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Ergotherapy, the Occupational Therapy as an Aid to Return to Being by Doing

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ABSTRACT

Occupational therapy is the branch of rehabilitation whose main aim is to achieve maximum possible autonomy of the disabled person and the most complete integration into the family, the work and the society. Its methodologies, objectives and work tools are similar to those present in the school world, as they start from the need to create individualized paths that facilitate the learning or re-learning of impaired motor and cognitive skills, to enable those affected from a traumatic event, disabling, the reintegration into one's own living environment. The main purpose of occupational therapy is "customer management": in fact, the individual is the element on which this discipline focuses its attention. Occupational therapy allows people to maintain or develop their participation in the social context, to be placed in an environment and to be able to configure it and to improve their quality of life.The technological and informatic tools are often a useful and stimulating support for this type of interventions, especially if the teamwork allows a versatile and creative use.

INTRODUCTION

Occupational therapy (OT) also called ergotherapy (from the Greek " ἐργειν " = to act, to be active) expresses the concept that "being occupied " is a primary need of the human being and an activity carried out in targeted manner has therapeutic effects, influencing and enriching the biological, psychological and social growth (1); it is a rehabilitative discipline. It uses the evaluation and treatment to develop, recover or maintain the psycho-motor autonomy and the skills of the daily and working life of people with cognitive, physical, psychological, both temporary or permanent disabilities, through:

- activities aimed at guaranteeing the maximum individual autonomy possible in daily life (washing, dressing, shopping, etc.);

-targeted approaches for the improvement of physical functions (motor skills, muscular strength, coordination, etc.);

- practical-work activities to promote the faculties such as concentration, memory, mindfulness;

-working and group activities aimed at promoting expressive skills and social skills (manual activities, creative activities, etc.).

OT is based on the holistic approach, it involves the whole person, that is, it tends to consider the therapeutic cases both from a medical, psychological and social point of view. It also deals with the identification and elimination of environmental barriers to increase autonomy, independence and participation in daily, work and social activities. The practice of occupational therapy is on client-centered, on scientific evidence-based health care (2).

It develops towards the end of the First World War in the United States, although we may consider the psychiatrist Philippe Pinel a forerunner, endorsing this method since at the end of 1700 in mental hospitals and mainly in the Bicêtre hospital, where he was the first to introducing human methods in deal with the mentally ill using work to rehabilitate people. In the twentieth century the figure of the occupational therapist is created, a professional figure who, in possession of the qualifying university diploma, works alone or in groups for the prevention and rehabilitation of people of all ages affected by illnesses and neurological damage , physical and / or psychic disorders, disorders caused by aging or accidents, both

with temporary or permanent disabilities. To this end, the activities used both manual and recreational and life, are analyzed, graduated and selected thus offering patients the opportunity to make new experiences, to develop the concept of self, to increase self-esteem, to improve cognitive skills, perceptive, motor, social, for the purpose of greater autonomy and independence(3).

The proposed activities, individual or group, such as, for example, painting, carpentry, cooking, expressive activities using various materials such as paper, clay, cloth, etc., and in an ever increasing number of digital activities, thus become" true tools" of rehabilitation. Occupational therapists often work closely with other professionals such as physiotherapists, speech therapists, nurses, social workers, psychologists and physicians. He, since the physical, social, attitudinal and legislative environment can support or limit the practice of occupational therapy, can be targeted to also change aspects of the environment to increase the participation of the subjects. The primary characteristic of this type of treatment is the active involvement of patients in the therapeutic process and the results are diversified, and patient-led and measured in terms of participation.

In Italy, as in other countries of the European Union and the world, the training of the occupational therapist belongs to the universities; the academic path foresees a first degree, directly qualifying, and a second level master's degree, which provides the qualification of an occupational qualifying therapist. In Italy, the course is present on 10 universities. The only university whose diploma is recognized by the WFOT (World Federation of Occupational Therapy) is the University of Milan, which has passed the minimum standards for a degree valid in any country in the world.

