

Optimal Wellness through Participation: The Importance of Partnerships Outside of the “Therapy” World

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What are Barriers?

When we think of the word “barrier” what comes to mind? Many immediately think of physical barriers like lack of wheelchair access, poor lighting, or limited transportation options. The framework of the International Classification of Functioning, Disability, and Health (ICF) provides a structure for rehabilitation professionals to address context as a component of our health [1]. The context of a person’s life is made up of facilitators and barriers to activities and participation in the environment. Facilitators are factors in the environment that improve or reduce disability, while barriers limit functioning and create disability [2]. Sometimes we neglect to acknowledge the barriers that we place on ourselves psychologically or the barriers society places on us in terms of their perceptions of what we are able to do. As therapists, we must promote inclusiveness in our communities to maximize engagement and participation to increase quality of life and promote healthy habits and routines. As occupational therapists we should also promote not only role fulfillment, but also development of new roles and routines with our clients. Physical therapists should encourage clients to engage in new activities that sustain strength and mobility.

A way to help accomplish the aforementioned goals is through the promotion of inclusive community activities

and events. An example that has come to the forefront in recent years is the incorporation of dance programs, not only for therapeutic purposes in the physical sense, but also for providing opportunities for clients to see themselves in new ways. Dance as an intervention provides a creative outlet that can be more motivating than other interventions by allowing people an opportunity for increased movement and activity as well as socialization. Creative expression through dance can improve motor capabilities like balance as well as non-motor aspects like self-efficacy, cognition, and quality of life [3].

Dance also provides an opportunity for people to develop new roles. Many people enjoy dance, but do not consider themselves dancers until they participate in such programs. For many who have not engaged in dance regularly, dance programs offer a new form of exercise and social support that can potentially decrease depressive symptoms [4]. Dance group participation provides a sense of community that has also been shown to improve self-efficacy [5].

How can Occupational and Physical Therapists Promote Inclusiveness?

As therapists we should look beyond our healthcare team to promote the health and wellness of the people we work with as they resume their daily lives in the community. Meaningful activities and engagement are key to successful participation. For example, a study of a dance program for people with Parkinson’s disease found that participants not only had better motor outcomes, but also demonstrated increase quality of life [6]. While not

all occupational and physical therapists are dancers with dance credentials, this should not keep us from collaborating with those who are. For example, dance instructors are best at leading the dance and choreography components of dance programs. Occupational therapists working with dance professionals can serve to maximize options for adaptations, safety, and accessibility while physical therapists can guide certain dances to promote muscle strength, coordination, balance to increase independence with movement. Evidence supports many community-based dance programs, including dance for people with Parkinson's disease, Autism Spectrum Disorder, wheelchair users, those with dementia, and children with disabilities [7-11].

Partnering with dance professionals and educating our clients about these opportunities may increase the likelihood that positive physical habits will continue throughout the lifespan. We are also encouraging continued engagement of the mind as well as socialization. The potential wide-reaching effects of these types of multi-disciplinary, inclusive programs should not be underestimated or dismissed. Non-traditional modalities, such as dance, should be welcomed by the rehabilitation professions, and research should be encouraged to measure the impact of health and wellness through participation.

References

1. American Occupational Therapy Foundation Research Advisory Council (2000) The ICIDH-2: a new language in support of enablement. *Am J Occup Ther* 54(2): 223-225.
2. World Health Organization (2001) International Classification of Functioning, Disability and Health (ICF). WHO, Geneva.
3. Hashimoto H, Takabatake S, Miyaguchi H, Nakanishi H, Naitou Y, et al. (2015) Effects of dance on motor functions, cognitive functions, and mental symptoms of Parkinson's disease: a quasi-randomized pilot trial. *Complement Ther Med* 23(2): 210-219.
4. Karkou V, Aithal S, Zubala A, Meekums B (2019) Effectiveness of dance movement therapy in the treatment of adults with depression: A systematic review with meta-analysis. *Front Psychol* 10: 936.
5. McRae C, Leventhal D, Westheimer O, Mastin T, Utley J, et al. (2017) Long-term effects of Dance for PD on self-efficacy among persons with Parkinson's disease. *Arts & Health* 10(1): 85-96.
6. Westheimer O, McRae C, Henchcliffe C, Fesharaki A, Glazman S, et al. (2015) Dance for PD: a preliminary investigation of effects on motor function and quality of life among persons with Parkinson's disease (PD). *J Neural Transm* 122(9): 1263-1270.
7. Sharp K, Hewitt J (2014) Dance as an intervention for people with Parkinson's disease: A systematic review and meta-analysis. *Neurosci Biobehav Rev* 47: 445-456.
8. Reinders N, Bryden P, Fletcher P (2019) Dance is something that anyone can do': Creating dance programs for all abilities. *Journal in Dance Education*.
9. Goodwin D, Krohn J, Kuhnle A (2004) Beyond the wheelchair: The experience of dance. *Adapted physical activity quarterly* 21(3): 229-247.
10. Karkou V, Meekums B (2007) Dance movement therapy for dementia. *Cochrane Database of Systematic Reviews* 2.
11. Zitomer M (2016) 'Dance makes me happy': experiences of children with disabilities in elementary school dance education. *Research in Dance Education* 17(3): 218-234.

