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Step 1: Determining What Is Being Analyzed

Objectives

- Understand how an occupational analysis is different from an activity analysis.
- Determine when to conduct an occupational analysis or an activity analysis.
- Divide a large occupation into smaller manageable activities or tasks to allow for analysis.
- Define the categories and specific occupations listed in the *Occupational Therapy Practice Framework: Domain and Process, Fourth Edition* (*OTPF-4*).
- Identify the difference between activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, work, education, play, leisure, and social participation.
- Understand how occupations can be classified in different areas of occupation based on the client.

Thomas, H.
Occupational and Activity Analysis, Third Edition (pp. 15-50).

Activity 2-1

Using the definition of an occupation (see Chapter 1), determine if the following activities would require an activity analysis or an occupational activity analysis.

ACTIVITY	ACTIVITY ANALYSIS	OCCUPATIONAL ANALYSIS
Putting pegs into a pegboard		
Sewing a button on a shirt		
How a client makes tea		
Riding a bike		
Mary putting dishes into her dishwasher		
Mary stacking cones on the table		
Writing a paper for an occupational therapy class		

Occupational or Activity Analysis?

The first step to an occupational or activity analysis is to determine what it is that you will be analyzing. As discussed in Chapter 1, there are two types of analyses: activity analysis and occupational analysis. The first type, activity analysis, involves analyzing an activity as it is typically done, without a particular person in mind. This is helpful when looking at different activities and how they might be therapeutic in an occupational therapy session. Occupational analysis is very individualized, as it looks at an activity that has meaning and uncovers the contextual and environmental influences for a particular individual. Going back to the example of making a peanut butter and jelly sandwich, an activity analysis could be completed on how it is typically done, but an occupational analysis would be completed if we looked at how our client Lisa does it.

The first step to an analysis is to determine if you will be conducting an occupational analysis or an activity analysis. Both are done within the process of occupational therapy evaluation and intervention (Activity 2-1). So, ask yourself, am I analyzing an activity for a particular client, or as the activity is typically done? For example, are you analyzing how your client Mr. Gonzalez typically brushes his teeth (occupational analysis), or how teeth are typically brushed within your culture (activity analysis)?

Narrowing Down the Activity or Occupation to Be Analyzed

Once you have determined if you are conducting an occupational or activity analysis, you must then identify what specific activity or occupation you will be analyzing. If it is too large, it needs to be broken down into smaller activities. For example, if you were to look at the larger occupation of snow skiing, this occupation is made up of several activities, such as putting on the gear, buying a lift ticket, getting onto the ski lift, and then skiing down the hill. Each of these contributes to participation in the occupation of snow skiing. For many occupations and activities, breaking it down into smaller parts is a necessary step. To decide whether this is necessary, think about the following:

- Are there more than 20 to 25 steps? If so, break the activity or occupations up into smaller parts to analyze. For example, getting ready in the morning can be separated into separate parts such as getting dressed, showering, and putting on makeup.
- Are there multiple criteria for successful completion? For example, perhaps getting ready in the morning includes getting clothes on, doing hair, and putting on makeup. Each of these has a different result, indicating successful completion. Getting dressed results in having all appropriate

Figure 2-1. A toothbrush and toothpaste as examples of objects.

Activity 2-2

Take a moment to think about each of the following activities. Would you break them down into smaller tasks, or would you analyze them as they are? If the activity listed can should be broken down any further, check off the box that states "Keep As Is." If you would need to break it down into smaller activities, check off the box that states "Separate Into Smaller Activities."

ACTIVITY	KEEP AS IS	SEPARATE INTO SMALLER ACTIVITIES
Washing a car		
Sewing a button on a shirt		
Cleaning the kitchen		
Making scrambled eggs		
Gardening		
Taking care of cats		

clothes on correctly. Showering includes washing and drying all body parts. Thus, getting ready in the morning should be broken up into separate components, based on successful completion.

- Are there different objects or space demands for different parts of the activity? For example, if you were to analyze "getting ready in the morning," there are parts of the activity that require the use of the bedroom (obtaining and donning clothes), as well as the use of the bathroom (showering, brushing teeth). There are also very different objects required for parts of this activity. Towels, soap, and shampoo are required for showering, while a toothbrush is required for the grooming part of getting ready in the morning (Figure 2-1). Finding that there are very distinct groupings of objects and settings might signal to you that the activity needs to be broken down into smaller tasks. In this example, the activity of getting ready in the morning can be broken down into tasks such as showering, brushing teeth, using the toilet, and combing and styling hair (Activity 2-2).

