What is the impact of occupational therapy in acute hospital care settings? (eg. where short term treatment is given for severe injury or illness, an urgent medical condition or during recovery from surgery)

The effectiveness of home/access visits in reducing hospital readmissions.

Would fewer people be admitted to hospital if there were more occupational therapists in primary care?

Does occupational therapy reduce readmission rates of patients with frequent hospital inpatient stays?

What is the impact of including occupational therapists within prevention and response services such as paramedics and fire services?

What percentage of OT assessments/interventions result in either admission prevention or preventing readmission? What interventions in particular are achieving this?

Would Occupational Therapists actually be able to do core OT (goal setting, activity analysis, using purposeful activity in rehab to regain independence) in an acute setting reduce discharge rates/prevent re-admission rates?

Other than the non-OT specific paper listed, no up-to-date evidence found. This is an area of uncertainty.


What are the benefits of Occupational Therapy in primary care?

How occupational therapy can influence primary care is occupational therapy delivered in primary care settings having a cost effective impact on reducing pressures on GP services.

Are occupational therapy services transforming models of care by moving from secondary care into primary care?

What are the benefits for GPs, health and care services, population outcomes and individuals wellbeing of accessing OT directly via primary care services we can make a difference within primary care/ GP surgeries?

Existing evidence is mainly commentary or news based articles on the benefits of OT in primary care, or small survey or focus group based studies that look at where OTs are currently practising in primary care. This is an area of uncertainty.


existing evidence has some RCTs and systematic reviews, providing a range of results. This question has been partially addressed in the evidence base. 


No evidence found addressing this question. This is an area of uncertainty. 

What are the most important outcomes of mental health occupational therapy interventions, to service users, and to services, that occupational therapists should measure in practice and research? How much is the occupational therapy intervention valued? from both a cost benefit and a patient perspective. 

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What is the cost-effectiveness of occupational therapy for mental health?

What is the evidence that Occupational therapy can benefit people with mental health issues?

Is occupational therapy effective in community mental health? Is it more effective than other interventions? What OT interventions are effective for people with long term/severe and enduring mental health problems?

Do mental health occupational therapy interventions aid recovery and are they cost effective? I would like to know how important mental health settings demonstrate and measure the success of occupational therapy groups, and how this carries over into patients lives post discharge.

What is the evidence base for OT in community mental health recovery? How do we make the case for occupational therapy in the mental health world when all community mental health jobs are new are nurses, social workers and occupational therapists?

Why is it so difficult for military veterans and people with invisible injuries to access mental health OTs?

Effects occupational therapy has on maintaining good mental health and effects occupational therapy has on self esteem. What are the evidence based OT interventions for young people of the following clinical presentations - Trauma, Depression, Anxiety, Emotional intensity?

What contribution can it make to recovery from psychosis?

Effects occupational therapy has on maintaining good mental health and recovery and is they cost effective?

What is the evidence for OT interventions for young people with the following clinical presentations - Trauma, Depression, Anxiety, Emotional intensity?

Is occupational therapy effective in community mental health? Is it more effective than other interventions?

Can a business model be applied to occupational therapy to produce cost effective interventions?

What contribution can it make to recovery from psychosis?

There is currently one systematic review (Green and Rod, 2017) that considers economic evaluations in OT (which concludes a lack of robust evidence). Studies published after this study focuses on specific areas. The area has not be comprehensively researched. This is an area of uncertainty.

How much money OTs in mental health services save the welfare state and the public purs.

Is occupational therapy delivered in primary care settings having a cost effective impact on reducing pressures on GP services.

Cost savings to the public purse due to avoidance of hospital admissions and reductions in care packages attributed to Occupational Therapy Input.

Can we have more explicit cost benefit expressions of OT's benefit as a way of getting the message through Can a business model be applied to occupational therapy to produce cost effective interventions?

Where is the evidence for OT interventions in preventing or reducing spend in NHS and Adult Social Care?

Does occupational therapy offer cost effective improvements to people's lives?

What are the quantitative financial impact/cost benefits of Occupational Therapy in mental health services? How affective OT can save the NHS money.

