ALLIED HEALTH DIVISION

Position Statement for Occupational Therapy (OT) for Sleep Health Scope of Practice March 2022

1. Introduction

The purpose of this document is to:

- Propose a role for Occupational Therapy (OT) in sleep health in the South African context;
- Outline the proposed scope of OT practice therein; and
- Offer practice guidelines for the OT working with South African clients across the lifespan who are experiencing poor sleep health.

2. The Role of the OT in Sleep Health

2.1. Sleep as an occupation

Sleep is not merely one of the activities of daily living that individuals participate in. Rather, given its critical role in health, wellbeing, occupational performance and participation, it can be viewed as an occupational domain in its own right - alongside others, such as work and socialising (AOTA. 2012).

In the OT practice framework, the occupational domain of "Rest and sleep" is described as "activities related to obtaining restorative rest and sleep to support healthy, active engagement in other occupations" (AOTA 2014). These activities are:

- Rest – engaging in quiet and effortless actions that interrupt physical and mental activity, resulting in a relaxed state. This includes recognising the need to relax; reducing engagement in taxing activities; and intentionally participating in activities that are restorative for reengagement in occupations.
- Sleep preparation – modifying the environment and engaging in routines that prepare the self for comfortable rest
- Sleep participation – taking care of personal needs for sleep; as well as navigating the sleep needs of others (eg partners and children).

2.2. The impact of sleep on health and occupational engagement

Good sleep health supports the overall health and wellbeing of the individual; as well as their healthy, active engagement in other occupations (AOTA 2014) such as self-care, work, socializing and leisure participation. In contrast, poor sleep health is associated with the onset of ill-health for the individual (in the form of a variety of physical, mental or cognitive disorders); as well as disrupting or reducing their performance of these other occupations to varying degrees.

Beyond the impact on the individual of poor sleep health, there is also an economic impact from lost work hours and increased healthcare use. In addition, the individual's family and community

2.3. The role of OT in sleep health

The profession of Occupational Therapy is focused on functional performance. It is about facilitating individuals' independent and satisfactory participation in all the occupational domains of life (including sleep). OT clients include those of all ages who are impaired or at risk of impairment in these occupations due to any and all number of physical, mental or cognitive disorders.

OT for these individuals includes developing, recovering, or maintaining the necessary skills through education and training in certain techniques. Additionally, identifying and eliminating any environmental barriers to their participation through adaptation and modification thereof.

3. Scope of OT Practice in Sleep Health

According to the HEALTH PROFESSIONS ACT 56 OF 1974 REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF OCCUPATIONAL THERAPY Published under Government Notice R2145 in Government Gazette 14178 of 31 July 1992:

The following acts are hereby specified as acts which shall for the purposes of the Medical, Dental and Supplementary Health Services Professions Act, 1974 (Act 56 of 1974), be deemed to be acts pertaining to the profession of occupational therapy, namely *those acts which have as their aim the evaluation, improvement or maintenance of the health, development, functional performance and self-assertion of those in whom these are impaired or at risk, through the prescription and guidance of the patient's or client's participation in normal activities, together with the application of appropriate techniques preceding or during participation in normal activities which facilitate such participation.* 2. For the purposes of regulation 1 *"normal activities" shall include those activities performed by healthy children and adults in the course of their play, work, social activities, recreation, domestic activities and personal care.*

OT practice in sleep health includes the following:

- Promoting good sleep health as a public health priority
- Developing skills of the public for good sleep health
- Routine screening for factors affecting sleep health
- Intervening with education, training and environmental adaptation/modifications when individuals experience poor sleep health, sleep disorders, fatigue and fatigue disorders.
- Research to identify evidence-based interventions for poor sleep health

4. Practice Guidelines for OT in Sleep Health

The following section outlines the populations with poor sleep health that Occupational therapists are likely to encounter; and the nature of the evaluations and interventions they might employ in their practice with these populations.

