

**Cincinnati State Technical and Community College  
Occupational Therapy Assistant Program**

**Client Plan OTA 180, 185, 280**

*The only part of this client plan that will need the chart is Client Factors. All other sections will be done by the student with observations of and interview with the client. The chart work should take no longer than 30 minutes. The student should cite all work and whether it was obtained from the chart, from interview and who was interviewed, or from observation.*

*This assignment is based on the Occupational Therapy Practice Framework; Domain & Process 3<sup>rd</sup> Edition.*

*All work should be color coded as follows:*

*Own writing- black ink*

*Chart review- green*

*Interview- blue*

*Observation- red*

*(This assignment is the work of the student and not the work of the supervisor. Once the supervisor has signed and corrected the form it should not be altered or changed by the student. If there are any questions please ask.)*

<b>S/OTA Name:</b>
<b>Facility:</b>
<b>Supervisor/credentials:</b>
<b>Date:</b>
<b>Client Initials:</b>

**Occupational Profile-** Describe what you may know of the client in the following areas of the profile. This information may be obtained by chart, observation and/or interview. This doesn't make sense after what you added on the top. Please specify where the information was obtained after each statement.

Occupational History (include age) For children, describe how long they have been receiving therapy. Any roles they perform, student, athlete, etc.	
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Pattern of Living- Describe who they live with, who is in their family. Type of living situation, home, apt. retirement community	
Interests	
Values, Beliefs, and Spirituality	
Needs- type and amount of assistance needed to perform daily roles	
Client's/Caregiver's Priorities	
OT Goals – if none, then create at least 2	

**Client Factors-** Provide the diagnosis and describe any limitations the client may have in each of the following areas. This information may be obtained by observation and supplemented with chart review. Please specify where the information was obtained and the date it was written in the chart after each statement. Refer to the OTPF (2<sup>nd</sup> ed).

Diagnosis (for psychiatry, use Axis)	
Specific Mental Functions- include orientation, confusion, attention span, etc.	
Global Mental Functions- consciousness, orientation, temperament, energy and drive, sleep	
Sensory functions including touch, vision, hearing, pain, proprioceptive, etc.	
Neuromuscular and movement related functions- joint mobility, joint stability	
Muscle functions-muscle power, muscle tone, muscle endurance	
Movement functions- motor reflexes, involuntary movement reactions, control of voluntary movement, gait patterns	
Cardiovascular, hematological, immunological and respiratory function, physical endurance, stamina, fatigability	
Voice and speech functions	
Emotional regulation- mood and affect	

**Physical description of client-**

Include in this section what the client looks like from head to toe in a snap shot format. Choose a position that the client is utilizing and then begin there. The client can be standing or sitting, but not lying down. Be sure to describe symmetry, posture, facial expression, position of extremities, clothing and any unusual wear or dirt. This information is obtained by observation.

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**Name and describe treatment/occupation observed:**

Name	
Description	

**Performance Patterns:**

Describe how the client's participation in this activity will facilitate participation in their life. (Habits, roles, rituals, routines)

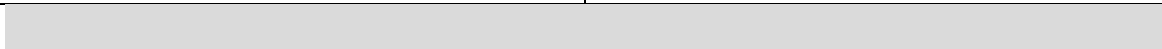
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**Area of Occupation:** Describe how the observed activity relates to an Area of Occupation. *For example- Activities of daily living might be checked if you were doing an activity like playing volleyball. Your description would be that since the activity requires overhead reaching it would help the client wash their hair and apply clothing over their head. (You may select more than one.)*

Activities of daily living	
Instrumental ADL	
Rest and Sleep	
Education	
Work	
Play	
Leisure	
Social participation	

**Type of occupational therapy intervention observed:** Check only one box and then describe why you think it is the best category.

Occupations	
Activities	
Preparatory methods	
Preparatory tasks	
Education and Training	
Advocacy	
Group Interventions	



## **Performance Skills**

For this section you are to pick 4 skills in each section to comment on. NO more than 4.

There will be more that are involved but it is important to start to prioritize the most important in each task. For the 4 you choose describe your client's performance in the intervention you observed.

### **Motor Skills**

<b><u>Skill</u></b>	<b><u>Description of performance</u></b>
Aligns	
Stabilizes	
Positions	
Reaches	
Bends	
Grips	
Manipulates	
Coordinates	
Moves	
Lifts	
Walks	
Transports	
Calibrates	
Flows	
Endures	
Paces	

### **Process Skills**

Paces	
Attends	
Heeds	
Chooses	
Uses	
Handles	
Inquires	
Initiates	
Continues	
Sequences	
Terminates	
Searches/locates	
Gathers	
Organizes	
Restores	
Navigates	
Notices/responds	
Adjusts	

Accommodates	
Benefits	
<b>Social Interaction Skills</b>	
Approaches/starts	
Concludes/disengages	
Produces speech	
Gesticulates	
Speaks fluently	
Turns toward	
Looks	
Places self	
Touches	
Regulates	
Questions	
Replies	
Discloses	
Expresses emotion	
Disagree	
Thanks	
Transitions	
Times response	
Times duration	
Takes turns	
Matches language	
Clarifies	
Acknowledges and encourages	
Empathizes	
Heeds	
Accommodates	
Benefits	

(Form last edited; September 29, 2014)

**Signature of S/OTA:**

**Signature of Supervisor (with credentials):**

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**\*\*Supervisor, please provide feedback on the form itself for the student and instructor with corrections according to what you observed. Include any additional comments below. If you are not familiar with the OTPF 2014 please ask the student to show and perhaps explain to you this framework. If you have any questions please email or call me; [cindy.kief@cincinnatiastate.edu](mailto:cindy.kief@cincinnatiastate.edu) or 569-1691. Thank you**

**Supervisor Comments:**

