

**Bossier Parish Community College**  
**Master Syllabus**

**Course Prefix and Number:** OCTA 213

**Credit Hours:** 3

**Course Title:** OT Strategies and Intervention to Physical Challenges

**Course Prerequisite:** Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the OTA program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.

**Textbooks/ Learning Resources:**

**Required Textbook:**

Panuade, Mary Beth; Physical Dysfunction Practice Skills for the Occupational Therapy Assistant, 4<sup>th</sup> edition

**Supplementary Textbook:**

Pendleton, Heidi McHugh; Pedretti's Occupational Therapy Practice Skills for Physical Dysfunction, 7<sup>th</sup> edition

**Course Description:**

This course will provide knowledge of occupational therapy strategies and interventions in the adult population for conditions that alter an individual's performance in areas of occupation (ADL, IADL, education, play, work, leisure, sleep and social participation). Topics include common diagnoses, treatment environments and treatment for areas of occupation. Lab activities will concentrate on intervention strategies for visual, neurological, cognitive and orthopedic deficits as well as therapeutic positioning and handling of the adult client. The evaluation process and appropriate assessments will be expanded upon.

**Relationship to Curriculum Design:**

The design of this course will build upon knowledge from OCTA 203 about various diseases and the impact it has on one's participation in areas of occupation. **Scholarship of Teaching and Learning and Application** are implemented throughout the program and provide students opportunities to utilize research skills, problem solve, and apply clinical reasoning during presentations and data interpretation. This course will build upon treatment methods and techniques to address functional deficits using different strategies and interventions to assist the student in **professional and personal development** by providing knowledge about the scope, theory, and approaches to practice for identifying physical deficits and its effect on occupation in the adult population. Students will continue to develop and advance the use of their **clinic reasoning skills** to design **evidence-based interventions** as well as assess outcomes. Students will gather information through research of medical publications, patient records, continuing education and self-directed readings to enhance knowledge and skills for lifelong learning with presentations of findings. Students will continue to do a deeper dive into the psychosocial dysfunction that an individual may experience not only through effects of the disease process on occupation, but to include the effects of the disability in relation to social interactions of the individual with their **community**. Interactive and student-centered learning is emphasized through class discussion, group activities, interactive/interprofessional collaborative labs, case studies, role-play, presentations, and reflection. Students will integrate information with demonstration in a case-based learning practicum that encourages the utilization of occupation-based interventions. Students will perform a **community service** project with the Volunteers of American in their mental health and physical dysfunction facilities to address

needs expressed by the clients through the use of **occupational-based** interventions. Students will integrate information with demonstration in a case-based learning practicum that encourages the utilization of **occupation-based interventions**.

### **Teaching/Learning Method and Instructional Delivery:**

Course content will be delivered through on-campus lectures and labs with supplemental coursework through Canvas and fieldtrips.

Instructional methods include power point lectures including voice over presentations, case studies, online discussion board activities and assignments, quizzes, group activities, video analysis, lecture, fieldtrips, skills training and demonstration, and role play.

Students will demonstrate learning through:

1. Assigned readings
2. Student participation through completion of:
  - a. Pre-class activities and prep work
  - b. Learning through group discussion and class activities
  - c. Independent assignments
  - d. Discussion board activities
  - e. Lab activities/Lab Practicals
  - f. Exams

### **Learning Outcomes:**

At the end of this course the student will be able to:

- A. synthesize knowledge of the disease processes of selected diseases and how they impact occupation, psychosocial demands, performance patterns, activity demands, and client factors;
- B. *appropriately choose assessments, interventions, adaptive equipment and activities for treatment of deficit areas through researching evidence based practice;*
- C. *analyze data, critically think and formulate appropriate adaptations to the OT's plan of care;*
- D. relate communication appropriately in the clinical environment, both verbally and in written form, the status of the patient's progress; utilize therapeutic use of self with patient, family and care-giver interaction;
- E. integrate clinical skills learned compared to desired outcomes when treating patients
- F. develop the role of the OTA and the OT throughout the OT process.

