
Uniform Terminology for Occupational Therapy – Third Edition

This is an official document of The American Occupational Therapy Association (AOTA). This document is intended to provide a generic outline of the domain of concern of occupational therapy and is designed to create common terminology for the profession and to capture the essence of occupational therapy succinctly for others.

It is recognized that the phenomena that constitute the profession's domain of concern can be categorized, and labeled, in a number of different ways. This document is not meant to limit those in the field, formulating theories or frames of reference, who may wish to combine or refine particular constructs. It is also not meant to limit those who would like to conceptualize the profession's domain of concern in a different manner.

Introduction

The first edition of Uniform Terminology was approved and published in 1979 (AOTA, 1979). In 1989, *Uniform Terminology for Occupational Therapy—Second Edition* (AOTA, 1989) was approved and published. The second document presented an organized structure for understanding the areas of practice for the profession of occupational therapy. The document outlined two domains. *Performance areas* (activities of daily living [ADL], work and productive activities, and play or leisure) include activities that the occupational therapy practitioner emphasizes when determining functional abilities (*occupational therapy practitioner* refers to both registered occupational therapists and certified occupational therapy assistants). *Performance components* (sensorimotor, cognitive, psychosocial, and psychological aspects) are the elements of performance that occupational therapists assess and, when needed, in which they intervene for improved performance.

This third edition has been further expanded to reflect current practice and to incorporate contextual aspects of performance. *Performance areas*, *performance components*, and *performance contexts* are the parameters of occupational therapy's domain of concern. *Performance areas* are broad categories of human activity that are typically part of daily life. They are activities of daily living, work and productive activities, and play or

leisure activities. *Performance components* are fundamental human abilities that—to varying degrees and in differing combinations—are required for successful engagement in performance areas. These components are sensorimotor, cognitive, psychosocial, and psychological. *Performance contexts* are situations or factors that influence an individual's engagement in desired and/or required performance areas. Performance contexts consist of *temporal* aspects (chronological age, developmental age, place in the life cycle, and health status) and *environmental* aspects (physical, social, and cultural considerations). There is an interactive relationship among performance areas, performance components, and performance contexts. Function in performance areas is the ultimate concern of occupational therapy, with performance components considered as they relate to participation in performance areas. Performance areas and performance components are always viewed within performance contexts. Performance contexts are taken into consideration when determining function and dysfunction relative to performance areas and performance components, and in planning intervention. For example, the occupational therapist does not evaluate strength (a performance component) in isolation. Strength is considered as it affects necessary or desired tasks (performance areas). If the individual is interested in homemaking, the occupational therapy practitioner would consider the interaction of strength with homemaking tasks. Strengthening could be addressed through kitchen activities, such as cooking and putting groceries away. In some cases, the practitioner would employ an adaptive approach and recommend that the family switch from heavy stoneware to lighter-weight dishes, or use lighter-weight pots on the stove to enable the individual to make dinner safely without becoming fatigued or compromising safety.

Occupational therapy assessment involves examining performance areas, performance components, and performance contexts. Intervention may be directed toward elements of performance areas (e.g., dressing, vocational exploration), performance components (e.g., endurance, problem solving), or the environmental aspects of performance contexts. In the latter case, the physical and/or social environment may be altered or augmented to improve and/or maintain function. After identifying the

performance areas the individual wishes or needs to address, the occupational therapist assesses the features of the environments in which the tasks will be performed. If an individual's job requires cooking in a restaurant as opposed to leisure cooking at home, the occupational therapy practitioner faces several challenges to enable the individual's success in different environments. Therefore, the third critical aspect of performance is the performance context, the features of the environment that affect the person's ability to engage in functional activities.

This document categorizes specific activities in each of the performance areas (ADL, work and productive activities, play or leisure). This categorization is based on what is considered "typical," and is not meant to imply that a particular individual characterizes personal activities in the same manner as someone else. Occupational therapy practitioners embrace individual differences, and so would document the unique pattern of the individual being served, rather than forcing the "typical" pattern on him or her and family. For example, because of experience or culture, a particular individual might think of home management as an ADL task rather than "work and productive activities" (current listing). Socialization might be considered part of a play or leisure activity instead of its current listing as part of "activities of daily living," because of life experience or cultural heritage.