Identifying the Occupation

The domain of our practice is occupations, the everyday activities that make up people's lives (American Occupational Therapy Association [AOTA], 2020a). This means all activities that people may engage in are of concern to us. The *OTPF-4* helps to define what this means by listing all major human activities into nine categories: ADLs, IADLs, health management, rest and sleep, education, work, play, leisure, and social participation. Under each of these categories are subcategories and descriptions of common

activities for that subcategory. For example, bathing and showering are one of the subcategories of ADLs. Activities included in bathing and showering are "obtaining supplies; soaping, rinsing, and drying body parts; maintaining bathing position; and transferring to and from bathing positions" (AOTA, 2020a, p. 30).

The range of different occupations is found in Table 2 of the *OTPF-4*. They broadly define all occupations and give the reader an idea of the breadth of the scope of occupational therapy. Using this classification system helps occupational therapy practitioners in many ways. It clarifies the scope of our practice, not only for occupational therapists and occupational therapy assistants, but also for other health care professionals and consumers. By defining all areas of occupation, everyone understands the domain of occupational therapy. It exemplifies that we are more than the ADL or self-care experts but rather that we look at all activities and occupations that are meaningful in people's lives.

It is a cue for occupational therapists and occupational therapy assistants as to all of the areas we are responsible for. If I were injured in a car accident and needed the services of occupational therapy, I would want the professionals working with me to recognize all areas of my life that are important. It is important not only that I be able to dress myself and take myself to the bathroom, but also that I be able to socially participate in family gatherings, engage in leisure activities, and take care of my dogs. This list of occupations is often an eye-opener for students as they see the extent of what our profession entails. Yes, sexual activity and sleep are also occupations that are part of our domain!

Each category of an occupation gives examples of the activities and tasks that make up that area of occupation. The complexity of everyday activities is often overlooked. Listing the multiple tasks that are required of occupations illustrates how multifaceted some of these everyday activities are.

The terminology of the categories of occupations and their subcategories helps practitioners use universal language in their documentation. The *OTPF-4* was created using language from the World Health Organization's (WHO, 2001) *International Classification of Functioning, Disability and Health*; thus, the terminology is internationally and interprofessionally recognized. The use of this language to document and discuss your client's occupations will ensure greater understanding by other health care professionals, as well as funding sources.

Understanding what defines each category of occupation helps us determine what we need to assess and evaluate in our clients. What does it mean to be independent in ADLs? Using the list of occupations the *OTPF-4* provides as a guide, we know all of the activities this entails. If I were to watch my client, Jennifer, get dressed and complete her grooming independently, could I say that she is independent in all of her ADLs? What about bathing, bowel and bladder management, eating, feeding, functional mobility, personal device care, toilet hygiene, and the other activities listed as ADLs in the *OTPF-4*? Of course, we must only consider all of the ADLs that Jennifer considers important and a part of her life. For example, "personal device care" is a subcategory of the ADL area of occupation. This includes the care and use of personal items, such as hearing aids, contact lenses, glasses, orthotic or prosthetic devices, adaptive equipment, and contraceptive or sexual devices. Perhaps Jennifer does not use any personal devices. Would we consider this as part of her ADL? We would not, unless she were to begin using such a device soon, like a prosthetic or orthotic device.

Occupations

Activities of Daily Living

> *Activities oriented toward taking care of one's own body and completed on a routine basis. (AOTA, 2020a, p. 30)*

This category is often the first thing people think of when they think of occupational therapy. ADLs are the basic self-care skills required for daily living. Christiansen and Hammecker (2001) believe that the ADL activities are "fundamental to living in a social world; they enable basic survival and well-being" (p. 156). Activities that are considered ADLs include bathing/showering, toileting and toilet hygiene, dressing, eating and swallowing, feeding, functional mobility, personal hygiene and grooming, and sexual activity. These activities are often part of the routines built into our daily lives. A decline in this area is often the first sign of disease or illness (Rogers & Holm, 1994).

