

## EXPLORING THE USE OF THE CANADIAN OCCUPATIONAL PERFORMANCE MEASURE (COPM) IN UKRAINE: DETERMINING THE NEED

### ВИВЧЕННЯ ВИКОРИСТАННЯ КАНАДСЬКОГО ІНСТРУМЕНТА ОЦІНКИ ВИКОНАННЯ ЗАНЯТЬ (COPM) В УКРАЇНІ: ВИЗНАЧЕННЯ ПОТРЕБИ

Mangusheva O. O.<sup>1</sup>, Lazarieva O. B.<sup>2</sup>, Enemark Larsen A.<sup>3</sup>

<sup>1</sup>University of Indianapolis, School of Occupational Therapy, College of Health Sciences, USA;  
National University of Ukraine on Physical Education and Sport, Ukraine

<sup>2</sup>National University of Ukraine on Physical Education and Sport, Ukraine

<sup>3</sup>Department of Occupational Therapy, Institute of Midwifery and Therapy, Faculty of Health,  
Copenhagen University College, Denmark

<sup>1</sup>ORCID: 0000-0002-7528-2597

<sup>2</sup>ORCID: 0000-0002-7435-2127

<sup>3</sup>ORCID: 0000-0003-1395-4156

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#### Abstracts

**Purpose.** The goal of the study was to explore the use of the Canadian Occupational Performance Measure (COPM) by occupational therapists in Ukraine and determining the perceived need for the COPM in Ukraine. **Methods.** A pilot survey was conducted with 213 Ukrainian occupational therapists using Qualtrics. Quantitative and qualitative data were collected and interpreted via descriptive statistics and thematic analysis assessing the therapists' knowledge of the COPM, frequency of use, perceived benefits, and barriers to its use. **Results.** Results showed that while 58% of Ukrainian occupational therapists report some usage of the COPM in clinical practice, frequency of use is occasional rather than systemic. Perceived barriers to using the COPM included: lack of knowledge of the COPM and skills to administer it, lack of appreciation of the value of the COPM for clinical practice, time constraints, lack of integration of the COPM into documentation systems and reluctance to using the COPM for fear of being perceived unprofessional by the patients. Despite these challenges, the COPM was evaluated highly (8 out of 10) by the participants. The study also revealed a prevalent use of unauthorized Ukrainian translations of the COPM, with only 13% of therapists using the official translation version. **Conclusions.** The findings highlight the need for a rigorous, evidence-informed Ukrainian translation of the COPM and additional education of Ukrainian occupational therapists for its competent use. The study suggests that barriers to using the COPM may stem from a lack of understanding of the philosophy of occupation as the key concept of the profession and calls for further research into the use of occupation- and client-focused outcome measures in a medically dominated environment in Ukraine.

**Key words:** occupational therapy, outcome measures, disability and health, disability evaluation.

**Мета.** Дослідження мало на меті вивчити використання Канадського інструмента оцінки виконання занять (COPM) ерготерапевтами в Україні та визначити потребу у COPM в Україні. **Матеріал.** Було проведено пілотне опитування 213 українських ерготерапевтів за допомогою Qualtrics. Кількісні та якісні дані були зібрані та інтерпретовані за допомогою описової статистики та тематичного аналізу з оцінкою знань ерготерапевтів про COPM, частоти використання COPM, сприйняття переваг та перешкод стосовно його використання. **Результати.** Результати показали, що хоча 58% українських ерготерапевтів повідомляють про певне використання COPM у клінічній практиці, частота використання скоріше випадкова, ніж систематична. Перешкоди до використання COPM включають: брак знань щодо COPM та навичок його адміністрування, недостатнє розуміння цінності COPM для клінічної практики, часові обмеження, відсутність інтеграції COPM у системи документації та небажання використовувати COPM через побоювання бути сприйнятими непрофесійними перед пацієнтами. Незважаючи на ці труднощі, учасники високо оцінили корисність COPM (8 з 10). Дослідження також виявило широке використання неавторизованих українських версій перекладу

COPM; лише 13% користуються офіційною версією перекладу українською. **Висновки.** Отримані результати підкреслюють необхідність ретельного перекладу COPM на українську мову, який базується на доказах, і додаткової освіти українських ерготерапевтів з метою навчання компетентного використання цього інструмента оцінки. Дослідження припускає, що бар'єри у використанні COPM можуть виникати через відсутність розуміння філософії заняттєвої активності як ключової концепції професії, і закликає до подальших досліджень щодо використання заняттєво-орієнтованих та клієнтоорієнтованих інструментів оцінки у середовищі, де домінує медицина.

