

UNIVERSITY OF PITTSBURGH
MASTER OF OCCUPATIONAL THERAPY PROGRAM
Curriculum Design and Fieldwork Level I Objectives
OT 2114 – Biomechanical Theory and Practice II

CURRICULUM DESIGN

The curriculum design of the University of Pittsburgh Master of Occupational Therapy Program is based on the interaction of concepts from the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001), and three primary roles of the occupational therapist. It is our belief that the interaction of these concepts and roles delineates the substance and the process of what occupational therapists do, and how they do it. Furthermore, the matrix of these interactions serves as an organizer for the relationship between the courses in our curriculum and the content within them.

International Classification of Functioning, Disability and Health (ICF) Concepts

Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives.

Functioning indicates non-problematic aspects of health and health-related states.

Disability indicates problematic aspects of health and health-related states.

Participation is involvement in a life situation.

Participation restrictions are problems an individual may experience in involvement in life situations.

Activity is the execution of a task or action by an individual.

Activity limitations are difficulties an individual may have in executing activities.

Body functions are the physiological functions of body systems (including psychological functions).

Body structures are anatomical parts of the body such as organs, limbs and their components.

Impairments are problems in body function or structure such as significant deviation or loss.

(WHO, 2001, pp. 8, 10).

Occupational Therapist Roles

Practitioner Role: The occupational therapy practitioner, based on outcomes that are meaningful to clients, uses evaluation data to formulate and implement interventions to establish, restore, maintain, or enhance functional and structural integrity, activity, and participation in lifestyles that are optimally independent, productive, and satisfying to clients. Graduates will demonstrate the ability to:

- establish therapeutic relationships with clients and caregivers, and professional relationships with colleagues consistent with the Occupational Therapy Code of Ethics and Ethics Standards (AOTA, 2010);
- screen and evaluate client's participation and participation restrictions, activity and activity limitations, functional and structural integrity and impairments, and occupational environment; document the findings and accurately interpret the results;
- formulate, implement, and document an occupation-based intervention, using current best evidence, to enhance functioning and reduce or prevent disability;
- develop and implement a transition plan in collaboration with clients in preparation for the discontinuation of occupational therapy services.

Manager Role. The occupational therapy manager plans, organizes, implements, staffs, directs, and evaluates occupational therapy services; coordinates these functions with other health, education, and work-related services; and promotes understanding of occupational therapy services. Graduates will demonstrate the ability to:

- use data when making resource and program management decisions and apply management principles and strategies to direct occupational therapy services
- relate the roles and functions of occupational therapy to other health care services and describe the influence of external factors, such as demographic trends, public laws, health care policies, and reimbursement policies on health care services.

Contributor Role. The occupational therapy contributor has a professional responsibility to recognize and influence health care within the context of world, national, state, community, and work environments. Contributors participate in the development and application of a scholarly body of knowledge within occupational therapy practice. A graduate will demonstrate the ability to:

- recognize, integrate, and discuss issues pertaining to public health and occupational therapy practices, and articulate methods to effect change;
- find, analyze, and integrate scholarly works from both occupational therapy and other appropriate sources; design, implement, and disseminate beginning level research projects as well as articulate the basics of grant writing.

Based on our curriculum design, the content of the curriculum is organized in the curriculum matrix in Table 1.

Table 1. Matrix of the University of Pittsburgh Master of Occupational Therapy (MOT) Curriculum Design and Curriculum Content.

		ROLES		
		Practitioner	Manager	Contributor
ICF*	Environment Factors (physical, social, attitudinal)	Analyzes the influence of the environment on occupational functioning and makes recommendations	Plans, establishes & manages organizational, educational & community environments	Uses research evidence to identify & influence health within multiple environments; advocates for access to OT services for clients in need
	Participation / Participation Restriction	Evaluates & intervenes for factors that enable or restrict full participation of consumers of OT services	Considers social, economic, political, legislative & policy issues to plan, establish & manage service delivery systems that promote participation of OT consumers & disability populations	Uses & designs research to examine factors that enable full participation of individuals & populations & disseminates findings to consumer, professional, regulatory and health policy groups
	Activities / Activity Limitations	Analyzes everyday activities & occupations. Evaluates & intervenes for factors that enable or limit expected, required, or desired activities/ occupations of consumers of OT services	Plans, establishes, & manages resources & service delivery systems that reduce activity limitations & promote activities for OT consumers & disability populations	Uses & designs research to examine factors that enable activities & occupations of individuals & populations, & disseminates findings to consumer, professional, regulatory and health policy groups
	Body Functions & Structures / Impairment	Evaluates & intervenes for factors that influence optimum health as well as deviations and loss of functions/structures	Plans, establishes, & manages resources & service delivery systems that reduce impairments & promote healthy function of body functions/structures for OT consumers & disability populations	Uses & designs research to examine factors that prevent deviations & loss of functions/structures to promote health of individuals & populations, & disseminates findings to consumer, professional, regulatory and health policy groups

*International Classification of Functioning, Disability and Health

FIELDWORK LEVEL I

Fieldwork education is a crucial part of professional preparation and is integrated as a component of the curriculum design. It is an extension of the MOT program within the clinical/community setting. The fieldwork experience provides the MOT student with the opportunity to learn professional responsibilities by having them modeled by qualified and experienced personnel and to practice these responsibilities under supervision.