The professional figure of the occupational therapist was regulated by Ministerial Decree of 17 January 1997, n. 136 "Regulations concerning the identification of the figure and related professional profile of the occupational therapist" published in the Official Gazette of 24 May 1997, n. 119. The role of the occupational therapist allows to work in many different contexts: in public and private social and health facilities, in hospitals or in assistance centers, but also at home, in workplaces, in schools, in clinics and in community settings. The main areas in which it is applied are:

• Neurology. Occupational therapists are concerned with increasing autonomy in meaningful activities for the person, belonging to the sphere of daily life, for example in cooking, hygiene, home management, games.

• Orthopedics, tries to rehabilitate the person following fractures, injuries to tendons and nerves, amputations, rheumatic diseases and other diseases that mainly affect the upper limb.

• Geriatrics, deals with elderly people suffering from neurological diseases (Alzheimer's, Parkinson's) and the education of their caregivers.

• Psychiatry, deals with people with schizophrenia, autism, bipolar disorders etc.

•Pediatrics. Occupational therapists work with children, adolescents and their families, helping them build skills that enable them to participate in meaningful occupations, also addressing the psychosocial needs of children and young people to enable better integration into social life. These occupations may include: normal growth and development, nutrition, play, social skills and education and more

• Spinal cord injuries.

The Occupational Therapist implements his own rehabilitative intervention also modifying the environmental factors, advising on orthoses and aids, offering support, in a holistic vision, at school and/or in the family, promoting the adaptation of the child to the activity to be carried out for overcoming barriers through:

• Activity of Daily Living (ADL) with the aim of acquiring autonomy in self-care (4);

• Targeted activities of a motor-functional type with the aim of improving sensory-motor skills (bilateral and bimanual coordination, balance, lateralization, coarse and fine motility, graphomotority, etc.) (5);

• Sensory Integration Activities (stimulation and processing of neurosensory processes);

• Psycho-social oriented activities with the aim of stimulating social and emotional skills (self-esteem, creativity, motivation, understanding of the rules, management of time and space, behavior, etc.) (6);

• Team evaluation, design and customization of aids;

• Evaluation of home accessibility and removal of architectural barriers;

OBJECTIVES

Occupational therapy is carried out in laboratories where personal autonomy activities are carried out in everyday life such as dressing, undressing, washing, taking care of your body. Also includes the use of toilets for personal hygiene; set the table and eat as much as possible; cook and serve dishes and other domestic activities. It does not neglect socialization, art, music, graphic-pictorial expression, modeling, graphic compositions, bricolage, body and theatrical animation. It is a cognitive laboratory: it exhorts to read, write, draw, make games of logical association, knowledge of time and reading of the clock; go out for guided tours and parties, gardening and computer use. Under no circumstances will the final "product" be privileged, but attention will only be given to the experience, in the belief that acting makes sense if the identity and autonomy of the subject is promoted, as doing facilitates the maturing process, the expression, the pleasure and the gratification, which corresponds to the needs of the person. The proposed laboratory activities aim to create new interests, encourage self-confidence, stimulate physical and mental commitment, and socialize the skills achieved.

Its objectives are: to bring a person to be as independent as possible in the moments of life, in relation both to the family and to the other groups with whom he is in contact; insert it into the environment with changes both on it and on the person; assessing attitudes towards gaming, sports, school activities and towards possible inclusion at work; to stimulate cognitive and praxic abilities through specific guided and laboratory activities that increase the level of self-esteem and safety in relationships; make a connection with other bodies and associations with which children are in contact; motivate to life, to success, to help liberate or sublimate emotional impulses, start the relationship with oneself and with the other members of the group to which they belong or not (7).

The Occupational Therapist promotes occupational performance in all ages of life, in the presence of physical and mental dysfunctions, both temporary and permanent, making decisions oriented by the best scientific evidence.

In the Evolutive Age, he sets himself the goal of developing and improving the child's ability to act by favoring and enhancing his interests, in a gradual process of inclusion in his life-home-school environments and in the various extra-scholastic contexts (8).

Acting human beings can change their environment and make a contribution to the society in which they live: the action allows participation in social life and the different areas of life. The main purpose of occupational therapy is to improve the capacity for action. To plan, organize and carry out activities, man must be equipped with the following skills:

- physicals, which allow him to walk, touch, transport things, etc.;

- cognitives as capacity for planning and concentration;

- emotionals as motivation and stimuli;

- socials and interactives, for example, knowing how to express yourself through body language and being able to calibrate distance and closeness to people

To test what skills and abilities the individual has lost or maintained, the OT often takes daily actions as a point of reference: actions and activities are analyzed and used in a targeted way to promote the patient's ability to act in consideration of his aims. The occupational therapist uses daily activities as a diagnostic and intervention tool. In occupational therapy, action is both a goal and a therapeutic tool.