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How much money OTs in mental health services save the welfare state and the public purs.
What is the role or impact of occupational therapy in child and adolescent mental health (CAMHS)?

How effective is OT helping employed people with mental health difficulties (invariably services are not set up in a way that allow an OT to work in this way with individuals)?

Other than a few discussion papers, there is no clear evidence addressing this question. This is an area of uncertainty.

There is some evidence in this area. There are three Cochrane Systematic reviews (Crowther et al, 2001; Hou et al, 2017; Khan et al, 2009) focussing on VR. None seem to focus on OT delivered VR. This question has been partially addressed in the evidence base.


What is the role or impact of occupational therapy in supporting people who are neurodiverse? (e.g. have conditions such as autism or developmental coordination disorder)

What experience do Occupational therapy people have in helping people with Autism? People with Autism have complex needs, depending on the level of Autism. Am I more concerned about a b o u t mental health rather than physical?

What is the RCOT doing to ensure all children with neurodiverse conditions (not just ASD and DCD) can access OT assessments and interventions? How does occupational therapy improve the lives of people with autism? It'll be some clear studies or studies on outcomes of interventions for children with DCD and with ASD. Both on discharge and more long-term outcomes compared to children not receiving input. Will it make a difference to a pda child?

At the broadest level of this question focusing on neurodiversity, no literature was found addressing this. This is an area of uncertainty.

Carers, Service Users, Occupational Therapists, People with a different interest

What is the role or impact of occupational therapy in maternity and perinatal care? (This includes both mothers and fathers)

If occupational therapists can work in perinatal community care and make a difference to well-being and role adjustment e. g. in mum and baby groups, in partnership with the midwife, as mental health first aiders for postnatal anxiety, depression and psychosis, and in other natural community situations like based in an exercise group for postnatal mums?

Why isn't occupational therapy intervention in pregnancy & immediately postnatal more prevalent? What is the evidence base for occupational therapy input to perinatal mental health settings both inpatient and community

Other than a few small studies, no up-to-date or strong evidence found. This is an area of uncertainty.


This is an area of uncertainty. Other than theoretical discussion papers listed here, other evidence tends to focus on mental health or other areas of recovery rather than in both areas of mental and physical. This is an area of uncertainty.


What is the nature of the relationship between occupation and health and well-being?

Evidence for the links between physical health and mental health and how occupation plays a part. How does deep engagement in an occupation that you have specifically led to better health?

We need more questions on the effectiveness of interventions and the links between occupation and health

How engagement in occupations is related to health. How beneficial small life changes can be for mental health and a short walk each day. Getting outside in daylight, daily conversation

Other than theoretical discussion papers listed here, other evidence tends to focus on mental health or other areas of recovery rather than in both areas of mental and physical. This is an area of uncertainty.


What is the unique role and contribution of occupational therapy? What is the unique difference that an occupational therapist made to a person's life that was not made by another health professional. Was that the unique contribution that an occupational therapist felt they made to an individual's life. What UNIQUE contribution does OT make within mental health? Many OTs work generically in mental health - what specific interventions are there that only OTs can provide? What is unique about Occupational Therapy and how does this aspect make a difference to individuals' lives compared to other professions? What is it exactly that is specific to occupational therapy in clinical practice? Essentially, as an occupational therapist, what can I do that a nurse can't? Or do that a physio can't be trained on in a 3 day course about occupation? Are we a jack of all trades but a master of none? What is unique contribution to the lives of service users? From a patient perspective, what is the unique value occupational therapists and occupational therapy provide?

Other than a small number of papers concentrated in specific areas of healthcare and testimonials from patient experience websites and media libraries, there is very little research-based evidence to answer this question. This is an area of uncertainty. Lagueux, E., et al. (2018). "Occupational Therapy's Unique Contribution to Chronic Pain Management: A Scoping Review." Pain Research & Management 2018: 5378451-5378451.

