



Evaluation of occupations

- **Top down evaluation approach:** Collect information from the client, caregivers and family members, to create occupational profile identifying which areas of occupation the clients want to or need to participate in and the specific activities that are important.
- **Bottom up evaluation approach:** identify problems in specific personal skills and client factors. Once a performance skill deficit is identified, so it is for the body function deficit that cause the performance skill deficit. Most physical disabilities cause limitations in factors such as joint range of motion (ROM), strength and motor control: this result in movement limitation that cause deficits in performance of areas of occupations

THE PAIN

“Pain is an unpleasant sensory or emotional experience associated with actual or potential tissue damage, or described in term of such damage”

I.A.S.P. (international Association for the Study of Pain)

Note how severe you feel your disease state is with a mark () on the line below.

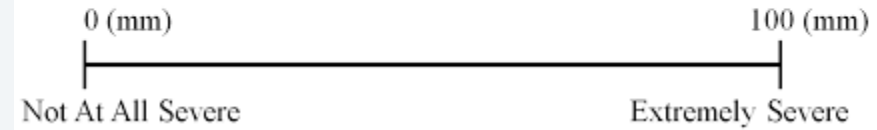
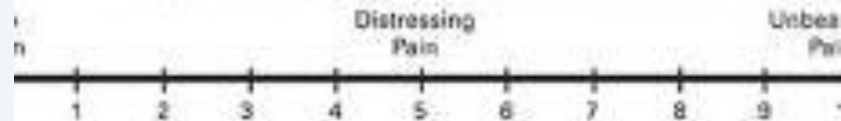


Figure 1: Tools Commonly Used to Rate Pain

Visual Analogue Scale

Choose a Number from 0 to 10 That Best Describes Your Pain



ASK PATIENTS ABOUT THEIR PAIN

INTENSITY – LOCATION – ONSET – DURATION – VARIATION – QUALITY

Wong-Baker Pain Rating Scale



The assessment of joint ROM, manual muscle testing and motor control assessment will give the therapist specific information about the function of musculoskeletal system, but the therapist will not be able to determine the client ability to perform a specific task, rather the therapist will have information about movement of a specific part of the body but the client's motor performance capabilities are not measured by these assessments. Manual muscle test cannot measure muscle endurance (number of time the muscle can contract at his maximum level and resist fatigue), motor control or the client ability to use the muscles in functional activities.

These knowledge are only the base, the OT must have to evaluate a client's functional activities.

Assessing range of motion (ROM)

ROM is the amount of active movement that is possible at a joint.

AROM (active range of motion): the muscular activity at that joint

PROM (passive range of motion): an outside force moves the joint. Usually Prom is slightly greater than arom.

To assess ROM limitation involve the screen of AROM and PROM and this is useful to understand the reason of limitation. When assessing PROM is necessary understand the “end feel” that is the normal resistance to further joint motion due to stretching of soft tissues ligaments and capsules, approximation of soft tissue and the contact bone to bone. The end feel is the sensation the therapist perceive at the end of joint’s movement.

MEASURING ROM



The end feel can be of the 3 types:

Hard end feel: is bone contacting bone (elbow extension with the olecranon that comes into contact with the olecranon fossa)

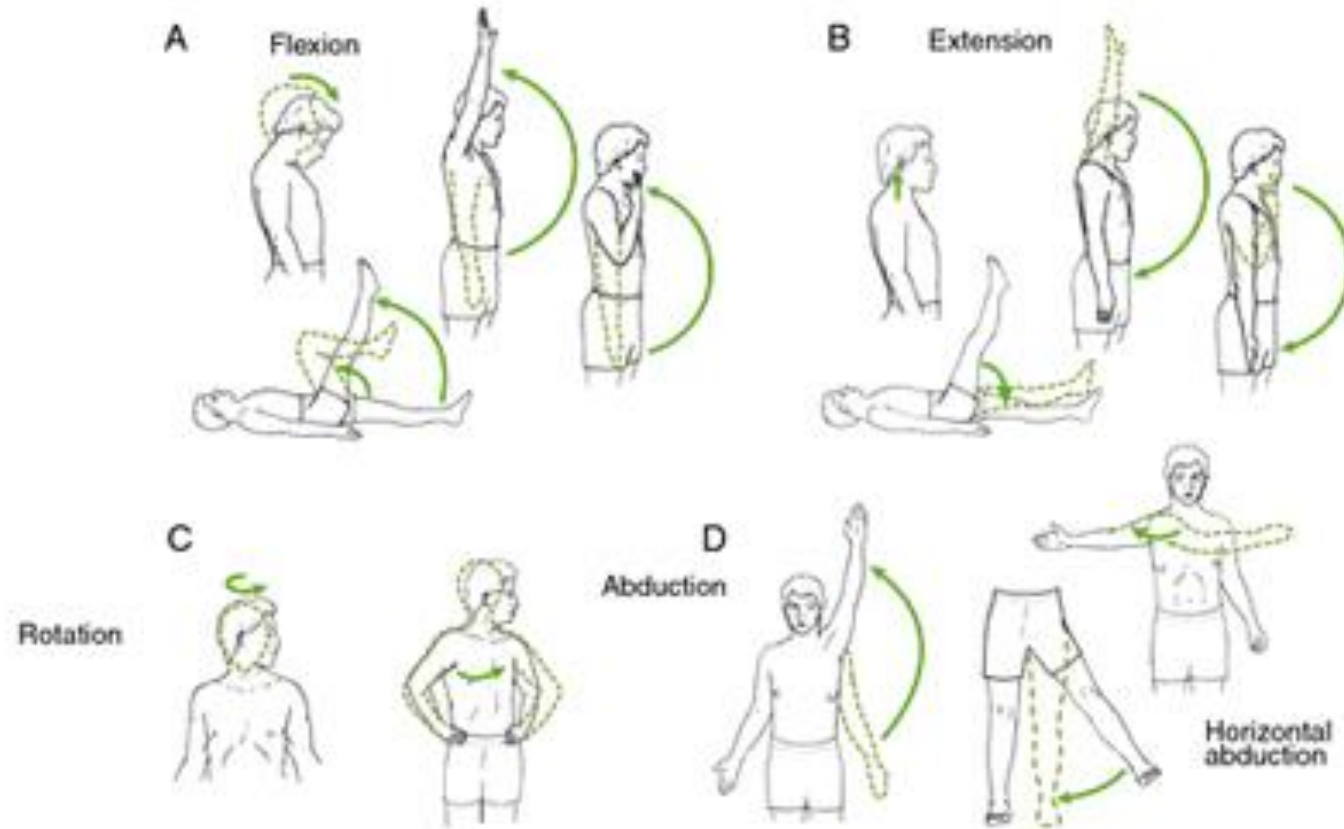
Soft end feel: when there is soft tissue apposition (knee flexion with posterior thigh and calf in contact)