Every person lives his daily life in absolutely individual environmental conditions. These are classified into two groups:

- surrounding environment: objects, time, space, climate, noise, flora, fauna

- social environment: associations, neighborhood, people, animals, culture, mentality, principles conditioning daily action.

These environmental conditions influence:

- the activities that are important for the individual in his daily life,

- the physical, cognitive, emotional or social capacities that are important for carrying out this activity.

The environment influences the meaning that the person attributes to the activities in his daily life. Since the environment can favor or inhibit these activities, by modifying the environment it is possible to intervene positively on the capacity for action and on health. Examples: for a person in a wheelchair, even a few steps represent an obstacle that the

predisposition of a ramp allows to overcome; an ergonomic workplace helps to prevent damage caused by incorrect posture. In occupational therapy, the setting up of the surrounding environment plays a fundamental role. An environment appropriate to the specific situation facilitates the activity and can have positive effects on health.

The concept of quality of life includes subjective and objective aspects. Subjective aspects imply the subjective perception of one's life condition and one's capacity for action. Normally people who feel limited in their ability to act give a negative assessment of their quality of life. Objective quality of life includes physical and social environmental conditions. Substantially, the quality of life is closely connected both to the person's ability to act and to his surroundings. A satisfactory life means a condition of subjective psychic well-being resulting from the quality of life that becomes a parameter of the individual's satisfaction with regard to his situation in every area of his current existence. In addition to the capacity for action and participation, quality of life and relative satisfaction are the objectives and the main results of occupational therapy. In the health field, occupational therapy finds its precise place in treatment in the acute phase/rehabilitation and in secondary and tertiary prevention. In the field of health promotion and primary prevention, the occupational therapist increasingly offers support to family members, employers, companies and institutions in the search for the best ways of setting up living and professional spaces.

The software used in the field of occupational therapy is aimed at encouraging learning in patients who present cognitive difficulties at the perceptual level, of temporal space organization, of visual discrimination, of memory. We follow individualized and measured paths on the potentials and resources of the patient in a specific rehabilitation phase through batteries of selected exercises aimed at recovering and increasing learning abilities related to counting, calculation, geometry, image creatio; geography understood as knowledge and awareness of the spatio-temporal collocation. The use of software for Augmentative Alternative Communication and to facilitate access to the computer is particularly important (9). Often for this purpose, it is necessary to integrate hardware devices to give solution to specific motor problems using, for example, expanded keyboards with shields.

Often the perception of "loss" of motor skills, for any subject, coincides with the re-examination of the self image and the consequent loss of self-esteem, with the questioning not only of one's motor skills, but above all of cognitive skills. In some cases neurological damage is found that can be managed if strategies are implemented to compensate them. In

many other cases the loss of self-confidence prevents to achieve the objectives applicable to everyday life that could be achieved with appropriate training.This is based on these assumptions, the solid conviction of using the personal computer and appropriate programs not only in the diagnosis phase, but above all to integrate rehabilitation training. The use of the computer has as its objective the real perception of their abilities by evaluating the skills that deserve to be increased and the possibility to record their changes over time. The computer gives the user the feeling of being able to control an instrument commonly understood as a complex. In older people it helps to feel able to learn notions, while for those who already knew how to use it a clear return to normal. The software used for Alternative Augmentative Communication helps the expression not only for those who have suffered permanent damage, but also represent a periodic system for a gradual rapprochement with verbal communication. This allows a constant, gradual maintenance of the opening towards the surrounding environment. Very often, in fact, patients with severe acquired brain injuries recover long-term speech capacity.