Examples of Use in Practice

Uniform Terminology—Third Edition defines occupational therapy's domain of concern, which includes performance areas, performance components, and performance contexts. While this document may be used by occupational therapy practitioners in a number of different areas (e.g., practice, documentation, charge systems, education, program development, marketing, research, disability classifications, and regulations), it focuses on the use of uniform terminology in practice. This document is not intended to define specific occupational therapy programs or specific occupational therapy interventions. Examples of how performance areas, performance components, and performance contexts translate into practice are provided below.

- An individual who is injured on the job may have the potential to return to work and productive activities, which is a performance area. In order to achieve the outcome of returning to work and productive activities, the individual may need to address specific performance components, such as strength, endurance, soft tissue integrity, time management, and the physical features of performance contexts, like structures and objects in his or her environment. The occupational therapy practitioner, in collaboration with the individual

and other members of the vocational team, uses planned interventions to achieve the desired outcome. These interventions may include activities such as an exercise program, body mechanics instruction, and job site modifications, all of which may be provided in a work-hardening program.

- An elderly individual recovering from a cerebrovascular accident may wish to live in a community setting, which combines the performance areas of ADL with work and productive activities. In order to achieve the outcome of community living, the individual may need to address specific performance components, such as muscle tone, gross motor coordination, postural control, and self-management. It is also necessary to consider the sociocultural and physical features of performance contexts, such as support available from other persons, and adaptations of structures and objects within the environment. The occupational therapy practitioner, in cooperation with the team, utilizes planned interventions to achieve the desired outcome. Interventions may include neuromuscular facilitation, practice of object manipulation, and instruction in the use of adaptive equipment and home safety equipment. The practitioner and individual also pursue the selection and training of a personal assistant to ensure the completion of ADL tasks. These interventions may be provided in a comprehensive inpatient rehabilitation unit.
- A child with learning disabilities is required to perform educational activities within a public school setting. Engaging in educational activities is considered the performance area of work and productive activities for this child. To achieve the educational outcome of efficient and effective completion of written classroom work, the child may need to address specific performance components. These include sensory processing, perceptual skills, postural control, motor skills, and the physical features of performance contexts, such as objects (e.g., desk, chair) in the environment. In cooperation with the team, occupational therapy interventions may include activities like adapting the student's seating in the classroom to improve postural control and stability, and practicing motor control and coordination. This program could be developed by an occupational therapist and supported by school district personnel.
- The parents of an infant with cerebral palsy may ask to facilitate the child's involvement in the performance areas of activities of daily living and play. Subsequent to assessment, the therapist identifies specific performance components, such as sensory awareness and neuromuscular control. The practitioner also addresses the physical and cultural features of performance contexts. In collabora-

tion with the parents, occupational therapy interventions may include activities such as seating and positioning for play, neuromuscular facilitation techniques to enable eating, facilitating parent skills in caring for and playing with their infant, and modifying the play space for accessibility. These interventions may be provided in a home-based occupational therapy program.

- An adult with schizophrenia may need and want to live independently in the community, which represents the performance areas of activities of daily living, work and productive activities, and leisure activities. The specific performance categories may be medication routine, functional mobility, home management, vocational exploration, play or leisure performance, and social interaction. In order to achieve the outcome of living independently, the individual may need to address specific performance components, such as topographical orientation; memory; categorization; problem solving; interests; social conduct; time management; and sociocultural features of performance contexts, such as social factors (e.g., influence of family and friends) and roles. The occupational therapy practitioner, in cooperation with the team, utilizes planned interventions to achieve the desired outcome. Interventions may include activities such as training in the use of public transportation, instruction in budgeting skills, selection and participation in social activities, instruction in social conduct, and participation in community reintegration activities. These interventions may be provided in a community-based mental health program.
- An individual with a history of substance abuse may need to reestablish family roles and responsibilities, which represent the performance areas of activities of daily living, work and productive activities, and leisure activities. In order to achieve the outcome of family participation, the individual may need to address the performance components of roles; values; social conduct; self-expression; coping skills; self-control; and the sociocultural features of performance contexts, such as custom, behavior, rules, and rituals. The occupational therapy practitioner, in cooperation with the team, utilizes planned interventions to achieve the desired outcomes. Interventions may include roles and values exercises, instruction in stress management techniques, identification of family roles and activities, and support to develop family leisure routines. These interventions may be provided in an inpatient acute care unit.