ADLs are often called personal activities of daily living, and for good reason: Many of the activities are very personal or have to do with care of the body. For example, requiring assistance with tasks such as cleaning and wiping the body after using the toilet may be seen as embarrassing and difficult to accept. Thus,

independence in these private areas of self-care often becomes a priority. As you review each of these areas, think about how important it is to you that you be able to do these things for yourself.

Bathing, Showering

> *Obtaining and using supplies; soaping, rinsing, and drying body parts; maintaining bathing position; transferring to and from bathing positions. (AOTA, 2020a, p. 30)*

This defines bathing, which can be done in a tub, shower, bed, sink, or other setting, while sitting, standing, or lying down. The *OTPF-4* does not specify that bathing or showering must be completed in a particular environment or with specific equipment or objects, but it does specify the tasks that the person should complete to bathe the body. The first task is obtaining all supplies, including towels, soap, shampoo, or whatever the individual client requires for safe and complete cleaning of the body. The client must soap the entire body, rinse the soap off, and dry all body parts. While bathing, the client must maintain the position and move to and from bathing positions needed to clean all areas of the body. Let's go back to our client, Jennifer, to better understand this. Let's say she is going to bathe in a shower using a shower chair. She needs to be able to get into the shower (this can be done in many ways), sit down on the shower chair, and shift her weight and move into different positions so that she can clean all areas of her body without losing her balance and falling. She also needs to be able to dry herself and get out of the shower safely.

Toileting and Toilet Hygiene

> *Obtaining and using toileting supplies, managing clothing, maintaining toileting position, transferring to and from toileting position, cleaning body, caring for menstrual and continence needs (including catheters, colostomies, and suppository management), maintaining intentional control of bowel movements and urination and, if necessary, using equipment or agents for bladder control (Uniform Data System for Medical Rehabilitation, 1996, pp. III-24). (AOTA, 2020a, p. 30)*

Toileting includes both the use of toileting objects and managing clothing and cleaning oneself; it also includes bowel and bladder management. This consists of emptying the bowels or bladder and may include the use of devices or medical agents, such as catheters, rectal stimulators, and suppositories, in order to complete those tasks. Let's use Juanita as an example to define toilet hygiene. Juanita has a spinal cord injury and no longer has control over her bowels or bladder. In order to empty her bladder, Juanita must move forward to the edge of her wheelchair, where she then lowers her pants to her knees. She then uses a urinary catheter, disposes of the urine and catheter, cleans herself, and then pulls up her pants and scoots back into her wheelchair. These are all elements of toileting and toilet hygiene for Juanita.

Dressing

> *Selecting clothing and accessories with consideration of time of day, weather, and desired presentation; obtaining clothing from storage area; dressing and undressing in a sequential fashion; fastening and adjusting clothing and shoes; applying and removing personal devices, prosthetic devices, or splints. (AOTA, 2020a, p. 30)*

This explains that dressing is not only about donning (putting on) and doffing (taking off) clothing. Dressing includes being able to pick out clothing that is appropriate for the weather and the situation the person is going to be in. Once the person has chosen what they want, it will also be necessary to remove the clothing from the storage area, such as a closet (Figure 2-2), drawer, or laundry basket. Once the clothing items have been obtained, they need to be put on in the correct order (the underpants cannot be put on after the pants), and all zippers, ties, buttons, buckles, and Velcro must be fastened. This applies not only to putting on clothing items, but also taking them off. Prosthetic and orthotic devices are also part of the body and are thus also included in dressing. An orthotic device, such as a splint, is designed to control or correct a bony deformity or lack of strength or control of a part of the body (Deshaies, 2008). Hand splints, ankle supports, and back braces are examples of orthotics. Prosthetics are devices that replace a limb or body function. Examples are artificial legs, arms, and hands and hearing aids. Therefore, while orthotics help support, control, or correct, prosthetics actually replace body functions.

Figure 2-2. Dressing includes selecting appropriate clothing.

