



# NEWSLETTER

OCCUPATIONAL THERAPY AFRICAN REGIONAL GROUP

JUNE/2020



## OCCUPATIONAL THERAPY PROVES ESSENTIAL IN COVID-19 FIGHT

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### Meet your OTARG EXCO...

Get to know your OTARG Executives. Clement Nhunzvi; Vice President (Programmes), Erastus Shuma; Vice President (Marketing and Fundraising), and Aloise Shapumba; Student Representative...

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### OT Tips for COVID-19

The Zimbabwe Association of Occupational Therapists provides some tips for managing the COVID-19 global pandemic...

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### African OTs respond to Covid-19

Learn how occupational therapists across the occupational therapists across the continent are contributing to ease the effects of the pandemic...



### NIGERIA'S OCCUPATIONAL THERAPY EDUCATION PIONEER DIES...

The family of the Late Ms Thelma Oluwatoyin Otolorin immortalizes her with a scholarship scheme. She was the first principal of the Federal School of Occupational Therapy (FSOT) and one of the veterans of the occupational therapy profession in Nigeria.

Read more on Page 3

# Greetings to the Occupational Therapy family and the world of occupational beings!

The world is under surge from the COVID-19 pandemic; lives are being lost, disrupted and restricted. I send my condolences and solidarity message to the world and pledge the occupational therapy hand in the management of this pandemic. I call upon occupational therapists in Africa to be proactive and advocate for inclusive strategies targeting persons with disabilities and other marginalized population groups in fighting COVID-19. These groups are traditionally neglected though they are likely to suffer the most consequences of these disasters. To OTARG, I am humbled by your kind gesture and confidence in entrusting me with the responsibility of being your Vice President - Programmes.

In the portfolio you entrusted me with, I am confident we can deliver a contextually relevant occupational therapy service meeting Africa's occupation-based health and well-being needs. The major task at hand is to recognise our potential and build a critical mass of scholarly occupational therapy and occupational science practitioners. From this base, we aim to lead a de-colonial education, research and practice agenda, presenting Africa as a credible source of knowledge in the profession.

We are working on a lot of novel initiatives. Some of these which are under my portfolio include; upgrading of diploma level OT trainings to BSc (Hons) level and assisting with relevant accreditations, developing an African region OT examiner database, running OT CPE webinar series and the establishment of a graded and sustained mentorship program. The fruits of which can be realized within the spirit of Ubuntu.

We are here to serve; occupational disruptions and other occupational injustices are bound to be worse in this COVID-19 pandemic. Let us join hands, do our best and we will prevail.

Be Safe, Be Protected, Be Healed, Be Occupational.

God Bless You!



Clement Nhunzvi

## WFOT COVID-19 SURVEY

WFOT has launched a survey to understand how the COVID-19 pandemic has affected the global occupational therapy community.

The survey will take approximately 10 minutes to complete, responses are anonymous and will contribute to an international situational assessment of a pandemic and its effect on the occupational therapy profession.

The survey is available via this link <https://wfot.link/covidsurvey>

The survey will close on **June 15, 2020**.

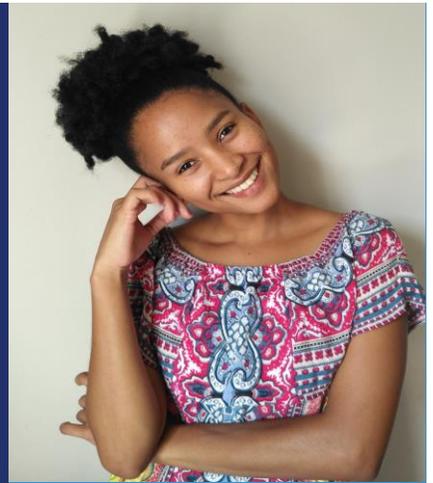
## Vice President (Marketing & Fundraising)

Shuma is the founder and a Clinical specialist Occupational Therapist/Hand Therapist at Pwani Occupational & Hand Therapy Services (Private practice). He is a part time Lecturer in the Division of Occupational Therapy at the Kenya Medical Training College, Mombasa Campus. He is the Visiting clinical consultant in Occupational & Hand Therapy for Mombasa Hospital & Pandya Memorial Hospital. He obtained Dip OT, BSc OT, and Cert. Hand Rehab in Education at the Kenya Medical Training College and Presbyterian University of East Africa. His area of expertise includes; Hand Therapy, Occupational Therapy, Train the Teacher Course Instructor (ORFIT Industries, Belgium) for hand therapy workshops in Kenya & provides academic support in higher education. He currently serves as the WFOT Delegate-Kenya Occupational Therapists Association & WFOT project leader for establishing an advisory group on developing postgraduate programs (2016-2020).