METHODS

The environmental changes, the socio-economic conditions of the industrialized countries and the progress of medicine have led to an increase in life expectancy. What in some respects may appear to be a positive development involves new commitments and new demands on current social and health systems. If it is true that today's elder enjoys a better state of health than those who preceded him in past generations, it is also true that the aging of the population goes hand in hand with the increase of chronic diseases. Added to this is the fact that, in spite of a high standard of living, large sections of the population are more and more often affected by phenomena such as addictions, depression, eating disorders (overweight and anorexia), cancer diseases, etc. In consideration of what has been said, an inevitable change in the health system is envisaged: health promotion and primary prevention will be considered as a common goal. Increasingly, medicine is asked to contribute to the maintenance and improvement of the health of the community. Occupational therapy offers numerous opportunities in this renard. By expanding the range of services in the field of health promotion and primary prevention, OT can help to lighten the burden on the social and health system by facilitating the individual's participation in social and work life and in maintaining autonomy. The offer in occupational therapy could be expanded in consideration of the following objectives:

- to encourage in the child the development of physical, cognitive, emotional and social faculties that allow him to remain healthy, to integrate into the school and later to learn a job;

- set up work environments that do not cause illness, proposing an ergonomic predisposition of the workplace to promote health through the optimization of both the work processes in physical terms (eg ergonomics) and psychic (eg rhythms of work), cognitive (eg complexity of work) and social (eg management of conflicts)

- timely interventions in the workplace: at the first signs of overload or increase in absenteeism due to illness in order to avoid prolonged absences from the workplace;

- set up living spaces without barriers to facilitate access for disabled people to all areas of life and prevent falls in old age;

- make older people aware of issues such as "Safe living in old age" or "Avoiding falls" to prevent injuries and injuries while maintaining autonomy for as long as possible and shortening stays in nursing homes and rest homes;

- prevent the isolation of the elderly by stimulating their physical, cognitive,emotional and social skills to allow them to take care of interpersonal relationships and socialization;

- provide support to family members of people affected by dementia, physical disabilities or chronic diseases to prevent the disease from making them ill too.

Before each intervention, the occupational therapist carries out the assessments relating to the starting situation, particular considering the revelant aspects to the specific case(10). In this regard, we must take into account the emotional states, the habits, the interests, the personal goals and the experiences, the cultural techniques, the social skills, etc. of the interested party, that also considered as a "customers" of the service provided.

The following factors of analysis vary with regard to the order in which they are considered, and are sometimes overlapped and differently weighted, depending on the type of intervention.

a) **Assessments related to the problem**. The process begins at the first contact with the subject. The occupational therapist explains to the client the basic principles and procedures of O T . When finally we have clarified the possible uncertainties, and we have integrated the

missing data, the economic aspect and the financing conditions are considered. The occupational therapist is then informed about the problems and expectations of his intervention or by the client concerned or by a contact person who acts as interlocutor.

b) **Initial assessment** Based on the findings of the problem, the occupational therapist prepares a first evaluation. The investigations are carried out with reference to the International Classification of Functioning (ICF - International Classification of Functioning, Disabilities and Health) proposed by the WHO (World Health Organization,2005).The initial evaluation is aimed at detecting limitations and resources in terms of capacity for action considering the capacity for action and participation related to the client or to a group of clients. At the same time, impaired physical structures and functions as well as the various environmental factors (social, cultural, institutional and material aspects) must be identified. The occupational therapist assesses the client's ability to act, taking into account the environmental conditions and procedures relevant to the specific case.

c) **Working hypothesis** The occupational therapist defines the operative hypothesis. It establishes the order and the importance of both the resources of the subject and the problems that beset him, involving him in this process and thus defining a first approach to the planning of the intervention.

d) **The use of measuring instruments.** According to the assignment and the problem to be treated, it is foreseen the use of validated measuring instruments and tests, with the consent of the client. They serve for the purpose of a differentiated analysis and of the documentation of the initial situation, allowing in this way to detect the resources of the interested party and the limitations to which he is subject in relation to his ability to act. This relief can be repeated in the future to verify the effect of the intervention.

e) **Verification of the indications**. The occupational therapist goes to see if the problem and the task justify his intervention. He then informs the client about the type of intervention (therapy / measures or advice) best suited to his situation, explaining in particular what favorable outcomes he will be able to benefit from. In cases where the occupational therapist considers an operation not indicated in this sense, he will not accept the assignment and will communicate the reasons for his refusal to both the client and the doctor.

