

# CLIENT FACTORS

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# Client factors

- Client factors are **specific capacities, characteristics, or beliefs** that reside within the person and that influence performance in occupations
- Client factors are affected by the **presence or absence of illness, disease, deprivation, disability, and life experiences.**

<i><b>OCCUPATIONS</b></i>	<i><b>CLIENT FACTORS</b></i>	<i><b>PERFORMANCE SKILLS</b></i>	<i><b>PERFORMANCE PATTERNS</b></i>	<i><b>CONTEXTS AND ENVIRONMENTS</b></i>
Activities of daily living (ADLs)* Instrumental activities of daily living (IADLs) Rest and sleep Education Work Play Leisure Social participation	Values, beliefs, and spirituality Body functions Body structures	Motor skills Process skills Social interaction skills	Habits Routines Rituals Roles	Cultural Personal Physical Social Temporal Virtual
*Also referred to as <i>basic activities of daily living (BADLs)</i> or <i>personal activities of daily living (PADLs)</i> .				

# Client factors

- Client factors may need to be **present** in whole or in part for a person to complete an action (skill) **used** in the execution of an **occupation**.
- In addition, client factors are **affected** by performance skills, performance patterns, contexts and environments, and performance and participation in **activities and occupations**.

# Client factors

- Occupational performance and various types of client factors may **benefit** from **supports** in the **physical or social environment** that enhance or allow participation.
- It is through the process of **observing** clients **engaging in occupations and activities** that occupational therapy practitioners are **able to determine the transaction** between client factors and performance and to then create adaptations and modifications and select activities that best promote enhanced participation.

# Client factors

- Client factors can also be understood as **pertaining** to individuals at the group and population level.
- Although client factors may be described **differently** when applied to a group or population, the underlying tenets do not change substantively.

# Values, beliefs, and spirituality

- **Values, beliefs, and spirituality** influence a person's **motivation to engage in occupations** and give his or her **life meaning**.
- **Values** are principles, standards, or qualities considered worthwhile by the client who holds them.
- **Beliefs** are cognitive content held as true (Moyers & Dale, 2007).
- **Spirituality** is “the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred” (Puchalski et al., 2009, p. 887).

Client factors include (1) values, beliefs, and spirituality; (2) body functions; and (3) body structures that reside within the client that influence the client's performance in occupations.

■ **VALUES, BELIEFS, AND SPIRITUALITY**—Clients' perceptions, motivations, and related meaning that influence or are influenced by engagement in occupations.

Category and Definition	Examples
<b>Values</b> —Acquired beliefs and commitments, derived from culture, about what is good, right, and important to do (Kielhofner, 2008)	<i>Person:</i> <ul style="list-style-type: none"><li>• Honesty with self and others</li><li>• Commitment to family</li></ul> <i>Group:</i> <ul style="list-style-type: none"><li>• Obligation to provide a service</li><li>• Fairness</li></ul> <i>Population:</i> <ul style="list-style-type: none"><li>• Freedom of speech</li><li>• Equal opportunities for all</li><li>• Tolerance toward others</li></ul>
<b>Beliefs</b> —Cognitive content held as true by or about the client	<i>Person:</i> <ul style="list-style-type: none"><li>• One is powerless to influence others.</li><li>• Hard work pays off.</li></ul> <i>Group and population:</i> <ul style="list-style-type: none"><li>• Some personal rights are worth fighting for.</li><li>• A new health care policy, as yet untried, will positively affect society.</li></ul>
<b>Spirituality</b> —"The aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred" (Puchalski et al., 2009, p. 887)	<i>Person:</i> <ul style="list-style-type: none"><li>• Daily search for purpose and meaning in one's life</li><li>• Guidance of actions by a sense of value beyond the personal acquisition of wealth or fame</li></ul> <i>Group and population:</i> <ul style="list-style-type: none"><li>• Common search for purpose and meaning in life</li><li>• Guidance of actions by values agreed on by the collective</li></ul>

# Body functions and body structures

- **Body functions** and **body structures** refer to the “physiological function of body systems (including psychological functions) and anatomical parts of the body such as organs, limbs, and their components,” respectively (WHO, 2001, p. 10).
- **Body structures** and **body functions** are **interrelated**, and occupational therapy practitioners **must consider them** when seeking to promote clients’ ability to engage in desired occupations.



■ **BODY FUNCTIONS**—"The physiological functions of body systems (including psychological functions)" (WHO, 2001, p. 10). This section of the table is organized according to the classifications of the *International Classification of Functioning, Disability and Health (ICF)*; for fuller descriptions and definitions, refer to WHO (2001).

