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# The McMaster Lens for Occupational Therapists: Bringing theory and practice into focus

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Over the last two decades, excellent work has emerged from many Canadian occupational therapy authors on new theoretical concepts, frameworks and practice models (Canadian Association of Occupational Therapists, 1991, 1997; Law, 1998; Law et al., 1998; Law et al., 1996; McColl et al., 2003). However, challenges still remain for students and practitioners to integrate the various concepts into a clear and consolidated understanding of how theory can be used to guide clinical practice. To address the learning needs of students, the McMaster University occupational therapy faculty who teach the Inquiry and Integration seminar courses grappled with ways to improve how theory was taught.

When considering how to best achieve this goal, first we identified the need to articulate the unique perspective of occupational therapists when viewing the needs of a client, in comparison to the unique views of other healthcare professionals. These discussions ultimately led to the development of the McMaster Lens for Occupational Therapists (Salvatori et al., 2006), which we believe is a useful metaphor for bringing theory and practice into focus.

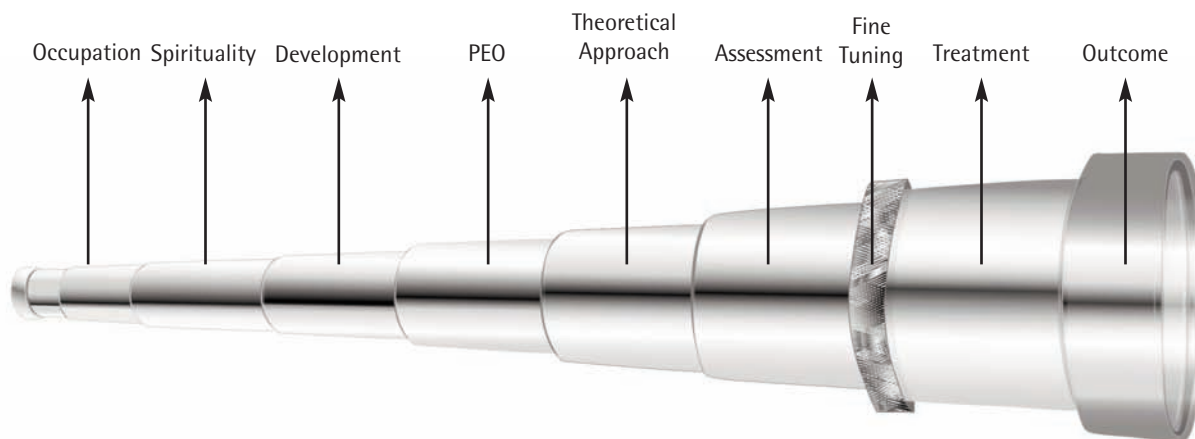
*Merriam-Webster's Dictionary* (2005) defines a lens as something that “facilitates and influences perception, comprehension, or evaluation” and also suggests that lenses can be “combined in an optical instrument for forming an image.” The McMaster Lens for

Occupational Therapists is thus pictured as a telescope that consists of a series of nine lenses - occupation, spirituality, development, person-environment-occupation, theoretical approach, assessment, treatment and outcome used by the occupational therapist to view each and every client (both individual and groups/organizations). (see Figure 1 below)

Each lens or piece of the telescope is moveable and must be adjusted by the occupational therapist to bring each client’s situation into focus. Adjustments of the various lenses reflect decisions made by the occupational therapist throughout the therapy process. Choosing a theoretical approach, selecting assessment strategies and planning a treatment program require independent decisions for each client. Every client situation is viewed through the same series of lenses; however, they are adjusted differently in every situation to reflect a client’s unique circumstances and to bring theory and practice clearly into focus. The McMaster Lens for Occupational Therapists represents the unique perspective that an occupational therapist brings to every client situation and may provide guidance to facilitate the clinical reasoning process. The following case scenario demonstrates how the Lens concepts can be applied in practice.

Robert is a 40 year old married man and has two

**Figure 1:**  
**McMaster Lens for Occupational Therapists**



Salvatori, Jung, Missiuna, Stewart, Law, & Wilkins (2006), McMaster University

daughters, aged 10 and 12. He is a sales representative for a small company that manufactures electronic and computer equipment. He is the prime wage earner in the household and five years ago they bought a new home. Robert enjoys an occasional round of golf and spending time at home with his family. He is currently experiencing back pain related to an injury that occurred on the job but is anxious to return to work. The following is an application of the nine lenses contained in the McMaster Lens for Occupational Therapists:

### 1. Occupation

- What occupation(s) does this client engage in as part of his/her normal routine?
- Which occupation(s) is/are currently difficult for this client to perform?

Using the *Canadian Occupational Performance Measure* (COPM), the occupational therapist discovers that up until recently, Robert completed all of his occupations related to self-care, productivity and leisure without any problems. He is currently experiencing back pain which has created difficulties for him to go to work, sleep at night, dress his lower extremities, complete his household responsibilities (such as yard work) and golf with his friends.

### 2. Spirituality

- What is the meaning/ importance/value of these occupations for this client? Consider the cultural context and groups that this individual belongs to such as family values, ethnic background, religious affiliations, employment and/or professional relationships and associations.

Work is of utmost importance to Robert as the prime wage earner. He also enjoys the travel and meeting new people associated with his job. His wife and daughters are currently carrying out his household responsibilities. Although he enjoys golfing, he can live without engaging in this leisure activity.

### 3. Development

- From a lifespan perspective, at what stage of development is this client? Consider both the client's chronological age and cognitive status as well as the expectations of this client with regard to the demands of the occupation(s).

Robert is entering his middle years and is actively involved with raising his family. This is likely a busy time in his life because of work, home and family responsibilities.