f) **Planning** The intervention begins with the definition of the purposes. The objectives are defined on the basis of the diagnostic results and then formulated in agreement with the

client. These objectives must be adapted to the needs most felt by the client and that they are an authentic source of motivation for him. The aims are adequate both to the objective factors (results of the measures) and to the subjective factors (needs and objectives of the client). In cases involving representatives of other professional groups (interdisciplinary participation), the information provided by them should be taken into account. In this case, the objectives and the procedure will be defined by mutual agreement. The definition of the objectives to be achieved also depends on the expected duration of the intervention and it must be action-oriented and configured in a concrete and measurable way. The level of achievement of the objectives is checked at regular time intervals, for the entire duration of the participation.

g) **Methods and choice of means** The occupational therapist establishes the way to proceed in mutual agreement with the client. He will be able to use different methods and tools that he will choose taking into account the client's requests and abilities.

h) **Compliance of the intervention to the objectives**. The intervention respects the centrality of the client and is oriented towards the defined objectives. At the beginning of each scheduled intervention phase, the occupational therapist checks the mood of the person concerned. He verifies that the operating conditions are appropriate to the objectives agreed. The goals to be reached in the context of each intervention must be constantly observed by the therapist and made comprehensible, as far as possible, also towards the interested party. If the intervention is a therapy, the occupational therapist can operate according to different ICF dimensions, adapting the support to the client, the possibilities and the objectives too. Therefore, different, mixed forms of intervention occur: - the occupational therapist works with the client according to the dimension of participation in those activities that have the greatest importance for the person concerned. - the occupational therapist operates at the level of the activity dimension. - the occupational therapist works in order to improve the physical structures and functions. - the occupational therapist, in his work with the individual concerned, takes into account the environmental factors and those characterizing the person (adaptation of the environment to which the client will be accustomed).

i) **Reflection and adaptation.** The occupational therapist observes the legislative norms and adheres to the professional ethics proposed by the association of the category. At the conclusion of each intervention phase, together with the client, the effects obtained with the chosen means and methods are checked. The occupational therapist makes one more

reflection on one's own way of proceeding. The results of this verification will be considered in planning the next steps to be taken.

j) **Reflection and adaptation**. The occupational therapist observes the legislative norms and adheres to the professional ethics proposed by the association of the category. At the conclusion of each intervention phase, together with the client, the effects obtained with the chosen means and methods are checked. Afterwards, the occupational therapist gives a reflection on the way to proceed to evaluate the results obtained that will be considered in planning the next steps to be taken.

k) **Evaluation.** Throughout the duration of the intervention, a constant evaluation is carried out of every change that may affect the client (possibly also the reference persons) or the environmental factors (evaluation of the process). The detailed evaluations are carried out both to achieve the objective, and when there are phenomena of change or stagnation of the process, and in any case at the end of the intervention. To this end, the same measuring instruments used at the beginning are used, to obtain data that allow a comparison between the initial situation and the one reached (evaluation of the results). The occupational therapist considers the results of the intervention by placing them in relation to the means and methods used and then discussing them with the client and possibly with the representatives of the other professional groups involved.

l) **Documentation.** Every single step of the whole process is systematically documented:

- The results of the survey are recorded in writing and also the discussions with the client, as far as possible. The occupational therapist describes the initial situation, considering in particular the problems, abilities and resources of the client, taking into account also the environmental conditions.

- In particular, the methods used to achieve the objectives set and the results obtained must be indicated. The procedural process must be made comprehensible while ensuring the principle of confidentiality.

m) **Conclusion.** In the cases in which the assessment does not result in any further need for intervention, the treatment is terminated. The occupational therapist uses in a targeted way the knowledge and the technical abilities he has available, in order to:

- support the client with the aim of regaining physical, cognitive, emotional and social abilities;

- help him to take on new skills of action;

- provide him with the necessary support to configure his environment according to principles that are beneficial to health.

The intervention is organized and aimed at achieving stable and lasting improvements in the capacity for action. The various types of intervention available:

-to define a personalized program of exercises that promote specific skills and abilities, with particular consideration of the need to improve and maintain individual areas of the capacity for action. It includes some phases of particular importance for daily action, aimed at facilitating the practical application of what has been learned with the exercises.

