Who’s on Your Team?
The Roles of a Recreation Therapist

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Clinical teams can be a complex amalgam of professionals with respective specialities, each of whom wear various hats. With the addition of a patient, or client, and their family, the size of this interprofessional team can vary widely. And so, it is important as teammates in care to know who is on your team and their roles, to harmoniously support care together.

The therapeutic recreation profession is often misunderstood and its role, as a contributing member of the care team, is often underestimated. Contrary to popular belief, there is more to ‘it’ than just fun and games. Together with clients, Recreation Therapists utilize physical, emotional, spiritual, and social domains to develop recreation and leisure goals in supporting a client’s desired quality of life. Their assessment findings and documentation (on interests, relationships, and other relevant measures) can contribute significantly to clinical team decisions. Recreation Therapists understand that, for clients and other care team members, an orthosis or prosthesis can be integral to maintaining independence and for participating in day-to-day activities.

Recreation Therapists can support individuals in a meaningful leisure lifestyle with an orthosis or prosthesis by facilitating new transitions to past/existing activities, accommodating new activities, and/or supporting physical and social engagement in a variety of leisure opportunities. Ultimately, Recreation Therapists aim to engage individuals through leisure, which supports life-balances and understandings of overall well-being that are unique to each individual.

What is a Recreation Therapist?
A Recreation Therapist is a professional who has studied, and a current practitioner, in the field of therapeutic recreation (TR). TR is a process that utilizes functional intervention, education and recreation participation to enable persons with physical, cognitive, emotional and/or social limitations to acquire and/or maintain the skills, knowledge and behaviours that will allow them to enjoy their leisure optimally, function independently with the least amount of assistance and participate as fully as possible in society. Although TR professionals have a variety of titles, they are often referred to as Recreation Therapists (RTs).

Using recreation and leisure, RTs work with persons who have disabilities or other limitations and require assistance to access leisure or recreation opportunities in the effort to improve their quality of life. This may involve educating individuals about the skills and resources required to participate in recreation and leisure, or making necessary adaptations to recreation and leisure opportunities to allow for full participation.
Therapeutic Recreation Ontario (TRO)

TRO is a voluntary membership association with the goal of unifying and directing the therapeutic recreation profession by providing guidance and support for its members. In order to protect the rights of individuals across diverse delivery settings throughout the province, TRO provides resources to support TR professionals develop quality services and advocate for advancement of the profession (Therapeutic Recreation Ontario, 2014b). Within the clinical team, RTs support individuals with whom they work to:

- Improve physical and cognitive abilities
- Increase confidence and self-esteem
- Foster greater involvement in the community
- Strengthen interpersonal skills and relationships
- Improve coping and adaptation skills
- Enhance well-being
- Encourage a greater sense of accomplishment
- Realize the benefits of a healthy leisure lifestyle

What Role Does an RT Have on the Clinical Team?

Adding value to any clinical team, an RT’s principles and process can complement team discussions by speaking to what they learn in assessments, intervention planning and implementation with clients. An RT focuses on what a client can do in conducting an intensive needs assessment towards the development of an appropriate personalized intervention. Together, RTs and clients determine the best way to assess current interests, abilities, needs and barriers to a meaningful leisure lifestyle in order to set goals that are achieved through engagement in recreation/leisure interventions and programs.

After utilizing various facilitation techniques to engage an individual with whom they work, an RT will adhere to agency standards to communicate with the rest of their team, including how an individual may have responded to an intervention. An RT will also advocate and develop relationships with key stakeholders to ensure that individuals are equally-valued members of their community.

Intervention planning and implementation (and advocacy, of course!) can be achieved in consultation or collaboration with other members of a clinical team. For example, a planned session on dining could involve an RT (socialization), dietician (nutrition) and OT (ADLs), wherein each role potentially supports/considers the use of a client’s orthosis/prosthesis. Where a client has a goal of improving strength and balance, an RT can utilize meaningful activities for the use of a new orthosis/prosthesis in a practical situation. The RT might observe the client taking a city bus to her/his favourite coffee shop for example, or participating in a swimming program. The clinical team can then gain insight into the client’s ability to utilize their orthosis/prosthesis and what barriers they face.