**Ключові слова:** ерготерапія, інструменти оцінки, інвалідність і здоров'я, оцінка інвалідності.

**Introduction.** The Canadian Occupational Performance Measure (COPM) is a client-centered, occupation-focused outcome measure that facilitates occupation-based practice for various age-groups and health conditions. It is one of the most widely used outcome measures in occupational therapy globally and has been translated into more than 40 languages with over 700 publications exploring the properties of the COPM [23]. Several studies have been conducted on the reliability, validity, responsiveness, utility and clinically important change of the COPM attesting to adequate psychometric properties of the instrument [23; 10]. Some advantages of using the COPM in clinical practice as cited in literature include facilitating goal-setting process and outcome measurement [10; 7], client-centeredness of occupational therapy practice [18], enhancement of therapeutic report and involvement of the client in therapeutic process [27; 7; 18], good clinical utility [19] and relative ease of administration [21].

One of the benefits of this outcome measure is its versatility. In neurorehabilitation, research supports the use of the COPM with patients with neurological conditions such as stroke, traumatic brain injury and spinal cord injury [14; 5; 4]. In pediatric practice, the COPM has been successfully used with clients with cerebral palsy [8], autism spectrum disorders [3], developmental coordination disorder [2]. A recent systematic review of the use of the COPM with geriatric populations suggests that the COPM has adequate reliability and responsiveness, and good content validity [15]. Additionally, the COPM has been used across the continuum of rehabilitation care, from acute and subacute care to home health and palliative care [6, 20].

Occupational therapy is defined as a profession that focuses on occupation, uses occupation both as

ends and means and keeps occupation at the center of professional practice [9]. Arguably, occupation is what differentiates occupational therapy from other rehabilitation disciplines. The American Association of Occupational Therapists highlights professional practice rooted in occupation and “knowledge of and expertise in the therapeutic use of occupation” as distinct cornerstones of our profession [1, p. 3]. Furthermore, occupational therapy offers a unique individualized approach to solving clients’ occupational performance issues and therefore requires adoption of a client-centered approach [23]. The use of the COPM is embedded in contemporary evidence-based, client-centered and occupation-focused intervention strategies such as the Cognitive Orientation to Occupational Performance (CO-OP) for clients with various health conditions [8].

As occupational therapy profession is developing in Ukraine and in lieu of absence of assessment instruments specific to occupational therapy practice in Ukrainian, the COPM may have the potential to facilitate an occupation- and client-centered focus of novice practitioners in Ukraine in various practice settings with a wide range of health conditions across the rehabilitative continuum. The development of the COPM is based on an occupational therapy theory and therefore may facilitate the development of a new profession in Ukraine [23].

**Purpose statement.** The survey aimed at investigating the extent to which the COPM was used in Ukraine based on the assumption that due to lack of formal education the majority of practicing occupational therapists were not using the COPM. The secondary purpose of the survey was to collect supplementary descriptive information on the use of the COPM in Ukraine, such as: identifying practice areas where the COPM was more frequently used,

identifying the percentage of practitioners who had been exposed to the COMP in their formal education, collecting qualitative data regarding the perceived value of the COPM, the translation version of the COPM used and barriers to using the COPM in practice. Additionally, the survey explored potential differences in administration of the COPM with military servicemen and veterans as compared to civilians.

**Material and methods.** As the survey did not collect any identifying data it did not meet the criteria for human research subjects and was deemed exempt from review by the Human Research Protection Program Director of the University of Indianapolis. Following data collection, anonymous data were kept in a secure password-protected database.