### **Course Objectives**

To achieve the learning outcomes, the student will:

1. Demonstrate knowledge of scientific evidence as it relates to the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations. **(B.3.4) (B,C)**
2. Demonstrate knowledge of the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance. **(B.3.5) (A)**
3. Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to implement the intervention plan. **(B.3.6) (A, B)**

4. Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction. **(B.4.1) (D)**
5. Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention. **(B 4.3) (B, C,E)**
6. Contribute to the evaluation process of client(s)' occupational performance, including an occupational profile, by administering standardized and nonstandardized screenings and assessment tools and collaborating in the development of occupation-based intervention plans and strategies.  
 Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors to deliver evidence-based intervention plans and strategies.  
 Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence. **(B.4.4) (B)**
7. Demonstrate an understanding of the intervention strategies that remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.). **(B.4.9) (B, C)**
8. Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations.  
 This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy. **(B.4.10) (B)**
9. Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.  
 Train in the safe and effective use of prosthetic devices. **(B.4.12) (B)**
10. Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices. **(B4.13) (A,E)**
11. Demonstrate the principles of the teaching–learning process using educational methods and health literacy education approaches:
  - To design activities and clinical training for persons, groups, and populations.
  - To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience. **(B. 4.21) (D)**
12. Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances. **(B.4.18) (C,E)**
13. Engage in the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues. **(B.4.19) (D,F)**
14. Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness. **(B.4.23) (A, B, C, D)**
15. Demonstrate awareness of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable. **(B.4.25) (D,F)**
16. Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services. **(B.4.29) (C,E,F)**

17. Locate and demonstrate understanding of professional literature, including the quality of the source of information, to make evidence-based practice decisions in collaboration with the occupational therapist. Explain how scholarly activities and literature contribute to the development of the profession. **(B.6.1) (B)**
18. Understand the difference between quantitative and qualitative research studies. **(B.6.2) (B)**
19. Demonstrate the skills to understand a scholarly report. **(B.6.3) (B)**
20. Understand the principles of teaching and learning in preparation for work in an academic setting. **(B.6.6) B**
21. Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public. **(B.7.3) (D,E,F)**
22. Discuss common sensorimotor deficits seen in patients with neurological dysfunction **(A)**
23. Discuss eye diseases and the treatment strategies for visual acuity **(A)**
24. Name the deficits in CNS visual skills and the treatment strategies **(A,B,E)**
25. Identify common compensatory strategies used to complete ADLs with vision loss. **(B,E)**
26. Define Cerebrovascular accident (CVA) and identify risk factors of CVA **(A)**
27. Discuss the common motor, sensory, visual perceptual, cognitive, speech and language, and behavioral impairments after stroke and identify OT treatment strategies **(A,B,C,E)**
28. Describe the role of the OTA in the treatment of people with CVA's **(F)**
29. List and discuss the deficits associated with left-sided CVA, right-sided CVA, bilateral CVA and recurrent CVA **(A)**
30. Describe the areas of occupation often impacted by CVA and OT treatment techniques including the use of adaptive equipment. **(A,B)**
31. Explain the clinical picture of a person with TBI **(A)**
32. Describe the treatment process of people with mild, moderate or severe TBI **(F)**
33. Describe OT intervention, treatment objectives and treatment methods patients with SCI **(B,E)**
34. Describe the etiology, medical management and OT intervention for selected orthopedic conditions including: hip fractures, total joint replacement and partial joint replacement and amputation. **(A,B,C,E)**
35. Discuss the relationship between levels of amputation and the function of the amputee. **(A)**
36. Identify psychosocial considerations for persons with cardiovascular or pulmonary disease **(A)**
37. Describe the respiratory system and its function, medical management and OT interventions of persons with cardiopulmonary dysfunction. **(A,B,C,E)**
38. Identify common symptoms and differences between rheumatoid arthritis (RA), osteoarthritis (OA), and gout **(A)**
39. Identify common joint and hand deformities seen in arthritis **(A)**
40. Recognize common medications used, side effects of medications and surgery performed in treating arthritis **(A)**
41. Identify treatment precautions for arthritic conditions **(A)**
42. Demonstrate understanding of Brunnstrom's stages of motor recovery **(A)**
43. Describe therapeutic exercises and activities, understand the purpose of each, their indications for use and contraindications **(B, E)**
44. Identify exercise programs, types of muscle contractions and exercise and activity classification **(A,B,C)**
45. Compare and contrast wheelchair dependent with paraplegia and quadriplegia **(A)**
46. Describe issues related to ergonomics, industrial rehabilitation, work hardening, and work conditioning **(B)**
47. Explain the importance of leisure and social participation in daily life with disabilities and describe how to incorporate leisure and social participation into intervention **(B)**
48. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others,

