Application of Uniform Terminology to Practice

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This document was developed to help occupational therapists apply Uniform Terminology—Second Edition to practice. A grid format (Dunn, 1988) allows a therapist to systematically identify an individual's deficit and strength areas and to select appropriate activities to address these areas in occupational therapy intervention.

On the grid (see Appendix A), the horizontal axis is composed of the Performance Areas of activities of daily living, work activities, and play or leisure activities. These Performance Areas are the functional outcomes occupational therapy addresses. The Performance Components include sensorimotor components, cognitive integration and cognitive components, and psychosocial skills and psychological components and are listed along the vertical axis of the grid. The Performance Components are the skills and abilities that an individual uses to engage in the Performance Areas. During an occupational therapy assessment, the occupational therapist determines an individual's abilities and limitations in the Performance Components and how they affect the individual's functional outcomes in the Performance Areas.

Because occupational therapy is concerned with the outcomes of activities of daily living, work, and play or leisure, any activity chosen for occupational therapy intervention must fit in a cell on this grid. Therefore, if an individual has a Performance Component problem but no corresponding Performance Area deficit, occupational therapy intervention would not be indicated. Activities that are therapeutic but that do not relate to both a Performance Area and one or more Performance Components are not considered to be occupational therapy (Dunn & Campbell, in press).

How to Use the Grid

Initially, an individual is referred for occupational therapy. The referral process will vary according to the practice setting. After the referral is received, the occupational therapist completes an assessment to determine the individual's abilities and limitations. During this process, it is determined which limitations in the Performance Components are effecting function in the Performance Areas. For example, an individual may have limitations in tactile sensory processing, body scheme, range of motion, short-term memory and self-concept (Performance Components) that affect the individual's ability to dress and groom independently (Performance Areas). This information is used to develop short- and long-term goals; then the intervention or treatment plan is created. In the intervention or treatment planning process, appropriate occupational therapy activities, modalities, and techniques are selected to address the Performance Components and Performance Areas.

The Uniform Terminology provides a framework for the program planning process. Strengths and limitations in Performance Components and their effect on functional outcomes in the Performance Areas are identified through the assessment process. Specific limitations are located on the vertical and horizontal axes of the grid, the intersections of the Performance Components and the Performance Areas (called the cells of the grid) represent occupational therapy interventions (activities, modalities, or techniques) that are used to address the limitations, and therefore improve functional outcome.

![Figure 1](http://ajot.aota.org) The cell that represents the occupational therapy interventions for an infant with severe handicaps who has poor sensory awareness that limits the outcome of play exploration.
Table 1
Targets of Intervention for a CVA Patient Who Needs to Improve the Functional Outcome of Dressing

<table>
<thead>
<tr>
<th>Performance Components</th>
<th>Performance Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensorimotor components</td>
<td></td>
</tr>
<tr>
<td>Sensory processing</td>
<td></td>
</tr>
<tr>
<td>Perceptual skills</td>
<td></td>
</tr>
<tr>
<td>Neuromuscular components</td>
<td></td>
</tr>
<tr>
<td>Cognitive components</td>
<td></td>
</tr>
<tr>
<td>Psychosocial components</td>
<td></td>
</tr>
</tbody>
</table>

Note. In this example, sensory processing, perceptual skills, and neuromuscular components are interfering with this outcome. CVA = cerebrovascular accident.

For example, an infant with severe handicaps who needs to learn to play (Performance Area) must first become aware of differentiating sensory stimuli (Performance Components) as persons and objects enter the environment. The therapist decides to provide a variety of sensory experiences to develop sensory awareness and, thus, reach the goal of play exploration. This fits on the grid as pictured in Figure 1.

Performance Areas and Performance Components are based on the individual's needs. Therefore, not every box or cell on the grid will be used in one horizontal row or in one vertical column for the individual's intervention or treatment plan.