The survey was developed in consultation with a faculty member of the University of Indianapolis who was familiar with the content area as well as members of the Board of the Ukrainian Society of Ergotherapists (USET). The survey used multiple variation sampling strategy to ensure representation of diverse variation of practitioners based on inclusion criteria of the target population [12]. According to the Human Resource Project of the World Federation of Occupational Therapists the number of occupational therapists practicing in Ukraine in 2021 was 75 [25], so the expected response rate was targeting this number. Survey response options included closed and open-ended questions, multiple-choice questions and Likert scales to ensure capturing accurate, impartial and meaningful data [22]. To ensure question comprehensibility, adequacy of length and structure of the survey, it was pilot tested with one Board Member of USET [22]. Changes were made to the organization of the survey for improved structure. Answer options were added to the question in the category of choose all that apply to expand the variability of choices (Table 1). The survey was administered via Qualtrics.

**Data collection.** The survey was advertised on the official social media page of USET via anonymous link. The survey was open from November 10, 2023 till December 18, 2023 and collected 272 anonymous responses. Inclusion

criteria for participants of the survey were: practicing occupational therapists in Ukraine. Exclusion criteria for participants of the survey were: other professionals who responded to the survey but did not practice occupational therapy in Ukraine.

*Data analysis:* Data were analyzed in Qualtrics with descriptive statistics. Topical analysis was used for qualitative answers for open-ended questions. After exclusion criteria were applied, 213 responses were analyzed with 176 complete answers and 37 incomplete answers that had at least 41% completion rate. Incomplete answers were retained as they did not compromise the data gathered. The content of the qualitative answers was summarized in overarching themes.

**Results.** *Frequency of use of the COPM and exposure to the COPM in formal education.* Due to lack of data regarding the use of the COPM by Ukrainian occupational therapists, a pilot survey was conducted. Of the 213 respondents, 122 (58%) of occupational therapists reported using the COPM in their practice. Practice areas of occupational therapists participating in the survey are presented in Table 2.

Most respondents reported that they used the COPM with less than 25% of patients and even fewer respondents use it more frequently (Table 3). One hundred and thirty survey respondents reported that they had not been introduced to this outcome measure in their university educational programs which corresponds to 61% of respondents for this question.

On average, respondents rated the difficulty of using the COPM as 4.7 points out of 10. Respondents rated the usefulness of the COPM at an average of 8 points out of 10. Twenty-nine survey respondents asked questions about the use of the COPM, expressing their desire to learn more about the instrument and to learn how to use it correctly. Additionally, respondents' comments revealed lack of experience in occupational therapy and their ongoing search for continuing education opportunities.

*Perceived benefits of using the COPM in clinical practice.* Respondents were asked to provide the rationale for choosing the COPM in clinical practice through an open-ended question.

Table 1

## Questions of the survey

Survey Questions	
1	Are you employed as an occupational therapist (perform the duties of an occupational therapist)? <i>Answer options: Yes/No</i>
2	What practice area do you currently work in? <i>Answer options: Neurology, Pediatrics, Orthopedics/Traumatology, Geriatrics, other</i>
3	Do you use the Canadian Occupational Performance Measure in practice? <i>Answer options: yes/no</i>
4	Did you study the Canadian Occupational Performance Measure in practice in your educational program (exclude additional trainings and workshops)? <i>Answer options: yes/no</i>
5	How frequently do you use the COPM in practice? <i>Answer options: 0–25% of patients; 25–50% of patients; 50–75% of patients; over 75% of patients; with each patient</i>
6	If you responded that you do not use the COPM in practice or use it rarely, explain why. Please provide an extended rationale. <i>Answer options: extended answer</i>
7	Which version of the COPM are you using? <i>Answer options: a licensed (official) Ukrainian version purchased from the COPM website; a version of the Ukrainian translation provided by your facility (unknown authorship); a version of the Ukrainian translation completed by your colleagues; licensed (official) Russian translation purchased from the COPM website; a Russian (other language) version of the COPM with unknown authorship</i>
8	Please rate the complexity level of the COPM ( <i>Likert scale: 0 – extremely simple, 10 – extremely difficult</i> )
9	Please rate the usefulness of the COPM ( <i>Likert scale: 0 – extremely not useful, 10 – extremely useful</i> )
10	What value do you perceive in the COPM? <i>Answer options: extended answer</i>
11	What obstacles do you see in using the COPM regularly in clinical practice? <i>Answer options (choose all that apply and add your own answer): Lack of knowledge about the COPM and skills in its administration; lack of appreciation of the value of the COPM for clinical practice; lack of time for COPM administration; fear of being perceived as unprofessional by patients*; lack of ‘medical focus’ of the COPM*; lack of integration into electronic medical records*, other (add your option)</i>
12	Do you use the COPM with military servicemen and veterans? <i>Answer options: Yes/No</i>
13	If you use the COMP with military servicemen and veterans, do you notice any differences in administration of the COPM with this population as compared to civilian population? <i>Answer options: extended answer</i>
14	If you use the COPM with military servicemen and veterans, based on your experience, what are the occupations this population is most eager to return to? <i>Answer options: extended answer</i>
15	What questions do you have about the administration of the COPM? <i>Answer options: extended answer</i>