Eating and Swallowing

Keeping and manipulating food or fluid in the mouth, swallowing it (i.e., moving it from the mouth to the stomach). (AOTA, 2020a, p. 30)

Feeding

Setting up, arranging, and bringing food or fluid from the vessel to the mouth (includes self-feeding and feeding others). (AOTA, 2020a, p. 30)

The terms *eating* and *feeding* are often misunderstood and used interchangeably, which is incorrect. Feeding includes the tasks that occur from the plate to the mouth, and eating/swallowing includes the tasks that follow, once the food reaches the mouth. It makes more sense if you think of the two in context. Imagine that you are lying on a beach somewhere relaxing. Some attractive person (you fill in your own fantasy) is *feeding* you grapes. They pick the grapes off of a bunch and bring them to your mouth (feeding). You then *eat* the grapes by chewing them, moving them around your mouth, and swallowing them (eating). Thus, eating and feeding occur together but are different activities and require very different skills. A right-handed person with a spinal injury leaving their right side paralyzed may have difficulty with feeding but not eating. Their ability or lack of ability to move their right hand has no influence on their ability to chew and swallow.

Functional Mobility

Moving from one position or place to another (during performance of everyday activities), such as in-bed mobility, wheelchair mobility, and transfers (e.g., wheelchair, bed, car, shower, tub, toilet, chair, floor); includes functional ambulation and transportation of objects. (AOTA, 2020a, p. 30)

Moving around in one's environment is essential to taking care of oneself and engaging in everyday activities. It is how we move about from object to object, within the space of an activity or from one activity to another. Think about what you have done thus far today. In your sequence of self-care activities, did they all occur in one place (sitting in the tub) or did you move from place to place and into different positions to accomplish everything? In the field of occupational therapy, functional mobility includes not simply walking, but moving within occupations as well. It includes stepping into and out of things, such as a shower or car. It can also include transferring into and out of a wheelchair or moving about the environment to complete self-care.

Figure 2-3. Brushing hair.

Figure 2-4. Cleaning dentures. (giocalde/shutterstock.com)

Personal Hygiene and Grooming

Obtaining and using supplies; removing body hair (e.g., using a razor or tweezers); applying and removing cosmetics; washing, drying, combing, styling, brushing, and trimming hair; caring for nails (hands and feet); caring for skin, ears, eyes, and nose; applying deodorant; cleaning mouth; brushing and flossing teeth; removing, cleaning, and reinserting dental orthotics and prosthetics. (AOTA, 2020a, p. 30)

The activities required for personal hygiene and grooming are often determined by the individual's gender and culture (Figure 2-3). The removal of body hair for men may include shaving the face, the chest, or sometimes even the legs and armpits, depending on individual preference. For women, it may include the face (but not as often), eyebrows, legs, and armpits. Removal of this hair can be done in a number of ways, including using a razor (electric or manual), wax, tweezers, or lotions. Applying makeup may or may not be an important activity for women and is done in varying amounts. It is important to notice that hair washing and drying is included in this category and not with bathing/showering. Trimming, filing, and painting the nails is done to preference and is done to both the fingernails and toenails.

Caring for the skin includes not only washing but also looking for and cleaning any areas that may be at risk for hygiene issues. For example, those with spinal cord injuries must spend time every day inspecting their skin for signs of pressure sores. Many patients with diabetes must also spend extra time cleaning and caring for the skin on their feet. Occasionally using a swab, tissue, or other cleaning device to clean the ears and eyes is also essential. Blowing one's nose and removing all mucus is also an activity included in this category. Applying deodorant is often a personal choice and is often culturally guided. Keep in mind that deodorants may be applied in many areas of the body, not just in the axillae. Brushing and caring for the teeth is an activity that, in North American cultures, is conducted at least once per day. This includes the cleaning and application of dentures (dental prosthetic), partial dentures, or dental retainers (dental orthotic; Figure 2-4).

Sexual Activity

Engaging in the broad possibilities for sexual expression and experiences with self or others (e.g., hugging, kissing, foreplay, masturbation, oral sex, intercourse). (AOTA, 2020a, p. 30)

Sexual satisfaction can be defined in many ways and is unique for each individual. Sexual activity does not have to involve the genitals, nor does it necessarily involve two people. Sexual activity can be part of meeting the needs of a relationship with one or more partners of the same or different genders. Sexual activity could also be seen as an activity necessary to meet reproductive needs (i.e., to produce a child). Regardless, the activities surrounding sexual activity are considered part of the ADL, or basic self-care. Thus, sexual activity should be addressed as part of daily life and as a fundamental part of each client's life.

