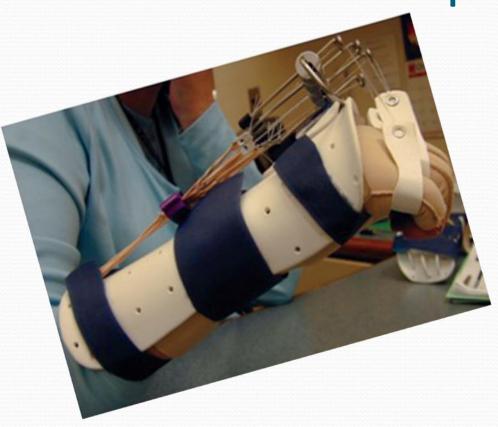
The distinct value of OT in rehabilitation of the upper extremity

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Benefits of Occupational Therapy



Upper extremity disability can result in disruption of many if not all activities of daily living and instrumental activities of daily living. Occupational therapy professionals receive a strong educational component in psychosocial development and pathology. This provides the basis for understanding the impact of upper extremity dysfunction on key daily activities and roles. Course work in mental health gives occupational therapists the skills to evaluate clients' psychosocial and emotional needs, modify the treatment approach to facilitate compliance with the rehabilitation program, and promote the best outcome possible. Because of the holistic, client-centered approach of occupational therapy, clients are met at their current level of function. Through activity analysis, the occupational therapist is able to address each client's priorities, along with his or her pathologies, with activity modifications and compensatory techniques to facilitate performing at his or her greatest level of independence from the start, and at every step of the rehabilitation process. This independence encourages integration of the affected upper extremity as soon as possible, thereby making the journey to maximal function seamless.

Occupational therapy assessment

- Comprehensive client centered approach
- Detailed history (medical, occupational, vocational)
- Musculoskeletal components (Strength, ROM)
- Sensory assessment



- Cognitive or perceptual assessment if indicated
- Vascular, skin, or connective tissue assessment
- identify psychosocial, environmental, and other factors that may influence rehabilitation outcomes.
- evaluate the demands of the client's workplace and home, including caregiving roles and leisure activities.

Injuries and conditions treated by OT

- Fractures
- Amputations
- Arthritis and rheumatic diseases
- Congenital anomalies
- Crush injuries or trauma
- Cumulative trauma
- Dislocations and subluxations
- Thermal and electrical injuries
- Neuromuscular pathologies

- Ligament injury and instability
- Muscle strains, tears, and avulsions
- Tendon injuries and conditions (e.g., lacerations, tendonitis, ruptures)
- Nerve injuries and conditions (e.g., neuropathies, palsies, nerve repair)
- Pain (e.g., complex regional pain syndrome, fibromyalgia)
- Replantation and revascularization
- Wounds and scars

OT interventions

- Therapeutic activities
- Therapeutic exercise
- Orthosis design, fabrication, fitting, and training
- Joint protection and/or energy modification in home, work, school, or leisure activities
- Sensory re-education
- Mirror therapy
- Scar management
- Pain management
- Work conditioning or work hardening
- Training in activities of daily living and adaptive or assistive devices
- Education for post-surgical or postinjury safety, including sensory loss

- Design and fabrication of selected orthoses for post-surgical, post-injury, or long-term use
- Ergonomic principles
- Diagnostic and post-surgical protocols
- Wound care
- Application of physical agent modalities
- Manual therapy
- Biofeedback techniques
- Taping techniques
- Compression therapy

Thank you