Referral to a physician for further evaluation or medical intervention is indicated for clients across the lifespan reporting unresolved, chronic, or potentially serious sleep problems (e.g. Sleep Apnea, Narcolepsy, REM disorder, hypersomnia).

POPULATION	COMMON SLEEP DISORDERS/DIFFICULTIES	EVALUATION	INTERVENTIONS	OUTCOMES
Later Adulthood ≥ 50yrs	Advanced Sleep Phase Disorder Insomnia Sleep Apnoea RLS PLMD Comorbidities of mood disorders, menopause, pain, dementia, substance abuse	**Occupational Profile including Sleep history, namely:** 1) Daily activities profile, routines, habits and roles 2) Medical history including medications 3) Difficulties in sleep preparation and sleep participation: a) sleep onset latency b) sleep duration (the number of hours of sleep, which varies by age) c) sleep maintenance (the ability to stay asleep) 4) The impact of work, and life events, such as shift work or caregiving responsibilities 5) The influence of pain and fatigue 6) Disturbances in balance, vision, strength, skin integrity, and sensory systems 7) Psycho-emotional status, including depression, anxiety, and stress 8) Effect of possible cognitive decline / impairment 9) The impact of substances (e.g. caffeine, nicotine, drugs or alcohol, smoking, or medication) 10) The impact of the environment (physical, social, temporal, occupational) **Administration of self-report Sleep measures, such as:** 1) Epworth Sleepiness Scale 2) Insomnia Severity Index 3) Morningness/Eveningness Questionnaire	1) Education of clients and caregivers re. sleep hygiene and use of sleep aids. 2) Environmental adaptation 3) Prescription of sleep aids (eg prevention of nightfalls) 4) Positional therapy 5) Fatigue management 6) Pain management 7) Time management 8) Stress management / Anxiety Management 9) Occupational balance 10) Work accommodations 11) Other rehabilitation in cases of comorbid impairments 12) CPAP adherence support With extra training: 1) Cognitive-Behavioural Therapy for Insomnia 2) Light therapy 3) Sensory integration	- Client should be able to follow a healthy daily routine that supports sleep including light exercise and adherence to a healthy, wholesome diet. - Client may need assistance to adhere to changes in wind down routine before bed - Client should be able to manage pain, fatigue, anxiety etc. with or without assistance from a carer or medications - Client should be able to complete daily occupations within roles and interests with or without assistance to optimize an active lifestyle and support participation in healthy sleep.

		4) Sleep Diary 5) Fatigue Severity Scale 6) Multidimensional Assessment of Fatigue scale **Conduction of an environmental assessment, if necessary**		
Adulthood 20-49 years	Sleep Apnoea Insomnia Jet Lag Disorder Shiftwork Disorder Circadian rhythm disorder Comorbidities of mood disorders, metabolic disorders, obesity, pain	As above. Additionally: 1) Family-centred evaluation including client's (where possible) and parent's self-report measures e.g. sleep diary. 2) Developmental and cognitive evaluation to ascertain effect of sleep on these. 3) Influence of school participation on sleep	As above. Additionally: 1) Behavioural interventions 3) School accommodations	
Adolescence 13-19 years	Delayed Sleep Phase Disorder Poor sleep hygiene Insomnia Comorbidities of anxiety, depression			
Middle childhood 6-12 years	Sleep apnoea (often disguised as ADHD) Sleep disorders with comorbid developmental/congenital disorders i.e. ADHD; Down's Syndrome; Autism			
Early childhood 15 months-5 years	Sleep apnoea (often disguised as ADHD) Poor routine Nightmare parasomnia Night terrors parasomnia Behavioural problems related to sleep e.g. fear, separation anxiety			
Infancy 0-15 months	Sleep apnoea Poor routine			

References

The American Occupational Therapy Association (AOTA) Fact sheet: Occupational Therapy's role in sleep. (2017)

Tester, N.J & Foss, J.J. (2017) Sleep as an Occupational Need. American Journal of Occupational Therapy, December 2017, Vol. 72, 7201347010. https://doi.org/10.5014/ajot.2018.020651