Occupational Therapist Role & Overview | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/what-does-an-occupational-therapist-do-an-overview-of-their-role/

Details:

An occupational therapist works out why a person cannot do something they need or want to do, then changes one of three things to make it possible: the person's skills, the task itself, or the environment around it. They are university-trained, AHPRA-registered health professionals. They work in hospitals, schools, homes, aged care, mental health services, workplaces and private practice. The name confuses people. In this profession, occupation means any activity that occupies your time and matters to you, not your job. Showering, cooking, getting to school, holding a pen, catching a bus and seeing friends are all occupations.

Why the name is misleading

The word occupation is the single biggest source of confusion about this profession, so it is worth clearing up first. Occupational therapy is not about employment. It uses occupation in its older sense: the activities that occupy a person's day and give it shape and meaning. Those fall roughly into self-care, productivity (which might be paid work, school or running a household) and leisure and community participation.

That framing drives everything else. An occupational therapist is not primarily asking what condition you have. They are asking what you need or want to do, and what is stopping you.

How an occupational therapist reasons about a problem

This is the part that distinguishes the profession, and it is more systematic than it looks from the outside.

Start with the activity, not the diagnosis

The first question is always what activities matter to this person, and which of them are not working. The goal is never to fix a symptom in isolation. A stroke, an autism diagnosis or a hip replacement tells the therapist something useful, but it does not tell them whether the person can get out of the shower.

Activity analysis: break the task down

Once the activity is identified, the therapist pulls it apart to see what it actually demands:

Physical demands: strength, coordination, balance, mobility, endurance

Cognitive demands: planning, sequencing, memory, attention, problem solving

Sensory and emotional demands: managing noise, light, touch, anxiety, frustration

Social and environmental demands: who else is involved, where it happens, what the space is like

This is why an occupational therapist's note is rarely "difficulty with morning routines". It is more likely to identify that the person is overwhelmed by sensory input in the bathroom, cannot judge how long each

step takes, and is working in a space that is set up unsafely. Three different problems, three different solutions.

Then change the person, the task, or the environment

With the demands mapped, there are three places to intervene, and a good therapist considers all three rather than defaulting to one.

Change the person. Build the skill or the strategy. Practising personal care, meal preparation and kitchen safety, pacing, travel training on public transport, building routines for mornings and transitions, executive function strategies for planning and time management, and emotional regulation techniques.

Change the task. Adapt or simplify what is being asked. Break it into smaller steps, reorder it, change the method or the tool. Someone who is defeated by cooking from scratch may manage perfectly well with pre-prepared components; the goal was a nutritious meal, not the chopping.

Change the environment. Remove the barrier rather than train around it. Bathroom modifications, ramps and doorway widening, kitchen changes for reach and safety, reducing distraction and noise in a classroom or workspace, or adding visual supports and timers where sequencing is the issue.

Build on strengths

The approach is strengths-based by design. The working question is not what this person cannot do, but what they can do and how that can be used to get to the goal. In practice that changes the plan, because it starts from something that already works.

A worked example

Mornings are chaotic in a household and everyone is arriving late and upset. An occupational therapist maps the routine step by step and finds the pinch points: sensory triggers in the bathroom, time blindness, low motivation at the start, and an unsafe bathroom set-up. The response uses all three levers at once. A simple visual sequence for the routine (task). Timers, and changes to the bathroom (environment). Practice over weeks until the sequence becomes habit (person).

No part of that is dramatic. That is the profession: unglamorous, specific, and aimed at making the day work.

What an occupational therapist assesses

Assessment combines interview, observation of real tasks, and formal tools. Common areas include:

Functional capacity: the ability to perform essential tasks at home, at work or in the community

Sensory processing: what input helps, what causes discomfort, and what adjustments follow

Cognitive and emotional function: how thinking and mood affect the ability to carry out activities

Physical function as it relates to tasks: strength, coordination, transfers, mobility within a specific environment

The environment itself: hazards, access, layout, equipment

The distinguishing feature is that assessment happens wherever possible in the setting where the difficulty occurs, because performance changes with context. Someone may manage a transfer perfectly in a clinic and not in their own bathroom.

Where occupational therapists work

The profession spans most of the health and disability system.