- the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist. (B.4.22) B,C,D
49. Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. (B.4.28) **D**
  50. Identify how the various practice settings (e.g., medical institutions, community practice, school systems) affect the delivery of occupational therapy services.C,E
  51. Define the systems and structures that create federal and state legislation and regulations, and their implications and effects on persons, groups, and populations, as well as practice. **(B.5.4)E,F**
  52. Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies.**(B.4.26)E,F**

## Topical Outline

- I. ADL and IADL interventions and equipment
  - A. Training in ADL and IADL
  - B. Specific techniques for ADL
  - C. Home Evaluation
- II. Interventions for deficits in vision
  - A. Treatment of vision deficits and visual-perceptual dysfunction
  - B. Psychological implications of vision impairments
  - C. Effects of the normal aging process on vision
  - D. Specific ocular pathologies
  - E. Visual dysfunction after neurological insult
  - F. Framework for Visual dysfunction
  - G. Principles of treatment
  - H. Decreased acuity
  - I. Visual field loss
  - J. Oculomotor dysfunction
  - K. Reduced contrast sensitivity
  - L. Impaired visual attention and scanning
  - M. Visual-Perceptual deficits (higher level)
  - N. Setting in which visual impairments are addressed
- III. Interventions for Hearing and other sensory functions
  - A. Interventions for sensory dysfunction
  - B. Hearing conditions associated with aging
  - C. Psychosocial aspects of hearing impairments
  - D. Rehabilitation and the hearing-impaired elder
  - E. Improving elder communication
- IV. Treatment of disturbances in perception and cognition
  - A. Treatment of perceptual and perceptual motor deficits
  - B. Treatment of cognitive dysfunction
- V. Orthopedic and Musculoskeletal Disorders
  - A. Osteoarthritis vs. Rheumatoid arthritis
  - B. Upper Extremity and Lower Joint Replacement (Shoulder, Hip, Knee)
  - C. Shoulder Replacement -
  - D. Hip Fractures: Types of hip fractures and medical management
  - E. Knee replacement

- F. Psychological factors
- G. Rehabilitation Measures
- VI. Cerebrovascular accident
  - A. Definition and Etiology
  - B. Psychosocial aspects
  - C. Effects and medical management
  - D. Occupational therapy intervention
  - E. Dysfunction: characteristics and OT intervention
  - F. Hemispheric lateralization
  - G. Areas of occupation and OT treatment techniques
- VII. Dysphagia and other Eating and Nutritional Concerns with Elders
  - A. Role of the OTA
  - B. Normal swallow
  - C. Etiology of Dysphagia
  - D. Intervention Strategies
- VIII. Sensorimotor approaches to treatment
  - A. Rood Approach
  - B. Movement therapy: Brunnstrom's Approach to treatment of hemiplegia
  - C. Proprioceptive Neuromuscular Facilitation
  - D. Neurodevelopmental treatment of adult hemiplegia: Bobath approach
- IX. Traumatic Brain Injury (TBI)
  - A. What is a TBI
  - B. Levels of cognitive functioning (Rancho Los Amigos)
  - C. Compare and contrast focal and multifocal/diffuse brain injury
  - D. Glasgow Coma Scale
  - E. Treatment of clients with severe, moderate or mild traumatic brain injury
- X. Working with Elders who have Dementia and Alzheimer's Disease
  - A. Person-centered care
  - B. Communication
  - C. Behavior and psychosocial aspects
  - D. Treatment
  - E. Terminal stage issues
  - F. Reimbursements for services
- XI. Spinal Cord Injury (SCI)
  - A. Prognosis for recovery
  - B. Medical and surgical management
  - C. Sexual function
  - D. Occupational therapy intervention
  - E. Expected functional outcomes
  - F. Aging with spinal cord injury
- XII. Cardiac Dysfunction and Chronic Obstructive Pulmonary Disease
  - A. Cardiovascular system
  - B. Pathology of cardiac disease
  - C. Cardiac rehabilitation
  - D. Anatomy and physiology of respiration
  - E. OT evaluation and treatment
- XIII. Degenerative Diseases of the central nervous system
  - A. Multiple Sclerosis
  - B. Parkinson's Disease
  - C. Amyotrophic Lateral Sclerosis

