The Open Journal of Occupational Therapy

Volume 7
Issue 4 *Fall 2019*

Article 12

October 2019

Occupational Therapy's Work and Industry Area of Practice: Content in Entry-Level Professional Occupational Therapy Curricula: A Survey

Thomas F. Fisher
Indiana University - USA, fishert@iu.edu

Recommended Citation

Fisher, T. F. (2019). Occupational Therapy's Work and Industry Area of Practice: Content in Entry-Level Professional Occupational Therapy Curricula: A Survey. *The Open Journal of Occupational Therapy, 7*(4), 1-10. https://doi.org/10.15453/2168-6408.1582

Occupational Therapy's Work and Industry Area of Practice: Content in Entry-Level Professional Occupational Therapy Curricula: A Survey

Abstract

The Occupational Therapy Practice Framework: Domain and Process identifies work as an area of occupation that has long been recognized by the profession as an area of practice. This study identified how entry-level professional occupational therapy programs meet educational standards required by the Accreditation Council for Occupational Therapy Education for educational programs. Standards identified were those that relate to the area of work and industry practice. One hundred and sixty-seven program directors were invited to participate in a survey directed at work and industry occupational therapy practice. Items on the survey related to content taught in their entry-level occupational therapy programs. Sixty-eight programs (47%) participated. The results showed 40 out of 68 respondents (58.82%) indicated not enough time spent on work and industry content in their curriculum. No respondents indicated too much time is spent on this content. The other 41.18% reported there was enough time for this content in their curricula. It is important that work and industry content is adequately covered in the curricula of entry-level occupational therapy professional programs to prepare students for this area of practice. This study provides a foundation for future research related to professional occupational therapy education as it relates to work and industry practice.

Comments

The author reports that there are no conflicts of interest to disclose.

Keywords

occupational therapy, work and industry, ergonomics, education

Credentials Display

Thomas F. Fisher, PhD, OT, CCM, FAOTA

DOI: 10.15453/2168-6408.1582

Occupational therapists help persons live life to the fullest by engaging them in occupations that are meaningful and purposeful to them. Occupational therapy (OT) focuses on facilitating people's ability to engage in everyday life activities (occupations), particularly when performance is compromised because of injury, illness, or disease. *The Occupational Therapy Practice Framework: Domain & Process* (OTPF) identifies eight areas of occupation in which individuals, groups, and/or populations engage. These areas are activities of daily living (ADLs), instrumental activities of daily living (IADLs), rest and sleep, education, work, play, leisure, and social participation (American Occupational Therapy Association [AOTA], 2014; Braveman & Page, 2012). Although all eight areas of occupation are of equal importance, this study focused on the occupation area of work.

Therapeutic use of work has been a core principle of the profession since 1917 (Braveman & Page, 2012; Kidner, 1931; Meyer, 1922, 1977; Pedretti & Early, 2013). The founders of OT focused on identifying the importance of work when establishing the focus and purpose of the profession. In 1801, Philippe Pinel, one of the founders of the moral treatment movement, introduced work treatment to the Bicentre Asylum for the Insane. This began the slow replacement of brutality with the concept of idleness with occupations. Pinel believed in having "physical exercises and manual occupations" prescribed for patients in every mental hospital (quoted in Pedretti & Early, 2013, p. 339). He stated that "manual labor is the best method of securing good morale" and that the best way to recover is to return clients to their previous work interests (Braveman & Page, 2012; quoted in Pedretti & Early, 2013, p. 339).

The OT profession celebrated its 100th anniversary in 2017. To clarify the profession's contribution to society and its occupational needs, the professional organization, AOTA, defined the domain and process of the profession in several documents. The most recent document was the OTPF. In addition, AOTA identified six areas of clinical practice. One of the areas is work and industry (AOTA, 2016).

Traditional areas of work-related OT practice include injury prevention education, preemployment screening, sheltered workshops, supported employment, ergonomic assessments and interventions, transition planning in educational settings, wellness and health promotion, work hardening and work conditioning, return to work, case management, and upper extremity rehabilitation (Braveman & Page, 2012).