Category	Description (not an all-inclusive list)
<b>Mental functions</b> (affective, cognitive, perceptual)	
<b>Specific mental functions</b>	
Higher-level cognitive	Judgment, concept formation, metacognition, executive functions, praxis, cognitive flexibility, insight
Attention	Sustained shifting and divided attention, concentration, distractibility
Memory	Short-term, long-term, and working memory
Perception	Discrimination of sensations (e.g., auditory, tactile, visual, olfactory, gustatory, vestibular, proprioceptive)
Thought	Control and content of thought, awareness of reality vs. delusions, logical and coherent thought
Mental functions of sequencing complex movement	Mental functions that regulate the speed, response, quality, and time of motor production, such as restlessness, toe tapping, or hand wringing, in response to inner tension
Emotional	Regulation and range of emotions; appropriateness of emotions, including anger, love, tension, and anxiety; lability of emotions
Experience of self and time	Awareness of one's identity, body, and position in the reality of one's environment and of time
<b>Global mental functions</b>	
Consciousness	State of awareness and alertness, including the clarity and continuity of the wakeful state
Orientation	Orientation to person, place, time, self, and others
Temperament and personality	Extroversion, introversion, agreeableness, conscientiousness, emotional stability, openness to experience, self-control, self-expression, confidence, motivation, impulse control, appetite

(Continued)

Category	Description (not an all-inclusive list)
Energy and drive	Energy level, motivation, appetite, craving, impulse control
Sleep	Physiological process, quality of sleep
<b>Sensory functions</b>	
Visual functions	Quality of vision, visual acuity, visual stability, and visual field functions to promote visual awareness of environment at various distances for functioning
Hearing functions	Sound detection and discrimination; awareness of location and distance of sounds
Vestibular functions	Sensation related to position, balance, and secure movement against gravity
Taste functions	Association of taste qualities of bitterness, sweetness, sourness, and saltiness
Smell functions	Sensing odors and smells
Proprioceptive functions	Awareness of body position and space
Touch functions	Feeling of being touched by others or touching various textures, such as those of food; presence of numbness, paresthesia, hyperesthesia
Pain (e.g., diffuse, dull, sharp, phantom)	Unpleasant feeling indicating potential or actual damage to some body structure; sensations of generalized or localized pain (e.g., diffuse, dull, sharp, phantom)
Sensitivity to temperature and pressure	Thermal awareness (hot and cold), sense of force applied to skin
<b>Neuromusculoskeletal and movement-related functions</b>	
Functions of joints and bones	
Joint mobility	Joint range of motion
Joint stability	Maintenance of structural integrity of joints throughout the body; physiological stability of joints related to structural integrity

**Muscle functions**

Muscle power	Strength
Muscle tone	Degree of muscle tension (e.g., flaccidity, spasticity, fluctuation)
Muscle endurance	Sustaining muscle contraction

**Movement functions**

Motor reflexes	Involuntary contraction of muscles automatically induced by specific stimuli (e.g., stretch, asymmetrical tonic neck, symmetrical tonic neck)
Involuntary movement reactions	Postural reactions, body adjustment reactions, supporting reactions
Control of voluntary movement	Eye–hand and eye–foot coordination, bilateral integration, crossing of the mid-line, fine and gross motor control, and oculomotor function (e.g., saccades, pursuits, accommodation, binocularity)
Gait patterns	Gait and mobility considered in relation to how they affect ability to engage in occupations in daily life activities; for example, walking patterns and impairments, asymmetric gait, stiff gait

**Cardiovascular, hematological, immunological, and respiratory system functions**

(*Note.* Occupational therapy practitioners have knowledge of these body functions and understand broadly the interaction that occurs among these functions to support health, well-being, and participation in life through engagement in occupation.)

Cardiovascular system functions	Maintenance of blood pressure functions (hypertension, hypotension, postural hypotension), heart rate and rhythm
Hematological and immunological system functions	
Respiratory system functions	Rate, rhythm, and depth of respiration
Additional functions and sensations of the cardiovascular and respiratory systems	Physical endurance, aerobic capacity, stamina, fatigability

**Voice and speech functions; digestive, metabolic, and endocrine system functions; genitourinary and reproductive functions**

(*Note.* Occupational therapy practitioners have knowledge of these body functions and understand broadly the interaction that occurs among these functions to support health, well-being, and participation in life through engagement in occupation.)

Voice and speech functions	Fluency and rhythm, alternative vocalization functions
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Category	Description (not an all-inclusive list)
Digestive, metabolic, and endocrine system functions	Digestive system functions, metabolic system and endocrine system functions
Genitourinary and reproductive functions	Urinary functions, genital and reproductive functions
<b>Skin and related structure functions</b> (Note. Occupational therapy practitioners have knowledge of these body functions and understand broadly the interaction that occurs among these functions to support health, well-being, and participation in life through engagement in occupation.)	
Skin functions Hair and nail functions	Protection (presence or absence of wounds, cuts, or abrasions), repair (wound healing)

■ **BODY STRUCTURES:** “Anatomical parts of the body, such as organs, limbs, and their components” that support body function (WHO, 2001, p. 10). The “Body Structures” section of the table is organized according to the *ICF* classifications; for fuller descriptions and definitions, refer to WHO (2001).

Category	Examples not delineated in the “Body Structure” section of this table
<b>Structure of the nervous system</b> <b>Eyes, ear, and related structures</b> <b>Structures involved in voice and speech</b> <b>Structures of the cardiovascular, immunological, and respiratory systems</b> <b>Structures related to the digestive, metabolic, and endocrine systems</b> <b>Structures related to the genitourinary and reproductive systems</b> <b>Structures related to movement</b> <b>Skin and related structures</b>	(Note. Occupational therapy practitioners have knowledge of body structures and understand broadly the interaction that occurs between these structures to support health, well-being, and participation in life through engagement in occupation.)

Note. The categorization of body function and body structure client factors outlined in Table 2 is based on the *ICF* proposed by WHO (2001). The classification was selected because it has received wide exposure and presents a language that is understood by external audiences. WHO = World Health Organization.