\* Answer options added in consultation with Board member of Ukrainian Society of Ergotherapists after pilot testing of the survey

Table 2

## Practice areas of occupational therapists

Practice area	N (%) of therapists employed out of 213 respondents
Neurology	118 (56%)
Pediatrics	40 (19%)
Orthopedics and Traumatology	39 (18%)
Geriatrics	2 (1%)
Other (other practice settings)	13 (6%)

Table 3

## Frequency of the COPM use

Frequency	N (%) of out of 155 respondents for this question
With 25% of patients or less	70 (45%)
With 25–50% of patients	44 (28%)
With 50–75% of patients	22 (14%)
With over 75% of patients	15 (10%)
With every patient	4 (3%)

Their responses regarding perceived benefits of the COPM can be grouped in the following categories: 1) utility (convenience, comprehensiveness of the assessment, informativeness, efficiency of assessment process), 2) outcome measurement (facilitation of practice and systematization of the assessment process, the opportunity to monitor the effectiveness of the intervention, the presence of a subjective and objective assessment component), 3) client-centeredness (focus on meeting the needs and values of the client, active involvement of the client in the goal setting process, individualization of assessment, opportunity to prioritize goals and objectivize the subjective assessment of the client), 4) facilitation of goal setting (ease of setting rehabilitation goals when using the COPM), 5) focus on occupations (growing the understanding of the importance of performing occupations both for the patient and the therapist).

*Perceived barriers to using the COPM.* Out of 164 respondents, 121 occupational therapists (74%) selected lack of knowledge of the COPM and the skills required to use it as the reasons for not using the COPM in practice. Additional identified barriers for integrating the COPM in clinical practice included: limited understanding of the value of the COPM for clinical practice by clinicians, lack of time, lack of integration of the COPM scores into medical documentation systems as some of the barriers (Table 4). Furthermore, 24 respondents stated that they do not use the COPM due to fear of being viewed as ‘unprofessional’ by the clients. In addition, 11 respondents do not use the COPM in lieu of it being ‘not medically focused enough’ in their opinion.

Extended answers of respondents on rationale for not integrating the COPM in clinical practice included four clinicians who noted that they preferred functional or developmental assessments and short scales such as the Barthel Index, Functional Independence Measure, Pediatric Evaluation of Disability Inventory to the COPM. Three respondents mentioned that their patients had trouble understanding the purpose of the COPM-based interview, and one specifically said that patients with mental health issues have a hard time finding motivation to come up with

their personal goals. Two respondents mentioned having too many patients on their caseload as a barrier to incorporating the COPM in their practice. One of the respondents noted that they worked in pediatrics and therefore expressed their point of view that it was impossible to use the COPM with the pediatric population. Lastly, one respondent expressed regret to being unable to use the COPM due to short hospital stays of patients.

Table 4  
**Perceived barriers to using the COPM in clinical practice**

Perceived barriers	N (%) of out of 164 respondents for this question
Lack of knowledge of the COPM and skills to administer it	121 (74%)
Lack of understanding the value of the COPM for occupational therapy practice	63 (38%)
Lack of time to use the COPM	60 (36%)
Lack of integration of the COPM scores into medical documentation systems	43 (26%)
Fear of being perceived unprofessional by the patients	24 (15%)
Insufficient ‘medical’ focus of the COPM	11 (7%)
Other	3 (2%)

*Translation version of the COPM.* One hundred and nineteen respondents answered the question regarding the translation version of the COPM they used. The majority of occupational therapists (93 out of 119) reported using an unauthorized Ukrainian translation of the COPM either completed by their colleagues or by an unknown author. Only 13% of survey respondents reported that they used a licensed Ukrainian translation they had purchased from the COPM website. Nine percent of respondents reported using either authorized or unauthorized versions of the COPM Russian translation.

