PROCEDURE

Occupational therapy

Occupational therapy helps you practise or adapt everyday activities affected by illness, injury, disability, or ageing.

PURPOSE
Improve safety and independence in everyday activities

PROCEDURE TYPE
Therapeutic, through outpatient or bedside guided activities

WHERE IT IS DONE
Clinic, hospital bedside, home, school, or workplace

ANAESTHESIA
None

HOW LONG IT TAKES
Typically 30-60 minutes per session

PREPARATION
Comfortable clothing, usual aids, medication list, and personal goals

RECOVERY
Same day; driving usually unrestricted unless your condition prevents it

MAIN RISKS
Temporary soreness, fatigue, falls, or pressure from equipment

RESULTS
Initial findings same day; progress reviewed over several sessions

Overview

Occupational therapy, often called OT, helps you take part in activities that are important in daily life. In this context, an "occupation" is any meaningful activity-not only paid work. It may include washing, dressing, cooking, studying, caring for someone, using transport, or enjoying hobbies.

An occupational therapist first assesses what you want or need to do and what is making it difficult. They may then help you practise the activity, build relevant skills, change how you perform it, or adapt your surroundings.

OT is usually provided as a series of sessions rather than a single procedure. Sessions may take place in a clinic, hospital, rehabilitation centre, home, school, or workplace. Family members or caregivers may be involved if you agree.

Why the procedure is performed

You may be offered occupational therapy when a health condition, injury, disability, surgery, or change in function affects everyday life.

OT may help you:

For children, OT may focus on play, self-care, school participation, or using the hands effectively. For older adults, it may include fall prevention, home safety, equipment, and ways to conserve energy.

- Wash, dress, use the toilet, prepare food, or manage medicines
- Return to work, education, caregiving, hobbies, or community activities
- Use your hands after an injury or neurological condition
- Manage fatigue, pain, memory problems, or reduced concentration during tasks
- Learn to use a splint, wheelchair, bathing aid, or other equipment
- Make your home, school, or workplace safer and easier to use
- Develop routines and skills for greater independence

Who should and should not have it

Occupational therapy may be appropriate if an everyday activity is difficult, unsafe, exhausting, or no longer possible in the usual way. It can be used during hospital care, rehabilitation, or longer-term community support.

There is no general age limit. You do not have to be fully mobile or able to communicate in a particular way. The therapist can often adapt the session and involve a caregiver or interpreter with your permission.

A session may need to be delayed or changed if you are medically unstable, acutely unwell, severely fatigued, or in pain that prevents safe participation. Restrictions after surgery, an injury, or a heart or breathing problem may also limit which activities are safe.

OT may not be the right service if your main need is urgent medical assessment, diagnosis, medication treatment, or surgery. It also may not replace physiotherapy, speech and language therapy, mental health care, or nursing support, although these services often work together.

You can decline an activity or stop a session. The therapist should explain its purpose, likely benefits, possible discomforts, and other options before you agree.

How to prepare

The treating facility's own instructions take priority because preparation may differ according to your condition and the planned assessment.

Fasting is not usually required. Continue your usual medicines unless your healthcare team has given different instructions.

You may be asked to:

For a home visit, you usually do not need to tidy or rearrange the home. Seeing the usual layout helps the therapist understand practical difficulties and safety concerns.

Tell the therapist about recent falls, movement restrictions, skin problems, dizziness, severe fatigue, or pain. Also explain if you need an interpreter, communication support, or help understanding written information.

- Wear loose clothing and shoes suitable for movement
- Bring glasses, hearing aids, walking aids, splints, or equipment you use
- Bring a current medication list and relevant medical information
- Think about two or three activities you most want to improve
- Arrange for a caregiver to attend if their input would be useful

What happens during the procedure

The first session usually begins with a conversation about your daily routine, priorities, home situation, work or school, and current support. The therapist may ask you to rate how difficult particular activities are.

You may be observed performing a task, such as putting on clothing, getting in and out of a chair, writing, preparing a drink, or using equipment. The therapist may assess movement, hand function, coordination, vision, attention, memory, or problem-solving when these affect the task.

Together, you and the therapist set practical goals. Treatment might involve repeated practice, breaking an activity into smaller steps, learning a different technique, or balancing activity with rest.

The therapist may recommend equipment or environmental changes. Examples include grab rails, a shower seat, adapted cutlery, a splint, changes to desk height, or reminders for completing a routine. They should explain how to use equipment safely.

Some sessions involve a home exercise or activity programme. This should be matched to your abilities and reviewed as you progress.

Recovery and what to expect afterward

Pain: OT should not cause severe pain. You may have temporary muscle soreness, tiredness, or a mild increase in existing discomfort after practising an activity. Tell the therapist if pain is sharp, increasing, or lasts longer than expected.

Eating: You can usually eat and drink normally. If the session includes swallowing or meal preparation, follow any specific safety advice from your healthcare team.

