FORM 4

ACTIVITY ANALYSIS FOR THERAPEUTIC INTERVENTION (CONTINUED)

b. Materials (e.g., pliable, sensual)

Hands and fingers are touching the cover and pages of address book; hand, fingers, face, and ear are on receiver; fingers touch the dial; and body sits on chair. Materials are mostly of a solid surface except for pages of book.

c. Equipment (e.g., size, manageability, shape)

Telephone is of the right size and shape for effectively managing the call; desk and chair are appropriate for task.

C. Performance Patterns.

1. Habits

Useful in that it supports performance in daily life.

2. Routines

Making a phone call involves an established sequence.

3. Roles

I’m a friend and student.

Section 3: Therapeutic Application

A. Population—Discuss for whom and in what way increased occupational performance can be derived from the use of this activity. Consider the motor, process, and communication/interaction skills. Identify any contraindications.

This activity falls in the performance area of IADL, particularly communication device use and in social participation with a friend/peer. In the motor realm, it promotes posture and alignment of body to desk and materials; reaching for objects; coordination and manipulation of hand use; strength and effort to use objects; and sustaining effort long enough to make the phone call. In the process skill area, knowledge to seek and participate in a phone conversation and organizing space and objects can be challenged; temporal organization in being able to initiate, continue, sequence, and terminate the activity is also expected. Predominantly, it focuses on the communication/interaction skill area to reinforce physicality, information exchange, and maintain relations. No apparent contraindications, unless social behaviors are severely dysfunctional or there is a possibility the phone could be used abusively.

Population-based groups in which this activity could have applicability are deficits in fine motor coordination/dexterity and grasp as seen with muscle weakness or paralysis; process deficits in sequencing, attention to activity, problem-solving; and psychosocial problems of social conduct and interpersonal skills.

B. Gradation—Describe ways to grade this activity in terms of:

1. Activity Sequence, Duration, and/or the Activity Procedures

The activity sequence could be graded from supervision by a practitioner to independent performance of client (e.g., instructions could be written or in picture format, the task could be broken into smaller parts for easier manageability, or client could be asked to initiate and implement task on own).

Duration of call could be shortened or lengthened, depending on client’s capabilities or purpose of call.

Activity procedure could be altered by using different types of communication (e.g., email or cellular phone). It could be done with a friend or stranger. Purpose of call could vary from utilitarian as a request for information to more social and friendly conversation.

2. Working Position of the Individual

The client could be asked to stand by a wall phone, sit in another type of chair, or make call from a bed and/or asked to retrieve materials for task, depending upon the endurance of the client.