

The importance of occupational therapy to people with Long Term conditions

Key facts:

Occupational therapists work in a large range of areas where their contribution to the safe management of long term conditions has significantly reduced the need for further health and social care interventions; enabling service users to have an increased independence and quality of life. (AHPF 2005)

Allied Health Professionals, including occupational therapists can work in specialist neurology centers that include orthotists, speech and language therapists, physiotherapists, psychologists, dietitians and nurses. Following assessment of the individual's needs a multi-disciplinary treatment programme is planned. These interventions enable people to manage their conditions and live as independent lives as possible minimising the demands on health and social care services. (AHPF 2005). This is done through:

- Working across the acute and community interface
- Delivering integrated services across health and social care
- Supporting people to manage their own conditions to prevent admission
- Supporting early discharge from hospital
- Provision of equipment and adaptations that promote independence and management of the condition
- Helping those with long term conditions to remain or return to work

Recent research on occupational therapy interventions with people with a traumatic brain injury has shown remarkable success in return to work, without a large increase in health costs. (Phillips et al 2011).

Occupational therapist assist people with Parkinson's with their mobility, prevention of falling, transfers e.g. in out of bed and on and off a chair, posture and seating, eating and drinking, self-care and fatigue management (Aragon et al 2010).

NICE Guidelines for chronic fatigue syndrome(CFS) /myalgic encephalomyelitis (ME) (NICE 2007) recommend that every person diagnosed with CFS should be offered help with occupational activities, including work and education if appropriate, and that people with severe CFS may need to use community services including nursing, occupational therapy, dietetics, respite care psychology and physiotherapy.

There is increasing evidence that occupational therapists not only support people with multiple sclerosis at a symptomatic management level (Mathiowetz et al 2007) (Matuska et al 2007) (Mathiowetz et al 2005) but can enhance participation through meaningful activities by providing environmental support and reducing social environmental barriers, and by enhancing personal coping strategies (Finlayson et al 2008), (Finlayson et al 2003), (Yorkston et al 2005), (Mosley et al 2003). Evidence is also available on what people with multiple sclerosis want from clinicians (Sweetland 2007)

Cost Benefit:

A study that explored the relationship between provision of equipment and reduction on care package costs and residential care found that over an eight week period cost savings to care packages through provision of equipment were over £60,000 (Hill 2006).

Housing adaptations reduce the need for daily visits and reduce or remove costs for home care (savings range from £1,200 to £29,000 a year) (Heywood et al 2007).



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