What Is Bariatrics?

Bariatrics is the branch of medicine that addresses the causes, prevention, and treatment of obesity. Approximately 400 million adults are classified as obese around the world (World Health Organization [WHO], 2009), and by 2015 there may be 700 million adults with this condition. Obesity can lead to serious health risks, such as cardiovascular disease, diabetes, musculoskeletal disorders, and cancer (WHO, 2009). Obesity also contributes to psychosocial and societal problems resulting in job absenteeism, less education, fewer housing and work opportunities, restricted access to health care, and reduced social participation due to a societal stigma (American Occupational Therapy Association [AOTA], 2007). Individuals with obesity face limitations in their ability to execute daily activities, especially if they have other medical complications or comorbidities.

Some health care settings use a multidisciplinary team approach to bariatric intervention. Team members may include bariatric physicians, advanced practice nurses, dieticians, social workers, case managers, pharmacists, physical therapists, and occupational therapists and occupational therapy assistants. Occupational therapy practitioners have a unique role on these teams as they are equipped with skills to address patients’ functional and environmental limitations, as opposed to the historical emphasis on remediating medical deficits.

The Role of Occupational Therapy in Bariatrics

Occupational therapy practitioners can help individuals with obesity change their lifestyle, engage in meaningful activities, and manage their weight (AOTA, 2007). Practitioners use an individualized, client-centered approach to identify barriers to performance of meaningful and necessary activities. They assist and support lifestyle changes for individuals with obesity through interventions that focus on health promotion, disease prevention, remediation, adaptation, and maintenance (AOTA, 2007). Education and customized, collaborative intervention planning are used to promote effective habit building to meet the individual's goals (AOTA, 2007). Occupational therapy practitioners may also recommend adaptations to the environment or to the task itself to improve the client's performance.

Occupational therapy practitioners can provide services to individuals receiving specialized bariatric care, or to individuals with other medical conditions who have obesity as a secondary diagnosis, to enhance their functional capabilities in the following areas:

- Activities of daily living (ADLs), such as bathing, dressing, and toileting, with particular attention to areas requiring sufficient reach and flexibility (e.g., washing and drying the buttocks, back, and feet).
- The use of proper and safe durable medical equipment, such as a tub bench or adaptive equipment for dressing.
- Home modifications to promote activity participation and improved environmental access.
- Individualized therapeutic exercises to enhance strength for improved occupational performance and increased fitness.
Occupational therapy enables people of all ages live life to its fullest by helping them to promote health, make lifestyle or environmental changes, and prevent—or live better with—injury, illness, or disability. By looking at the whole picture—a client’s psychological, physical, emotional, and social make-up—occupational therapy assists people to achieve their goals, function at the highest possible level, maintain or rebuild their independence, and participate in the everyday activities of life.

- Activity tolerance, by grading functional tasks to progressively increase physical endurance.
- Functional mobility in the inpatient environment, such as transfers out of bed and to and from bathing positions.
- Safe household and community mobility, including transferring in and out of the car and maneuvering safely in limited spaces.
- Independence with instrumental activities of daily living (IADLs) such as cleaning, doing laundry, cooking, and caring for children.
- Healthy routines related to food shopping and mealtimes.
- Energy conservation to make occupational engagement easier, particularly when respiratory insufficiency is a co-morbid condition.
- Task and environmental modifications to increase activity demands and energy expenditure safely and appropriately for improved weight management.
- Wellness groups for individuals and their families, supporting health promotion through lifestyle change.

**Where Are Occupational Therapy Services Provided?**

Occupational therapy practitioners may provide bariatric intervention in hospitals, rehabilitation facilities, outpatient clinics, and home health environments. They may also provide services in specialty bariatric clinics or centers. They support the National Institutes of Health recommendation that staff have respect for all individuals, an issue especially important for the bariatric population, as social stigma and weight bias can negatively affect the health care experience of patients who are obese.

**Conclusion**

Occupational therapy practitioners bring a functional perspective to bariatric intervention, an area of practice that has historically emphasized the client’s medical deficiencies. Occupational therapy practitioners are trained to address occupational issues affected by obesity through interventions supporting health promotion and disease prevention, in addition to established roles in ADLs and IADLs (AOTA, 2007). Occupational therapy practitioners provide services throughout the continuum of care in environments ranging from hospitals and rehabilitation clinics to more specialized bariatric sites, to community-based programs. Through education, customized intervention, and adaptive strategies, practitioners can use occupation as a tool for promoting healthy habits, routines, and overall lifestyle for clients who are obese.

**References**