For example, when the therapist identifies dressing as a Performance Area that an adult cerebrovascular accident patient is unable to complete independently, not all of the Performance Components in the dressing column on the grid would be used for this individual's intervention or treatment plan. Perhaps the assessment revealed the patient had sensory processing, perceptual, and neuromuscular deficits or limitations; the treatment plan would focus on the top half of the grid for dressing with this patient. It would probably not be appropriate to incorporate role, value, and interest components into these early stages of dressing intervention. Table 1 outlines the cells that will be the focus of intervention for this individual.

Treatment planning and intervention are ongoing processes and typically have different areas of focus for each person. During these processes, therapists frequently will develop and use more than one activity, modality, or technique within a cell on the grid in order to reach the desired Performance Area outcome.

Conversely, an individual may have a limitation or deficit in a Performance Component that does not affect all of the Performance Areas. For example, a problem with oral motor control may affect oral hygiene, feeding and eating, and functional communication, but may have little or no impact on bathing and toileting. Table 2 summarizes this pattern.

It is important to include the Performance Components' strengths and abilities in the intervention or treatment planning process. This provides a stable base upon which to facilitate success and motivation with difficult tasks (Dunn, in press).

For example, a child with learning disabilities is referred for occupational therapy assessment by the educational team because of difficulty in producing written schoolwork. An occupational therapy assessment reveals that the child is not processing tactile and proprioceptive input from his hands and has poor fine motor skills and poor postural control. He has good auditory processing and visual perceptual skills. The grid helps the therapist consider the impact of this pattern of strengths and limitations on the educational outcome of producing written work. Table 3 illustrates this pattern of strengths and limitations.

A number of intervention strategies would fit into these cells on the grid, including

- Construct art projects (e.g., with glue, clay).
- Plan hand digging and exploration activities.

Table 2
Performance Areas That May Be Affected by Poor Oral Motor Control

<table>
<thead>
<tr>
<th>Performance Component</th>
<th>Oral Hygiene</th>
<th>Bathing</th>
<th>Toilet Hygiene</th>
<th>Feeding/Eating</th>
<th>Functional Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral motor control</td>
<td>•</td>
<td></td>
<td>•</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• Instruct parents in home follow-up.
• Give child responsibility for carrying objects in classroom.
• Adjust seating.
• Supervise manipulation tasks carried out by teacher's aide.
• Allow child to watch others during construction tasks.
• Instruct teacher in auditory cuing strategies.

Appendix B contains additional examples that further illustrate the use of the Uniform Terminology Grid (Dunn, 1988) for intervention or treatment planning. The six cases include brief explanations of the individual's problems, followed by two copies of the grid. The first grid (a) displays the performance component limitations and the performance area concerns from the referral, showing how these would intersect on the grid. The second grid (b) displays examples of intervention activities that might be designed for the individual.

References


Appendix A
Uniform Terminology Grid

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Appendix B  
Case Examples

Case Example 1

An individual who is injured on the job may be unable to work (Occupational Performance Area on the horizontal axis of the grid). To achieve the outcome of returning to work, the individual may need to address specific Performance Components (on the vertical axis of the grid) such as strength, endurance, and time management. Figure 1a displays the relationship between the Performance Area of work and the Performance Components of strength, endurance and time management. The black cells represent the focus of program planning and intervention. In this example, the occupational therapist, in cooperation with the vocational team, uses planned interventions to achieve the desired outcome of work. Figure 1b displays examples of activities that might be designed for this individual; other activities might include an exercise program, body mechanics instruction, and job modification. These services might be provided in a work-hardening program.