Person–Activity–Environment Fit

Person–activity–environment fit refers to the match

among the skills and abilities of the individual; the demands of the activity; and the characteristics of the physical, social, and cultural environments. It is the interaction among the performance areas, performance components, and performance contexts that is important and determines the success of the performance. When occupational therapy practitioners provide services, they attend to all of these aspects of performance and the interaction among them. They also attend to each individual's unique personal history. The personal history includes one's skills and abilities (performance components), the past performance of specific life tasks (performance areas), and experience within particular environments (performance contexts). In addition to personal history, anticipated life tasks and role demands influence performance.

When considering the person–activity–environment fit, variables such as novelty, importance, motivation, activity tolerance, and quality are salient. Situations range from those that are completely familiar to those that are novel and have never been experienced. Both the novelty and familiarity within a situation contribute to the overall task performance. In each situation, there is an optimal level of novelty that engages the individual sufficiently and provides enough information to perform the task. When too little novelty is present, the individual may miss cues and opportunities to perform. When too much novelty is present, the individual may become confused and distracted, inhibiting effective task performance.

Humans determine that some stimuli and situations are more meaningful than others. Individuals perform tasks they deem important. It is critical to identify what the individual wants or needs to do when planning interventions.

The level of motivation an individual demonstrates to perform a particular task is determined by both internal and external factors. An individual's biobehavioral state (e.g., amount of rest, arousal, tension) contributes to the potential to be responsive. The features of the social and physical environments (e.g., persons in the room, noise level) provide information that is either adequate or inadequate to produce a motivated state.

Activity tolerance is the individual's ability to sustain a purposeful activity over time. Individuals must not only select, initiate, and terminate activities, but they must also attend to a task for the needed length of time to complete the task and accomplish their goals.

The quality of performance is measured by standards generated by both the individual and others in the social and cultural environments in which the performance occurs. Quality is a continuum of expectations set within particular activities and contexts (see Figure 1).

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Occupational therapy is the use of purposeful activity or

I. Performance Areas	II. Performance Components	III. Performance Contexts
<ul style="list-style-type: none"> A. Activities of Daily Living <ul style="list-style-type: none"> 1. Grooming 2. Oral Hygiene 3. Bathing/Showering 4. Toilet Hygiene 5. Personal Device Care 6. Dressing 7. Feeding and Eating 8. Medication Routine 9. Health Maintenance 10. Socialization 11. Functional Communication 12. Functional Mobility 13. Community Mobility 14. Emergency Response 15. Sexual Expression B. Work and Productive Activities <ul style="list-style-type: none"> 1. Home Management <ul style="list-style-type: none"> a. Clothing Care b. Cleaning c. Meal Preparation/Cleanup d. Shopping e. Money Management f. Household Maintenance g. Safety Procedures 2. Care of Others 3. Educational Activities 4. Vocational Activities <ul style="list-style-type: none"> a. Vocational Exploration b. Job Acquisition c. Work or Job Performance d. Retirement Planning e. Volunteer Participation C. Play or Leisure Activities <ul style="list-style-type: none"> 1. Play or Leisure Exploration 2. Play or Leisure Performance 	<ul style="list-style-type: none"> A. Sensorimotor Component <ul style="list-style-type: none"> 1. Sensory <ul style="list-style-type: none"> a. Sensory Awareness b. Sensory Processing <ul style="list-style-type: none"> (1) Tactile (2) Proprioceptive (3) Vestibular (4) Visual (5) Auditory (6) Gustatory (7) Olfactory c. Perceptual Processing <ul style="list-style-type: none"> (1) Stereognosis (2) Kinesthesia (3) Pain Response (4) Body Scheme (5) Right-Left Discrimination (6) Form Constancy (7) Position in Space (8) Visual-Closure (9) Figure Ground (10) Depth Perception (11) Spatial Relations (12) Topographical Orientation 2. Neuromusculoskeletal <ul style="list-style-type: none"> a. Reflex b. Range of Motion c. Muscle Tone d. Strength e. Endurance f. Postural Control g. Postural Alignment h. Soft Tissue Integrity 3. Motor <ul style="list-style-type: none"> a. Gross Coordination b. Crossing the Midline c. Laterality d. Bilateral Integration e. Motor Control f. Praxis g. Fine Coordination/Dexterity h. Visual-Motor Integration i. Oral-Motor Control B. Cognitive Integration and Cognitive Components <ul style="list-style-type: none"> 1. Level of Arousal 2. Orientation 3. Recognition 4. Attention Span 5. Initiation of Activity 6. Termination of Activity 7. Memory 8. Sequencing 9. Categorization 10. Concept Formation 11. Spatial Operations 12. Problem Solving 13. Learning 14. Generalization C. Psychosocial Skills and Psychological Components <ul style="list-style-type: none"> 1. Psychological <ul style="list-style-type: none"> a. Values b. Interests c. Self-Concept 2. Social <ul style="list-style-type: none"> a. Role Performance b. Social Conduct c. Interpersonal Skills d. Self-Expression 3. Self-Management <ul style="list-style-type: none"> a. Coping Skills b. Time Management c. Self-Control 	<ul style="list-style-type: none"> A. Temporal Aspects <ul style="list-style-type: none"> 1. Chronological 2. Developmental 3. Life Cycle 4. Disability Status B. Environment <ul style="list-style-type: none"> 1. Physical 2. Social 3. Cultural

