As a part of the initial assessment, the occupational therapist develops a “problem list” identifying the major areas of occupation that have been affected by the client’s condition. The contributing factors that affect the client’s occupational performance are also identified. Priorities are then set with the client and caregivers so the problems that are most important to them will be addressed. Some clients may need clarification of occupational therapy’s role to identify problem areas that fall within the scope of occupational therapy practice. Educating the client about the purpose and potential benefits of occupational therapy is an important part of establishing a therapeutic relationship (DeCleene, 2013). For example, when you ask a client in the hospital what his or her goal is, a common response is, “I want to walk.” However, ambulation alone is a physical therapy goal. You can probe deeper by asking, “What things do you need to walk for?” Ask about activities such as meal preparation, gathering clothes to wear, and carrying items from place to place at home, school, or work. Clients that take an active role in goal setting often have improved functional outcomes and report greater satisfaction with the rehabilitation process (Tripicchio, Bykerk, Wegner, & Wegner, 2009; VanPuymbrouck, 2014).

There are two parts to a functional problem statement: the area of occupation that is a concern and the contributing factors that are interfering with the client’s engagement in that area of occupation. Let’s take a closer look at information that was presented in Chapter 1 about occupational therapy’s domain.

**Areas of Occupation**

Occupational therapy practitioners provide interventions for people who have difficulty engaging in an area of occupation. The focus on ability to engage in occupation is what distinguishes the occupational therapy profession from other health care disciplines. The *OTPF-III* (American Occupational Therapy Association [AOTA], 2014) categorizes the areas of occupation (Table 5-1) that may be addressed by occupational therapy practitioners.

It is essential to remember that the entities and agencies that provide reimbursement for occupational therapy services have different priorities. You should have a good understanding of the funding source regulations, and your documentation should target areas of occupation that the funding source considers necessary and reimbursable (Amini, 2014; Brennan, 2014). For example, Medicare is likely to be most concerned with problems and goals that target ADLs and IADLs to help get the client back to living as independently as possible (Valdes, 2014). In worker’s compensation cases, problem statements and goals should focus on work (King & Olson, 2014). In school-based therapy, education is the area of occupation that should be addressed in problems and goals (Swinth, 2014).