Figure 1a. Illustration of performance area needs in relation to desired performance outcome on the Uniform Terminology Grid. Copyright 1988 by Winnie Dunn. Reprinted by permission.
### PERFORMANCE COMPONENTS

#### A. SENSORIMOTOR COMPONENT

1. Sensory Integration
   - a. Sensory Awareness
   - b. Sensory Processing
      - (i) Tactile
      - (ii) Proprioceptive
      - (iii) Vestibular
      - (iv) Visual
      - (v) Auditory
      - (vi) Gustatory
      - (vii) Olfactory
   - c. Perceptual Skills
      - (1) Stereognosis
      - (2) Kinesthetic
      - (3) Body Scheme
      - (4) Right-Left Discrimination
      - (5) Form Constancy
      - (6) Position in Space
      - (7) Visual Closure
      - (8) Tactile Ground
      - (9) Depth Perception
      - (10) Topographical Orientation

2. Neurovascular
   - a. Reflex
   - b. Range of Motion
   - c. Muscle Tone

3. Strength
   - a. Endurance
      - (i) Postural Control
      - (ii) Vestibular Integrity

4. Motor
   - a. Activity Tolerance
   - b. Gross Motor Coordination
   - c. Crossing the Midline
   - d. Laterality
   - e. Bilateral Integration
   - f. Praxis
   - g. Fine Motor Coordination
   - h. Visual-Motor Integration

5.  **Use push-pull sled**
6. **Modify job demands**

#### B. COGNITIVE INTEGRATION AND COGNITIVE COMPONENTS

1. Level of Alertness
2. Orientation
3. Recognition
4. Attention Span
5. Memory
   - a. Short-Term
   - b. Long-Term
   - c. Remem
   - d. Recall
6. Sequencing
7. Conceptualization
8. Concept Formation
9. Intellectual Operations
   - in Space
10. Problem Solving
11. Generalization of Learning
12. Integration of Learning
13. Synthesis of Learning

#### C. PSYCHOSOCIAL SKILLS AND PSYCHOLOGICAL COMPONENTS

1. Psychological
   - a. Belief
   - b. Values
   - c. Interests
   - d. Initiation of Activity
   - e. Termination of Activity
   - f. Self-Conceal
2. Social
   - a. Social Conduct
   - b. Conversation
   - c. Self-Expression
3. Self-Management
   - a. Coping Skills
   - b. Time Management
   - c. Self-Control

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**Figure 1b.** Sample interventions that fit into the cells on the Uniform Terminology Grid. Copyright 1988 by Winnie Dunn. Reprinted by permission.
**Case Example 2**

An individual with severe physical limitations may need and desire the opportunity to live within a community-integrated setting, which represents the Occupational Performance Areas of activities of daily living and work. To achieve the outcome of community living, the individual may need to address specific Performance Components, such as muscle tone normalization, gross motor coordination, postural control, and self-management. Figure 2a displays the relationship between these Performance Areas and Performance Components. Knowing these relationships, the occupational therapist contributes to team planning to provide interventions that will achieve the desired outcomes. Interventions may include neuromuscular facilitation; object manipulation; design, fabrication, and instruction in the use of adaptive equipment; use of environmental control systems, and functional positioning for eating. Figure 2b displays how examples of interventions such as these would fit onto the grid. These interventions are most likely to be provided in a community-based independent living program.

<table>
<thead>
<tr>
<th>PERFORMANCE AREAS</th>
<th>PERFORMANCE COMPONENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. SENSOMOTOR COMPONENT</td>
<td>1. Sensory Integration</td>
</tr>
<tr>
<td></td>
<td>a. Sensory Perceptual</td>
</tr>
<tr>
<td></td>
<td>b. Sensory Processing</td>
</tr>
<tr>
<td></td>
<td>c. Sensory Motor</td>
</tr>
</tbody>
</table>
| | d. Sensory \*
| | e. Sensory Integration |
| | f. Sensory \*
| B. PERCEPTUAL SKILLS | 1. Perception of Movement |
| | a. Kinesthetic Sense |
| | b. Proprioception |
| | c. Visual-Spatial |
| | d. Auditory |
| | e. Olfactory |
| | f. Gustatory |
| | g. Tactile |
| | h. Orthokinetic |
| | i. Ortho- 
| C. SOCIAL FUNCTIONAL | 1. Social Participation |
| | a. Social Interaction |
| | b. SocialCognition |
| | c. Social Adaptation |
| | d. Social \*
| | e. Social \*
| | f. Social \*

