

Food, Nutrition, and Occupational Therapy in Clinical Practice: A Comprehensive Review

Ali Saad Alsaran¹, Salem Zabn Alanazi², Mohammed Abdullah Alsidrani³,
Khalid Alhumeadi Alenazi⁴, Mohammed Mohsen Alotaibi⁵, Abdullah Ali Alqarni⁶,
Mohammed Hulayyil Almutrafi⁷, Rayan Tariq Mujahid⁸, Abdulrahman Mohsen Aldughailbi⁹

^{1,2,3}Food And Nutrition, PSMMC, Riyadh KSA
^{4,5,6,7,8,9}Occupational therapy, PSMMC, Riyadh KSA

ABSTRACT

Health, recovery and independence rely on adequate nutrition in clinical settings. This review examines occupational therapy's impact on feeding and nutritional issues in neurological, pediatric and older adults. Occupational therapists boost motor function, coordination, and compensatory strategies to meet nutritional needs. Environmental and psychosocial issues are addressed to encourage successful dietary patterns. Multidisciplinary approaches improve patient outcomes. Although there are training gaps, nutritional considerations in occupational therapy promote overall well-being and improved quality of life.

Keywords: Occupational therapy, Nutrition, Feeding and eating, Rehabilitation, Functional independence

INTRODUCTION

Nutrition and food are the determinants of health; they affect growth, development, disease prevention, and recovery throughout the lifespan. The application of nutritional principles to therapeutic interaction has become more and more significant in modern healthcare systems, especially in the field of occupational therapy, in which a person-centered holistic approach is the key paradigm of work [1]. The field of occupational therapy is mainly interested in helping people to engage in valuable everyday tasks, or occupations, which facilitate health and well-being. Eating and feeding are one of the most vital of these occupations since they are directly life-sustaining, enhance independence, and lead to psychosocial fulfillment [2]. Therefore, the interdisciplinary nature of food, nutrition and occupational therapy is an important area of patient care that goes beyond the need to sustain the body to include functional capacity, independence and quality of life [3].

Malnutrition is a major and widespread issue in health care centers across the globe. It encompasses undernutrition, micronutrient deficiencies and overnutrition, each with a heavy clinical implication. At risk are especially vulnerable populations including hospitalized patients, people with chronic medical conditions, the elderly, and people with physical or cognitive disabilities [4]. Malnutrition may worsen the disease progression, slow down the healing process, weaken the immune system, and decrease muscle strength and functional capacity. These are particularly harmful in rehabilitative scenarios where the best nutrition is required in order to aid recovery and optimize therapeutic results. As such, the issue of nutritional status should not be the sole task of dietitians, but a multidisciplinary process that requires different healthcare providers, such as occupational therapists [5].

Occupational therapists add a distinctive and invaluable approach to nutritional care by focusing on the functional, behavioral, environmental, and psychosocial nutrition and feeding. In contrast to other healthcare professionals, who might mainly refer to the intake of nutrients or the level of biochemicals, occupational therapists assess the individual-food interaction in relation to the lives of the individuals [6]. This includes assessing feeding abilities, mealtime routines, environmental barriers, and adaptive needs. The interventions can include training self-feeding skills, prescribing assistive devices, physical environment modifications and coordinating with speech-language pathologists to resolve swallowing problems (dysphagia) [7]. The interventions are especially crucial in neurologically impaired individuals, such as stroke, Parkinson, and traumatic brain injury, wherein the motor impairment, cognitive dysfunction, and sensory deficits can be a great impediment to safe and adequate nutrition intake [8].

Occupational therapists can be instrumental in the management of feeding disorders in pediatric populations that can be caused by developmental delays, sensory processing, or behavioral challenges. Autistic spectrum disorder children, as well as those with cerebral palsy, tend to have selective feeding behaviors, dislike certain textures, or oral-motor coordination. In such instances, occupational therapy interventions aim at desensitization, skill development and educating caregivers to

enhance healthy and functional eating behaviors [9]. Such interventions are not only necessary to provide enough nutrition but also to promote positive mealtime experiences and lifelong eating behaviors.

In addition to the physical and developmental factors, the occupational therapy also covers the overall context within which one eats. Dietary habits, routines, cultural beliefs, and social environments also contribute to the dietary practices and nutritional outcomes. Feeding is not only a biological need, but a culturally rooted and socially significant activity [10]. Occupational therapists cooperate with the clients to create routines, stimulate them to be involved in the preparation of meals, and customize food-related activities according to the personal preferences and cultural traditions. This will be an effective way of making nutritional interventions realistic and sustainable in the day to day life of the person [11]. Using a person-focused approach, occupational therapists are able to improve compliance with dietary prescriptions and empower people to actively participate in their nutritional well-being [12].