## Student Representative

Aloise is a third year BSc OT student at the University of Namibia (UNAM), one of the 11 pioneering Namibian-trained Occupational Therapy students. She is the current president of the Allied Health Society on their Health Sciences campus, and a member of the Student branch of the Namibian Association of Occupational Therapists. Aloise cares about inclusivity, particularly with children and hopes to do her final year research on the optimization of early childhood development. She also has special interest in Diabetes related complications affecting occupational well-being. She is a passionate advocate for the Occupational Therapy profession. In her free time, she likes to read, sing, exercise and spend time with loved ones.



## NIGERIA'S OCCUPATIONAL THERAPY EDUCATION PIONEER DIES...

Continued...

Ms Otolorin was a graduate of the prestigious Royal College of Occupational Therapists, United Kingdom. After her graduation in the 1970s, she worked in many clinical settings both in the United Kingdom and Nigeria. In 2012, Ms Otolorin helped establish the Federal School of Occupational Therapy (FSOT); the premier institution of Occupational Therapy in West Africa. She attained many unparalleled achievements in her practice. Notable among these were: the establishment of Occupational Therapy Unit in Ogun State Specialty Hospital, Abeokuta (this was the first of its kind at the state level in Nigeria) and the upgrading of the OT service at the Federal Neuro Psychiatric Hospital Aro, Ogun State, Nigeria. Ms Otolorin, in addition to her contribution to the establishment of FSOT, has trained many Occupational Therapists in Nigeria; many of whom are now HODs, principals of schools, astute academics and clinicians who are making a tremendous impact both locally and internationally. She died in 2019 at the age of 74.

Till her death, Ms Otolorin committed herself to the development of O.T through a passionate advocacy for the integration of O.T into the mainstream of health care delivery system in Nigeria as well as community service. In a bid to sustain her legacy, many projects that will benefit the OT profession in Nigeria and the general society are being considered to immortalize her. Undoubtedly, the Nigerian O.T community will continue to miss "Mama" but we are comforted that her legacies live on....

*Sleep on Mama OT till we meet to part no more...*

*Occupational Therapist Association of Nigeria (OTAN)*

# OT TIPS FOR COVID-19

ZIMBABWE ASSOCIATION OF OCCUPATIONAL THERAPISTS

The COVID-19 pandemic is having a profound impact on the lives, health and wellbeing of individuals, families and communities worldwide. As a profession we recognise the consequences and changes that are occurring in how people access and undertake their occupations as a result of this pandemic. These include, but are not limited to: accessing resources, activities of daily living, communication, mobility, social isolation, displacement, mental health and wellbeing. As occupational therapists, it is our role to help people to develop strategies to facilitate continued access to their occupations.



## HELPING CHILDREN COPE WITH STRESS

DURING COVID-19 PANDEMIC

Children may respond to stress in different ways; play behavior changes negatively, become more demanding, exhibit sleep problems, boredom, stiff neck complaints, get clingy, withdraw, anxious, easily frustrated, moody, and angry or agitated.

During this period, as most the lives of most children have been disrupted, it is helpful to restore and keep regular routines (pre-pandemic) as much as possible. Aim for a balanced engagement in key occupations like self-care play, education and rest.

It is important that caregivers be attentive and supportive to the needs of children and treat all concerns as serious whilst reassuring them with love. Demonstrations and practical means should be used to provide facts about COVID-19 and teach preventive measures like handwashing, physical distancing and identifying symptoms. However, one must be mindful of information overload and for children who struggle to grasp concepts it may be best to simplify language even further, breakdown the task into smaller graded steps and provide ongoing feedback.

**“It’s not stress that kills us, it is our reaction to it.”**

## OCCUPATIONAL THERAPY MENTAL HEALTH SERVICES

DURING COVID-19 PANDEMIC

As occupational therapists we prioritize engagement in culturally relevant activities that restore and maintain familiar roles and the routines and occupations of daily living to improve mental health and wellbeing of all. Key concerns in disaster risk reduction are developing a sense of control, well-being and resilience for individuals and their communities, reducing people’s vulnerability, increasing their ability to cope with the disaster like this COVID-19 pandemic. Occupational therapists may offer services which include; providing tips on promoting occupational balance, activity scheduling with balance between chores and leisure to manage mood changes, discharge planning and provision of resources, setting up buddy systems for clients to support each other, drawing up hoe programs to deal with cabin fever syndrome, encouraging breaks from media coverage of COVID-19.