**Figure 2a.** Illustration of performance area needs in relation to desired performance outcomes on the Uniform Terminology Grid. Copyright 1988 by Winnie Dunn. Reprinted by permission.
### A. SENSOR/MOTOR COMPONENT

#### 1. Sensory Integration
   - **a. Sensory Awareness**
   - **b. Sensory Processing**
     - (1) Tactile
     - (2) Proprioceptive
     - (3) Vestibular
     - (4) Visual
     - (5) Auditory
     - (6) Gustatory
     - (7) Olfactory
   - **c. Perceptual Skills**
     - (1) Stereognosis
     - (2) Kinesthesia
     - (3) Body Scheme
     - (4) Right-Left Discrimination
     - (5) Form Constancy
     - (6) Position in Space
     - (7) Visual Closure
     - (8) Figure Ground
     - (9) Depth Perception
     - (10) Topographical Orientation

#### 2. Neuromuscular
   - **a. Reflex**
   - **b. Range of Motion**
   - **c. Muscle Tone**
   - **d. Strength**
   - **e. Endurance**

#### f. Postural Control
   - **g. Soft Tissue Integrity**

#### 3. Motor
   - **a. Activity Tolerance**
   - **b. Gross Motor Coordination**
   - **c. Crossing the Midline**
   - **d. Laterality**
   - **e. Bilateral Integration**
   - **f. Praxis**
   - **g. Fine Motor Coordination**
   - **h. Visual-Motor Integration**

#### i. Oral Motor Control
   - **j. Oral Motor Integration**

### B. COGNITIVE INTEGRATION AND COGNITIVE COMPONENTS

#### 1. Level of Awareness
   - **a. Orientation**
   - **b. Decategorization**
   - **c. Attentive Span**

#### 2. Memory
   - **a. Short-term**
   - **b. Long-term**
   - **c. Remote**
   - **d. Recent**

#### 3. Sequencing
   - **a. Categorization**
   - **b. Concept Formation**
   - **c. Intellectual Operations in Space**
   - **d. Problem Solving**
   - **e. Generalization of Learning**
   - **f. Integration of Learning**
   - **g. Synthesis of Learning**

### C. PSYCHOLOGICAL SKILLS AND PSYCHOLOGICAL COMPONENTS

#### 1. Psychological
   - **a. Roles**
   - **b. Values**
   - **c. Interests**
   - **d. Initiation of Activity**
   - **e. Termination of Activity**
   - **f. Self-Concept**

#### 2. Social
   - **a. Social Conduct**
   - **b. Communication**
   - **c. Self-Expression**

#### 3. Self-Management
   - **a. Coping Skills**
   - **b. Time Management**
   - **c. Self-Control**

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**Figure 2b.** Sample interventions that fit into the cells on the Uniform Terminology Grid. Copyright 1968 by Winnie Dunn. Reprinted by permission.
Case Example 3

A child with learning disabilities may need to perform educational activities within a public school setting. Because learning is a student’s work, this educational activity would be considered the Occupational Performance Area for this individual. To achieve the educational outcome of efficient and effective completion of written classroom work, the child may need to address specific Occupational Performance Components including sensory processing, perceptual skills, postural control, and motor skills. Figure 3a displays the intersection of these Performance Areas and Performance Components, reflecting the important relationship between the sensorimotor systems and school performance. The occupational therapist, in collaboration with the other team members, designs a variety of intervention strategies that are likely to include direct service to the child and consultation with the teacher. Both remedial and compensatory strategies would be appropriate in this case (Dunn & Campbell, in press). Interventions might include adapting the student’s seating to improve postural control and stability and practicing motor control and coordination. Figure 3b contains several examples of intervention strategies that might be chosen, and shows how they would fit on the grid.