Because of this important area of practice, it was determined by the investigators to ascertain the professional preparation that OT students receive during their academic programs. Content across programs varies and the knowledge and skills taught in entry-level professional OT program was not known. Therefore, this study investigated how entry-level professional OT programs meet educational standards related to work and industry content. In addition, the participants in the study were asked about time allotted to this content. The focus of the study was related to the standards of practice in work and industry (Accreditation Council for Occupational Therapy Education [ACOTE], 2011).

Importance of Work as an Occupation

The OTPF states the core belief of the OT profession is "in the positive relationship between occupation and health and its view of people as occupational beings" (AOTA, 2014, p. S3). The OTPF also identifies work as one of the main areas of occupation. The AOTA identified "Work and Industry" as one of the six practice areas in the 21st century for the OT profession (AOTA, 2018). The OTPF and the OT profession recognize work as a meaningful occupation and believe engaging in occupations is critical to good health. As a result, the profession must consider the area of work and industry as an

important area on which to focus in the education of future occupational therapists. There is limited literature regarding the development of clinical competencies for industrial rehabilitation (Hart et al., 1994). In addition to work being an area of occupation identified in the OTPF (AOTA, 2014), it is important to emphasize the psychological benefits that engagement in occupations, like work, provides for humans and the fact that it gives them a role (Keough & Fisher, 2001). One study suggests that paid work assignments in patients with major psychiatric disorders were associated with improvement in symptoms and a significant increase in social and occupational functioning (Kumar, Singh, Gupta, & Mohanty, 2005/2006). These results indicate that using engagement in work as an intervention has the potential to improve quality of life for individuals.

OT assessments, like functional capacity evaluations, in work and industry practice are important contributions to identifying return-to-work capabilities and potential goals for treatment (Gibson & Strong, 2003). Occupational therapists possess the skills and educational background to view the client holistically and to consider the impact of client factors on work performance, in addition to addressing physical demands (Braveman & Page, 2012). Bernspang and Johansson (2001) addressed the impact of OT assessments in an outreach rehabilitation program in their study evaluating return-to-work outcomes on patients who suffered brain injuries. Their findings indicate that OT assessments were, in fact, beneficial in predicting failure to return to work, particularly in assessments that addressed memory combined with personal ADLs, visual perception, and apraxia (Bernspang & Johansson, 2001).

Occupational therapists play an important role in the prevention of job loss and return to work. OT can decrease secondary impairments, functional limitations, and disability, as well as increase vocational feasibility and employability through work hardening (Matheson, Ogden, Violette, & Schultz, 1985). Desiron, Crutzen, Godderis, Van Hoff, and de Rijk (2016) created an intervention program to encourage bridging hospital care and return to work through a 4-step program for breast cancer survivors. The program emphasized the benefits of patient collaboration with hospital occupational therapists and workplace stakeholders to improve patient care (Desiron et al., 2016). This type of service by occupational therapists is a good example of the use of the profession's skills and abilities related to work and industry.

Ergonomics is another service provided by occupational therapists and it is well documented in the literature. Ergonomics is the "study of humans, objects, or machines, and the interactions among them" (Maltchev, 2012, p. 304). Ergonomics and promoting a safe work environment are key aspects of OT practice in work and industry. The risk of an occupational injury or fear of reinjury is a prevalent issue in the workplace. Occupational therapists partner with employers to prevent physical and behavioral risk factors that lead to occupational hazards (Fisher, Konkel, & Harvey, 2004; Ndiga et al., 2016). Because OT is a client-centered profession, with a psychosocial approach and work safety knowledge, occupational therapists provide services to address clients' actual injuries, as well as their concerns about the potential for reinjury and address those concerns when providing their skilled services. Certain physical risk factors were found to correlate with work-related injuries, specifically "awkward postures [and] mechanical stress at the keyboard" (Fisher et al., 2004, p. 203). Occupational therapists using task analysis skills and knowledge provide strategies to clients to avoid injury and reinjury.

