

Choosing Wisely[®]

An initiative of the ABIM Foundation

AOTA American Occupational Therapy Association



Occupational Therapy

Five Occupational Therapy Treatments to Think Twice About

Occupational therapy helps people with an injury, illness, or disability learn or re-learn to do everyday activities. For adults, this could include activities like getting dressed, cooking, and driving. For children, this could include activities like learning or playing. Occupational therapy got its name from its focus on helping patients with everyday activities—or “occupations.”

Occupational Therapists (OTs) and Occupational Therapy Assistants (OTAs) are a part of your health care team. They think about your physical abilities, like which parts of your body you can and can't easily move. They think about your mental abilities, like what your brain can and can't process. And they think about your environment, like where you live, work, or go to school—and how you get there.

Your OT will ask you questions about what's important to you, like driving your car or folding your laundry, so treatment focuses on meeting your goals. They might change the way you do an activity, like putting an extension on your steering wheel or suggesting grab bars to help you get in and out of the shower. OTs and OTAs will usually go wherever you need them so you can practice your skills where you'll actually be doing activities, like your school, house, office, or nursing home.



Avoid treatments that aren't helpful

There are some occupational therapy treatments that aren't helpful. Some might not be provided in the best way, and some just might not be the right treatment for you. In the best-case scenario, these wouldn't have any effect on you. But, in the worse-case scenario, they could make your symptoms last longer or get worse.

Your occupational therapy sessions should be efficient and useful. Depending on your treatment plan, below are five questions that might be helpful to ask your OT or OTA to make sure you're getting the best possible treatment.

Do my occupational therapy activities support what I want to do?

All of your occupational therapy treatment activities should have meaning and be things you want and need to do. They should help you reach your goals and make you more functional and independent. Activities that aren't tailored to your goals may not be very useful. You might even skip your appointments because you don't see how occupational therapy is helping you.

Real Life Example: If you had a stroke, you may still want or need to prepare your own meals while you're recovering. Your OT or OTA should spend time helping you reach this goal by showing you the best ways to do things like reaching into cupboards and turning on the stove. Exercises like stacking cones or using an arm bike will not be as helpful or motivating as real life activities where you can progress toward doing what's important to you.

Do the occupational therapy activities that challenge my mind have a purpose?

Just like your movement-based occupational therapy activities help you reach your physical goals, your mind-based activities should help you reach your cognitive goals. Your OT and OTA will think about how your brain uses information to help you reach your goals.

Real Life Example: If you have a brain injury from an accident, you may still want to do your own grocery shopping. This might include planning your meals, making a grocery list, managing your money, and finding items in the grocery store. If your OT or OTA gives you workbooks and activities on the computer to learn these skills, that won't be as useful as actually practicing all the steps. And, by going to the grocery store with your OT or OTA, the two of you might see additional areas where you need help, such as getting to and from the store, finding unfamiliar items, or comparing prices.



What's the goal of heat, ice, and electrotherapy?

Some OTs and OTAs use tools like heat, cold, and electrotherapy with their patients. One reason to do this is to lessen your pain so you're comfortable enough to do your OT activities during your appointment. Using these devices simply to reduce pain, without a specific activity in mind, is not occupational therapy.

Real Life Example: If you had shoulder surgery, getting dressed might be very painful and difficult. In this case, your OT or OTA could start your appointment by applying heat or cold to your shoulder so you are able to work on ways to comfortably get dressed.

Are these the right sensory interventions?

Some people have difficulties with everyday sensations, like noises, lights, textures, and tastes. OTs and OTAs can help their patients with these challenges. But all patients don't respond the same way to each solution—and what works for one patient may cause a sensory overload in another patient, making things worse.

Real Life Example: If your child has autism, it might be difficult for him or her to brush their teeth or stay calm in a crowded store. To learn more about your child's sensory needs, your OT should conduct an assessment. Then, your OT or OTA will be able to work with you and your child to help with those specific sensitivities.

Are overhead pulleys the best treatment for me?

Some people need occupational therapy because they are weak on one side of their body, making it difficult to do their daily activities. Some exercises, such as using overhead pulleys, can cause even more problems, like pain or a shoulder injury—and that makes recovery even harder.

Real Life Example: If you had a stroke, one of your arms might be weak. In order to do everyday activities, like reaching into the refrigerator or medicine cabinet, you'll need to strengthen it. Rather than do this with an overhead pulley that may cause injury, your OT could gently guide your arm in a certain direction to help you safely practice the exact motion you'll need to make. This will help get you ready for future occupational therapy sessions where you'll learn new ways to use your arm for everyday activities.

How do I choose an occupational therapist?

Your doctor may refer you to an OT, but you can also choose one on your own.

Make sure your OT or OTA is licensed.

Federal and state laws license and regulate OTs and OTAs. Contact your state's Occupational Therapy Licensing Board or Agency to confirm that your OT or OTA is licensed.

Check your insurance coverage.

Ask your health insurance plan if they cover occupational therapy. Many do, including Medicare and Affordable Care Act plans. Also ask if the OT and/or OTA you want to see is in your plan's network, how much you may need to pay, and how many appointments are covered.

Your OT works for you.

If your OT or OTA is not focusing on activities that are important to you, let him or her know. And, if something doesn't make sense, ask.

Learn more about occupational therapy on the [American Occupational Therapy Association website](#).

This report is for you to use when talking with your healthcare provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

© 2019 ABIM Foundation. Developed in cooperation with the American Occupational Therapy Association. To learn more about the sources used in this report and terms & conditions of use, visit

www.choosingwisely.org/patient-resources