

Q&A: A task-oriented approach in occupational therapy is critical to recovery after a stroke

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Chih-Huang "Jeffrey" Yu, a professor in the School of Integrated Health Sciences' brain health department, works with occupational therapy doctoral student Julie Canda on how to apply makeup with only her left hand. Yu has been a practicing occupational therapist for 30 years and is one of the field's premier advocates for using the task-oriented approach while working with stroke patients. Credit: Josh Hawkins/UNLV

Recovering from a life-altering stroke can be a long and arduous journey when an irascible demeanor and a litany of frustrations prolong a patient's return to normalcy.

Stroke is the leading cause of death in the United States and a major cause of serious disability for adults, [according to the Centers for Disease Control and Prevention.](#)

A task-oriented, client-centered approach is the preferred method of rehab for stroke patients, says Chih-Huang "Jeffrey" Yu, an assistant professor in the Department of Brain Health's occupational therapy doctorate program within the UNLV School of Integrated Health Sciences.

"A typical rehab is more of a one-size-fits-all approach, and a lot of times, our clients can feel frustrated by that approach," he said.

"The occupational therapy task-oriented approach allows us to really learn more about the person, their life, what kind of tasks they were able to do before their stroke that they're not able to do anymore, and determine a strategy to improve their performance effectively. That's why I really need to understand and get to know the person so I can establish their own personal plan going forward. We really have to put ourselves in their shoes."

Occupational therapists help people achieve the things they want to do, not just what they need to do, after experiencing a health affliction. They approach a person holistically to improve their physical, spiritual, and emotional health in an effort to maximize their overall well-being.

Yu has been a practicing occupational therapist since the mid-1990s.

Born and raised in Taiwan, he honed his skills using the occupational therapy task-oriented approach while studying at the University of Minnesota in 2010.

According to Yu, the task-oriented approach is a novel concept in occupational therapy, with Yu having published one of just two articles on the subject. We spoke with him about how [occupational therapists](#), especially those utilizing a task-oriented approach, can impact the lives of [stroke patients](#) while making their long road to recovery a little less stressful.

For those unfamiliar with occupational therapy, can you explain how occupational therapists work with stroke patients?

Occupational therapists work on how we can best help our clients (we refer to them as "clients" in outpatient settings and "patients" during acute care and inpatient settings) to do the things that they most value. These are tasks that people do on a daily basis that take up their time and are also meaningful to them.

As an example, I am a father, a son, and a husband, and I work at a university. I also need to do things that give me life, like eating, shopping, and other tasks that give me the fulfillment I need. As a father and husband, I need to spend quality time with my daughter and my wife. Those tasks take up my time and are meaningful for me. After a stroke, I may be able to do some of those tasks, but not all of them.

Occupational therapists are experts in working with our clients to address the areas with the most need, and we customize our plans for each client. You might eat your breakfast at home or at work, where it's quiet, and I might eat my breakfast while watching videos on my couch.

Even though we are both having breakfast, we are eating it differently. They are different experiences that affect us in our own way.

As occupational therapists, we also educate our clients to ensure they are rehabbing in the healthiest way. We believe everything is parallel to each other. The task, the environment, and someone's personal ability are parallel, and we regard them as separate systems. When using the occupational therapy task-oriented approach, you need to spend a lot of time working with a client.

Why is there a dearth of published information about the task-oriented approach in occupational therapy, specifically working with stroke patients?

The occupational therapy task-oriented approach was first proposed by my mentor, Virgil Mathiowetz, in Minnesota in 1994. He and one of his colleagues proposed this at a time when occupational therapy was focused on a medical model, so the rehab world did not accept this type of thinking.

This also makes funding more difficult because it is not a mainstream approach, and research opportunities are limited. I wanted to learn his approach even though I knew it was risky [in terms of research funding opportunities]. After I did some more research on it, I moved from Taiwan to study under him while being sponsored by the occupational therapy program at the University of Minnesota.

Over the past 20 years, especially in motor learning theory, we have seen an increase in awareness about how the environment is very important to a client's recovery. There have been a few case studies done about occupational therapists using the task-oriented approach, but not much. It is a different approach than most health care professionals use, but the new model is moving toward a whole-body approach.

How have you seen the difference in a patient's recovery process between a more generalized approach and a multi-task approach?

I really saw the difference when working on my dissertation. After three or four weeks of intervention with a stroke patient, his motor skill issue had become a psychological issue. My assumption was that his ability to move was holding him back, but it turned out to be psychosocial. Once we established that it wasn't his mobility that necessarily contributed to his motor skill issue, the recovery process was easier because we knew what to focus on.

That is why we treat each system as its own. Systems can trigger change. By the end of the study, the man was able to regain his driver's license just a few years after suffering a stroke.

Sometimes, you have to change your entire intervention strategy based on the needs of the patient. It was a perfect example of why it is so important to pay attention to the little things. You have to put yourself in their shoes and not come in with your own perception in order to find out what's wrong. I witnessed the power of that personalized, task-oriented approach, and I want to produce more research to share with our society.

What do you hope the future holds for more occupational therapists using the task-oriented approach?

As capstone coordinator for UNLV's occupational therapy program, I coordinate scholarly projects for our students. Right now, I'm trying to recruit students to do stroke rehab while guiding them toward the

occupational therapy task-oriented approach. In terms of research evidence, our studies have only been done with patients who have had a stroke, and our students are eager to learn more.

I spent 20 years in the clinic, and my goal is to develop a clinical protocol for the occupational therapy task-oriented approach. Task-oriented approaches aren't currently covered by insurance companies. I want to create a protocol for therapists to use so it becomes more acceptable. I hope that more people recognize its effectiveness so they can use it to benefit their patients.

Provided by University of Nevada, Las Vegas

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