How is occupational therapy and how are occupational therapists perceived by other health professionals? Why is the profession less well known to the general public than other professions? Why so many people still do not know or recognise the work we do despite efforts from RCOT and ourselves to promote the profession? Why are we not always valued as much as our colleagues such as, physio/IFA/Pharm? Do health care providers and commissioners understand the role of occupational therapists and if not, is this because occupational therapists fail to promote or use the full range of interventions they have been trained to deliver? Does the NHS fully recognise, respect and utilise the full range of occupational therapy services?

What do other people (including healthcare professionals and other colleagues occupational therapists might work with, people who access services and their families and carers), think about the role of occupational therapy?


At the broad level of the question focussing on long term conditions, existing evidence comprises small studies that are varied in nature and of relatively low strength. This is an area of uncertainty. Alcorn, K. and K. Broome (2014). "Occupational performance coaching for chronic conditions: A review of literature." New Zealand Journal of Occupational Therapy 61(2): 49-56.

How can we best support people with long term conditions? What is the efficacy of interventions commonly delivered by occupational therapists to help people with long term conditions? such as energy conservation techniques, adaptive equipment provision, goal setting etc? How does OT empower people with LT condition to better manage their health and wellbeing and what is the evidence of improved outcomes?

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What is the effectiveness of occupational therapy for people with long term conditions and their carers?

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Occupational therapists (including those in education), students, services users, people with a different interest, other...
What is the role of occupational therapy in public health? (e.g. private homes, residential or care homes)

- How OTs are reducing the need for care packages in the community
- How do OTs help communities as a whole?
- The role of Occupational Therapy in improving the abilities of people residing in care facilities
- How OTs contribute to care homes? How could OTs do more to support people in care homes? What contribution could OTs make in this setting?
- How occupational therapists can create change in communities as opposed to individuals.
- The impact of occupational therapists in public health - health promotion and increasing importance of work in this area.
- How can occupational therapy link with prevention and health promotion?
- What is the role of occupational therapy within public health?
- What are the most effective ways for occupational therapists to make an impact on public health outcomes for individuals and/or communities?
- Is OT effective in a preventative context?
- The efficacy on the important role for OTs in public health and health promotion?
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- How do OTs help communities as a whole?
How does occupational therapy make a difference and have impact on everyday lives?

What impact does occupational therapy make to people's lives?

How do Occupational therapists explain how they can make a difference to people's lives.

Would be interested in research from service users and carers on their views on the impact they feel occupational therapy has had on their lives (if any). I feel this should be both qualitative and quantitative research so that we can show to higher up organisations the impact that OT has, but also share people's stories. Also to have OTs share their experiences of the impact they think have had on people's lives.

I would like to understand how occupational therapy services have impacted on a persons life through their narratives of their experiences. What do they feel would have happened/life have been like without OT? How can we evidence the difference to a persons life as a result of OT intervention in community mental health rehabilitation and recovery?

I would like to see big picture information of added value to peoples lives, rather than small level cost savings.

I wonder whether facilitation of engagement and/or participation in occupation (through occupational therapy) makes a difference to a persons potential to live well with/through future challenges.

Evidence addressing this question is largely anecdotal in nature or from conference abstracts (eg. Stuart-Neil, 2016) and there are no research studies directly addressing this question. This is an area of uncertainty.


What is the role of occupational therapy in addressing social, political and environmental issues at a societal level to address well-being and participation?

Preparing our clients for climate change - we are entering new worlds with increased uncertainty - what can we offer as Occupational Therapists?

What role should Occupational Therapists have in helping people adjust to the life changes made necessary by a move to a low carbon economy? How protest and protest occupations relate to OT paradigms/models of practice and their implications for OT practice and the call for greater political awareness/occupation justice.

What adaptations are required to the occupational therapy process and specific interventions to work in a culturally competent manner with people of different demographics and protected characteristics of all ages (e.g. non-white, men, non-heterosexual, working class, lower socioeconomic groups).

How do people's living environments impact on their ability to become citizens? - Thinking beyond adapting environments to the wider influence of living environments/communities/systems on all people with health and social care needs that occupational therapists work with. Environmentally friendly practice within occupational therapy?