Method

The research design of the study was a mixed-methods design. The survey instrument included both open- and closed-ended questions, resulting in both qualitative and quantitative data.

The participants of this study were OT program directors of professional education or the faculty member responsible for teaching work and industry content in entry-level OT programs. There was a potential of 167 participants from 11 doctoral programs and 156 master's of OT programs.

The instrument used in this study was a survey developed by the research study team; two were experienced researchers with expert content knowledge in work and industry OT practice. The survey was then sent to six OT experts in the area of work and industry practice. The survey contained five sections. Items were based on the literature and the experience of therapists in work and industry. The survey did not have established reliability, as it was developed for this study. Content validity was established through a review and comment by experts in the specialty area of work and industry prior to distribution of the survey. The study was approved by the institutional review board (IRB) at the principle investigator's institution in April 2016. Following approval by the IRB, the survey was distributed using Survey Monkey (www.surveymonkey.com). The AOTA's OT Professional Program Directors listserv was used to recruit participants. An e-mail was sent to program directors of entry-level professional OT programs. The message on the listserv included an introduction to the study and a link to the survey. Those who consented to participate were provided full disclosure on the purpose, benefits, and risks of participating in the study. Loss of confidentiality, although unlikely, was the risk of participating in the study; every precaution was taken to prevent the loss of confidentiality.

Results

The survey items to which a majority of the participants responded are described in this section. There were three items. There were 68 participants for this study, resulting in a response rate of 41% of OT professional programs. The participants' demographics are presented in Tables 1 and 2.

Table 1

Participant Demographics

What level of entry program are you?	
Answer Choices	**Reponses**
OTD	19.12% (13)
OTM (MA, MOT, or MS)	80.88% (55)
Total	**68**

Table 2

Participant Demographics

What part of the country is your program?	
Answer Choices	**Responses**
East Coast	23.53% (16)
Midwest	27.94% (19)
Northern	2.94% (2)
South	32.35% (22)
Mountain	7.35% (5)
Pacific NW	2.94% (2)
West Coast	2.94% (2)
Total	**68**

The first item on the survey asked the respondents how much time is spent on discussion and application of specific topics related to work and industry in their required courses. The following survey instrument items in Table 3 had the highest percentages for the category of "2 + hr" of time spent on this content: General Ergonomic Principles and Injury Prevention Strategies, Safe Patient Handling and Mobility, and Office Ergonomics (e.g., keyboards, mouse, chair). More than 64% of the participants indicated that Safe Patient Handling and Mobility is reinforced in other courses as well. Sixty-three percent of the respondents indicated that General Ergonomic Principles and Injury Prevention Strategies and Office Ergonomics (e.g., keyboards, mouse, chair) are not only taught for 2 or more hr but also include an application experience.

The topics of O*Net and Other Online Work/Employment Resources; Pre-Employment/Post-Offer Screening; and Work-Related Transition Services for Veterans, Prisoners, and Special Populations had the highest percentages for the category of "< 30 min" of time spent on this work and industry content. But, all did cover the content.

Almost half of the respondents (49.25%) indicated that the topic Pre-Employment/Post-Offer Screening is taught for less than 30 min. Forty of the 68 respondents (59.70%) indicated that the topic O*Net and Other Online Work/Employment Resources is taught for less than 30 min. Forty-two of the 68 respondents (61.76%) indicated that the topic Work-Related Transition Services for Veterans, Prisoners, and Special Populations is taught for less than 30 min.