Figure 3a. Illustration of performance area needs in relation to desired performance outcomes on the Uniform Terminology Grid. Copyright 1988 by Winnie Dunn. Reprinted by permission.
Figure 3b. Sample interventions that fit into the cells on the Uniform Terminology Grid. Copyright 1988 by Winnie Dunn. Reprinted by permission.
Case Example 4

An infant with cerebral palsy may need to participate in developmental activities to engage in the Occupational Performance Areas of activities of daily living and play, but may have difficulty due to poor ability to notice sensory cues from the environment (sensory awareness) and to move to explore (postural control). These Performance Component difficulties prohibit the infant from achieving competence in activities of daily living and play. Figure 4a displays the interactions between activities of daily living/play and sensory awareness/postural control. The occupational therapist designs interventions such as seating and positioning for play, neuromuscular facilitation techniques to enable eating, and parent training to achieve desired outcomes. These interventions may be provided in a home-based occupational therapy program. Figure 4b displays how sample activities would fit onto the grid.

Figure 4a. Illustration of performance area need in relation to desired performance outcomes on the Uniform Terminology Grid. Copyright 1988 by Winnie Dunn. Reprinted by permission.
Figure 4b. Sample interventions that fit into the cells on the Uniform Terminology Grid. Copyright 1988 by Winnie Dunn. Reprinted by permission.
Case Example 5

An adult with schizophrenia may need and desire to live independently in the community which represents the Occupational Performance Areas of activities of daily living, work activities, and leisure activities. The specific Occupational Performance Areas may be medication routine, functional mobility, home management, vocational exploration, leisure performance, and social skills. To achieve the outcome of living alone, the individual may need to address specific Performance Components such as topographical orientation, memory, categorization, problem solving, interests, social conduct, and time management. These relationships are represented in Figure 5a. This grid is more complicated because there are more areas of limitation; the occupational therapist must target the priority areas for intervention, especially in acute care settings where time is limited. The team collaborates to determine the most important outcomes for the individual, and to identify what seems to be interfering the most with performance. Interventions may include activities such as training in the use of public transportation, instruction in budgeting skills, selection of and participation in social activities, and instruction in social conduct. Figure 5b provides a diagram of how several of these activities would fit on the grid.

Figure 5a. Illustration of performance area needs in relation to desired performance outcomes on the Uniform Terminology Grid. Copyright 1988 by Winnie Dunn. Reprinted by permission.
### PERFORMANC£ AR£AS

#### A. SENSORIMOTOR COMPONENT

1. Sensory Integration
   - a. Sensory Awareness
   - b. Sensory Processing
     1. (1) Tactile
     2. (2) Proprioceptive
     3. Visual
     4. Auditory
     5. Gustatory
     6. Olfactory
   - c. Perceptual Skills
     1. (1) Stereognosis
     2. (2) Kinesthesis
     3. (3) Body Scheme
     4. (4) Right-Left Discrimination
     5. (5) Form Constancy
     6. (6) Position in Space
     7. (7) Visual-Closure
     8. (8) Figure Ground
     9. (9) Depth Perception
     10. (10) Topographical Orientation

2. Neuromuscular
   - a. Reflex
   - b. Range of Motion
   - c. Muscle Tone
   - d. Strength
   - e. Endurance
   - f. Postural Control
   - g. Soft Tissue Integrity

3. Motor
   - a. Activity Tolerance
   - b. Gross Motor Coordination
   - c. Crutching the Medium
   - d. Laterality
   - e. Bilateral Integration
   - f. Rigidity
   - g. Fine Motor Coordination
   - h. Visual-Motor Integration
   - i. (i) Motor Control