The evidence addressing this area is mostly conversational and sparse in existence. This is an area of uncertainty.


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<td>How do occupational therapists make a difference with patients with a palliative diagnosis? What meaning does occupational therapy interventions hold for persons in end of life care or living with palliative conditions? Impact of occupational activities with palliative conditions Role of activity in advanced cancer care and palliative conditions How can occupational therapists facilitate the integration of community involvement within palliative rehabilitation to meet the hospice vision to transform the way society cares for the dying and those around them?</td>
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How effective are group-based occupational therapy interventions?

Are occupational therapy group interventions effective? Recovery Through Activity group - what are the benefits? How effective is OT group work, why and how does it differ to use of groups run by other professionals?

The occupational therapy interventions are one-to-one interventions more effective and cost effective than group interventions?

1. Is group therapy an effective way to treat children with cerebral palsy?

This question has been addressed in the evidence base, mostly by small scale studies that are varied in nature. This question has partially been answered in the evidence base.

Conn, A et al, 2019; Nielsen and Christensen, 2018

Other than a few small studies and two literature reviews (Conn, A et al, 2019; Nielsen and Christensen, 2018) this question has not been given little consideration in the evidence base, mostly by small scale studies that are varied in nature. This question has partially been answered in the evidence base.

Occupational therapists

What is the role of occupational therapy in frailty?

Frailty? What is the role or impact of occupational therapy in frailty?

Identifying early predictor of frailty via assessment of occupational therapy within this.

What is the role of occupational therapy in frailty?

This is an area of uncertainty.


Basic And Clinical Neuroscience 8(1): 69-76.


Occupational therapists, Service Users

What is the impact of occupational therapy in services for bariatric and plus-sized groups?

How can occupational therapists optimise the health and wellbeing of people with a BMI of 35+? Including mindfulness practice (mindful eating, pain management, stress and mood management, chronic health condition management).

What occupations are affected when your obese. I was heavily overweight and didn’t seek out OT I wish I had. Thought it is good so OT’s are aware of how to help obese bariatric individuals as it is embarrassing asking for help when your big. Latest (up to date / actively participating) evidenced based practice for occupational therapists working in specialist weight management fields (and any field across the country as ~60% of the population is either overweight or obese; BMI 30+) including mindfulness practice and mindful eating to help optimise health and wellbeing, coping with chronic conditions and living a fulfilling life to help combat stigma and enabling people to live a life well lived.


Occupational therapists

What is the role or impact of occupational therapy in frailty?

Occupational therapy interventions for moderate to severe frailty that reverse level of frailty to promote increase independence levels in activities and daily living.

1. Occupational Therapy in emerging fields such as Frailty.

The impact of occupational therapy on the frailty of older adults.

What is the role of occupational therapy in frailty? Identifying early predictor of frailty via assessment of information processing abilities and role of occupational therapy within this.

There is some robust, but conflicting evidence addressing this question. This is an area of uncertainty.


Occupational therapists, Carers
How effective are sensory approaches as an occupational therapy intervention?

The use of sensory processing with adults with Learning disabilities as a parent of a child living with ASD who has benefited from OT input, I would like to see more research into the area of Ayres sensory integration, and how an occupational therapist can support other families of children living with autism. I would like to understand why this type of input needs to be organised privately and who so little early intervention is available for our children through statutory services. My daughter went from being unable to write, use a knife and fork, get on gym equipment, or dress independently to writing neatly, automatically using a knife and fork and doing gymnastics. I am not convinced that the 'sensory integration' approach is the answer for children who have suffered developmental and relational trauma. No evidence base either. Much better when they have a pen, or cut cheese stick to actual occupational therapy - eg teaching him to dressing independently..... Yet statutory occupational therapist can support other families of disabilities and who so little early intervention is available for our students, service users, people with a different interest, other.

How can occupational therapy work more effectively with the family and carers of people who access pain management?

Is there any scope for occupational therapists to work with a family as a unit, rather than one individual service user, within the NHS, some areas of independent practice appear to offer this, but mainly in paediatrics. Why don’t occupational therapists work in a tri partite way with family and school to ensure the child and their needs are at the centre of the therapy input in all their environments?

