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# The use of occupation-based assessments and intervention in the hand therapy setting – A survey

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ABSTRACT

*Study design:* Descriptive survey.
*Introduction:* This study specifically explored the use of occupation-based assessments and intervention in the hand therapy setting, but also more generally, current practice trends about all assessments being utilized in this setting, frequency of their use, and therapists' perceptions about them.
*Methods:* An online survey was distributed via email to members of the American Society of Hand Therapists (ASHT). The survey consisted of ten questions and was administered via Survey Monkey.
*Results:* Responses were received from 22% of those surveyed. A descriptive analysis was completed of the results and indicated that over half use occupation-based assessments on a daily basis; most are related to ADL function and used for the development of goals. The primary reason for not utilizing occupation-based assessments is time limitation. Seventy-nine percent believe these measures are important for the services provided in the hand therapy setting.
*Conclusion:* Occupation-based assessments and intervention are not utilized as much as therapists would like in the hand therapy setting, primarily due to time constraints. While not formally assessed, the majority of those who responded indicated that they do address occupation in their assessments and interventions.
*Level of evidence:* Not applicable



In recent years, there has been concern and discussion that occupational therapists have deviated from using occupation as a means, or "occupation-based" treatment.[1–5] This observation has been made across all settings, but especially for the practice setting of "hand therapy."

"Hand Therapy" is defined as:

> the art and science of rehabilitation of the upper limb, which includes the hand, wrist, elbow and shoulder girdle. It is a merging of occupational and physical therapy theory and practice that combines comprehensive knowledge of the structure of the upper limb with function and activity. Using specialized skills in assessment, planning and treatment, hand therapists provide therapeutic interventions to prevent dysfunction, restore function and/or reverse the progression of pathology of the upper limb in order to enhance an individual's ability to execute tasks and to participate fully in life situations.[6]

While the definition states that this practice area is a combination of occupational and physical therapy theory and practice, current statistics show that 86% of all certified hand therapists are occupational therapists,[6] who have been trained in the use of occupation-based assessment and intervention.

In an article titled, "Can Occupational Therapists be Hand Therapists?", Fitzpatrick and Presnell[7] stated "occupational therapists working in the field of hand therapy tend to follow a reductionist biomedical approach in their practice. This emphasis means that there is the potential to lose the occupational focus in interventions with this client group." They go on to explain that when this happens, therapists are reinforcing diagnosis over person and risking the creation of a perception that clinical practice is primarily technical in nature.

Occupation as a "means and an end" is core to the basis of occupational therapy as a profession. The "means" is the use of occupation as a process or method of intervention; the "end" is the outcome or product being facilitated by intervention.[8,9] Over the years, "occupation" has been defined in many ways:

> Continuous activity having a purpose.[10]

> Doing culturally meaningful work, play, or daily tasks in the stream of time and in the contexts of one's physical and social world.[10]

This has not been presented at a meeting and did not receive any grant support. ASHT provided support by waiving the fee for the email list of members to be used for the survey.

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The ordinary and familiar things that people do everyday.[10]

Activity that is both meaningful and purposeful to the person who engages in it.[11]

Why has the profession veered so far away from these core tenets for intervention? The reasons that occupational therapists in the hand therapy setting have become less "occupational" have been explored and seem to be primarily related to cost containment measures such as limited visits, decreased treatment duration, and reimbursement capitation.[3] Other reasons found have included reliance on protocols and prescribed treatment methods, the effects of specialization, and higher caseload demands.[1] Jack and Estes[12] contend that in the past 20 years, the profession has become aware of the need to return to "more holistic, client-centered approaches that supplement the strong manual skills of more biomechanical approaches. In this era of managed care, hand therapy is increasingly perceived as a practice area in which mechanical skill must often over-shadow client-centered approaches to meet health insurer demands."