The first author obtained and compared three available translations of the COPM into the Ukrainian language, including the official Ukrainian translation available through the COPM website as well as two versions of the unauthorized translations provided by Ukrainian

occupational therapists. All versions had different translations of the name of the instrument; literal back-translations include “Canadian activity performance scale/Canadian scale of efficiency of activity”, “Canadian assessment of performance of activity” and “Canadian assessment of performance of occupations”. Based on the vocabulary used, the unauthorized versions appear to be single forward translations of the COPM completed from Russian. Key concepts of the profession such as ‘occupation’ and ‘occupational performance’ and key constructs of the COPM, such as ‘performance’ and ‘satisfaction’ had different translations in all versions.

*Using the COPM with veterans in Ukraine.* Finally, practitioners were asked if they used the COPM with veterans and whether they perceived any differences in its use with veterans in comparison with the civilian population. Fifty-five occupational therapists (34% of respondents for this question) stated that they used the COPM with veterans. Thirteen out of these occupational therapists stated that the use of the COPM with veterans has some peculiarities, including: increased challenges using the COPM with veterans due to complex trauma, differences in life priorities for recovery, differences in target occupations, lack of relevance for clients with amputations. Two respondents raised concerns about using the COPM with veterans due to perceived lack of trust for interview-based assessments by veterans and lack of relevance of the COPM for veterans as their occupational performance issues are perceived to be limited to returning to military service. Alternatively, one respondent mentioned that it is easier to use the COPM with veterans as they approach the assessment process more eagerly.

**Discussion.** The purpose of the survey was to explore the extent of the COPM use by Ukrainian occupational therapists. The survey met this goal by generating quantitative and some qualitative data on the use of the COPM in Ukraine.

*Frequency of use, perceived benefits and barriers to COPM use.* In summary, data suggest that the COPM is not a widely used outcome measure in Ukrainian occupational

therapy. Despite the fact that over half (58%) of practitioners reported using the COPM in their practice, its use is occasional rather than consistent. The overall perceived usefulness of the COPM by Ukrainian practitioners is high and the complexity of administration is perceived as neither easy, nor complicated.

While the benefits of using the COPM reported by Ukrainian occupational therapists such as client-centeredness, facilitation of goal setting and outcome measurement align with findings from literature in other countries [10], some barriers to using the COPM identified by Ukrainian therapists might be unique to the Ukrainian context due to the novelty of the occupational therapy profession. Studies conducted in other countries suggest that practitioners familiar with this outcome measure may choose not to use it due to a number of reasons, including time constraints [24; 11], required training and specialized skills in administration [11; 7], practitioner’s adherence to principles of client-centered practice [23; 19], and feasibility of use with certain populations [11; 7]. Overall, routine use of outcome measures is accompanied by such challenges as clinician’s familiarity with and competence in the use of the outcome measure, its appropriateness, relevance and perceived value, practicality including time demands, support and patient considerations [17]. Relatively consistent with this research, the top five primary reasons for the limited use of the COPM as suggested by Ukrainian occupational therapists are: 1) lack of knowledge about the COPM and skills to administer it, 2) lack of appreciation of its value for occupational therapy practice, 3) time constraints, 4) documentation challenges due to lack of integration into medical records, 5) fear of being perceived as unprofessional by clients and 6) the perceived insufficiency of a ‘medical focus’ of the outcome measure. To an extent, this data can be explained by the paucity of formal education of practitioners employed as occupational therapists and dominance of the biomedical approach to rehabilitation. It also raises concerns about their preparedness for occupation-focused, occupation-based and client-centered practice.