In these times, occupational therapists should strive to employ the use of various electronic platforms (where possible) to make services accessible to clients. Offering e-occupational therapy consultations, assessments and treatments, using WhatsApp support groups and having video call sessions would be beneficial to promoting and ensuring safety.

***“In order to stay safe and healthy, it is vital to be mindful of both the need to access and use infection control measures and the need to sustain good psychological, mental health and stamina.”***

## NAOT CHAMPIONS CONTINUOUS PROFESSIONAL DEVELOPMENT

As has become NAOT's trademark over the last couple of years, three ethics CPD sessions have already been hosted at the beginning of this year; which were open to all health professionals. On the 14th February, Chaplain André Anthonissen presented on 'Carefronting: A Pioneering Approach to Managing Conflict'; on the 13<sup>th</sup> March Tanya Beyer, educational psychologist, presented on 'Ethics of Navigating Therapeutic Relationships' which was based on how to handle the ethical dilemmas that arise within client-therapist relationships; and on the 17<sup>th</sup> of April Dr Willem Moore presented on 'Ethics in Practice Management'. NAOT also hosted the 'All about ADHD: A deeper look into Parenting and Teaching Children with ADHD' workshop that was presented by Dr. Johan Van Dyk, Ronel Bosch, Karen Kunz and Lindi Maartens on the 22nd February. There was an overwhelming response to this from both parents and teachers.

The NAOT plans to host the following CPD programs within the course of the year:

### August: Parallel events

**Presenter:** Lizette Swanepoel;

- How to conduct driving assessments

**Presenter:** University lecurers;

- Research ethics or Namibian model for OT's

### October: Sensory Integration Across the Lifespan in Mental Health

**Presenter:** Janine van der Linde

- Focusing on sensory integration for different age groups within mental health

- A look at the ALERT Program

## NEW LEADERS ARE ELECTED ACROSS THE CONTINENT...



At an Annual General Meeting which doubled as a CPD Program, the UAOT elected a new executive board on the 30th of January 2020.

The newly appointed executives comprise of;

President	Buhistya Justus
Vice President	Musimenta Shallon
Secretary	Kato Hassan
Overseas Coordinator	Kalanda Muwonge Emmanuel
Treasurer	Nabasa Sophie
WFOT Delegate	Kamwesiga Julius
1st Alternate WFOT Delegate	Mubangizi Andrew
2nd Alternate WFOT Delegate	Alochi Victor

The officers will serve for a term of 4 years.

**UGANDA ASSOCIATION OF OCCUPATIONAL THERAPISTS**

### OCCUPATIONAL THERAPY ASSOCIATION OF GHANA



### NAMIBIA ASSOCIATION OF OCCUPATIONAL THERAPISTS



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## AFRICAN OCCUPATIONAL THERAPISTS RESPOND TO COVID-19

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COVID-19 has caused a widespread disruption affecting many Kenyans mentally, socially, physically and/ or emotionally. As we uphold new norms of social distancing rules and working from home, it is evident that there is occupational deprivation and reduced occupational performance satisfaction.

As we embark on a journey to flatten the curve of the spread of COVID-19 here in Kenya, decisive measures implemented include; a national curfew between 7pm-5am, partial lockdown for 3 weeks in majorly affected counties (Nairobi, Mombasa, Kwale, Kilifi) and provision of PPEs for healthcare workers and Rapid Test kits for mass testing across Kenya.

The Kenya Occupational Therapist Association (KOTA) is adamant in its advocacy for everyone to adhere to infection control measures/guidelines as provided by your respective National Ministry of Health and World Health Organization. Information should be verified before it is shared and healthcare workers should be trusted and supported.

Finally, we recommend home programs where necessary through patient/parent education and use of locally available technologies to provide services to the clients in need.

Kenya Occupational Therapist Association

What is evident in this pandemic in Zimbabwe are the occupational disruptions and injustices in daily living for all, especially traditionally marginalised and disadvantaged population groups; including the elderly, persons with disabilities and the poor. As a profession we recognise the consequences and changes that are occurring in how people access and undertake their occupations as a result of the covid-19 pandemic with a focus on the elderly, persons with disabilities and the marginalised poor.