Having been an occupational therapist for over 30 years, and a certified hand therapist for over 20 years, I followed these observations and discussions with interest. I had to agree that I was observing the same trends. In my opinion, we were using occupation-based treatment to a much greater extent 20 years ago. Another trend that I began to notice was a decrease in the use of formal assessments. It seems that if any formal assessment was done, it was primarily for impairment deficits. Assessment is the first contact a therapist has with a client and is the initial step in the clinical reasoning process. For occupational therapists, assessment should focus on occupational performance (function) and involve analyzing tasks, activities, and occupations. "Best practice assessment (in O.T.) is centrally focused on occupational performance in everyday life."[13] Were these components of evaluation actually being done in the hand therapy setting? Since the use of occupation-based intervention had seemingly declined in the hand therapy setting, it would seem to follow that the use of occupation-based assessment had also declined.

The 2008 practice analysis of hand therapy[14] revealed that hand therapists reported spending 27% of their time in "evaluation of upper extremity and relevant patient characteristics." Included in this domain of evaluation is: "assess and document psychosocial, functional and ergonomic factors and status" and "identify impairments, functional limitations, and disabilities based on the result of the assessment." Which assessments were being utilized to achieve this?

The purpose of this study was specifically to explore the use of occupation-based assessments and intervention in the hand therapy setting, but also more generally, current practice trends about all assessments being utilized in hand therapy settings, frequency of their use, and therapists' perception about them. For the purpose of this survey, occupation-based assessments were defined as including[13,15,16]:

- measurement of occupational performance (function) that involves assessment of self-care, work, other productive pursuits, play and leisure
- focus on both the subjective experience and the observable qualities of occupational performance
- problems identified by the client and his/her family, not the therapist
- take into account what people do in their daily lives, what motivates them, and how the environment influences successful occupational performance

While focusing primarily on occupation-based assessment, the survey presented the opportunity to also gather information about the use of occupation-based intervention, possibly adding to existing literature and the discussion already in progress within the field, on this topic.

## Method

An online survey was created by the author, who has had previous experience in developing surveys, has been an occupational therapist for 34 years, and a certified hand therapist for 23 years. The survey was informally piloted among the author's co-workers to check for clarity and necessary edits. The survey consisted of a total of ten questions. The first two questions addressed demographic information; the next four questions were about the use of occupation based assessments; the next two asked about impairment based assessments; the last two addressed perceptions and opinions about occupation based assessment and intervention. Nine items were multiple choice questions and one was an open ended question. The survey received IRB approval from the University of Texas Health Science Center, approval from the American Society of Hand Therapists (ASHT) research division, and was administered via the Survey Monkey platform. An invitation and consent to participate in the electronic survey was sent to all current members of ASHT via email. The message contained a link to the survey. Three weeks later, a reminder email was sent. The survey remained open for an additional week, for a total of four weeks.

The membership of ASHT consists of both occupational and physical therapists. The decision was made to include everyone in the survey, since both disciplines practice in the hand therapy setting and by definition, hand therapy is a merging of the two disciplines. In addition, while "occupational performance" is a domain of occupational therapy, "function" is used synonymously, and is certainly a goal of physical therapists in the hand therapy setting as well. In addition, occupation-based assessments are not limited to use only by occupational therapists.

A total of 2830 members, including the U.S. and foreign countries, were sent the original email. Of those, 175 were returned as "undeliverable, "leaving a total of 2655 whom it is assumed received the survey invitation.

Data and responses were collected by the Survey Monkey platform. Quantitative responses were analyzed by frequency counts and percentages. Qualitative responses were coded by themes.

## Results

### *Demographics*

A total of 594 members of the American Society of Hand Therapy (ASHT) completed the survey, which represents a return rate of 22%. Of those, 91% were occupational therapists and 9% were physical therapists. Seventy-eight percent were certified hand therapists and 10% also had another specialty certification. The majority of both disciplines had been in practice for more than 20 years (62% of OTs and 60% of PTs). Thirty-three percent of all respondents worked in a hospital based setting, 28% worked in a therapist owned private practice, 19% in a physician owned practice, 12% in a corporate owned practice, and 6% in "other" settings, which included non-profit, pediatric, academic/medical school, traveling, and jointly owned therapist/physician (Tables 1 and 2).

### *Occupation-based assessment*

When respondents were asked to estimate how often they use occupation-based assessments in their practice, 52% said daily, 25%