Besides rehabilitation and clinical treatment, occupational therapy plays an important role in promoting healthy lifestyles and preventing illness. Therapists take part in community-based and public health campaigns to enhance nutritional education and healthy lifestyles. This involves informing people and households on healthy diets, portion intake and overcoming obstacles to healthy eating, like decreased mobility, financial limitations, or inability to access nutritious foods [13,14]. Occupational therapists also work with other healthcare providers to treat lifestyle-related diseases, such as obesity, diabetes mellitus, and cardiovascular illnesses. Occupational therapy helps in the prevention and management of these chronic conditions through interventions that combine nutrition with daily practices and behavioral change [15].

Although the role of nutrition in occupational therapy has been acknowledged, standardized practices of integrating nutritional assessment and intervention into regular practice are still lacking. There is variability in the degree to which occupational therapists are trained on the concepts of nutrition and to which they are applied in clinical practice [16]. This gap highlights the need for enhanced educational frameworks, interdisciplinary collaboration, and the development of evidence-based guidelines to support the incorporation of nutrition into occupational therapy practice. Enhancing such integration will not only enhance clinical outcomes, but also provide a more holistic approach to patient care.

The increasing literature highlights the significance of considering nutrition as an essential aspect of occupational performance. Eating and feeding are multi-faceted processes that involve the combination of physical, cognitive, emotional, and environmental processes. In case of disruption of these components, the nutritional status and health in general is affected. Thus, the occupational therapists are best placed to fill the gap between nutrition science and practical use to guarantee that people are able to process, store, and eat food safely, efficiently, and meaningfully. To sum up, food and nutrition are key components that should be included in the practice of occupational therapy to promote health, increase functional independence, and quality of life. The multifaceted nature of eating and feeding is an area where occupational therapists can play an important role in both preventive and therapeutic care. This comprehensive review seeks to discuss the available evidence about the role of nutrition in occupational therapy, review different intervention strategies, and highlight the significance of a multidisciplinary approach. It aims to bring into the limelight the effects of considering nutritional aspects in occupational therapy practice as well as to support the increasingly coherent and evidence-based integration of nutritional considerations in clinical care through a thorough examination of existing research.

REVIEW

1. Role of Nutrition in Occupational Therapy

Nutrition is a vital component of occupational therapy as it significantly influences physical health, energy levels, and the ability to perform daily activities. Good nutrition promotes healing, boosts the immune system, and increases quality of life [17]. Occupational therapists can provide more comprehensive and client-centered care by considering nutritional aspects of therapy and meeting both functional and physiological requirements [18].

Table 1: Nutrition supports health, function, and holistic therapy care.

Aspect	Description
Role of Nutrition	Essential component in occupational therapy practice
Impact on Physical Health	Supports overall health, healing, and body functioning
Energy Levels	Provides energy required for daily activities and participation
Functional Performance	Enhances ability to perform activities of daily living
Immune Function	Boosts immunity and helps in faster recovery
Quality of Life	Improves overall well-being and life satisfaction
Therapeutic Approach	Promotes holistic and client-centered care
Scope in Occupational Therapy	Addresses both functional abilities and physiological needs

2. Importance in Feeding and Eating

Feeding and eating problems are common in people with physical or cognitive disabilities, and occupational therapists play a pivotal role in addressing these [19]. They work on enhancing fine motor control, hand-eye coordination, and seated positioning [20]. They may use adaptive strategies, feeding equipment and environmental adaptations to encourage safe, independent and efficient eating [21].

3. Role in Neurological Rehabilitation

Motor control, coordination and cognitive function are often affected by neurological conditions such as stroke, Parkinson's disease and traumatic brain injury [22]. Occupational therapy plays a crucial role in relearning these skills, allowing for independent feeding. This not only ensures adequate nutrition but also supports the overall recovery process and well-being [23].

Table 2: This table shows therapy improves feeding, recovery, and nutrition.

Aspect	Description
Neurological Conditions	Includes stroke, Parkinson’s disease, and traumatic brain injury
Affected Functions	Motor control, coordination, and cognitive function
Impact on Feeding	Difficulty in independent and safe eating
Role of Occupational Therapy	Helps in relearning lost motor and cognitive skills
Intervention Focus	Training in coordination, movement, and task performance
Outcome on Feeding	Promotes independent and efficient feeding
Nutritional Impact	Ensures adequate nutritional intake
Overall Benefit	Supports recovery, rehabilitation, and overall well-being

4. Pediatric Applications

For children, feeding difficulties may result from sensory sensitivities, developmental delays or behavioural problems [24]. Occupational therapists use sensory integration techniques and behavioral strategies to address food aversions and improve acceptance of different textures and tastes [25]. Early intervention is crucial to promote healthy nutritional habits and ensure optimal growth and development.