- D. Huntington's Disease
- XIV. Motor Unit Dysfunction
  - A. Neurogenic Disorders: Lower motor neuron dysfunction
  - B. Disease of the neuromuscular junction
  - C. Myopathic Disorders
- XV. Amputation and Prosthetics
  - A. Team members
  - B. Congenital and acquired amputations
  - C. Psychological adjustment
  - D. Postoperative complications
  - E. Upper extremity amputations
  - F. Lower extremity amputations
- XVI. Promoting Engagement in Leisure and Social Participation
  - A. Leisure and social participation
  - B. Importance of leisure and social activities in everyday life with people with disabilities
  - C. Facilitating leisure and social participation
  - D. Health Literacy
- XVII. Discharge Planning
  - A. Role of OTA in discharge planning
  - B. Referral to Specialists
  - C. Discharge disposition
  - D. Community Resources

**Course Grading:** The student's grade for this course will be based on:

- Written Exams which comprise 60% of final grade (average of all written exams) and
- Activities, Assignments, active participation, professional behavior and attendance which comprise 40% of final grade
  - 20% Practical Tests
  - 5 % Comprehensive Case based learning practical test
  - 15% Lab Activities, class Activities, assignments, course notebook, participation, professional behavior and attendance (assessed by rubric)

Instructional methods include lecture, presentation, case studies, small group activities, role play and video observation and analysis, skills training and demonstration.

**Canvas Modules contain:**

- Prep Work
- Presentation (power point)
- Presentation supplements (if applicable) such as handouts, videos, or links to information that are part of the presentation – also “testable” material
- Discussion Board assignments and Assignments to be uploaded (if applicable)
- Lecture Activities

**Assignments**

If an assignment instructs you to submit through MyBPCC Canvas, then you will be expected to submit the assignment through MyBPCC Canvas (don't email assignments to instructor).

**Course Requirements: In order to earn a grade of “C” or higher, the student must earn 70% of the total possible points for the course and achieve all of the following course requirements.**

- A minimum of 75% average on lab practical skills tests
- Satisfactory completion of all course assignments (minimum score of 75%)

**Course Grading Scale:**

- A- 90% or more of total possible points; and minimum of 75% average on laboratory practical test; satisfactory completion of lab assignments and activities and/or presentations.
- B- 80-89% or more of total possible; and minimum of 75% average on laboratory practical test; satisfactory completion of lab assignments, activities and/or presentations.
- C- 70-79% or more of total possible points; and minimum of 75% average on laboratory practical test; satisfactory completion of lab assignments, activities and/or presentations .
- D- 60-69% or more of total possible points; and minimum of 75% average on laboratory practical test; satisfactory completion of lab assignments, activities and/or presentations .
- F- Less than 60% of total possible points; or less than 75% average on laboratory practical test; or failure to satisfactorily completion of lab assignments, activities and/or presentations.

Students must have a "C" or better and a semester GPA of 2.5 or better to receive credit toward the OTA program requirements and to move to the next level of coursework\*\* Lab competencies are scored differently than written exams. All mistakes result in a point deduction for grading purposes. However, failure to demonstrate fundamental competency, safety or professionalism in the execution of the skill as evaluated by the course instructor(s) will result in an immediate failing score. The student will then be required to re-test on the skill preceding fall/spring clinical practice experiences with the specific scheduling and format for such being at the discretion of the primary course instructor but the responsibility of the student. The student will be given up to two additional testing attempts to demonstrate competency. If unable to safely, competently and professionally execute the skill on subsequent attempts, the student will be given a failing grade for the course and will not continue in the clinical program. The remediation scores will not replace the first attempt test score.

