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Occupational therapy

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Occupational therapy (OT) emerges from moral treatment in psychiatric facilities in the late 1700s. In early twentieth century, the arts and crafts movement was adapted for medical purposes. Through the World War I, restoration for soldiers injured in battle was needed. Eleanor Clarke Slagle who is often referred to as the mother of OT, organized the first occupational school. American Occupational therapy Association (AOTA) was founded in March 1917. In Korea, OT was started after 1950 Korean War. Professor Oh, as a physiatrist, was instrumental in the establishment of OT in Korea. AOTA defined occupation therapy as 'the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, and routine in home, school, workplace, community, and other settings'. The Occupational Therapy Practice Framework: Domain and Process, from AOTA, identifies a broad range of occupations categorized as activities of daily living (ADLs), instrumental activities of daily living (IADLs), rest and sleep, education, work, play, leisure, and social participation. Recently it has been increased that the needs for the evidence-based studies about the effects of OT in the neurorehabilitation field. Among the disease categories of the neurorehabilitation, the majority of studies has been done in the stroke. The guideline developmental group in Canada has summarized the evidence of OT in the stroke at the web site (ebsr.com/evidence-review). The evidences was summarized about the effects of task-specific therapy, constraint induce movement therapy (CIMT), mental practice, virtual reality, robot therapy. More sufficient evidence to support OT in the neurorehabilitation should be gathered, especially from the outcome viewpoint of iADL, work, social participation.

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