Table 3

Participant Responses to Time Spent on Discussion and Application of Concepts in Required Professional Entry-Level OT Program Curriculum (Including Lecture, Lab, and Fieldwork)

	2 + hr	**30 min - 2 hr**	**< 30 min**	**Total**
a. General Ergonomic Principles and Injury Prevention Strategies	**63.24% 43**	35.29% 24	1.47% 1	68
b. Work-Related Policies/Legislation (e.g., Worker's Comp, SSI, SSDI, Ticket to Work)	39.71% 27	39.71% 27	20.58% 14	68
c. Vocational Rehabilitation, Supported Employment, and Title I of ADA	31.34% 21	44.78% 30	23.88% 16	67
d. OSHA, Independent Medical Exams, Maximum Medical Improvements	14.71% 10	36.76% 25	48.53% 33	68
e. O*Net and Other Online Work/Employment Resources	5.97% 4	34.33% 23	**59.70% 40**	67
f. Functional Capacity Evaluations	38.24% 26	41.18% 28	20.59% 14	68
g. Pre-Employment/Post-Offer Screening	10.45% 7	40.30% 27	**49.25% 33**	67
h. Job Analysis	40.30% 27	**47.76% 32**	11.94% 8	67
i. Work Hardening, Work Conditioning, Transitional Work	28.36% 19	**52.24% 35**	19.40% 13	67
j. Job Site Modifications	36.36% 24	46.97% 31	16.67% 11	66
k. Safe Patient Handling and Mobility	**64.18% 43**	27.27% 18	9.09% 6	67

l. Office Ergonomics, (e.g., keyboards, mouse, chair)	**42.65%** **29**	45.59% 31	11.77% 8	68
m. NIOSH Lifting Guidelines and Other Standardized Assessment/Observation Tools (e.g., RULA, Strain Index)	23.53% 16	30.88% 21	45.59% 31	68
n. Executive Health and Work-Related Wellness (e.g., Interpersonal Relations, Conflict Resolution, Stress/Time Management)	17.91% 12	37.31% 25	44.78% 30	67
o. Work-Related Transition Services for Adolescents in School Systems	20.59% 14	38.24% 26	41.18% 28	68
p. Work-Related Transition Services for Veterans, Prisoners, and Special Populations	7.46% 5	29.85% 20	**62.69%** **42**	67
q. Vocational Exploration and Avocational Activities in Retirement, Elderly, and Geriatrics	16.18% 11	**47.06%** **32**	36.77% 25	68

Note. Responses to the survey question: In your REQUIRED professional entry-level OT program curriculum (including lecture, lab, and fieldwork), how much time is spent on discussion and application of these concepts in the required course?
*Data was grouped into the following categories: None, < 30 min, 30-60 min, 1-2 hr, 2-4 hr, and > 4 hr. For ease of understanding, data is condensed into the following categories: 2 + hr, 30 min - 2 hr, and < 30 min, and bolded numbers indicate topics of the three highest percentages for that time category.

The second item on the survey asked the respondents if they delivered the content through an elective course and how much time is spent on discussion and application of specific topics related to work and industry. The respondents shared that work and industry course content topics identified in the tool were delivered in required courses. Fourteen programs reported also offering an elective course that addressed this type of content. In these elective courses, the topics of General Ergonomic Principles and Injury Prevention Strategies, Job Site Modifications, and Office Ergonomics (e.g., keyboards, mouse, chair) had the highest percentages for the category of "2 - 4 + hr" of time spent on this work and industry content. Ten out of 46 of the respondents (21.74%) indicated that the topics General Ergonomic Principles and Injury Prevention Strategies are taught for 2 or more hr. Seven out of 45 of the respondents (15.56%) indicated that the topic Office Ergonomics (e.g., keyboards, mouse, chair) is taught for 2 or more hr. Six out of 44 of the respondents (13.64%) indicated that the topic Job Site Modifications is taught for 2 or more hr in this elective course.