How are OT’s working with families where either the child or the parents have issues with each other, in toxic parenting or self harm in children and issues with understanding MH conditions?

How well do OT’s consider the needs of carers and contribute to personalised whilst family approaches within their work?

How can occupational therapy goals for younger children be disseminated to parents in an accessible manner and how can parents be supported to enable children to engage in OT.

Occupational therapists support families to promote their child’s development. The child’s development may plateau at the same point with or without of input but family members can celebrate the achievements and be less frustrated promoting a positive nurturing environment. Provision of a leaflet does not meet this need.

What can OT do to help manage pain other than pacing and grading.

Why isn’t occupational therapy utilised more for people experiencing chronic pain conditions? Which has been extremely experienced with or without of input but mainly in paediatrics.

Occupational therapists are known to be extremely rewarding and a great use of my skills. Our service has been non-commissioned, and is instead being provided by a private company, who do not include occupational therapy as part of their MDT. This may be due to the lack of evidence regarding our role. The research questions might be something like: How effective is occupational therapy in treating people with chronic pain conditions? Is a pain management programme that includes occupational therapy more effective than one which doesn’t?

Why is the difference that occupational therapy can make to the lives of people with chronic pain overlooked by education establishments and commissioners? We have the skills to help a large group of people often seen as ‘difficult to help’, but this keeps being ignored.

We need to collect evidence and shout louder about the ways we can help chronic pain patients, otherwise they will continue to exist.

What Occupational Therapy interventions are offered as part of community pain management services in the UK?

There are some conversational and observational papers but no robust evidence in relation to this question (see example references). This is an area of uncertainty.


What is the role of occupational therapy in pain management?

There are some conversational and observational papers but no robust evidence in relation to this question (see example references). This is an area of uncertainty.


What is the role or impact of occupational therapy within the criminal justice system?

Occupational Therapy in prisons - role clarity, as it seems to vary prison to prison, directory of services as is an isolated area of practice and making links with other service would be good, however finding information on these service is very difficult.

There is a small amount of evidence addressing this question, but overall it is not strong. This is an area of uncertainty.


How can occupational therapy most effectively make a difference to people experiencing homelessness?

How effective are occupational therapy interventions for special needs children?

How effective are occupational therapy interventions for all children?

The evidence base addressing this area is very limited. This is an area of uncertainty.

The research evidence to support the evidence for this is an area of uncertainty.

The evidence base addressing this area is very limited. This is an area of uncertainty.

The evidence base addressing this area is very limited. This is an area of uncertainty.

How best can Occupational therapist support children and young people who rough sleep?

How to best enable doing, being and becoming in this home/school to see and help solve their real-life environment. Is it not preferable to see children in the centres/drop-ins for homeless and other complex needs homeless who rough sleep.

How to best support and offer therapy to the street homeless who rough sleep.

How best can Occupational therapist support children and young people who rough sleep?

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How to best support and offer therapy to the street homeless who rough sleep.

How can occupational therapy most effectively make a difference to people experiencing homelessness?

How effective are occupational therapy interventions for children with physical disabilities?

How effective are occupational therapy interventions for all children?

How best can Occupational therapist support children and young people who rough sleep?

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How occupational therapy most effectively support people with impaired cognitive function? (e.g. problems with memory, judgement, co-ordination or confusion)

Evidence about OT and cognitive interventions: What can OTs do to help people with memory problems?

Can occupational therapy help very elderly and frail people with sensory deprivation as in poor sight and hearing retain function and improve their memory?

How OT’s should work with children with co-occurring Dyslexia and DCD with handwriting, covering assessment, treatment and joint work with education. Can an OT transform a child who had trouble gripping and manipulating his food?

Can simple exercises with "putty" variants really improve function for those affected with chemo induced peripheral nerve motor neuropathies?