#### B. COGNITIVE INTEGRATION AND COGNITIVE COMPONENTS

1. Level of Arousal
2. Orientation
3. Reception
4. Attention Span
5. Memory
   - a. Short-term
   - b. Long-term
   - c. Remote
   - d. Recent
5. Sequencing
   - a. Concept Formation
   - b. Intuitive Operations
   - c. Problem Solving
   - d. Generalization of Learning
   - e. Integration of Learning
   - f. Synthesis of Learning

#### C. PSYCHOLOGICAL COMPONENTS

1. Psychological
   - a. Roles
   - b. Values
   - c. Interests
   - d. Initiation of Activity
   - e. Termination of Activity
   - f. Self-Concept
2. Social Orientation
   - a. Social Conduct
   - b. Cooperation
   - c. Self-Expression
3. Self-Management
   - a. Coping Skills
   - b. Time Management
   - c. Self-Centration

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*Figure 5b.* Sample interventions that fit into the cells on the Uniform Terminology Grid. Copyright 1988 by Winnie Dunn. Reprinted by permission.
Case Example 6

An individual who abuses substances may need to reestablish family roles and responsibilities, which represent the Occupational Performance Areas of activities of daily living and work. To achieve the outcome of family participation, the individual may need to address the Performance Components of roles, values, social conduct, self-expression, coping skills, and self-control. Figure 6a displays these relationships. The occupational therapist may determine that role and value clarification exercises, role-playing, and instruction in stress management techniques and parenting skills are appropriate intervention strategies considering this pattern of difficulties. Figure 6b displays examples of these activities on the grid; these interventions may be provided in an inpatient acute care unit or in a community-based aftercare program.

Figure 6a. Illustration of performance area needs in relation to desired performance outcomes on the Uniform Terminology Grid. Copyright 1988 by Winnie Dunn. Reprinted by permission.
**PERFORMANCE COMPONENTS**

A. SENSORIMOTOR COMPONENT

1. Sensory Integration
   a. Sensory Awareness
   b. Sensory Processing
      1) Tactile
      2) Proprioceptive
      3) Vertical
      4) Visual
      5) Auditory
      6) Gustatory
      7) Smell
   c. Perceptual Skills
      1) Stereognosis
      2) Kinetognosis
      3) Body Scheme
      4) Right-Left Discrimination
      5) Form Constancy
      6) Position in Space
      7) Visual-Closure
      8) Figure-Ground
      9) Depth Perception
      10) Topographical Orientation

2. Neuromuscular
   a. Reflex
   b. Range of Motion
   c. Muscle Tone
   d. Strength
   e. Endurance
   f. Postural Control
   g. Soft Tissue Integrity

3. Motor
   a. Activity Tolerance
   b. Gross Motor Coordination
   c. Moving the Mipline
   d. Laterality
   e. Bilateral Integration
   f. Praxis
   g. Fine Motor Coordination
   h. Visual-Motor Integration
   i. Oral-Motor Control

B. COGNITIVE INTEGRATION AND COGNITIVE COMPONENTS

1. Level of Arousal
2. Orientation
3. Recognition
4. Attention Span
5. Memory
   a. Short-term
   b. Long-term
   c. Deletion
   d. Retention
6. Sequencing
7. Interpolation
8. Concept Formation
9. Intellectual Operations
   a. Reasoning
   b. Problem Solving
   c. Generalization of Learning
   d. Integration of Learning
10. Synthesis of Knowledge

C. PSYCHOSOCIAL SKILLS AND PSYCHOLOGICAL COMPONENTS

1. Psychological
   a. Values
   b. Interests
   c. Initiation of Activity
   d. Termination of Activity
   e. Self-Concept
2. Social
   a. Social Conduct
   b. Conversation
   c. Self-Expression
3. Self-Management
   a. Emotional Skills
   b. Time Management
   c. Self-Control

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**Figure 6b.** Sample interventions that fit into the cells on the Uniform Terminology Grid. Copyright 1988 by Winnie Dunn. Reprinted by permission.