- perform the exercices for daily activities and for complex sequences of actions: the occupational therapist accompanies and supports the client. He will begin with exercises to gradually get him used to dressing and undressing himself, continuing with those for the use of the bathtub, getting into the car or going to the grocery store to do the shopping.

- prosthesis construction, adaptation of aids:

- counseling: the occupational therapist frequently performs the function of consultant, where it is a question of identifying the possibilities of adapting both the living and working environment, providing advice to reference and advising which aids to shopping.

- elaboration of the intervention plan: he makes a gradual planning of the desired improvements in terms of capacity for action, satisfaction, participation and quality of life, also taking into account structuring; implement measures to promote health and primary prevention. In cases where the client is autonomous in implementing the operational plan, the occupational therapist is limited to accompanying him in single phases,guiding him towards the conclusion of a process that involves the final evaluation of the results obtained from the therapeutic point of view.

RESULTS

From what has been shown, many basic skills are evident in the context of occupational therapy:

- the competence to guide and support the interested subject in the training that will allow him to improve the skills and abilities for his daily life, that they are of a physical, cognitive, emotional and social nature by a development of a personalized program of exercises.

- the competence to accompany, instruct and support the interested person both in the first attempts and in the exercises for the important actions of his daily life.

- the ability to offer advice for the selection, design and construction of orthoses, aids and adaptations referring both to the individual and his environment, in order to achieve greater capacity for action and improve the quality of life.

- the competence to provide advice in terms of maintenance and improvement of the capacity for action, social participation and quality of life.

- the competence to develop intervention plans aimed at improving the capacity for action, participation and quality of life.

- the competence of accompanying / supervising and evaluating the level of implementation of the intervention plan.

OT proposes interventions for people of all ages in the field of acute treatment/rehabilitation, secondary and tertiary prevention and, in a future perspective, also in the field of health promotion / primary prevention. The offers refer to various sectors of life including autonomy and independence, productivity, leisure/recreation. The intervention includes diagnostics/assessment of the case, counseling, therapy and measures to be implemented.

Autonomy and independence / day-to-day activities and diagnostics: The occupational therapist is a competent interlocutor for the planning and adaptation of the equipment and facilities of schools, when it comes to creating an environment conducive to the development of children and compatible with their needs; as regards the stimuli produced by this environment, he chooses the materials and the seated chairs to be realized in such a way as to prevent incorrect postures and developmental disorders.He works in the industrial and

manufacturing sectors, in terms of design and improvement of aids such as wheelchairs and environmental control systems. Furthermore, the assessments carried out by the occupational therapist make it possible to understand the difficulties most felt by individuals suffering from depressions, who are required to carry out independently all the tasks of daily life.

He advises people in reference and who assists newborns and infants during early childhood, taking into account in particular the need to stimulate and promote the perception and development of the little ones during bath time, when they are dressed or undressed, during meals and in general when it comes to organizing their daily life. Parents and other interested parties provide suggestions on how to promote the development of children in their free time, so that rest and play are stimulating for sensoriality at home and in the open air (11). In order to facilitate the integration of immigrants, moreover, within the culture of the immigration country, it plans specific advisory and training offers regarding the relevant actions in daily life.

Therapy and Measures - The occupational therapist carries out measures to strengthen the physical, cognitive, emotional and social capacities of newborns, children and young people, working with individuals, but also with whole groups. In this way, he helps to prevent problems such as school difficulties and secondary psychosomatic disorders. Within the pedagogical institutions, he offers activities to support behavioral development and healthy movement, in order to prevent phenomena such as postural disorders and overweight. With the offers for the reasoned organization of young people's free time, he contributes to the prevention of phenomena such as social deprivation and juvenile crime, checking the suitability for driving, in cases of suspected compromise. He provides suggestions to people with disabilities, about the adaptations of the vehicle and assists in training - possibly in cooperation with the driving instructor - to be autonomous to use the installed aids. In the initial stage of dementia, he helps in exercises for motor sequences that allow you to perform various actions in the right order, for eg, put on pants first, then put on shoes.

The activities are organized during the day and carried out in specifically equipped contexts to promote the development of the following functional areas:

- the area of autonomy and independence;

- the area of motor expressiveness, verbal and emotional;

- the area of start-up and training at work.

