full time and having a family, she explained "that's one of the most wonderful things about working as an OT in home health; you really create your own schedule." Jennifer is electronically contacted by her company on a weekly basis with a list of clients for the week; she then calls all of her clients individually and sets up times to meet with them that work well for her.

Jennifer typically meets with 5 or 6 clients a day for about 45 minutes. Boray uses many "aspects of education" in her career every day, although the majority of her classes in school focused on muscle movement, she also uses a lot of her psychology classes when dealing with patients, she evaluates a person's mental state and sends it back into the doctor with her evaluations of their physical progress, "it's a really interesting part of the job, but it can get tough. She also has to use her medical knowledge to deem what is appropriate for every client, for instance "if someone's range of motion is limited because of a car accident but [she] notices they show signs of also possibly having a blood clot" she reports that to the doctor as well. Roberts agreed that the most important personality trait to have as an OT is "without a doubt, being a problem solver." After witnessing the positive effects of

occupational therapy, I've become very passionate about the career and spreading awareness about the benefits of this specific kind of therapy.

I hope that with my video I will be able to show the class, exactly what occupational therapy is and how it positively affects the people who endure it. I would love for everyone to develop the same appreciation for occupational therapy as I have and really see the benefits of them. The flexibility in this career, along with the rewarding aspects have made it something I am greatly considering to pursue. Seeing my grandfather, along with Fern, and the women that I interviewed gave me an insight to this career that wouldn't have been possible without my extensive research and strive to learn more.

I'm immensely glad that I chose this topic to pursue and I think it will have a direct impact on my life, my mentor was wonderful and helped me very much through this entire process. I was inspired to join the American Occupational Therapy Association and am now periodically given information about breaking innovations in occupational therapy, as well as connecting with OTs in our area and starting to get my name out there, hopefully leading to helpful opportunities in pursuing this career in the near future.

I've enjoyed expanding my knowledge about occupational therapy in general, and I found it very comforting that everyone I've been around in this career was so kind and willing to help; last summer before I ever even thought about doing this for my project I was interested in learning more about being an OT and I'm glad I was motivated to do so because this was a life-changing experience.