The topics of OSHA; Independent Medical Exams; Maximum Medical Improvements; O*Net and Other Online Work/Employment Resources; Pre-Employment/Post-Offer Screening; and Work-Related Transition Services for Veterans, Prisoners, and Special Populations had the highest percentages for the category of "< 30 min" of time spent on this work and industry content. Forty out of 45 of the respondents (88.89%) indicated that the topic Pre-Employment/Post-Offer Screening is taught for less than 30 min. Forty out of 46 of the respondents (86.96%) indicated that the topic OSHA, Independent Medical Exams, Maximum Medical Improvements is taught for less than 30 min. Thirty-eight out of 44 of the respondents (86.36%) indicated that the topics O*Net and Other Online Work/Employment Resources and Work-Related Transition Services for Veterans, Prisoners, and Special Populations are taught for less than 30 min. These responses are depicted in Table 4.

Table 4

Participant Responses to Time Spent on Discussion and Application of Concepts in Elective for the Professional Entry-Level OT Program (Including Lecture, Lab, and Fieldwork)

	2+ hr	30 min - 2 hr	< 30 min	Total
a. General Ergonomic Principles and Injury Prevention Strategies	**21.74%** **10**	4.35% 2	73.91% 34	46
b. Work-Related Policies/Legislation (e.g., Worker's Comp, SSI, SSDI, Ticket to Work)	6.52% 3	**17.39%** **8**	76.09% 35	46
c. Vocational Rehabilitation, Supported Employment, and Title I of ADA	6.52% 3	13.04% 6	80.43% 37	46
d. OSHA, Independent Medical Exams, Maximum Medical Improvements	2.17% 1	10.87% 5	**86.96%** **40**	46
e. O*Net and Other Online Work/Employment Resources	0.00% 0	**13.64%** **6**	**86.36%** **38**	44
f. Functional Capacity Evaluations	9.09% 4	6.82% 3	84.09% 37	44
g. Pre-Employment/Post-Offer Screening	2.22% 1	8.89% 4	**88.89%** **40**	45
h. Job Analysis	11.11% 5	11.11% 5	77.78% 35	45
i. Work Hardening, Work Conditioning, Transitional Work	6.67% 3	8.89% 4	84.44% 38	45
j. Job Site Modifications	**13.64%** **6**	**13.64%** **6**	72.73% 32	44
k. Safe Patient Handling and Mobility	9.09% 4	**15.91%** **7**	75.00% 33	44
l. Office Ergonomics, (e.g., keyboards, mouse, chair)	**15.56%** **7**	11.11% 5	73.33% 33	45
m. NIOSH Lifting Guidelines and Other Standardized Assessment/Observation Tools (e.g., RULA, Strain Index)	11.11% 5	4.44% 2	84.44% 38	45
n. Executive Health and Work-Related Wellness (e.g., Interpersonal Relations, Conflict Resolution, Stress/Time Management)	11.11% 5	4.44% 2	84.44% 38	45
o. Work-Related Transition Services for Adolescents in School Systems	4.44% 2	13.33% 6	82.22% 37	45
p. Work-Related Transition Services for Veterans, Prisoners, and Special Populations	6.82% 3	6.82% 3	**86.36%** **38**	44
q. Vocational Exploration and Avocational Activities in Retirement, Elderly, and Geriatrics	7.00% 3	11.63% 5	81.40% 35	43

Note. Responses to the survey question: In your ELECTIVE for the professional entry-level OT program (including lecture, lab, and fieldwork), how much time do you spend on discussion and application of these concepts?

*Data was grouped into the following categories: None, < 30 min, 30-60 min, 1-2 hr, 2-4 hr, and > 4 hr. For ease of understanding, data is condensed into the following categories: 2 + hr, 30 min-2 hr, and < 30 min.

*Bolded numbers indicate that the topic is one of the three or four highest percentages for that time category.

The third item on the survey asked the respondents where work and industry content is included in their curriculum. Most of the respondents stated the content is included in musculoskeletal/physical rehabilitation courses or distributed throughout multiple courses. Twenty-two of the 68 respondents (32.35%) indicated that work and industry content is included in musculoskeletal/physical rehabilitation courses. Seventeen of the 68 respondents (25%) indicated that this work and industry content is distributed throughout multiple courses throughout their curriculum. Mental health and pediatric courses did not include work and industry content, according to the respondents. Nine of the 68 respondents (13.23%) indicated "Other" as their response. One respondent commented that this content is included in a "general introduction". Three respondents commented that this content is taught in an assistive technology course. These responses are depicted in Table 5.