5. Geriatric Considerations

Elderly adults are more susceptible to malnutrition because of ageing, disease, and frailty [26]. Occupational therapy interventions aim to promote independence in preparing and eating food by overcoming physical, cognitive and environmental challenges [27]. This can help improve nutrition, prevent dependency and improve quality of life in older adults [28].

Table 3: This table shows therapy improves elderly nutrition, independence.

Aspect	Description
Population	Elderly adults
Risk Factors	Ageing, disease, and frailty
Main Concern	Increased susceptibility to malnutrition
Role of Occupational Therapy	Promotes independence in food preparation and eating
Challenges Addressed	Physical, cognitive, and environmental barriers
Intervention Focus	Enhancing functional ability and self-care
Nutritional Outcome	Improves nutritional status
Overall Benefit	Prevents dependency and improves quality of life

6. Psychosocial and Environmental Factors

Eating is a biological, social and cultural practice. Cultural preferences, emotions, social context and environment can play a critical role in eating behaviours [29]. Occupational therapists take these factors into account when developing strategies to ensure nutritional behaviours are meaningful, acceptable and functional for the person [30].

Table 4: This table shows factors influence eating behavior and therapy.

Aspect	Description
Nature of Eating	Biological, social, and cultural activity
Influencing Factors	Cultural preferences, emotions, social context, environment
Impact on Behavior	Shapes eating habits and dietary choices
Role of Occupational Therapy	Considers psychosocial and environmental influences
Intervention Approach	Develops personalized and meaningful strategies
Goal of Intervention	Ensure acceptable, functional, and sustainable eating behaviors
Outcome	Improved adherence to nutritional practices and overall well-being

7. Interdisciplinary Collaboration

Nutritional interventions may involve a team of healthcare providers, such as dietitians, doctors, and speech therapists [31]. Occupational therapists focus on the functional implications of feeding and eating, while other health professionals take charge of dietary and medical considerations [32]. This holistic practice leads to enhanced outcomes and increased patient satisfaction [33].

Table 5: This table shows teamwork improves nutrition and outcomes.

Aspect	Description
Approach	Interdisciplinary collaboration
Team Members	Dietitians, doctors, speech therapists, occupational therapists
Role of Occupational Therapy	Focus on functional aspects of feeding and eating
Role of Other Professionals	Manage dietary planning and medical considerations
Intervention Type	Coordinated and team-based care
Patient Focus	Holistic and comprehensive treatment
Outcome	Improved clinical results and patient satisfaction

DISCUSSION

The importance of nutrition in the context of occupational therapy is highly stressed in this review as it has profound implications on occupational functioning, rehabilitation, and life quality in general [20-23]. Nutrition is not just a biological need but one of the primary determinants of the ability of an individual to perform the day-to-day activity well. Proper and moderate nutrition gives the much needed energy needed to maintain physical stamina, mental alertness and emotional stability which are part and parcel of independent operations. In cases where nutritional status is impaired by illness or disability, or environmental limitations, the capacity of individuals to undertake even the simplest of self-care activities - such as feeding - may be severely compromised. Therefore, nutritional considerations in the occupational therapy practice cannot be overlooked in the attainment of the best therapeutic results [24].

OTs can be instrumental in improving feeding skills and encouraging proper nutrition in a holistic and personalized manner [25]. Their interventions are not limited by the need to make sure that people are fed, but to empower them to engage in the whole process of eating, prepare and consume food, in a safe, efficient and meaningful way. This involves evaluation of fine and coarse motor abilities necessary in self-feeding, adapting the utensils and the assistive devices, and modifying the environment, including the seating, the table height and lighting. Occupational therapists can make people self-reliant and self-sufficient in their eating activities by addressing these practical considerations and this will have a positive effect on nutritional status and mental health [26].

The importance of occupational therapy in the case of neurological disorders is even greater. Stroke, Parkinson disease, traumatic brain injury, and some other conditions tend to impair motor coordination, muscle strength, sensory processing, and cognitive functioning, which, in turn, can disrupt a safe and effective feeding process [27]. Swallowing problems (dysphagia) are frequent complications that are life-threatening, such as aspiration and malnutrition. In many cases, occupational therapists, in conjunction with speech-language pathologists, design special interventions to overcome these problems. They can involve motor control exercising, methods to counteract cognitive impairments, and guidelines on

texture-modifying meals. Occupational therapy, through such interventions, underpins nutritional intake, and is also part of the comprehensive rehabilitation process, facilitating recovery and minimizing the risk of complications [28].