How Can an RT Benefit Clients with an Orthosis/Prosthesis?

In Canada, orthotic/prosthetic services began with the “Department of Veterans Affairs’ struggle to meet the prosthetic needs of servicemen wounded in the two World Wars” (Our History, 2013). Today, adaptive sports have become a popular means for veterans to improve fitness and independence. After experiencing a trauma, improvements to quality of life can be experienced through participation in adaptive sports. Evidence suggests that participation in sports yields positive outcomes including physical health, personal enjoyment and quality of social life (Barletta & Loy, 2006; Zabriskie, Lundberg & Groff, 2005).

Recently, Keli Cristofaro, a Therapeutic Recreationist at St. Joseph’s Care Group in Thunder Bay, provided an example of how her clinical team worked together to help a young hockey player get back into the game after sustaining a below-knee amputation. Cristofaro worked with a physiotherapist to help their client develop balance and strength by walking with his new prosthetic leg. Once this was achieved, Cristofaro facilitated opportunities for the client to practice using his prosthesis while roller-blading within the hospital. The next step was to go to the local ice rink where he skated for the first time since his injury. While skating, the team quickly determined that the prosthesis was losing suspension and they crafted a garter system for the leg to remain secure while he was skating. The clinical team worked together to identify solutions and after some trial and error, they crafted a garter system for the leg to remain secure while he was skating. The client went on to join an amputee hockey team that competed nationally and in the United States.

Not only can an RT provide adaptations to enable the client to continue to participate in leisure activities that are meaningful to them, but can also provide parasport resources, community leisure education and tips.
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among other community integration supports (Emerich, Parsons & Stein, 2012).

Cristofaro shares that she works with many clients who experience anxiety about how others in their community will react to the appearance of their prosthesis. When facilitating community outings with her clients, she often provides education on how to deal with stigma that exists within society and how to reduce/re-inform these attitudinal barriers. For example, when some school-age children were staring at her client’s prosthetic leg, Cristofaro encouraged him to talk to them about his prosthesis and allow them to touch his “transformer leg” (K. Cristofaro, personal communication, 2015). Not only did the children gain exposure to a prosthesis, but the client became more confident going into the community and relating to others who are unfamiliar with a prosthesis... a role TR can foster for individuals with disabilities (Devine & Lashua, 2002).

For the client, an orthosis/prosthesis is important, and what can make the most impact is how the device contributes to their quality of life. In the same light, leisure interests often shape how we identify ourselves (i.e., runner, artist, baseball player, or musician) and contribute to our world. With appropriate support – from RTs, prosthetists, orthotists, and other members of the clinical care team – an individual is able to engage his or her leisure identities, and in turn bring much meaning to his or her life.

The discipline of therapeutic recreation can greatly benefit clients with an orthosis/prosthesis and help to inform their decisions regarding these devices. When these two specialities engage one another, the entire team is stronger for it; the overall welfare and well-being of our clients is assured, and amazing results are possible.

Visit the TRO website at https://trontario.org to learn more about therapeutic recreation and how the RT can play an integral role on your team.

References
Canadian Association for Prosthetics and Orthotics. (2013). Our History.

About the Authors:
Amanda Parent, R/TRO, CTRS, received her degree in Recreation & Leisure Studies with a specialization in Therapeutic Recreation from the University of Waterloo in 2002. She went on to practice TR for over 10 years working at Seattle Children’s Home, St. Joseph’s Healthcare Hamilton and Homewood Healthcare Centre. Amanda is now the Communications Coordinator for Therapeutic Recreation Ontario.

Kimberly J. Lopez, Ph.D. Candidate, followed up on her post-graduate program in Therapeutic Recreation from Georgian College with an MA from the Department of Recreation & Leisure Studies at the University of Waterloo. Currently a doctoral student in the Aging, Health, and Well-being program in the Faculty of Health Sciences at UW, her interests lie in racialized and gendered experiences of care labour and leisure.