Table 5

Participant Responses to How Work and Industry Content is Perceived and Included in the Curriculum

Answer Choices	**Responses**
As a Primary Required Course or Course Series	20.90% (14)
Primarily as/within Musculoskeletal/Physical Rehabilitation Courses	32.35% (22)
Primarily as/within Wellness/Community-Based Programing Courses	4.48% (3)
Primarily as/within Non-Required Elective Courses	2.99% (3)
Included as a Thread or Distributed Throughout Courses Across the Curriculum	25% (17)
Other (please describe):	13.43% (9)
Total	**68**

Note. Responses to the survey question: How would you describe how work and industry content is perceived and included in your curriculum?

The fifth item on the survey asked the respondents to indicate their reasons for limiting work and industry content in their curriculums, if they do, or challenges they face in providing this content. Forty-nine out of 60 of the respondents (81.67%) indicated that there is too much other ACOTE-required content to cover in the program to discuss all of these topics in the work and industry practice area. Eighteen out of 60 of the respondents (30.0%) indicated that work and industry content is not considered a high priority area compared to other topics. Ten out of 60 of the respondents (16.67%) indicated a lack of faculty qualifications or knowledge in this practice content area and that they had not thought about getting a guest lecturer until this survey. Seven out of 60 of the respondents (11.67%) indicated there is limited student interest in this content area. The respondents were given an opportunity to add additional reasons or challenges not listed; 15 respondents did so. Six of the respondents indicated that they believe their curriculum does not limit work and industry content. Four of the respondents indicated that there are few employment opportunities for entry-level occupational therapists in the work and industry area of practice. Responses for the fifth important item are depicted in Table 6 below.

Table 6

Participant Responses to Reasons for Limiting the Provision of or the Challenges Faced in Providing Work and Industry Content in Curriculum

Answer Choices	Responses
Too much other ACOTE-required content to cover within the program (i.e., lack of time)	81.67% (49)
Not considered a high priority content area compared to other topics	30.00% (18)
Limited faculty qualifications/knowledge in the content area	16.67% (10)
Limited student interest in the content area	11.67% (7)
Total	**60**

Note. Response to survey question: Check the box indicating your reasons for limiting the provision of or the challenges you face in providing work and industry content in your curriculum.

The eighth survey item asked the participants to describe the textbooks, book chapters, or other resources used to support instruction in work and industry topics. Fifty-three of the 68 (77.94%) participants responded to the question. Based on the survey participants' responses, "Radomski & Trombly, 2014," "Braveman & Page, 2012," and "Pendleton & Schultz-Krohn, 2012" were identified as the three most commonly used resources for teaching work and industry content. Table 7 below represents the common resources.

Table 7

Participant Responses to Use of Textbooks, Book Chapters, and Other Resources Used in Required or Elective Curriculums to Support Instruction in Work and Industry Topics

Source	Number of Sources
Braveman and Page, 2012	13
Cook and Polgar, 2008	4
Jacobs, 2007	8
OSHA	4
Pendleton and Schultz-Krohn, 2012	11
Radomski and Trombly, 2014	17
Various articles	10
Websites (Cornell University, etc.)	5
Willard and Spackman, 2014	5

Note. Responses to the survey question: What textbooks, book chapters, or other resources do you use in your required or elective curriculums to support instruction in work and industry topics?

Discussion

The results indicated that out of seventeen topics identified in the literature and by expert occupational therapists on the survey, General Ergonomics and Injury Prevention, Patient Handling, and Office Ergonomics are covered in the greatest depth by the majority of entry-level OT programs. In addition, the same topics were covered by the programs that have this content as an elective. General Ergonomics and Injury Prevention, Job Site Modifications, and Office Ergonomics are covered most in elective courses. The author believes the results are an accurate representation of this content for entry-level OT programs.