Hospitals. Public and private, including a heavy role in discharge planning: working out whether someone can safely go home, what equipment they need, and what ongoing support to arrange.

Schools and early learning. Pre-school, primary and secondary, supporting participation and learning, and working with teachers and education assistants so strategies run through the school day.

Community and home. Homes, day programs and community settings, which is where the majority of disability and aged care work now happens.

Aged care and residential care. Home safety assessment, modifications, equipment and strategies to keep older people independent for longer.

Mental health services and community health. Supporting routine, engagement, function and participation alongside psychological treatment.

Workplaces. Workplace assessment, ergonomics, and return-to-work support after injury or with a disability.

Private practice. Independent and small-group practice, including services outside government-funded schemes.

What a day in community practice looks like

Community work is a different job from clinic work, and this is where much of Australian occupational therapy now sits.

The day starts with caseload review and route planning, because sessions are scheduled across multiple locations. Assessment happens in the real setting: watching someone manage a morning routine, prepare a meal, get in and out of the shower, or get to the shops. Therapy is hands-on and practical, in the same setting: personal care routines, meal preparation and pacing, transfers and mobility around the house, practising a bus trip or a shopping centre.

Some of the day goes on the environment rather than the person. Identifying fall hazards, working out where a grab rail should go, reorganising a kitchen for reach and safety.

A large share goes on other people. Coaching families, carers and support workers so strategies are used consistently, liaising with schools, and coordinating with other clinicians. Telehealth is used for review, coaching and follow-up. And then there is documentation: session notes, progress against goals, updated plans, and the evidence-gathering for funding requests, plan reviews, assistive technology and home modification recommendations.

Areas of specialisation

Occupational therapy is broad enough that most therapists develop a focus.

Paediatrics. Developmental skills, sensory processing, fine and gross motor skills, play, self-care routines, school readiness and classroom participation.

Neurological rehabilitation. Stroke, traumatic brain injury and conditions such as multiple sclerosis, focused on functional recovery and adaptation.

Mental health. Anxiety, depression and behavioural challenges, addressed through occupational engagement and routine rather than talk therapy alone.

Hand therapy. A distinct specialty covering the fingers, hand, wrist, elbow and shoulder, usually after injury or surgery.

Workplace ergonomics. Assessing and redesigning work environments to reduce strain and support participation.

Aged care, disability and early childhood intervention. Often the largest employers of occupational therapists in community practice.

What sits outside the scope, and who they refer to

Knowing the edge of the scope is part of the profession. An occupational therapist will refer or co-work when:

Hands-on manual therapy or acute injury rehabilitation is the priority, which is physiotherapy. The rough division is that physiotherapy concentrates on physical functioning, strength, balance and movement, while occupational therapy concentrates on how a person functions within the tasks they need to do and the environments they do them in.

Communication, language or swallowing is the issue, which is speech pathology. Occupational therapy and speech pathology frequently work together where sensory and communication needs overlap.

Mental health assessment or treatment is the primary need, which is psychology.

Behaviours of concern require functional behaviour assessment and a behaviour support plan, which is positive behaviour support.

Diagnosis, medication or medical management is needed, which is a GP or specialist. Occupational therapists do not diagnose medical conditions or prescribe medication.

An occupational therapist working in disability and aged care is normally one member of a team rather than a sole provider, and the referral decision is a clinical judgement rather than an admission of defeat.

Qualifications and registration

Occupational therapy is one of the nationally regulated health professions in Australia. Practising as an occupational therapist requires registration with AHPRA under the Health Practitioner Regulation National Law, with standards set by the Occupational Therapy Board of Australia.

Five registration standards apply: criminal history, English language skills, recency of practice, continuing professional development, and professional indemnity insurance. Registration is renewed annually and CPD is checked as part of that.

The study pathway and the detail of registration categories are set by the Board rather than by employers, so check the Occupational Therapy Board of Australia and AHPRA directly if you are considering the profession as a career.

Occupational therapists working with NDIS participants have further obligations that apply to the whole workforce, including the NDIS Code of Conduct and worker screening.