He work with the homeless, helping them to rebuild the bases of their independence (food, clothing, housing) and/or to rediscover and regain their productivity with the acceptance of jobs that, although modest, mean a new orientation on available resources.He informs publicly on how to promote occupational health or regard certain diseases and their consequences in daily life. The fundamental objectives are the promotion of health, prevention, encouragement to personal initiative even in the case of existing limitations and the abatement of preconceptions.

Productivity - diagnostics: The occupational therapist detects, by choosing the most appropriate tools, the residual skills and abilities of the individuals who have suffered a trauma, and suggests how to restore these skills for the purposes of professional reintegration (for example regarding temporal organization, the use of objects / tools, the exploitation of available space, the actions to be carried out with both hands, the planning of one's own action) (12). He carries out screening aimed at early diagnosis and prophylaxis of risk factors that may compromise the ability to act, taking into account in particular pathologies such as joint pain and rheumatism in those who perform dangerous work (eg housewives or farmers), also analyzing the interests of employers.

- Counseling: The occupational therapist provides suggestions to employers, institutions and individuals, in relation to issues related to ergonomics, by instructing the relatives who assist the person concerned, on how to better organize their life.He is also related to construction companies, architects, municipalities and institutions, where the surrounding structures must be adapted to promote health, capacity for action, participation and quality of life.

For example, it draws up appraisals for insurance companies and advises those who have suffered an accident at work and/or their employer regarding adjustments to be made at the workplace. He provides directions also to companies, with regard to the optimization of work processes, when there arises the need for physical adaptations (eg ergonomic), psychic (eg with regard to work rhythm), cognitive (eg speed and complexity) work) and social (eg in conflict management). In particular, he account should be takes of the "over 50" age group, because will have a prolonged presence on the labor market in the future. In order to avoid the occupational deficit and the consequent negative effects, he also advises people whose retirement is imminent or who are in danger of losing their jobs: on the basis of the interests

and qualifications found, he provides support in the everyday occupational restructuring of the acquired seniority.

- **Therapies and measures**: The occupational therapist guides the clients in the necessary exercises in case of rheumatism compromising the actions and movements necessary to face the working life. Customers learn to perform movements compatible with the state of their joints, avoiding the phenomena of pain. It also assists employees and employers when it is necessary to achieve a proper balance between resources and operational needs, in order to prevent stress symptoms or burn-out syndrome.

Leisure/recreation - diagnostics: in occupational patients suffering from cardiac and circulatory diseases, the occupational therapist proposes recreational activities for them of greater importance and those to be performed despite the problems that have occurred. If due to the pathology that has taken place, it is necessary to admit him to a retirement home for the elderly, he makes sure that the client has the necessary skills to continue his usual recreational activities. He carries out an analysis of the skills, resources and needs of the elderly wishing to carry out social tasks, helping them to better exploit their skills and remain active (eg in the context of voluntary neighborhood assistance, of the talent exchange, childcare, gardening, work in retirement homes, expert activity). He work out surveys on independence and the need for assistance from older people (eg for work at home, cooking, money and time management)

- **Counseling**: He provides advice to individuals and provides for making whole groups of elderly people aware. He provides clarifications to tour operators, so that it is ascertained whether the environmental conditions at the intended destination are compatible with the needs of disabled people, taking into account the particular profiles to be met giving suggestions on the possibilities of traveling to wheelchair users. He advises municipalities and/or architects, about to the setting up of public spaces and public buildings without barriers and, to construction companies, regarding the equipment free from barriers and ergonomic equipment to be created in the living spaces of the client.

- **Therapies and measures** He plans and assists during the exercises, where it is a question of promoting, by mutual agreement with the interested parties, the possibilities of configuring free time and participating in social life, with particular promotion regard the people suffering from chronic physical illnesses or psychic, such as the disabled. For people affected by

degenerative diseases, he offers training exercises for work in the kitchen, craft / creative activities or gardening. This daily-oriented therapy allows the interested clientes to take full advantage of their own capacity for residual action. He helps the detainees to organize and structure the days and the weeks, in order to avoid the phenomena of occupational deficits and to prepare, in this way, the social reintegration. Finally, he offers activities for the elderly and older people.