The topics of Online Employment Resources, Pre-Employment/Post-Offer Screening, and Work-Related Transition Services for Special Populations are covered least in required courses. The topics covered least in elective courses are: Work-Related Transition Services for Veterans, Prisoners, and Special Populations; O*Net and Other Online Work/Employment Resources; OSHA, Independent Medical Exams, Maximum Medical Improvements; and Pre-Employment/Post-Offer Screening. It is possible that the survey respondents are unfamiliar with these topics and that they, therefore, indicated that little time is spent discussing them.

The results show that 40 of the 68 respondents (58.82%) indicated that there is not enough time spent on work and industry content in their curriculum because of the multiple standards to meet for accreditation. This should be something addressed by academic programs, as this is one of the six areas of practice defined by AOTA. However, 28 of the 68 respondents (41.18%) indicated an adequate amount of time spent on this content. There were no respondents indicating that too much time is spent on this content. This study suggests a need to spend more time addressing work and industry content in entry-level OT programs, given it is one of the historical areas of practice for OT and is an area of practice not dependent on the Medicare/Medicaid programs.

The participants were asked to identify resources used in courses to cover work and industry content in their programs. Fifty-three of the 68 participants (77.94%) responded to the question. This is noteworthy. It demonstrates that, despite most of the respondents reporting not enough time spent on work and industry content, they identified resources to address the material.

Limitations identified with the study were: (a) the survey could have been perceived by the participants to be time consuming, and thus they may have elected not to complete it; (b) the survey was made available during the summer and beginning of the fall semester, which may have been inconvenient for faculty to complete because of academic contracts not including summer work; and (c) there was no incentive to complete the survey.

The strengths of this study were: (a) a good response rate (41%) for survey research and (b) results provide a comprehensive assessment of the current work and industry content being taught in entry-level professional OT programs in the US.

Conclusion

The OTPF identifies work as a meaningful occupation that is critical to health and well-being (AOTA, 2014). As health services move more aggressively to the community to control costs, prevention of injuries and treating injured workers at the workplace continues to grow (Braveman & Page, 2012). In addition, occupational therapists working with adults in other settings (in-patient rehabilitation, out-patient, and home health) should be discussing the return-to-work plan for these adults. Therefore, it is important that work and industry content be adequately covered in the curricula of entry-level OT professional programs. Insurance carriers are looking for functional performance as an outcome, and returning workers to meaningful employment, either part-time or full-time, or preventing them from injuries are the types of outcomes in which they are willing to invest (Remington, 2018).

A review of the literature indicated that this was the first study to address the topic of content and time spent on the area of practice of work and industry. Therefore, this study provides a foundation for future research related to OT education in specialty areas of practice.

In the future, faculty participation may increase if data collection occurs during the academic year (September through May). With the results of this study, future researchers could consider the three areas consistently covered in curricula and suggest other content that could be implemented in a course

on work and industry for entry-level programs. This will enable future occupational therapists to be prepared to address work-related issues and to work in the practice area of work and industry.

***Thomas F. Fisher, PhD, OT, CCM, FAOTA**, is dean and professor of health sciences at Indiana University in South Bend. He practiced for 18 years before transitioning into academia, receiving his post-master's EdS and PhD from the University of Kentucky. The majority of his practice was in work and industry.*

References

Accreditation Council for Occupational Therapy Education. (2011). *2011 ACOTE standards and interpretive guide*. Retrieved from http://www.aota.org/education-careers/accreditation/standardsreview.aspx

American Occupational Therapy Association. (2014). Occupational therapy practice framework:

Domain and process (3rd ed.). *American Journal of Occupational Therapy, 68*(Suppl. 1), S1-S48. https://doi.org/10.5014/ajot.2014.682006

American Occupational Therapy Association. (2016). Work & industry. Retrieved from http://www.aota.org/Practice/Work-Industry.aspx

American Occupational Therapy Association. (2018). *Practice*. Retrieved from https://www.aota.org/Practice.aspx

Bernspang, B., & Johansson, U. (2001). Predicting return to work after brain injury using occupational therapy assessments. *Disability Rehabilitation*, *23*(11), 474-480. https://doi.org/10.1080/09638280010010688

Braveman, B., & Page, J. J. (2012). *Work: Promoting participation & productivity through occupational therapy*. Philadelphia, PA: F.A. Davis.