Figure 1. Uniform Terminology for Occupational Therapy – Third Edition outline.

interventions to promote health and achieve functional outcomes. *Achieving functional outcomes* means to develop, improve, or restore the highest possible level of independence of any individual who is limited by a physical injury or illness, a dysfunctional condition, a cognitive impairment, a psychosocial dysfunction, a mental illness, a developmental or learning disability, or an adverse environmental condition. *Assessment* means the use of skilled observation or evaluation by the administration and interpretation of standardized or nonstandardized tests and measurements to identify areas for occupational therapy services.

Occupational therapy services include, but are not limited to

1. the assessment, treatment, and education of or consultation with the individual, family, or other persons; or
2. interventions directed toward developing, improving, or restoring daily living skills, work readiness or work performance, play skills or leisure capacities, or enhancing educational performance skills; or
3. providing for the development, improvement, or restoration of sensorimotor, oral-motor, perceptual or neuromuscular functioning; or emotional, motivational, cognitive, or psychosocial components of performance.

These services may require assessment of the need for and use of interventions such as the design, development, adaptation, application, or training in the use of assistive technology devices; the design, fabrication, or application of rehabilitative technology such as selected orthotic devices; training in the use of assistive technology, orthotic or prosthetic devices; the application of physical agent modalities as an adjunct to or in preparation for purposeful activity; the use of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness (AOTA, 1993, p. 1117).

I. Performance Areas

Throughout this document, activities have been described as if individuals performed the tasks themselves. Occupational therapy also recognizes that individuals arrange for tasks to be done through others. The profession views independence as the ability to self-determine activity performance, regardless of who actually performs the activity.

A. *Activities of Daily Living*—Self-maintenance tasks.

1. *Grooming*—Obtaining and using supplies; removing body hair (use of razors, tweezers, lotions, etc.); applying and removing cosmetics; washing, drying, combing, styling, and brushing hair; caring for nails (hands and feet), caring for skin, ears, and eyes; and applying deodorant.
2. *Oral Hygiene*—Obtaining and using supplies;

cleaning mouth; brushing and flossing teeth; or removing, cleaning, and reinserting dental orthotics and prosthetics.