Evidence about OT and cognitive interventions: An evidence base exists addressing this question but it is varied in focus and quality. This question has been partially addressed in the evidence base, evidenced by the number of studies with diverse methodologies and outcomes. OT’s have been shown to improve cognitive function in people with cognitive impairments, but the effectiveness of these interventions varies widely. Further research is needed to establish the most effective strategies for improving cognitive function in people with cognitive impairments.

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What is the role of the occupational therapist in medical prescribing?

Why do we not prescribe medications, within our scope of practice?
Where is the OT Therapy profession in terms of prescribing?
Could OT prescribers in acute outpatient settings (i.e. hand therapy) reduce the incidence, or effects from conditions such as complex regional pain syndrome?
What is the evidence for Occupational therapists making recommendations for adjustment to aid medication taking. Are dosette boxes more commonly recommended and how often are the medications reviewed by the different healthcare professionals collaboratively.
Medications can be key to a patients quality of life, pharmacists, prescribers and OTs should work together more to work out the best adjustments to make sure patients can be independent with their medications and in my experience as the two professions we rarely work together.
Can occupational therapists be trained to prescribe and administer medication? Including depot medication?

No evidence was found addressing this question. This is an area of uncertainty.

What are the long-term benefits of occupational therapy intervention?

What longer term research has been completed on the long-term benefits of OT interventions?
What is the long-term benefit of seeing an occupational therapist in a mental health setting, dementia care setting, social care setting?
Long-term implications/outcomes following occupational therapy in paediatrics.
The long-term benefits of occupational therapy - post discharge.
Does the impact of OT have substantial lasting effects?
I'd be interested in the long-term benefits of some intervention, have people had to be re-referred if so why same or different reason
Long-term benefits of occupational therapy - longitudinal studies

There is limited evidence addressing this question. This is an area of uncertainty.

What impact do major adaptations have on people's quality of life?
Why do we not respect the "meaning of home" when adapting homes for children and adults?
We focus on disability vs what is meaningful to the individual. How can we respect "meanings of home" more?
Range of valid recent research about benefits of providing compensatory equipment and adaptations particularly with reference to discharge from acute medical admission
The efficacy of weighted equipment for children and young people in enabling them to participate in everyday activities.
Are adaptations done too late to really make a difference?
Quantitative research into the positive changes minor adaptations have on a persons safety and independence.
Sometimes Occupational Therapy can improve an area of a persons life at the same time as diminishing another area. For example providing moving and handling equipment which will improve transfers however this means the person can no longer share a bed with their partner, is this acceptable?
When should occupational therapists provide assistive devices and what might be the benefits or risks of provision?

There is some evidence addressing this question - mainly small scale studies. This question has partially been addressed in the evidence base.

How does assistive technology, compensatory equipment and housing adaptations provided by occupational therapy impact the lives of people who access services?

What are the benefits of occupational therapy in sensory impairment? (e.g. problems with sight, hearing, smell, touch, taste and spatial awareness)

The benefits of the occupational therapy approaches in vision rehabilitation? There are examples of how occupational therapy contributes to the lives of people with visual impairments (e.g. different coloured hand rails can help indicate the end of stairs). I think more can be done to look at the potential contribution of occupational therapy for people with visual impairments. Does early intervention with OT assist a child with a vision impairment? How to work with the deaf community?

How does occupational therapy shape multidisciplinary team impact on outcomes for people? What are the benefits of occupational therapy in sensory impairment?

What is the role of occupational therapy in mental health? Other than conversational literature and a few small studies this question has not been addressed in the evidence base. This is an area of uncertainty. The evidence for this question is largely comprised of small studies that are varied in quality and focus. This is an area of uncertainty.

How can occupational therapy work most effectively with other professionals to improve outcomes for people who access services? (e.g. multi-disciplinary teams, commissioners, community agencies)

The evidence addressing this question is limited, comprising large or conclusive pieces and small scale studies. This is an area of uncertainty. Aguilar, A., et al. (2014). "Exploring how occupational therapists and physiotherapists understand each other's professional values: Implications for interdisciplinary education and practice." Journal of Interprofessional Care 28(4): 337-342.


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What is the effectiveness of occupational therapy in sleep management?