### 4. Person-environment-occupation (PEO) analysis

- What are the underlying PEO factors that influence the client's ability to perform these occupations?

Consider how each occupation is typically performed in this client's environment when attempting to explain the client's current occupational performance issues (OPIs).

Robert's priority occupational performance issue is returning to work as a sales representative. The PEO analysis is as follows:

- Person factors impeding his ability to return to work are primarily related to the physical domain; back pain and fatigue limit his sitting and standing tolerance as well as his overall motor abilities. The cognitive domain is not affected. The affective domain is a facilitating factor in that he is motivated and anxious to return to work.
- Occupation factors impacting his ability to return to work are related to specific physical demands of the job such as driving for long distances, as well as his lifting and carrying equipment. Other aspects of the job such as making appointments, interacting with people and accounting are not posing problems.
- Environment factors affecting his ability to return to work might be related to institutional elements such as sick leave policy, employer support, financial pressures to maintain volume of sales and/or physical elements such as the ergonomic support and comfort provided in his vehicle. Cultural or social elements of the environment may play a role depending on his participation in household duties and the willingness of his family to assist with these tasks.

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## 5. Theoretical approach

- What theoretical approach(es) and/or conceptual model(s) will guide the assessment process? Consider the fit/lack of fit among the underlying PEO factors in relation to the OPI(s) in selecting a theoretical approach(es).

Because Robert's ability to return to work is impacted by the lack of fit between the physical abilities of the person and the physical demands related to his job, it is appropriate for the occupational therapist to select a physical rehabilitative theoretical approach.

## 6. Assessment

- Based on your selected theoretical approach(es), what is the overall assessment plan? Consider what assessment strategies for data collection purposes, for example an interview, direct observation, use of standardized measures or consultation with professional colleagues.

The occupational therapist hypothesizes that the lack of PEO fit is the result of biomechanical issues and, therefore chooses a biomechanical model of practice within this theoretical approach. Assessment is focused on the evaluation of the physical demands of his job and the biomechanical components of the person (e.g. range of motion, muscle strength, body mechanics/lifting techniques, posture, endurance and pain).

## 7. Fine tuning

- Was/were the selected theoretical approach(es) useful in explaining the client's OPIs? If yes, then develop an intervention plan that is consistent with the chosen theoretical approach(es). If no, then consider whether to select another theoretical approach for intervention or to conduct further assessment of the client's OPIs.

Based on the findings of the assessment, the occupational therapist may fine tune the assessment approach before planning the intervention. If the findings showed that Robert had decreased range of motion and muscle strength due to inactivity, then a physical biomechanical approach would continue to be appropriate. Suppose that the physical assessment indicated that Robert's biomechanics were not the source of the difficulty with his job. Further exploration might have shown that the most important factor is the length of time that Robert spends in his car and that he must lift very heavy equipment on his sales calls. The most appropriate theoretical approach would then be an environmental approach. Further assessment may be needed to explore the physical,

social, economic and political aspects of his work environment. As a final example, if the assessment results indicated that Robert's pain was more chronic in nature then the occupational therapist might choose a psychological-emotional theoretical approach and further explore the client's daily routine and its relationship to his experience of chronic pain.

## 8. Treatment

- What is your overall intervention plan? Consider the occupational therapist role, e.g. direct service, education, consultation, referral, mediator training, advocacy and identify intervention strategies.

Based on the assessment findings, the occupational therapist works with the client to identify treatment goals and negotiate specific targeted outcomes. The occupational therapist then uses theory to develop and implement an intervention plan. In Robert's case, using a physical biomechanical approach, intervention might focus on body positioning, postural training, muscle strengthening and education regarding lifting techniques. With an environmental approach, intervention might focus on changing the seating in his car, using special lifting devices for transporting equipment, using computer-simulated demonstrations for sales purposes and/or providing a modified work schedule. A psychological-emotional approach might focus on cognitive restructuring to implement a paced approach to his work routine.

## 9. Outcomes

- How will you determine if intervention/treatment has been successful? Consider how to measure change in occupational performance and client satisfaction.

Regardless of the theoretical approach(es) through which the occupational therapist viewed this client, the outcome measured is change in the occupation initially identified as an issue. In this case, Robert's desired outcome of returning to work as a sales representative is evaluated. The occupational therapist would re-administer the *COPM* to assess Robert's performance and satisfaction.

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The McMaster Lens for Occupational Therapists is a 44-page booklet published by McMaster University in 2006. During the past academic year, the McMaster University occupational therapy program used the Lens within our curriculum with reassuring outcomes. Student occupational therapists have identified that the Lens is a useful educational tool to guide thinking and practice within both

academic and clinical settings. Student feedback was solicited and representative quotations are presented below from two students:

“The Lens serves to bridge the major tenets/theoretical models of occupational therapy with practice, facilitates client-centered practice by focusing on the essence of the individual (i.e. values, goals, beliefs) and, thus, shows that occupational therapy is interested and in tune with the needs of the client. It provides a holistic view of the client since it provides a multifaceted perspective on an individual.”

“When using the Lens, I find that I explore spirituality and development in more detail and consider their role in the [formulation of the] client’s OPIs [occupational performance issues]. The Lens does allow theory to be incorporated into the framework and effectively used to guide clinical reasoning.”

Informal feedback from tutors in the occupational therapy program has been very positive. Many tutors have used the Lens to guide discussion in problem-based learning courses, as well as to promote client-centred practice, problem-solving and clinical decision-making. More formal evaluation of the Lens as an educational and clinical practice tool is currently being planned by our faculty.

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Copies of the McMaster Lens for Occupational Therapists are available at a nominal cost from the Titles Bookstore at McMaster University. The website for the bookstore is <http://titles.mcmaster.ca/>

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