We have taken it up as a profession to partner with the government and other organisations in assisting and advocating for equitable access to occupational resources and opportunities. We are ensuring optimum performance, in activities of daily living, communication, and mobility, mitigating the impact of social isolation, and displacements, to promote mental health and well-being in these special groups and the generality of our service users. We are doing this with the understanding that men have an inherent need to engage and participate in supportive environments for the realisation of their health and well-being.

Zimbabwe Association of Occupational Therapists

## Deaf-blind children: A unique client group for occupational therapists.

Ten years ago while training as an occupational therapist, I learnt how to guide a blind person to move around his/her environment using a white cane, I also learnt a bit of sign language communication with the deaf but I never learnt how to work with a client who is both deaf and blind. But this changed when I got an exciting opportunity to work for a project that offered early intervention rehabilitation for children with deaf-blindness run by Sense International Uganda between April 2016 and June 2019.

According to McInnes and Treffy (1982) a deaf-blind child is not just a deaf child who cannot see or a blind child who cannot hear. It is not the sum of deafness and blindness or just a problem with communication or perception but all the above and even more. Just imagine living in a dark and silent world! Deaf-blindness can be congenital or acquired and this will impact on the child's life differently because the former has completely no experience of his/her environment while the latter may have experienced their environment before losing their sight and hearing.

According to the US National Center on Deaf-Blindness (2013), deaf-blindness can be caused by infections like Congenital Rubella Syndrome (CRS), Cytomegalovirus (CMV), meningitis and Zika virus. Other causes are hereditary like CHARGE syndrome, Goldenhaar syndrome and others. Also birth trauma can lead to deaf-blindness e.g. asphyxia during birth and premature birth.

Children with deaf-blindness may experience difficulties in; Communication and moving around the environment (Aitken, 2000). They may also have difficulties with motor development, tactile sensitivity and sensory integration (Jenny Fletcher, 1999). Other challenges include eating difficulties, poor self-image and inability to develop independent skills.

As occupational therapists, our intervention for a child with deaf-blindness will focus on these areas; Activities of Daily Living (ADLs), Communication and Social Skills, Orientation, Mobility, Exercise and Play Skills as well as Perceptual skills. It is important to start these interventions as early as possible for better outcomes.

**Abor Isaac**  
Occupational therapist  
Kiruddu National Referral Hospital  
P.O.Box 6588. Kamnala

# Occupational Disruption Due To COVID-19 And The Recovery Process

Murove Tsitsi 1 & Munamba Nyaradzai 2,

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## Abstract

COVID-19 is a respiratory condition caused by the newly discovered coronavirus that has been classified by the World Health Organization (WHO) as a pandemic. Currently millions of people have tested positive to the coronavirus and thousands have died from the effects of the COVID-19. The current protocol for the management of Covid-19 involves social isolation and lockdowns are in place in different countries to ensure reduced transmission of the virus. However this has caused people to change the way they live their lives resulting in occupational disruption. This article discusses occupational disruption from COVI-19 from an occupational therapy perspective and possible intervention to mitigate its effects.

## Introduction

COVID-19 is a respiratory condition caused by the corona virus that has been classified by the World Health Organization (WHO) as a pandemic. It has currently affected and infected millions and thousands of people have died all over the world. John Hopkins statistics indicate as of today 197 506 people have died and 4 940 376 have tested positive to the corona virus worldwide. There is still a lot to be researched and known about the corona virus and currently there is no cure or vaccine for covid-19. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets.

## Current measures to prevent the spread of COVID-19

The WHO recommended guideline for the management of COVID-19 include; quarantine for those who are exhibiting mild symptoms of the disease or those who have tested positive to the disease, isolation, separation of people who are ill with symptoms of COVID-19 and may be infectious to prevent the spread of the disease and physical distancing, being physically apart. WHO recommends keeping at least 1-metre (3 feet) distance from others. This is a general measure that everyone should take even if they are well with no known exposure to COVID-19 (WHO, 2020). In order to facilitate social distancing which is important in reducing the burden on healthcare facilities countries have instituted lockdowns. This is because the rate of infection has been exponentially high resulting in healthcare facilities being

overburdened and the death rate has also skyrocketed posing a threat on human survival. Lock downs and social distancing entails that people stay in their homes, businesses and workplaces have been closed resulting in people being restricted in the performance of their daily occupations. Daily occupations are activities that people do every day as they go about living their lives. Disruption of these daily occupations has been linked to both physical and mental health problems such as obesity, anxiety, stress among other conditions making it an important condition for occupational therapists.

