

OCTA 226

Physical Dysfunction I

3 Credits: 2 lecture hours and 2 lab hours

Community College of Baltimore County Common Course Outline

Description

OCTA 226 - Physical Dysfunction I: Physical Dysfunction I prepares students in theory and application of occupational therapy treatment for patients with orthopedic and medical dysfunctions and disabilities. Emphasis is on the skills necessary for prevention, remediation, and compensation for deficits. Areas covered include, but are not limited to arthritic disease, hip fractures and lower extremity joint replacement, amputation, spinal cord injury, acute hand injuries, burns, cardiac dysfunction, and pulmonary dysfunction. Activity labs introduce the student to splinting, range of motion, muscle testing, activities of daily living, vital sign assessment, case studies, and professional reporting. This course contains 2 hours of lecture, 2 hours of laboratory and 24 hours of Level I fieldwork.

Pre-requisites: OCTA 201 and OCTA 220 with a grade of “C” or higher

Course Objectives

Upon completion of this course, students will be able to:

1. explain the role/responsibility of the practitioner to advocate for changes in service delivery, recognize emerging practice areas and advocate for expansion of the role of the OTA;
2. record data for the purpose of assessment/re-assessment client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation with clinical supervisor;
3. complete selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment;
4. identify when to recommend to the occupational therapist the need for referring clients for additional evaluation;
5. complete occupation-based, purposeful, and preparatory intervention plans and strategies (including goals and interventions) on the basis of the stated needs of the client and data gathered during the evaluation process that are culturally relevant, reflective of current occupational therapy practice, and based on available evidence for the following diagnosis: Arthritis, Orthopedic, Amputation, Upper Extremity Dysfunction, Burns, Spinal Cord Injury, Cardiac and Pulmonary Dysfunction;
6. demonstrate training of patient in self-care, self-management, health management and maintenance, home management, and community and work integration;
7. identify remediation and compensation for physical, cognitive, neuromuscular, and sensory functions;

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8. demonstrate patient training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices;
9. demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions;
10. apply grading and adaption techniques to reflect the changing needs of the client and the sociocultural context;
11. teach compensatory strategies, such as use of technology and adaptations to the environment, that support performance, participation, and well-being;
12. explain the need for and use of compensatory strategies when desired life tasks cannot be performed;
13. compare the various reimbursement systems (e.g. federal, state, third party, private payer) and documentation requirements that affect the practice of occupational therapy;
14. use written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner;
15. practice use of the therapeutic self as part of the therapeutic process in both individual and group interaction;
16. practice monitoring and assessing vital signs (e.g., blood pressure, heart rate, respiration, temperature) to ensure stability of the client throughout the treatment process;
17. demonstrate use of professional literature to make evidence-based practice decisions in collaboration with the occupational therapist;
18. use principles and strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) to enhance occupational performance;
19. apply an understanding of health literacy and the ability to educate and train the client, caregiver, and family and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety;
20. identify when to communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention;
21. identify when to recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved;
22. state when and how to use the consultative process with specific consumers or consumer groups as directed by an occupational therapist;
23. practice documentation of occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to the requirements of applicable facility, local, state, federal, and reimbursement agencies;
24. identify community mobility resources addressing transportation transitions, driver rehabilitations, and community access; and
25. apply appropriate medical terminology in documentation.

Major Topics

- I. Rehabilitation Concepts
 - a. Role of COTA, Relationship to OT
 - b. Brief History of COTA in Role of Physical Dysfunction
 - c. Practice Models
 - d. Defining OT in Physical Dysfunction

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- II. Broad Aspects of Treatment
 - a. Psychosocial Implications
 - b. Infection Control
 - c. Cultural Diversity
 - d. Sexuality
- III. Health Procedures
 - a. Universal Standards
 - b. Vital Signs
 - c. Medical Terminology
- IV. Diagnoses
 - a. Biomechanical Applications
 - b. Hand Injuries
 - c. Orthopedics (fractures, Total Joint Replacement)
 - d. Arthritis
 - e. Spinal Cord Injury
 - f. Cardiac
 - g. Burns
 - h. Pulmonary
- V. Screening and Reassessment Procedures
 - a. Biomechanical
 - b. Rehabilitative
 - c. Standardized/Non-Standardized Tools
- VI. Treatment
 - a. Biomechanical
 - b. Rehabilitative
- VII. Documentation
- VIII. Medical Terminology

Course Requirements

Grading will be determined by the individual faculty member, but shall include the following, at minimum:

- 5 (Subjective, Objective, Assessment, and Plan) SOAP notes
- 5 lab quizzes
- Midterm exam
- Final exam
- Lab practicum
- 4 treatment interventions using case studies
- Fieldwork journal
- Treatment plan project
- Lab participation and professionalism
- Level I Fieldwork

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Other Course Information

All courses in the Occupational Therapy Assistant program must be passed with an overall grade of a 75% or higher. Below 75% is considered failing in this program.

A course grade is composed of an average of grades received on tests, quizzes, papers, or projects. Examination grades (tests, quizzes) must average 75% before grades for papers, projects or presentations are factored into the overall course grade.

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