firm and feel: knee extension

abnormal end feel : occurs when physiological ROM is increased or decreased

The presence of pain during or at the end of movement must be noted.

RANGE OF MOTION



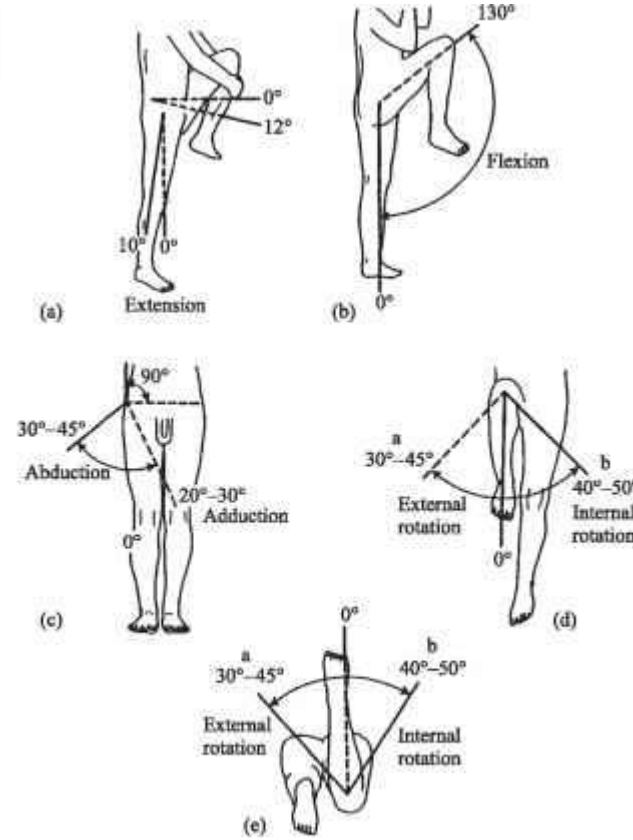
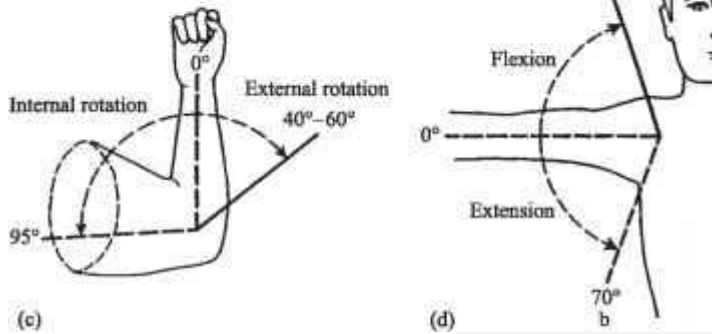
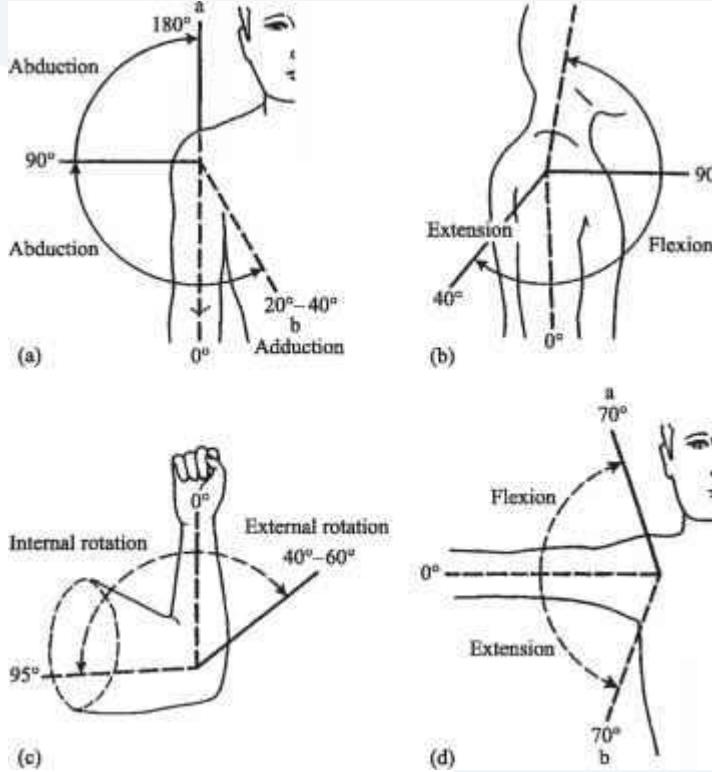


Figure 8.66: Normal range of motion of the hip joint.