Figure 2-5. Child rearing includes ensuring proper development through engagement in activities. (fizkes/shutterstock.com)

Instrumental Activities of Daily Living

Activities to support daily life within the home and community. (AOTA, 2020a, p. 30)

IADLs are essential to living independently; however, these activities are not necessarily done by the client. For example, many people do not cook their own meals and prefer to eat out or order food for delivery; thus, cooking is not an activity in which they perform themselves. Similarly, car maintenance may be an activity in which many car owners do not engage, instead taking their cars to repair shops for maintenance and repairs. While delegation of many of these activities is an option, overseeing that the activities are completed and delegated to the appropriate people is in itself part of this area of occupational therapy.

Care of Others (Including Selection and Supervision of Caregivers)

Providing care for others, arranging or supervising formal care (by paid caregivers) or informal care (by family or friends) for others. (AOTA, 2020a, p. 30)

This includes caring for an adult family member, spouse, or friend outside of a work setting. The care of another adult can involve providing assistance with any of the previously mentioned self-care activities. It can be as simple as administering medication twice a day or as inclusive as providing total assistance with bathing, toileting, and dressing someone every day. Caregiving is not always conducted long-term but can be done on a temporary basis. This was an occupation that I engaged in for 1 month after my 30-year-old brother had hernia surgery. He needed help cleaning his wound and with meal preparation. Other than that, he was able to handle all of his basic self-care needs. This was an occupation I was not prepared for, yet it was fulfilling and meaningful for me. Note that this category does not include the care of a child; this is explained in the next section.

Care of Pets and Animals

Providing care for pets and service animals, arranging or supervising care for pets and service animals. (AOTA, 2020a, p. 31)

The tasks required of providing care for a pet is different for each person, and very much dependent on the type of pet or animal. Generally, most animals require at the very least food, water, safe shelter, and care of health needs. However, there may be many other tasks required, depending on the animal, the environment it lives in, and its particular demands. For example, a horse requires a greater amount of care than perhaps a cat does (except for especially spoiled and demanding cats—if you have one, you know what I mean). Just as with the child-rearing category, caring for pets and animals includes finding and supervising the care of these animals if the primary owner is not able. So while I am on vacation, I must arrange for someone competent and reliable to come to my home to feed and water my cats and clean the litter box. (Finding someone to play with them for a while also ensures that my sofa will not be ripped to shreds when I return.)

Child Rearing

Providing care and supervision to support the developmental and physiological needs of a child. (AOTA, 2020a, p. 31)

The *OTPF-4* clarifies that caring for a child goes beyond providing basic self-care needs because it also includes providing adequately for the child's developmental needs (Figure 2-5). Different theorists argue about how biological, psychological, and sociocultural

and life-cycle forces contribute to the proper development of a child. However, most developmental theories agree that the child must be exposed to appropriate physical and social opportunities to facilitate meeting the developmental milestones typical of a growing child (Kail & Cavanaugh, 2018).

Child rearing also includes supervising and providing care when the primary caregiver is not available. This means finding a preschool or day care facility while the primary caregiver is away at work or out of the home. Beyond this, it is important to ensure that the alternative caregiver or caregivers meet the developmental needs of the child.

Let's say you have a client, Maura, who has recently been diagnosed with depression. She has an 18-month-old daughter named Bethie who lives with her in her apartment. Maura gives Bethie her bottle every 3 hours. She has not yet started her on solid foods. Bethie spends most of her day strapped into a highchair because Maura is afraid that Bethie will hurt herself if she is allowed to be on the ground. Maura spends all day watching TV and has not been out of the house in weeks. What is Maura doing to support the developmental needs of her child? Is this an area of occupation Maura is having difficulty with?

Communication Management

Sending, receiving, and interpreting information using systems and equipment such as writing tools, telephones (including smartphones), keyboards, audiovisual recorders, computers or tablets, communication boards, call lights, emergency systems, Braille writers, telecommunication devices for deaf people, augmentative communication systems, and personal digital assistants. (AOTA, 2020a, p. 31)

Multiple devices are used to relay information from one person to another. Over the last few decades, technological advances have given us greater and faster ways to communicate with others. Humans communicate using cellular, wireless, or standard (i.e., landline) phones and using the internet via computers, tablets, phones, or other devices. Typewriters are still occasionally used, as well as word processors to print out text. Call lights or emergency systems are used by those who are in bed, on a commode, or unable to move from a given location to notify others that they need assistance. These are used not only in hospitals and medical settings, but also within homes. These call lights or emergency systems are often activated by pulling a cord or pushing a button, which in turn creates a noise or flashing light to signal others that help is needed.