## Occupational therapy and occupational disruption

Occupational therapists are healthcare professionals who use occupations in the medical rehabilitation of people who have suffered physical, emotional, psychological or social dysfunction. They study occupations as they happen in individuals and in communities. They use occupations as a way of achieving therapeutic goals as well as the end goal of therapy for individuals and communities. In view of this occupation is an important aspect of this kind of therapy and occupational therapists have a broader understanding of occupation than the general view held by the public: "person's usual or principal work or business, especially as a means of earning a living: vocation" (Townsend & Polatajko, 2007, p. 17). However, this view is still incorporated in the philosophy of occupational therapy intervention as productive occupations.

Occupational therapist's understanding of occupation as everything people do to occupy themselves and have classified occupations into three main categories which are 'selfcare' (looking after oneself) , 'productivity' (contributing to the social and economic fabric of their communities) and 'leisure occupations' (enjoying life). These occupations are performed differently in different

people and cultures. Occupations define human existence as well as linked to the individual conscious experience, physical health, and other dimensions intimately related to the sense of self (Carlson, Park, Kuo, & Clark, 2014). Occupational therapists study occupations extensively so that they understand what, why, how, where and which occupations people engage in so that they can be able to use this knowledge in their intervention strategies as well as promote health and wellbeing (Hammell & Iwama, 2012). In this discussion I will focus on the effects of Covid-19 in communities instead of the patient infected and ill because of Covid-19 which will be done in a different discussion.

Covid-19 and its management of social distancing has resulted in occupational disruption and this has assisted in affirming the crucial role that the serial performance of occupations plays in the everyday lives of people (Nizzero, Cote, & Cramm, 2017). Human beings are occupational beings by nature who have the innate tendency to participate in occupations across lifespan (Wilcock, 2007). This innate need to engage in purposeful occupation is relevant to health and survival. Occupation is the mechanism by which humans validate the use of their capabilities by achievements of value and worth to the society and the world (Wilcock, 2007; Wilcock, 2015). Humans need to engage in occupations in order to flourish, maintain health and it determines the chief rhythm of life, balances it and gives meaning and significance to life. Occupational disruption is a condition in which an individual/people are not able to participate in occupations they need, want and expected to do temporarily or permanently (Hocking, 2009; Nizzero et al., 2017; Sima, Thomas, & Lowrie, 2017).

Occupational disruption results in a change in identity, lifestyle, routines, changes the way people do occupations and restricts occupational performance. This impacts on social interaction, and emotional well-being leading to feelings to isolation, disconnection, and emotional turmoil. This can be characterized by strong negative emotions generally, distress, and feeling like life is going downhill. The management of covid-19 currently being instituted leaves people with feelings of lack of control over the situation which can in turn increase a sense of anxiety, anger and vulnerability. Following a pandemic like this, individuals and communities require adjustment and adaptation to the role changes, balance of valued occupations and occupational performance of daily routines. Adaptation involves evolution and an organisms ability to change in function to promote survival (Walder & Molineux, 2017). Maladaptation also occurs when there is failure to alleviate negative outcomes of the experience (Nizzero et al., 2017).

Adaptive responses after occupational disruption involves 1) modifying previous occupations, 2) maintaining order or routine and 3) adopting new occupation or routines (Nizzero et al., 2017). During the periods of lockdowns we

have noticed that many companies and organizations have had to adapt the way they do business, for example, use of computers, laptops, phones and other devices to enable internet connection and have been able to meet, and discuss the operations of their activities and work has been able to go on. Schools and Universities alike have upscaled online education. Healthcare professionals have continued working and have adapted their work by using assistive devices in the form of Personal Protective Equipment (PPE). These are examples of modifying previous occupations. Maintenance of order and or routine helps in the organization of time and occupational balance which helps in controlling negative feelings and foster feelings of stability (Nizzero et al., 2017). Companies and individuals have tried to maintain their regular activities at the set times. Engaging in regular projects or roles facilitates and maintains a sense of self-worth and feelings of usefulness as well as support a sense of normality and encourage people to go on with their lives. This also facilitates adjustment and minimizes anxiety (Sima et al., 2017). It is important to be able to adopt new occupations and needs a lot of flexibility. The internet has been awash of individuals sharing new hobbies and activities as a way of coping with social distancing. It involves reorganizing one's time and routines as well as immersing oneself in the new activity.