When to think about seeing one

Consider an occupational therapist when someone is having difficulty with everyday tasks such as dressing, showering, cooking or getting around, when injury, illness or ageing has changed what they can manage, when a child is struggling with the physical or sensory demands of school and home, or when a home, classroom or workplace needs to change to make participation possible.

Bloom's occupational therapists work with children, young people, adults and older Australians, in homes, schools, day programs, workplaces and the community, with telehealth available. For eligibility, funding categories, what is included and how referral works, see the occupational therapy service page . To speak to someone, call 1300 771 465 or email hello@bloom-healthcare.com.au.

Common questions about occupational therapists

Is occupational therapy about getting a job?

No. Occupation here means any meaningful activity that fills a person's day, including self-care, school, household tasks, leisure and social participation. Work is one part of it, not the whole.

What is the difference between an occupational therapist and a physiotherapist?

Physiotherapy focuses on physical functioning: strength, balance, coordination and movement, and includes hands-on manual treatment. Occupational therapy focuses on how a person performs the tasks of daily life in their actual environments. Many people see both, and the two coordinate rather than compete.

Do occupational therapists diagnose conditions?

No. They assess function and can identify difficulties in specific areas, and they contribute assessment evidence that others use, but medical diagnosis and prescribing sit with doctors.

Do I need a doctor's referral to see one?

It depends on how the service is funded rather than on the profession. Funded pathways have different requirements, and the details for each are on the occupational therapy service page.

What qualifications does an occupational therapist hold?

A university qualification in occupational therapy plus registration with AHPRA under standards set by the Occupational Therapy Board of Australia, covering criminal history, English language, recency of practice, continuing professional development and professional indemnity insurance.

Where do occupational therapists work?

Hospitals, schools, homes and community settings, aged care and residential care, mental health and community health services, workplaces and private practice.

Can an occupational therapist help with mental health?

Yes, through occupation and routine: engagement, structure, sensory strategies, and participation in meaningful activity. Where psychological assessment or treatment is the primary need, they refer to or work alongside a psychologist.

What does an occupational therapist do that a support worker does not?

A support worker assists with tasks. An occupational therapist assesses why the task is difficult and changes the skill, the method or the environment so that less assistance is needed over time. The two roles complement each other.

Why do they want to come to my house rather than see me at a clinic?

Because function is context-dependent. A task someone completes easily in a clinic can be impossible in their own bathroom or kitchen, and environmental barriers are impossible to assess in the abstract.

Do occupational therapists work with adults, or mainly children?

Both. Paediatrics is a large specialty, but so are neurological rehabilitation, mental health, workplace practice and aged care.

Can an occupational therapist recommend equipment and home changes?

Yes. Assessment and prescription of assistive technology and adaptive equipment, and recommendations for home modifications, are core parts of the scope, and are supported by a written assessment report.

What is the topic of this Bloom Healthcare blog article?

The article, titled 'Occupational Therapy Overview: Exploring the Role of an Occupational Therapist,' explains what an occupational therapist does and provides an overview of their role, including how tailored therapy plans support unique goals, from NDIS participants to aged care needs.

How is Occupational Therapy defined according to the article?

Occupational Therapy is described as a person-centered allied health discipline focused on helping individuals engage in meaningful activities—or 'occupations'—that enhance their quality of life, ranging from self-care and work to leisure and community participation.

What are the core principles underlying occupational therapy?

The three key principles are Holistic Care (addressing physical, emotional, and social aspects of well-being), Individualized Interventions (tailoring strategies to each person's unique needs, preferences, and goals), and Empowerment Through Action (helping individuals take active steps toward greater independence and participation).

Can you give examples of who occupational therapists help and how?

Examples include a child with autism learning strategies to manage sensory overload in the classroom, a senior recovering from hip surgery regaining confidence walking safely around their home, and a person with a disability gaining the skills and tools needed to start a new job.

Is occupational therapy only about rehabilitation?

No, the article states that occupational therapy is not just about rehabilitation; it's about enabling people to participate fully in life through personalized interventions and evidence-based approaches that help clients of all ages overcome barriers to independence and engagement in daily activities.

Who publishes this article and what does the organization do?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare. Bloom Healthcare focuses on evidence-based practice and client centricity, delivered by highly qualified health practitioners across

Australia.

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