3. *Bathing/Showering*—Obtaining and using supplies; soaping, rinsing, and drying body parts; maintaining bathing position; and transferring to and from bathing positions.
4. *Toilet Hygiene*—Obtaining and using supplies; clothing management; maintaining toileting position; transferring to and from toileting position; cleaning body; and caring for menstrual and continence needs (including catheters, colostomies, and suppository management).
5. *Personal Device Care*—Cleaning and maintaining personal care items, such as hearing aids, contact lenses, glasses, orthotics, prosthetics, adaptive equipment, and contraceptive and sexual devices.
6. *Dressing*—Selecting clothing and accessories appropriate to time of day, weather, and occasion; obtaining clothing from storage area; dressing and undressing in a sequential fashion; fastening and adjusting clothing and shoes; and applying and removing personal devices, prostheses, or orthoses.
7. *Feeding and Eating*—Setting up food; selecting and using appropriate utensils and tableware; bringing food or drink to mouth; cleaning face, hands, and clothing; sucking, masticating, coughing, and swallowing; and management of alternative methods of nourishment.
8. *Medication Routine*—Obtaining medication, opening and closing containers, following prescribed schedules, taking correct quantities, reporting problems and adverse effects, and administering correct quantities by using prescribed methods.
9. *Health Maintenance*—Developing and maintaining routines for illness prevention and wellness promotion, such as physical fitness, nutrition, and decreasing health risk behaviors.
10. *Socialization*—Accessing opportunities and interacting with other people in appropriate contextual and cultural ways to meet emotional and physical needs.
11. *Functional Communication*—Using equipment or systems to send and receive information, such as writing equipment, telephones, typewriters, computers, communication boards, call lights, emergency systems, Braille writers, telecommunication devices for the deaf, and augmentative communication systems.
12. *Functional Mobility*—Moving from one position or place to another, such as in-bed mobility, wheelchair mobility, transfers (wheelchair, bed, car, tub, toilet, tub/shower, chair, floor).

Performing functional ambulation and transporting objects.

13. *Community Mobility*—Moving self in the community and using public or private transportation, such as driving, or accessing buses, taxi cabs, or other public transportation systems.
14. *Emergency Response*—Recognizing sudden, unexpected hazardous situations, and initiating action to reduce the threat to health and safety.
15. *Sexual Expression*—Engaging in desired sexual and intimate activities.

B. *Work and Productive Activities*—Purposeful activities for self-development, social contribution, and livelihood.

1. *Home Management*—Obtaining and maintaining personal and household possessions and environment.
 - a. *Clothing Care*—Obtaining and using supplies; sorting, laundering (hand, machine, and dry clean); folding; ironing; storing; and mending.
 - b. *Cleaning*—Obtaining and using supplies; picking up; putting away; vacuuming; sweeping and mopping floors; dusting; polishing; scrubbing; washing windows; cleaning mirrors; making beds; and removing trash and recyclables.
 - c. *Meal Preparation and Cleanup*—Planning nutritious meals; preparing and serving food; opening and closing containers, cabinets and drawers; using kitchen utensils and appliances; cleaning up and storing food safely.
 - d. *Shopping*—Preparing shopping lists (grocery and other); selecting and purchasing items; selecting method of payment; and completing money transactions.
 - e. *Money Management*—Budgeting, paying bills, and using bank systems.
 - f. *Household Maintenance*—Maintaining home, yard, garden, appliances, vehicles, and household items.
 - g. *Safety Procedures*—Knowing and performing preventive and emergency procedures to maintain a safe environment and to prevent injuries.
2. *Care of Others*—Providing for children, spouse, parents, pets, or others, such as giving physical care, nurturing, communicating, and using age-appropriate activities.
3. *Educational Activities*—Participating in a learning environment through school, community, or work-sponsored activities, such as exploring educational interests, attending to instruction, managing assignments, and contributing to group experiences.

4. *Vocational Activities*—Participating in work-related activities.

- a. *Vocational Exploration*—Determining aptitudes; developing interests and skills, and selecting appropriate vocational pursuits.
- b. *Job Acquisition*—Identifying and selecting work opportunities, and completing application and interview processes.
- c. *Work or Job Performance*—Performing job tasks in a timely and effective manner; incorporating necessary work behaviors.
- d. *Retirement Planning*—Determining aptitudes; developing interests and skills; and selecting appropriate avocational pursuits.
- e. *Volunteer Participation*—Performing unpaid activities for the benefit of selected individuals, groups, or causes.

C. *Play or Leisure Activities*—Intrinsically motivating activities for amusement, relaxation, spontaneous enjoyment, or self-expression.