Alternative communication devices are used by those who are unable to speak or hear. Communication boards are simple one-dimensional pieces of paper or boards with the alphabet or common words or objects printed on them. The user will point to or indicate which object or letter they are trying to convey to another person. Higher-tech options are available that have voice output, speaking a word or words aloud. These devices can be activated via a number of user abilities, including movement, breath, or noise. Communication devices for those who are hard of hearing or deaf include adaptive telephones that allow the user to receive communication via typed-in text from an operator and to respond through either speech or typing.

Driving and Community Mobility

Planning and moving around in the community using public or private transportation, such as driving, walking, bicycling, or accessing and riding buses, taxi cabs, ride shares, or other transportation systems. (AOTA, 2020a, p. 31)

While mobility was discussed in the category of ADLs, it was on a more personal basis. Community mobility involves the person outside of the home and in areas of the person's community. Getting to and from places such as church, school, or the grocery store is essential to many people's lives. However, driving independently is not always an option. Using a bus, taxicab, rideshare services, subway, or transportation service for people with disabilities are other options to allow a person to engage in this occupation (Figure 2-6). The use of each of these methods requires different tasks. For example, to use a public bus, a person must first find a schedule indicating which bus and route will take them to the desired destination. They must get to the bus stop at the appropriate time, have the correct fare for the round trip, and be able to get onto the bus. They must pay the bus driver for the ride and be able to recognize when to get off the bus.

Figure 2-6. Getting on a bus as community mobility.

Activity 2-3

Suzanna is an 18-year-old who is 6 months pregnant. When her parents found out she was pregnant, they kicked her out of their home, and she is now in a homeless shelter. What does Suzanna have ahead of her in order to establish housing for her and her future child? (What are parts of the IADLs of home establishment and management listed in the *OTPF-4*?)

Financial Management

Using fiscal resources, including financial transaction methods (e.g., credit card, digital banking); planning and using finances with long-term and short-term goals. (AOTA, 2020a, p. 31)

Taking care of personal finances is now conducted in many ways. In the past, bills were paid using a checkbook, stamps, and envelopes. Now, many people use online bill-paying services that are run through banks. This eliminates the need to write out checks and stuff and stamp envelopes. For those with physical disabilities, it has made bill paying much easier. However, financial management goes beyond just paying bills and includes making sure that the money available will meet current needs, as well as help to meet future needs and goals. Thus, planning and saving for the future; managing investments, alternative income, or savings; and filing income tax are also considered activities in this category.

Home Establishment and Management

Obtaining and maintaining personal and household possessions and environments (e.g., home, yard, garden, houseplants, appliances, vehicles), including maintaining and repairing personal possessions (e.g., clothing, household items) and knowing how to seek help or whom to contact. (AOTA, 2020a, p. 31)

Finding a place to live and keeping it safe to live in is an occupation that many young adults adopt as they mature and decide to live on their own (Activity 2-3). It is one that is most often repeated several times through an adult's lifetime. This occupation encompasses not only finding and obtaining a place to live but also maintaining the household environment and maintaining and repairing objects that are personal possessions. How a person defines "home" will influence what is required of finding a home. The activities required of a student moving out of their parents' home for the first time are much different than those of an older person who is no longer safe staying in their home of 50 years and must move into a nursing home.

Once a person has established a place of residence, varying amounts of maintenance is required to keep the environment safe and up to required standards, dependent on the community and culture. For example, some neighborhoods have requirements for lawn and exterior home upkeep, meaning the lawn must be mowed (Figure 2-7), weeds pulled, and the paint on the house kept up. For many, this upkeep is not forced by regulations but is viewed as part of the role of homeowner (or even renter) within that culture or societal context. The actual tasks of maintaining the exterior home environment (e.g., mowing the lawn, pulling weeds) do not necessarily need to be done by the person but can be arranged to be completed by someone else. Thus, part of this area of occupation is finding help for these tasks (e.g., calling a gardener or hiring the teenager next door to mow the lawn).