Fieldwork Level I is integrated into OT 2114 – Biomechanical Theory and Practice II (Term 5) and is designed to enrich didactic coursework through direct observation and participation in selected aspects of the occupational therapy process and prepares students for Level II Fieldwork. Information from the course syllabus is included below.

The didactic and laboratory components of the course facilitate students' acquisition of knowledge and skills for attainment of course objectives. The fieldwork component provides an opportunity for application of knowledge and skills as appropriate.

OT 2114 – BIOMECHANICAL THEORY AND PRACTICE II

Course Description:

The occupational therapy process for clients with physical dysfunctions involving biomechanical impairments is studied in-depth. Theories, principles, assessments, and interventions focus on performance of activities and routines of daily living and participation in society. Clinical reasoning skills for making diagnostic judgments and planning interventions are emphasized. Experiential learning is provided in a laboratory setting and reinforced in fieldwork.

Relationship to the Curriculum Design:

This course provides an in-depth understanding of physical dysfunction and rehabilitation. The intent is to integrate material from previous courses and present new material to prepare the student primarily for the practitioner role (P) through the assessment of fundamental performance and rehabilitative interventions. The manager role (M) is addressed in the documentation of occupational therapy services and the contributor role (C) reinforced in the review of evidence-based articles (and texts) that support the practice of specific interventions and approaches with physical disabilities and rehabilitation. The content of this course relates to the International Classification of Functioning, Disability, and Health (ICF) levels of body structures, body functions, activity and participation, and context/environment of clients with physical dysfunctions with inclusion of and emphasis on biomechanical (orthopedic) related conditions.

Course Outcome:

Upon successful completion of this course, the student will be able to apply occupational therapy biomechanical theory, models of practice, and frames of reference as well as medical and safety precautions in the evaluation, intervention, and outcome processes for (principally) adults with physical and/or occupational performance dysfunction.

Specific Course Objectives:

1. Describe and discuss biomechanical rehabilitation in occupational therapy in relation to practice settings, diagnostic populations, client and environmental factors, collaboration with interprofessional team members, and the occupational therapy clinical reasoning process (screening and evaluation, intervention and transition planning, documentation, and referrals).
2. Describe and apply the major principles of biomechanical conceptual models.
3. Demonstrate the ability to accurately and effectively screen and evaluate clients with biomechanical diseases, disorders, and conditions to determine their need for occupational therapy services.
 - Demonstrate the ability to understand the client's needs and wants through completion of an occupational profile.
 - Demonstrate the ability to select and administer appropriate assessment tools using appropriate data gathering methods that support the tools' reliability and validity.

- In addition to impairments, activity limitations, and participation restrictions, consider the influence of client and environmental factors that influence occupational performance.
 - Formulate occupational therapy diagnoses to focus and guide intervention plan development, implementation, and outcomes evaluation.
 - Demonstrate the ability to analyze, interpret and document evaluation results as it pertains to the client’s occupational performance.
 - Understand the consultative, care coordination, and case management processes used in biomechanical rehabilitation, including referrals to specialists.
4. Interpret and apply evaluation results to develop, implement and document client-centered occupation-based intervention plans to promote participation with clients with biomechanical diseases, disorders, and conditions.
 - Demonstrate the appropriate selection and presentation of culturally-relevant occupation-based interventions (i.e., ADL, IADL, community, and work integration) consistent with the client’s needs and wants.
 - Demonstrate the knowledge of when and how to appropriately use preparatory methods in the occupational therapy intervention plan, including physical agent modalities (i.e., thermal, mechanical, and electrotherapeutic), orthotics, and prosthetics.
 - Integrate medical and safety precautions into the occupational therapy intervention plan.
 - Demonstrate appropriate cueing and use of the teaching-learning process to promote optimal learning based on the client’s performance.
 - Monitor and reassess the effects of occupational therapy intervention, and develop and implement transition and discharge plans as appropriate.
 5. Demonstrate an understanding of how to maintain clear, therapeutic, effective, and professional communication and interactions (written, oral, and non-verbal) with clients, caregivers, and other members of the interprofessional environment.
 6. Discuss supervision and collaboration with the occupational therapy assistant in the application of occupational therapy process for clients with biomechanical diseases, disorders, and conditions.
 7. Critically evaluate, synthesize and apply evidence as it relates to biomechanical assessments and interventions.
 8. Consistently demonstrate professional behaviors and participation as reflected in the American Occupational Therapy Association Standards of Practice for Occupational Therapy and the Occupational Therapy Code of Ethics and Ethics Standards.
 9. Apply knowledge of course content to practice, and develop understanding of the needs of clients through participation in Level I fieldwork.
 10. Follow policies, procedures, and documentation methods in the completion of Level I fieldwork assignments.