Table 9. Client Factors

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

Category	Examples Relevant to Occupational Therapy Practice
Values, Beliefs, and Spirituality—Client's (person's, group's, o influence or are influenced by engagement in occupations.	r population's) perceptions, motivations, and related meaning tha
Values—Acquired beliefs and commitments, derived from culture, about what is good, right, and important to do (Kielhofner, 2008)	Person: • Honesty with self and others • Commitment to family
	Group: • Obligation to provide a service • Fairness • Inclusion
	Population: • Freedom of speech • Equal opportunities for all • Tolerance toward others
Beliefs—"Something that is accepted, considered to be true, or held as an opinion" ("Belief,", 2020).	Person:One is powerless to influence others.Hard work pays off.
	Group: Teaching others how to garden decreases their reliance on grocery stores. Writing letters as part of a neighborhood group can support the creation of a community park.
	 Population: Some personal rights are worth fighting for. A new health care policy, as yet untried, will positively affect society.
Spirituality—"A deep experience of meaning brought about by engaging in occupations that involve the enacting of personal values and beliefs, reflection, and intention within a supportive contextual environment" (Billock, 2005, p. 887). It is important to recognize spirituality "as dynamic and often evolving" (Humbert, 2016, p. 12).	Person: Personal search for purpose and meaning in life Guidance of actions by a sense of value beyond the acquisition of wealth or fame
	Group:Study of religious texts togetherAttendance at a religious service
	Population: • Common search for purpose and meaning in life • Guidance of actions by values agreed on by the collective

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 *ICF*; for fuller descriptions and definitions, refer to WHO (2001). This list is not all inclusive.

(Continued)

Table 9. Client Factors (cont'd)

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

Category	Examples Relevant to Occupational Therapy Practice
Mental functions	
Specific mental functions	
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 (including gender identity), body, and position in the reality of one's environment and of time
Global mental functions	
Consciousness	State of awareness and alertness, including the clarity and continuity of the wakeful state
Orientation	Orientation to person, place, time, self, and others
Psychosocial	General mental functions, as they develop over the life span, required to understand and constructively integrate the mental functions that lead to the formation of the personal and interpersonal skills needed to establish reciprocal social interactions, in terms of both meaning and purpose
Temperament and personality	Extroversion, introversion, agreeableness, conscientiousness, emotional stability, openness to experience, self-control, self-expression, confidence, motivation, impulse control, appetite
Energy	Energy level, motivation, appetite, craving, impulse
Sleep	Physiological process, quality of sleep
Sensory functions	
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 of odors and smells

(Continued)

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Table 9. Client Factors (cont'd)

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

Category	Examples Relevant to Occupational Therapy Practice
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
Interoception	Internal detection of changes in one's internal organs through specific sensory receptors (e.g., awareness of hunger, thirst, digestion, state of alertness)
Pain	Unpleasant feeling indicating potential or actual damage to som 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 skil (thermoreception)
Neuromusculoskeletal and movement-related function	s
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	Sustainability of 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 midline, fine and gross motor control, oculomotor function (e.g., saccades, pursuits, accommodation, binocularity)
Gait patterns	Gait and mobility in relation to engagement in daily life activities (e.g., walking patterns and impairments, asymmetric gait, stif gait)
	ory system functions ge of these body functions and understand broadly the interaction that eing, 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 immune system functions	Protection against foreign substances, including infection, allergic reactions
Respiratory system functions	Rate, rhythm, and depth of respiration

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Table 9. Client Factors (cont'd)

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

Category	Examples Relevant to Occupational Therapy Practice
Additional functions and sensations of the cardiovascular and respiratory systems	Physical endurance, aerobic capacity, stamina, fatigability
Voice and speech functions; digestive, metabolic, and endoci (<i>Note.</i> Occupational therapy practitioners have knowledge of th occurs among these functions to support health, well-being, and	ese body functions and understand broadly the interaction that
Voice and speech functions	Fluency and rhythm, alternative vocalization functions
Digestive, metabolic, and endocrine system functions	Digestive system functions, metabolic system, and endocrine system functions
Genitourinary and reproductive functions	Genitourinary and reproductive functions
understand broadly the interaction that occurs among these functionagement 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 2001, p. 10). This section of the table is organized according to th WHO (2001).	
Structure of the nervous system Structures related to the eyes and ears Structures involved in voice and speech Structures of the cardiovascular, immunological, and respiratory systems Structures related to the digestive, metabolic, and endocrine systems Structures related to the genitourinary and reproductive systems	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 functions and body structures is based on the ICF (WHO, 2001). The classification was selected because it has received wide exposure and presents a language that is understood by external audiences. ICF = International Classification of Function, Disability and Health; WHO = World Health Organization.

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