*Increase in workforce and education.* In all, 213 practitioners responded to the survey, which surpassed our expectations for representativity as the number of occupational therapy practitioners in Ukraine in 2021 was 75 [25]. The only educational program in Ukraine has usually graduated 15 students per year, therefore the increase in workforce is most likely due to the transition of professionals with physical rehabilitation degrees to occupational therapy practice as opposed to the workforce expanding through formal education. The data suggest that practitioners without formal education in occupational therapy may lack a strong foundation in the philosophy of occupation and appreciation of its value for clinical practice and therefore may find using the COPM challenging. The study points out the need for further investigation into the development of professional identity and skills of Ukrainian occupational therapists, as well as their educational needs.

*Healthcare and rehabilitation reform considerations for occupation-focused practice.* Following the global tendency, the Ukrainian rehabilitation system is transitioning from a biomedical to a biopsychosocial approach to rehabilitation, emphasizing activity and participation as key indicators of health as outlined by the International Classification of Functioning, Disability and Health (ICF) [26]. This shift challenges traditional approaches to evaluation that rely on objective data from physical examinations and functional tests as they align with a biomedical model and focus on remediation of impairments. In contrast to that, the occupational therapy profession emphasizes participation as one of the key outcomes of intervention. Systemic preference for objective data over subjective and prevalent focus on body functions and structures over activities and participation as ICF domains may contribute to the skepticism about the use of occupation-focused outcome measures like the COPM. This analysis is supported by survey results as practitioners report avoiding the COPM due to its perceived lack of medical orientation and due to concern for being perceived unprofessional in a medically dominated context.

*Healthcare and rehabilitation reform considerations regarding client-centered practice.* Research has confirmed that the COPM supports client-centered practice [18], yet its acceptance in Ukraine may be challenging due to the prevalence of a traditional biomedical model where healthcare professionals are valued as primary decision-makers [16]. Although client-centered approaches are gaining popularity, occupational therapists may resist using instruments like the COPM due to discomfort with sharing decision-making processes with their clients. This factor is compounded by the need for supplementary training to develop skills and communication strategies necessary for effective client-centered practice. Additionally, literature highlights the fact that clients may be unwilling to take responsibility for their care which creates another barrier to the implementation of client-centered practice in Ukraine [16].

*Translation versions of the COPM.* The survey suggests that the authorized translation of the COPM is rarely used in Ukraine. The use of several Ukrainian translation versions of the COPM by practitioners across the country, variability of translation of key occupational therapy terms and misalignment with the emerging professional terminology highlight the need for a rigorous, evidence-informed translation and pilot testing of the COPM in Ukraine. Despite the fact that “forward and back translation” methodology of translation remains the most recommended method of translation guidelines, recent research suggests that a more in-depth process including multiple translation versions, harmonization of translations and pilot testing is necessary for adaptation and cross-cultural validation [13]. Survey results show that the COPM has not been integrated in formal educational programs and the official COPM translation is rarely used in clinical practice which poses concerns about the validity of its routine use in Ukraine.

*Using the COPM with veterans.* The preliminary data suggesting that the use of the COPM with veterans is accompanied by additional challenges supports the need to further investigate the use of the COPM with veterans.

**Limitations.** As the survey invited practitioners to provide information about the use of the COPM in Ukraine, occupational therapists unfamiliar with the COPM may have chosen to not respond to the survey, thus selection bias cannot be excluded. Design of the survey included fixed response categories which can negatively impact survey validity. To compensate for this methodological limitation, we provided respondents with opportunities to offer extended answers as well. Additionally, a number of survey respondents did not complete the survey fully.

**Conclusions.** The study examined the use of the COPM by Ukrainian occupational therapists. The results suggest that the COPM is an outcome measure that is not utilized widely in Ukrainian occupational therapy. The high perceived value of the COPM as reported by practitioners regardless of frequency of their use of the COPM testifies to the fact that this occupational therapy measure is of interest to Ukrainian occupational therapists. Despite the challenges of utilizing a client-centered and occupation-focused outcome measures in the medical environment, Ukrainian occupational therapists are curious about the COPM, willing to learn to administer it properly and utilize it in practice. The existence of numerous versions of the COPM translation and underutilization of the official translation of the COPM into Ukrainian implies the need to carry out a rigorous translation and cross-cultural adaptation of the tool. Further, peculiarities of the COPM use with veterans and perceptions of the COPM by clients of occupational therapy must be investigated. This study contributes to the body of literature regarding use of evidence-based outcome measures in Ukraine in the emerging profession of occupational therapy.

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