Activity: Most people can continue their usual day after a session. You may need a rest if the session was physically or mentally demanding. Follow any surgical, lifting, weight-bearing, or fall-prevention restrictions already given to you.

Driving: OT does not involve sedation, so the therapy itself usually does not prevent driving. Do not drive if your underlying condition, pain, fatigue, vision, concentration, medicines, or movement restrictions make driving unsafe. A driving assessment may lead to separate advice.

Work or school: Many people return the same day. A demanding assessment or significant fatigue may make a lighter schedule more suitable. OT may also support a gradual return or recommend temporary changes to tasks, hours, or equipment.

Risks and possible complications

Occupational therapy is generally low risk, but activities and equipment can cause problems if they are not well matched to you.

Possible risks include temporary soreness, fatigue, dizziness, loss of balance, or a fall while practising movement. A splint or other device can cause pressure, rubbing, swelling, or skin irritation. Repeated hand exercises can worsen pain if progressed too quickly.

Discussing personal routines or being observed at home may feel uncomfortable. You can ask why information is needed, who will see it, and whether part of the assessment can be changed.

The therapist should assess safety, increase activity gradually, check equipment fit, and stop or modify tasks that cause concerning symptoms.

Results and follow up

The therapist can often discuss initial findings and recommendations during the first appointment. A written report, equipment request, workplace plan, or home-modification recommendation may take longer.

Progress is measured against the goals you agreed on. Improvement may mean completing a task more safely, needing less help, using less energy, returning to an activity, or finding a workable alternative.

Follow-up may involve more therapy sessions, a home programme, equipment fitting, or referral to another rehabilitation service. The number and timing of sessions are based on your goals, progress, clinical needs, and local service arrangements.

Ask who to contact if equipment does not arrive, no longer fits, or does not solve the intended problem.

Alternatives

The alternatives depend on what is limiting the activity. They may be used instead of OT or alongside it.

For some problems, medical treatment, surgery, psychological therapy, vocational support, or social care may be more appropriate. Ask how each option supports the activity that matters to you and what it may not address.

- Physiotherapy focuses more on movement, strength, balance, and physical rehabilitation. It may not address the full daily task or home environment.
- Speech and language therapy addresses communication and swallowing. It may be more suitable when these are the main concerns.
- A home exercise or self-management programme offers flexibility but provides less direct assessment, supervision, and adjustment.
- Equipment or home changes alone may make a task easier quickly, but they do not necessarily rebuild skills or confirm that the equipment is safe for you.
- Help from family or paid caregivers can meet immediate needs but may offer less opportunity to regain independence.
- No therapy for now avoids appointments and effort, but difficulties may continue or become harder to manage safely.

When to call your healthcare team

Contact your occupational therapist or healthcare team routinely if an activity programme causes increasing pain, repeated dizziness, unusual fatigue, or new difficulty completing daily tasks. Also call if a splint or device causes redness, swelling, numbness, skin damage, or persistent pressure.

Report falls during therapy or at home, even if there was no obvious injury. Your plan or equipment may need review.

Seek urgent medical help for severe or rapidly worsening symptoms, including chest pain, severe breathing difficulty, fainting, sudden weakness or speech difficulty, or a serious fall with a head injury. These are not expected effects of occupational therapy and should not wait for a routine OT appointment.

Common questions

Will I be asleep?

No. Occupational therapy does not require anaesthesia or sedation. You are awake and involved in choosing and practising activities.

Can I drive home afterward?

Usually, yes. Do not drive if your health condition, medicines, fatigue, pain, vision, or movement makes it unsafe, or if you have been told not to drive.

How painful is occupational therapy?

It should not be severely painful. Some tasks may cause mild temporary soreness or fatigue. Tell the therapist immediately about sharp, increasing, or unexpected pain.

When will I know the results?

The therapist can usually explain the initial assessment on the same day. Progress becomes clearer over later sessions, and written recommendations may take additional time.

How many sessions will I need?

Some people need one assessment and advice session. Others need repeated practice, equipment fitting, or reviews over a longer period. Your goals and progress guide the plan.

Will the therapist make me use special equipment?

No. Equipment should be discussed with you, tested when possible, and chosen for a clear purpose. You can ask about simpler options, cost, maintenance, and what happens if it does

not help.

Sources

- American Occupational Therapy Association. Occupational Therapy Practice Framework: Domain and Process-Fourth Edition . American Journal of Occupational Therapy. 2020;74 Supplement 2:7412410010.
- National Institute for Health and Care Excellence. Rehabilitation after traumatic injury . NICE guideline NG211. 2022.
- National Institute for Health and Care Excellence. Stroke rehabilitation in adults . NICE guideline NG236. 2023.
- World Health Organization. Rehabilitation in health systems: Guide for action . Geneva: WHO; 2019.
- NHS. Occupational therapy . NHS health information.
- Royal College of Occupational Therapists. What is occupational therapy? Public information resource.