International HazardDatasheets on Occupation

Occupational therapist

Who is an occupational therapist?
An occupational therapist assists people with physical, mental, developmental or intellectual disabilities in order to help them develop or improve abilities needed for everyday life.

What is dangerous about this job?
- Low back pain and musculoskeletal problems, resulting from lifting and movement of patients and heavy equipment
- Fatigue resulting from prolonged standing during long work hours
- Increased risk of traffic accidents and lower back pain for therapists who spend several hours a day driving to home visits
- Exposure to various chemicals, especially during construction of equipment for patients
- Occupational therapists who work in large rehabilitation centres are exposed to significant noise levels from machinery and equipment.

Hazards related to this job
Specific preventive measures can be seen by clicking on the respective in the third column of the table.

<table>
<thead>
<tr>
<th>Accident hazards</th>
<th>Physical hazards</th>
<th>Chemical hazards</th>
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<tbody>
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<td>- Slips, trips and falls on slippery floors</td>
<td>- Occupational therapists who work in large rehabilitation centre are exposed to significant noise levels from machinery and equipment</td>
<td>- Exposure to solvents (e.g. detergents, degreasers), sealants (glues, sticky materials,...) and their vapours</td>
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<td>- Injuries to feet and toes from heavy falling objects</td>
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<td>- Exposure to, or contact with, electric current (including static electricity)</td>
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<td>- Severe back pain resulting from overexertion while handling overweight patients (e.g. burst disc)</td>
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<td>- Increased risk of traffic accidents in therapists who commute between institutions.</td>
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Exposure to dust particles created by mechanical actions (cutting, drilling, planning, filing, polishing) or by processing of wood and metals (soldering, welding)

Irritation of eyes, nose and throat due to exposure to solid aerosols containing various detergents (some alkaline) or to drops of liquid detergents.

**Biological hazards**

- Increased exposure to bacterial, viral and fungal infectious diseases resulting from close contact with hospitalized patients.

**Ergonomic, psychosocial and organizational factors**

- Musculoskeletal injuries, including injuries related to work posture and to carrying and moving of heavy or bulky equipment
- Lower back pain and musculoskeletal injuries resulting from lifting and movement of patients and/or from extensive driving
- Fatigue, resulting from prolonged standing during working hours
- Stress, fatigue and tension resulting from the special nature of work with patients having physical and mental problems and with their families.

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**Preventive measures**

1. Wear safety shoes with a protective cap and non-skid soles
2. Electric currentbreakers must be installed; inspection by a certified electrician is necessary in any case of defective or suspected equipment
3. Adopt correct lifting techniques for lifting and moving overweight patients and heavy equipment; if necessary, consult with an occupational safety expert
4. During prolonged work with noisy machinery and equipment use personal sound-protection equipment (e.g. ear plugs); as an alternative – consider the possibility of adopting technical means for noise reduction/soundproofing of noisy machines
5. Install an air conditioning system, with facilities for total ventilation, dust filtration, and heat-load reduction as well as elimination of noxious odours, gases and vapours
6. If necessary, get needed immunization; routinely, use all standard pollution blockers (e.g. gloves, eye-protection [goggles or face-shield], and work-robes); all universally accepted hygienic methods should be adopted
7. Consider the possibility of using an ergonomic standing chair while working with patients.

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**Specialized information**

**Synonyms** Certified occupational therapist; industrial therapist.
Definitions and/or description

Plans, organizes, and conducts occupational therapy program in hospital, institution or community setting to facilitate development and rehabilitation of the mentally, physically or emotionally handicapped: Plans programme involving activities, such as manual arts and crafts; practice in functional, prevocational, vocational and homemaking skills, and activities of daily living; and participation in sensorimotor, educational, recreational, and social activities designed to help patients or handicapped persons develop or regain physical or mental functioning or adjust to handicaps. Consults with other members of rehabilitation team to select activity program consistent with needs and capabilities of individual and to coordinate occupational therapy with other therapeutic activities. Selects constructive activities suited to individual's physical capacity, intelligence level, and interest to upgrade individual to maximum independence, prepare individual for return to employment, and assist in restoration of functions, and aid in adjustment to disability. Teaches individuals skills and techniques required for participation in activities and evaluates individual's progress. Designs and constructs special equipment for individual and suggests adaptation of the individual's work life environment. Requisitions supplies and equipment. Lays out materials for individual's use and cleans and repairs tools at end of sessions. May conduct training programmes or participate in training medical and nursing students and other workers in occupational therapy techniques and objectives. May plan, direct and coordinate occupational therapy programmes and be designated Director, Occupational Therapy (medical ser.) [DOT].

Related and specific occupations

Alternative-medicine practitioner; art therapist (handicraft, music, dance,...); audiologist; chiropractor; geriatrist; occupational nurse; physiotherapist; prosthesis installer; rehabilitation consultant; speech pathologist; speech therapist; vacation and recreation therapist; etc.

Tasks

Adjusting and modifying (equipment, car and/or premises for patient's needs); administering; advising; assisting (patients – in obtaining required skills for accomplishing their daily activities and finding an employment); cleaning; consulting; coordinating; determining (goals, activities, exercises and/or essential equipment patients need for their daily routine); diagnosing; developing (qualifications); discussing; evaluating (patient potential and treatment requirements, patient’s progress,...); exercising (the patient – physically and mentally); follow up; imparting (of skills); improving (patient’s coordination); instructing (patients, their family members, and work partners); observing; organizing; planning (medical treatment; patient's specific equipment; work activities,...); preparing; promoting; purchasing; registering; rehabilitating; repairing; reporting; selecting (treatment schedule); studying; teaching; treating; updating (medical data – recent or specific);; writing (reports).

Primary equipment used

Computers and specific software (e.g. software for assisting invalids by the use of microprocessors that enable retarded people to communicate and to operate electric equipment); eating, walking and dressing aids; manual and electromechanical work tools; prosthesis and artificial limbs; wheelchairs.

Workplaces where the occupation is common

Convalescent homes; medical care clinics for workers or clinics/first-aid rooms of industrial plants, hospitals, research laboratories and similar private and public medical care institutions (inc. institutes of day-care for adults); occupational medicine departments in schools of medicine; private and public clinics of occupational medicine and occupational therapy; rehabilitation centers and institutions; retirement homes; schools.

Notes

1. Gymnastics and physical training are used for increasing power and dexterity; paper and pencil games can improve visual sensory acuity and ability of identifying samples; there is computer software that assist patients in making decisions, abstract thinking, problem solving, diagnostic skills, memory improvement, organization and coordination, all of which are essential for conducting an independent way of life [1].

2. Schools are among of the major occupational employment places for occupational therapists; they evaluate the potential of the students, issue recommendations regarding needed treatments
and necessary treatment equipment for the classrooms, and assist the pupils in getting involved in the programmes and activities of the educational institute [1].

3. Occupational therapists assist people with a physical, mental, developmental or intellectual disability to develop or improve abilities needed for everyday life, such as assisting them to better utilize their time, to conduct shopping, to take care of their budget, to take care of the house, to use public transportation, etc.

References
3. Occupational Therapist Research Center: http://www.occupationaltherapist.com/