**Student Expectations:**

- a. Course faculty will determine if class absence is excused. Unexcused absences will result in a zero (0) for the exam, assignment, or class participation due on the date of absence.
- b. **One** tardy will be excused per semester. All other tardies will constitute a decrease of one percentage point each in final grade.
- c. Make-up work or exams for excused absences will be given at the discretion and convenience of the instructor.
- d. Satisfactory completion of ALL assignments is required. Late assignments will receive a 10% deduction per day. Instructor has discretion to give a grade of zero for late assignments and is determined on a case by case basis.
- e. All written work will be typed and produced according to the *APA Publication Manual, 7th edition* unless otherwise indicated in assignment directions.



- f. **Active** participation during class time, community outings, fieldwork experiences, and other professional experiences is mandatory. Passive note taking and silent observation is not considered active participation.
- g. Preparation is required to engage in class activities.
- h. Professional behaviors and development are integral parts of becoming an Occupational Therapy Assistant. Students are expected to accept constructive criticism from faculty and peers and modify behavior accordingly.
- i. Advising appointment requests with faculty must be made in writing.

**More detailed information available in the OTA Program Student Handbook.**

### **Professional Behavior:**

In addition to requirements related to technical skill development during class/lab and fieldwork practice experiences, the Program additionally expects students to demonstrate affective behaviors consistent with a “professional.” Students are expected to conduct themselves in a professional manner at all times, including written and verbal communication. The policies and procedures of the Program and of the Fieldwork Facility must be adhered to and additionally the student should conform to the principles outlined in the AOTA Guide for Professional Conduct and the AOTA Code of Ethics.

### **Netiquette**

This term is used to describe accepted, proper behavior on the Internet. Remember the following when communicating online (messages, discussions, etc.):

- A good rule of thumb: If you would not say it to the recipient face-to-face, do not type it and send it electronically.
- Never post profanity, racist, or sexist messages
- Be respectful of fellow students and instructors
- Never insult any person or their message content
- Never plagiarize or publish intellectual property
- Do not use text messaging abbreviations or street slang
- Do not type in all CAPS (this is considered online yelling)

**Attendance Policy:** The college attendance policy, which is available at <http://catalog.bpcc.edu/content.php?catoid=4&navoid=231&hl=attendance&returnto=search#class-attendance>, allows that “more restrictive attendance requirements may apply to some specialized classes such as laboratory, activity, and clinical courses because of the nature of those courses.” The attendance policy of the OTA program is described in the OTA Program Student Handbook.

**Course Fees:** This course is accompanied with an additional non-refundable fee for supplemental materials, laboratory supplies, certification exams and/or clinical fees.

### **Nondiscrimination Statement**

Bossier Parish Community College does not discriminate on the basis of race, color, national origin, gender, age, religion, qualified disability, marital status, veteran's status, or sexual orientation in

admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of its operations. Bossier Parish Community College does not discriminate in its hiring or employment practices.

COORDINATOR FOR SECTION 504 AND ADA

Angie Cao, Student and Disability Services Specialist

Disability Services, F254, 6220 East Texas Street, Bossier City, LA 71111

318-678-6511

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Hours: 8:00 a.m.-4:30 p.m. Monday - Friday, excluding holidays and weekends.

Equity/Compliance Coordinator

Teri Bashara, Director of Human Resources

Human Resources Office, A-105

6220 East Texas Street

Bossier City, LA 71111

Phone: 318-678-6056

Hours: 8:00 a.m.-4:30 p.m. Monday - Friday, excluding holidays and weekends.

*The syllabus is comprehensive and covers a lot of detail. Read it carefully and ask questions about anything you do not understand. The syllabus is subject to change, but all changes will be announced as far in advance as possible.*

**Revised M. Allison 5/23**