Maladaptation can also be experienced where the individual or organization or even community is unable to adjust to the new situation. This is because not everyone or community is capable of maintaining order and routine due to different reasons and this results in mal-adaptation leading to depression, anger and anxiety. Recovery from the effects of Covid-19 pandemic is a process that needs careful understanding because if mishandled can lead to maladaptation and people sink into further despair (Nizzero et al., 2017; Sima et al., 2017). Occupational therapists understand that it is important to address the physical, cognitive, emotional and interpersonal effects of covid-19 throughout the stages of recovery in order to promote occupational wellbeing.

Occupational therapy empirical research found that occupation can be used to assist people to recover from pandemics. Evidence indicate that 1. Occupations can act as a bridge to health through nurturing hope, grounding and connection, 2. Occupation can act as an anchor in supporting recovery, resilience and adaptation (Clark, 1997). This can be achieved by using different theories of occupational adaptation and models of recovery. These theories promote the use of occupations that counteract the life threatening effects and devastation caused by COVID- 19. These occupations can bring about connection among people so that they feel a sense of connection. Countries coming out of lockdowns have instituted measures that ensure that people are safe again like mandatory wearing of faces masks, putting and supplying sanitizers etc. These activities bring people

closer and feel connected in a common goal of avoiding spread of infection. This presents as a new normal, which requires people to accept that lives have changed while identifying themselves as occupational beings within a changed context but maintaining the ability to choose daily occupations, participate in occupations of their choice and have balance of various occupations in their lives, and engage in personally meaningful occupations (Wilcock, 2007). Recovery is also achieved by ensuring an environment that capacitates and facilitates recovery instead of creating barriers. This can be achieved at a government level as well as at an individual level. Some governments have already started thinking about this and are putting in place measures that allow transition into the new normal by providing stimulus packages to companies and food aids to individuals. Occupational therapists can play a role during the recovery phase by supporting affected individuals through the transitioning phase and adapting the environment so that its supportive of recovery.

## Conclusion

As the world goes through this pandemic it is important that these factors are taken into consideration because occupation is the mechanism by which individuals demonstrate the use of their capacities by achievements of value and worth to their society and the world. It is only through activities that people can demonstrate what they are or what they hope to be (Creek & Hughes, 2008; Wilcock, 2007). Humans need to engage in occupations in-order to flourish, and purposeful use of time is necessary because our brains slip into chaos and confusion unless we constantly use it for work that seems worthwhile. As lockdowns continue in some places, lifted in other places, and different measures are put in place to avoid spread of the corona virus and saving of lives, occupational wellbeing remains an important aspect of our daily lives.(Wilcock, 2007). Occupational therapists can play a role with clients who have experienced occupational disruption and are experiencing maladaptation by assisting them to engagement in possible meaningful occupations, environmental adaptation to support recovery, maintain roles and routines and facilitate transition to the new normal.

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## Occupational Therapy Africa Regional Group

### WFOT COVID-19 SURVEY

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The survey will close on **June 15, 2020**.

**12<sup>TH</sup> BIENNIAL  
OTARG  
CONGRESS...  
NAMIBIA 2021!!!**

### CONFERENCE ANNOUNCEMENT!!! 6<sup>th</sup> AfriNEAD CONFERENCE

**Date:** 30th November - 3rd December 2020

**Theme:** "Disability unplugged - Beyond Conventions and Charters: what really matters to persons with disabilities in Africa".

**Venue:** ARTSCAPE in Cape Town, South Africa

**To register click at:**

<https://docs.google.com/forms/d/e/1FAIpQLSflettVUj50LcDLK7NMJeN NCPaTfH nT6NQwealSe 4eBS Q/viewform?vc=0&c=0&w=1>

**Registration fees:** R3500 Early bird - before 31/08/2020  
R4000 Late registration  
R2000 for assistants of the delegate

#### Important dates

Abstract Submission Open: Thursday, 31 October 2019;

Extended Submission Deadline: Sunday, 31 May 2020, midnight GMT

Notification to Authors: Tuesday, 30 June 2020

Revised Abstract Deadline: Friday 31 July 2020

More details available at [www.otarg.org.za](http://www.otarg.org.za)

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