How effective are Occupational therapists in helping to manage sleep disorders?

What is the effectiveness of occupational therapists using a sleep hygiene programme with service users who have autism and/or a learning disability and have poor sleep?

More promotion how OT approaches can help sleep management?

The strongest evidence in this area is likely to be systematic reviews (Humphreys et al, 2019; Smallfield et al, 2018; Ho & Siu, 2018; and RCT (Utsman et al., 2017). Other smaller scale studies exist.

This question has partially been addressed in the evidence base.


How can occupational therapists ensure that person-centred practice is central to how they work?

The evidence addressing this question is largely comprised of conversational pieces and smaller scale studies.

The question has partially been addressed in the evidence base.


What are the most effective approaches in occupational therapy splinting interventions?

Is upper limb splinting as part of a spasticity management programme, effective?

What is the relative effectiveness (pain, functional use, patient satisfaction etc) of different splinting methods for different conditions in a hand therapy setting?

when and why to splint?

Evidence for splinting to prevent contractures for individuals in the community with long term conditions eg dementia.

More research into evidence behind splinting for neurological conditions.

Evidence for certain interventions e.g. splinting for strokes.

There is some evidence that links loosely to this question, but it is varied in focus and quality.

How effective are occupational therapy interventions in people with neurological conditions? (e.g. apraxia, stroke, brain injury, cerebral palsy, dementia)

- evidence for interventions particularly in stroke
- What is the most effective way to offer physical rehabilitation to someone with a dense upper limb after stroke?
- How does occupational therapy impact brain injury rehabilitation?
- How effective is CO-OP with children with cerebral palsy?
- What difference to occupations can OTs make by considering 24 hour positioning for people with dementia and other deteriorating neurological conditions?
- What evidence is available on the effectiveness of OT interventions in Dementia?
- There is a huge gap in research pertaining to occupational therapy and chronic fatigue syndrome, despite the fact that CFS affects more people than multiple sclerosis which is much more researched.
- Best practice guidelines on treatment of apraxia
- There is a gap in research examining the role of occupation therapy in supporting self-management, the gap is largely in the area of specific interventions and their effectiveness.

What is the role of occupational therapy in supporting self-management? (e.g. helping people with illness to manage their health on a day-to-day basis)

- What is the difference that OT makes to people with fatigue?
- Does Occupational therapy make a difference to the lives of people with fatigue?
- It is challenging at times working with a patient with MND and PD and you are trying to educate them on equipment which would reduce their fatigue and improve the quality of life for themselves and their family who are caring for them.
- Which OT strategies are effective for people with fatigue and/or apathy?
- Does fatigue management really work?
- Does fatigue management really work?

What is the role of occupational therapy in managing and/or apathy?

- I do find it challenging working with patient who are caring for them.
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What is the role of occupational therapy in social care services?

- What works in terms of interventions a social care OT can make that prevent, reduce or delay need for social care services?
- Up to date evidence for the role of occupational therapy in social care. The last DH research is from 2008.
- How can we effectively evidence the value of the profession in a social care setting in a time where budgets are reducing and the way we work is changing?
- What is the difference that OT makes to people accessing social care services?
- What other areas within social care could OT skills be utilised more effectively rather than social workers?
- How do we improve working with social care?
- Where do OTs fit in the integration agenda between health and social care?
- How best to integrate OT and Social Work within local authority Adult Social Care?
What is the value of occupation as an intervention (e.g. occupation-focused interventions based on understanding a person, their environment and the meaningful occupations in their life, 'occupation-based' interventions in which doing a meaningful occupation forms the focus) and how does effectiveness vary with the way it is used? Are occupationally based interventions as or more effective than occupationally focused interventions? Intervention processes to support people with a personality disorder in older age via meaningful occupation. What occupation-based interventions are effective? How occupational therapists promote participation in occupation. Does occupation-focused or occupation-based practice result in greater occupational participation compared to generic practice? Why can occupation take centre stage in eating disorder recovery? Occupation as a means to reduce and delay need for care. The transformative value of occupation as an intervention. There is some evidence addressing this area, but varied in nature and quality. This question has partially been addressed in the evidence base.