1. *Play or Leisure Exploration*—Identifying interests, skills, opportunities, and appropriate play or leisure activities.
2. *Play or Leisure Performance*—Planning and participating in play or leisure activities. Maintaining a balance of play or leisure activities with work and productive activities, and activities of daily living. Obtaining, utilizing, and maintaining equipment and supplies.

II. Performance Components

A. *Sensorimotor Component*—The ability to receive input, process information, and produce output.

1. *Sensory*
 - a. *Sensory Awareness*—Receiving and differentiating sensory stimuli.
 - b. *Sensory Processing*—Interpreting sensory stimuli:
 - (1) *Tactile*—Interpreting light touch, pressure, temperature, pain, and vibration through skin contact/receptors.
 - (2) *Proprioceptive*—Interpreting stimuli originating in muscles, joints, and other internal tissues that give information about the position of one body part in relation to another.
 - (3) *Vestibular*—Interpreting stimuli from the inner ear receptors regarding head position and movement.
 - (4) *Visual*—Interpreting stimuli through the eyes, including peripheral vision and acuity, and awareness of color and pattern.

- (5) *Auditory*—Interpreting and localizing sounds, and discriminating background sounds.
- (6) *Gustatory*—Interpreting tastes.
- (7) *Olfactory*—Interpreting odors.
- c. *Perceptual Processing*—Organizing sensory input into meaningful patterns.
 - (1) *Stereognosis*—Identifying objects through proprioception, cognition, and the sense of touch.
 - (2) *Kinesthesia*—Identifying the excursion and direction of joint movement.
 - (3) *Pain Response*—Interpreting noxious stimuli.
 - (4) *Body Scheme*—Acquiring an internal awareness of the body and the relationship of body parts to each other.
 - (5) *Right-Left Discrimination*—Differentiating one side from the other.
 - (6) *Form Constancy*—Recognizing forms and objects as the same in various environments, positions, and sizes.
 - (7) *Position in Space*—Determining the spatial relationship of figures and objects to self or other forms and objects.
 - (8) *Visual-Closure*—Identifying forms or objects from incomplete presentations.
 - (9) *Figure Ground*—Differentiating between foreground and background forms and objects.
 - (10) *Depth Perception*—Determining the relative distance between objects, figures, or landmarks and the observer, and changes in planes of surfaces.
 - (11) *Spatial Relations*—Determining the position of objects relative to each other.
 - (12) *Topographical Orientation*—Determining the location of objects and settings and the route to the location.
- 2. *Neuromusculoskeletal*
 - a. *Reflex*—Eliciting an involuntary muscle response by sensory input.
 - b. *Range of Motion*—Moving body parts through an arc.
 - c. *Muscle Tone*—Demonstrating a degree of tension or resistance in a muscle at rest and in response to stretch.
 - d. *Strength*—Demonstrating a degree of muscle power when movement is resisted, as with objects or gravity.
 - e. *Endurance*—Sustaining cardiac, pulmonary, and musculoskeletal exertion over time.
 - f. *Postural Control*—Using righting and equilibrium adjustments to maintain balance during functional movements.
 - g. *Postural Alignment*—Maintaining biomechanical integrity among body parts.
 - h. *Soft Tissue Integrity*—Maintaining anatomical and physiological condition of interstitial tissue and skin.
- 3. *Motor*
 - a. *Gross Coordination*—Using large muscle groups for controlled, goal-directed movements.
 - b. *Crossing the Midline*—Moving limbs and eyes across the midsagittal plane of the body.
 - c. *Laterality*—Using a preferred unilateral body part for activities requiring a high level of skill.
 - d. *Bilateral Integration*—Coordinating both body sides during activity.
 - e. *Motor Control*—Using the body in functional and versatile movement patterns.
 - f. *Praxis*—Conceiving and planning a new motor act in response to an environmental demand.
 - g. *Fine Coordination/Dexterity*—Using small muscle groups for controlled movements, particularly in object manipulation.
 - h. *Visual-Motor Integration*—Coordinating the interaction of information from the eyes with body movement during activity.
 - i. *Oral-Motor Control*—Coordinating oropharyngeal musculature for controlled movements.
- B. *Cognitive Integration and Cognitive Components*—The ability to use higher brain functions.
 - 1. *Level of Arousal*—Demonstrating alertness and responsiveness to environmental stimuli.
 - 2. *Orientation*—Identifying person, place, time, and situation.
 - 3. *Recognition*—Identifying familiar faces, objects, and other previously presented materials.
 - 4. *Attention Span*—Focusing on a task over time.
 - 5. *Initiation of Activity*—Starting a physical or mental activity.
 - 6. *Termination of Activity*—Stopping an activity at an appropriate time.
 - 7. *Memory*—Recalling information after brief or long periods of time.
 - 8. *Sequencing*—Placing information, concepts, and actions in order.
 - 9. *Categorization*—Identifying similarities of and differences among pieces of environmental information.
 - 10. *Concept Formation*—Organizing a variety of information to form thoughts and ideas.