Desiron, H. A., Crutzen, R., Godderis, L., Van Hoof, E., & de Rijk, A. (2016). Bridging health care and the workplace: Formulation of a return-to-work intervention for breast cancer patients using an intervention mapping approach. *Journal of Occupational Rehabilitation*, *26*(3), 350-365. https://doi.org/10.1007/s10926-015-9620-3

Fisher, T. F., Konkel, R. S., & Harvey, C. (2004). Musculoskeletal injuries associated with selected university staff and faculty in an office environment. *Work, 22*(3), 195-205.

Gibson, J., & Strong, L. (2003). A conceptual framework of functional capacity evaluation for occupational therapy in work rehabilitation. *Australian Occupational Therapy Journal*, *5*(2), 64-71. https://doi.org/10.1046/j.1440-1630.2003.00323.x

Hart, D. L., Berlin, S., Brager, P. E., Caruso, M., Hejduk, J. F., Howar, J. M. . . . Wahl, M. D. (1994). Development of clinical standards in industrial rehabilitation. *The Journal of Orthopaedic and Sports Physical Therapy*, 19(5), 232-241. https://doi.org/10.2519/jospt.1994.19.5.232

Keough, J. L., & Fisher, T. F. (2001). Occupational-psychosocial perceptions influencing return to work and functional performance of injured workers. *Work, 16*(2), 101-110.

Kidner, T. B. (1931). Occupational therapy, its development scope and possibilities. *American Journal of Physical Medicine & Rehabilitation*, *10*(1), 1-11. Retrieved from https://journals.lww.com/ajpmr/Citation/1931/10010/OCCUPATIONAL_THERAPY,_ITS_DEVELOPMENT_SCOPE_AND.1.aspx

Kumar, S., Singh, R., Gupta, S., & Mohanty, S. (2005/2006). Clinical benefits of gainful occupation in severe mental illness. *Indian Journal of Behavioural Sciences*, *15*(16), 38-43.

Maltchev, K. (2012). Preventing injuries in the workplace: Ergonomics. In B. Braveman & J. J. Page (eds.), *Work: Promoting participation & productivity through occupational therapy* (pp. 304-324). Philadelphia, PA: F. A. Davis.

Matheson, L. N., Ogden, L. D., Violette, K., & Schultz, K. (1985). Work hardening: Occupational therapy in industrial rehabilitation. *American Journal of Occupational Therapy*, *39*(5), 314-321. https://doi.org/10.5014/ajot.39.5.314

Meyer, A. (1922, 1977). The philosophy of occupation therapy. Reprinted from the Archives of Occupational Therapy, Volume 1, pp. 1-10, 1922. *American Journal of Occupational Therapy*, *31*(10), 639-642. Retrieved from https://www.researchgate.net/publication/22796562_The_philosophy_of_occupation_therapy_Reprinted_from_the_Archives_of_Occupational_Therapy_Volume_1_pp_1-10_1922

Ndiga, D. G., Mugga, J. M., Omutsembi, W. A., Mwicigi, E. W., Muthini, S. M., & Kabarak, D. E. (2016). Incidence of occupational performance injuries among patients attending treatment at Kenyatta National Hospital. *International Journal of Therapies and Rehabilitation Research*, *5*(4), 139-145. https://doi.org/10.5455/ijtrr.000000156

Pedretti, L. W., & Early, M. B. (2013). *Occupational therapy: Practice skills for physical dysfunction.* Ann Arbor, MI: Mosby.

Remington, L. (2018). Changing paradigm: Are bundled payments successful models? *The Remington Report*, *26*(5), 24-25.