How can occupational therapy work most effectively with people with multiple conditions? OT’s working with complex physical and mental health problems combined. What are the most effective OT interventions for people with autism and eating disorders? Impact on commodity working in acute medicine with patient with mental health issues. What are the benefits of OTs working with younger adults 50+ with multiple health conditions. Occupation Therapy working with adults with LD AND Autism AND behaviours which Challenge others. Other than RCT (Garvey et al, 2015) no other evidence was found. This is an area of uncertainty.


How can occupational therapy best support transitions between health services across the lifespan? (e.g. moving from child and adolescent services to adult services) How effectively is the gap from adolescent to adult care bridged? How consistent is the continuity of care and observations that track the progress of a patient’s condition over time from child/adolescent care to adult care, and between adult care services/providers (i.e. in the case of lifelong conditions that can remain stable or get worse)? How can occupational therapy best support transitions in childhood/adolescence and young adulthood? 1. Role of OT in contributing to transition to adulthood/adult services. How do we improve the transition from child to adult services? How can Occupational Therapists be most effective for young adults at transition age (18-25)? The evidence addressing this question is largely generic without a specific occupational therapy focus. Occupational therapy specific literature is limited. This is an area of uncertainty.


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How often should a person be seen by an OT to get the most benefit from their services? When/often do OTs work with their patients to increase meaningful occupation. What number of sessions is optimal/ideal for children’s Occupational Therapy interventions (i.e. over how long should we say that it isn’t working)? Do 10 sessions have more impact than 8 etc etc. This applies to all types of children’s OT interventions (eg CO-OP, bimanual therapy, CIMT, handwriting interventions). What do parents regard as “enough”? “too much” in terms of their commitment to bring child to therapy? Why do they only visit once or twice when they are trying to work with me on long term things. How does the amount of occupational therapy received affect outcomes and results? How much therapy does the person really need to improve their condition? How much occupational therapy is required to facilitate return to work post injury? There is limited evidence addressing this question. This is an area of uncertainty.


Imms, C., et al. (2015). “Robot assisted upper limb therapy combined with upper limb rehabilitation was at least as effective on a range of outcomes, and cost less to deliver, as an equal dose of upper limb rehabilitation alone for people with stroke.” Australian Occupational Therapy Journal 82(1): 74-76.


What are the benefits of occupational therapy in physical rehabilitation?

The benefits of occupational therapy within pulmonary rehabilitation programmes, an evidence base for strategies/approaches that OTs deliver in physical rehabilitation, and an evidence base of using functional activity within physical rehabilitation fail to prevent rehospitalisation. This question has been partially addressed in the evidence base. The evidence addressing this question is varied in focus and quality. This question has been partially addressed in the evidence base. Cockayne, S., et al. (2016). "Can occupational therapist-led home environmental assessment prevent falls in older people? A modified cohort randomised controlled trial protocol." BMJ open 6(9): e002488.


How do animal-assisted interventions affect the wellbeing of people who access services?

There is a considerable evidence base in this area, but when focussed specifically in relation to occupational therapy the evidence is more limited. This question has partially been addressed in the evidence base.


What difference does being an occupational therapist working with disabilities have on one’s therapeutic practice compared to working with other populations?

The evidence addressing this question is mostly comprised of very small scale studies and controversial cases. This is an area of uncertainty.


How can occupational therapy work effectively with digital technology to enhance the lives of individuals with mental health problems? How are OTs leading innovation in digital health care? What is the impact of digital health care on mental health patients? There is emerging evidence addressing this question but present it is varied in scope and quality.

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What is the evidence to support leisure as an occupation? What is the value or impact of interventions that focus on leisure as an occupation? How effective are arts and crafts as interventions used to address people’s mental health - self esteem, activities being used as part of a rehabilitation program? There is emerging evidence addressing this area, but varied in nature and quality. This question has partially been addressed in the evidence base.

No evidence has been found discussing the use of digital technology to manage health and illness.

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