11. *Spatial Operations*—Mentally manipulating the position of objects in various relationships.
12. *Problem Solving*—Recognizing a problem, defining a problem, identifying alternative plans, selecting a plan, organizing steps in a plan, implementing a plan, and evaluating the outcome.
13. *Learning*—Acquiring new concepts and behaviors.
14. *Generalization*—Applying previously learned concepts and behaviors to a variety of new situations.

C. *Psychosocial Skills and Psychological Components*—The ability to interact in society and to process emotions.

1. *Psychological*
 - a. *Values*—Identifying ideas or beliefs that are important to self and others.
 - b. *Interests*—Identifying mental or physical activities that create pleasure and maintain attention.
 - c. *Self-Concept*—Developing the value of the physical, emotional, and sexual self.
2. *Social*
 - a. *Role Performance*—Identifying, maintaining, and balancing functions one assumes or acquires in society (e.g., worker, student, parent, friend, religious participant).
 - b. *Social Conduct*—Interacting by using manners, personal space, eye contact, gestures, active listening, and self-expression appropriate to one's environment.
 - c. *Interpersonal Skills*—Using verbal and non-verbal communication to interact in a variety of settings.
 - d. *Self-Expression*—Using a variety of styles and skills to express thoughts, feelings, and needs.
3. *Self-Management*
 - a. *Coping Skills*—Identifying and managing stress and related factors.
 - b. *Time Management*—Planning and participating in a balance of self-care, work, leisure, and rest activities to promote satisfaction and health.
 - c. *Self-Control*—Modifying one's own behavior in response to environmental needs, demands, constraints, personal aspirations, and feedback from others.

III. Performance Contexts

Assessment of function in performance areas is greatly influenced by the contexts in which the individual must perform. Occupational therapy practitioners consider performance contexts when determining feasibility and appropriateness of interventions. Occupational therapy practitioners may choose interventions based on an

understanding of contexts, or may choose interventions directly aimed at altering the contexts to improve performance.

A. *Temporal Aspects*

1. *Chronological*—Individual's age.
2. *Developmental*—Stage or phase of maturation.
3. *Life cycle*—Place in important life phases, such as career cycle, parenting cycle, or educational process.
4. *Disability status*—Place in continuum of disability, such as acuteness of injury, chronicity of disability, or terminal nature of illness.

B. *Environment*

1. *Physical*—Nonhuman aspects of contexts. Includes the accessibility to and performance within environments having natural terrain, plants, animals, buildings, furniture, objects, tools, or devices.
2. *Social*—Availability and expectations of significant individuals, such as spouse, friends, and caregivers. Also includes larger social groups which are influential in establishing norms, role expectations, and social routines.
3. *Cultural*—Customs, beliefs, activity patterns, behavior standards, and expectations accepted by the society of which the individual is a member. Includes political aspects, such as laws that affect access to resources and affirm personal rights. Also includes opportunities for education, employment, and economic support. ▲

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This document replaces the following documents, all of which were rescinded by the 1994 Representative Assembly: *Occupational Therapy Product Output Reporting System* (1979), *Uniform Terminology for Reporting Occupational Therapy Services—First Edition* (1979), "Uniform Occupational Therapy Evaluation Checklist" (1981, *American Journal of Occupational Therapy*, 35, 817–818), and "Uniform Terminology for Occupational Therapy—Second Edition" (1989, *American Journal of Occupational Therapy*, 43, 808–815).