- Mesures: The occupational therapist offers training exercises for the elderly, for individuals and groups, and for people of a very advanced age who want to improve their physical, cognitive, emotional and social abilities, designing and identifying targeted offers. Early intervention prevents the occurrence of secondary problems (such as secondary orthopedic damage, mental disorders, etc.). He evaluates their strengths and abilities in the right way and theaches to use them in the best possible way, taking care of the further ergonomic improvement of everyday objects such as tools and furniture.

In the context of housing communities and communities of cohabitation, he realizes and takes care of the offers for the promotion of activities that are of particular importance from a subjective point of view. In nursing homes with an attached nursery school, the children and the elderly have the opportunity to take on common projects (such as treating animals, gardening, creative activities, cooking), assisted by an occupational therapist. The children benefit from the experience of the elderly, while the parents have the advantage of being able to organize their time better, and the elderly derive satisfaction from a task worthy of being carried out.

Various laboratories are organized to carry out interventions aimed at these objectives:

- Laboratories for work activities (processing of poor materials, carpentry, ceramics, leather goods, paper and binding, recycled paper, candle production, bijotteria, decoupage, computer science, sewing, embroidery, knitwear).

-Workshops for expressive activities (image education, drama, singing, music, folklore events).

-Sports and recreational activities (games, sports, athletics, football, guided tours, excursions, marine and mountain stays).

The therapist, having a clear view of the patient's clinical situation, proceeds to the evaluation and from here constructs a rehabilitative itinerary with the patient aiming to start short, medium and long term, reserving to check and modify the project in the light of the results and general conditions of the patient. With this vision, the use of the PC is not only aimed at teaching to it use but rather at integrating it as an educational-pedagogical tool capable of facilitating learning within the various areas of training and rehabilitation (13). The users are children, teenagers or adults who want to learn or continue to use the computer and for which the therapist decides to include it as an instrument in the rehabilitation program, choosing and using the most appropriate software depending on the objectives. The proposed software focuses on: logic, attentional capacity, mathematics, perception, anthropology, writing, reading, analysis and processing of the text, computer knowledge, and the required tasks are inspired by the psychology of learning and accessible even to beginners. Also is used a software on analogical thinking is used that aims to develop the ability to find solutions to problems and therefore the ability to reasoning working on the ability to establish relationships and identify similarities between things, essential to ensure flexibility in reasoning promoting an adequate cognitive development. Some programs that are made up of visual exercises, how to find a couple, put in order of the sequences, recognize flash images, are instead used to develop memory and concentration. Generally, the various exercises can be set individually by varying the degree of difficulty. The text comprehension software offering topics of history, geography, science, astronomy, civic education, myths, curiosities followed by questions of understanding are proposed to exercise the ability of analysis and synthesis. Often the path is customized by proposing texts in the chosen order and inserting others according to the educational and rehabilitative needs,above all by favoring the person's interest. Finally, sometimes programs specifically proposed for learning the use of the mouse or of the possible substitute device are used, through various setting possibilities, to facilitate the orientation on the screen and the gradual learning of the correct movements.

CONCLUSIONS

In achieving these goals, the OT refers to practice-oriented models on which it bases its activity, integrating it with research and literature updates. Another reference scheme is the ICF classification (International Classification of Functioning, Disabilities and Health, WHO 2005) developed by the World Health Organization. According to the WHO, a health problem or a disease is not only the consequence of a physical limitation (in the perception,

in the movements, in the psychic functions, etc.) or a damage to the body structure (eg to an organ internal), but arises from the interaction between multiple factors: in this context also activities, participation, environmental factors and personal factors (capacity of action) play a fundamental role. To positively influence a person's health, these interactions must be taken into account. Concrete measures to promote health or cure a disease can rely on one or more of these factors. This definition of health and disease of the WHO corresponds exactly to the concept underlying occupational therapy.

From what has been described above, although the work of the occupational therapy service is currently not very connected to the school world, the remarkable similarity clearly emerges between the premises, the methods, the objectives and the type of use of the tools at disposal and those usually belonging to educational processes in the field of specialized teaching. The people who access this service are different for age and objectives from those who attend the school, but the new condition occurred as a result of a traumatic event place them in the condition of need to start a new learning process to reintegrate into the social environment.

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