The occupational therapy of nutrition is also beneficial to pediatric populations to a great extent. Early intervention is especially essential in children with developmental delays, sensory processing disorders or with conditions like autism spectrum disorder, cerebral palsy among others [29]. These children might also have feeding problems such as selectivity of food, dislike of particular textures or lack of oral-motor coordination. Occupational therapists use various methods such as sensory integration therapy, behavioral methods and caregiver education to enhance feeding abilities and healthy growth and development. Good dietary practices in early childhood have both short-term and long-term consequences, since good dietary practices affect the diet, nutritional status, and the health of the individual throughout the lifespan [30]. In older populations and adults, occupational therapy interventions aim at ensuring autonomy of feeding, adapting to age-associated physiological changes, and preventing malnutrition, which is especially common among the elderly because of factors like decreased appetite, chronic illness, and social isolation [31].

The psychosocial and environmental determinants interact in a complex way to affect eating behavior not only through physical and developmental factors but also alone [32]. There is an interaction of cultural beliefs, social norms, emotional states, and environmental conditions with the relationship of an individual with food. An example is that cultural factors can influence food preferences and food patterns, whereas emotion can influence appetite and eating patterns through factors like stress and anxiety or depression. Nutritional intake may be further complicated by environmental barriers which include inadequate access to nutritious food, inadequate kitchen facilities or unsafe eating conditions. Occupational therapists approach with a holistic view and consider all these factors, collaborating with individuals and finding solutions to address obstacles to healthy eating. This can include reorganizing regular activities, providing accommodative meal times, and integrating culturally viable dietary systems into intervention programs [33].

The other important point which comes out in this review is the significance of interdisciplinary cooperation in the optimization of nutritional results. Occupational therapists, dietitians, physicians, nurses, and speech-language pathologists may be needed to provide effective nutritional care. Every professional has his or her own point of view and a combination of these efforts will guarantee that all the aspects of nutritional needs of a patient are considered in a comprehensive way. Occupational therapists especially act as an interconnection between the clinical suggestions and the practical application of the same in that they convert the dietary guidelines into practical strategies that can easily be incorporated into the day to day life of an individual.

Although the importance of nutrition in occupational therapy has been identified, there are a number of challenges that prevent its regular application in clinical practice. The absence of standardized nutrition training of occupational therapists is one of the major barriers. Although the basic knowledge can be presented in educational programs, in most cases, there is a lack of focus on how it can be applied in a therapeutic situation. Also, the lack of specific clinical guidelines and protocols to integrate nutrition with occupational therapy evaluation and intervention adds to the practice variability. The integration of nutritional care can be further hampered by time constraints, lack of resources, and interdisciplinary communication.

Overall, this review has identified the critical nature of nutrition in occupational therapy, and its significant impact on health, functioning, and well-being. Occupational therapists can contribute to the adequate nutrition and independence of individuals by considering the physical, cognitive, psychosocial, and environmental aspects of eating. They have a significant contribution especially in the population with a neurological impairment, developmental disorders, and age-related challenges. Moreover, the focus on holistic and person-centered care provides the means to make the nutritional interventions specific to the unique needs and circumstances of a specific person. Despite the still existing barriers to integration, further development of research, education, and interdisciplinary cooperation will enhance the role of nutrition in occupational therapy. Finally, the fact that the profession is centered on nutrition does not only lead to better therapeutic outcomes, but also to a holistic view on health, which is consistent with the overall objectives of the contemporary healthcare systems.

CONCLUSION

To sum up, the current review supports the key role of nutrition as a constituent part of occupational therapy, with its significant impact on functional capacity, recovery rates, and the quality of life in general. Nutrition does not concern the delivery of proper caloric content, but it is more closely connected with the ability of a person to participate in various meaningful daily activities, be self-reliant, and attain the best of health. Occupational therapists, with their holistic, client-centered care model are well-positioned to fill in the gap between nutritional science and functional performance, so that

individuals are not only nourished but are also **सक्षम** in their interactions with the processes of eating, feeding, and food-related occupations.

The results of this review demonstrate the importance of the occupational therapists in the management of feeding and eating disorders among various groups of people. Safe and effective feeding can be severely affected in neurological conditions, including stroke, Parkinson disease and a traumatic brain injury, in which there are impairments in motor control, cognition, and sensory processing. The occupational therapy interventions in these settings are aimed at restoring or compensating the lost functions and thus enabling safe swallowing, improve the level of coordination and self-feeding independence. Equally, early intervention is critical in treating feeding disorders in developmental delays, sensory sensitivities, and behavioral difficulties in the pediatric population. These interventions do not only guarantee proper nutrition but also set the right eating habits that affect the health of a person in the long term. Occupational therapy can be used in geriatric patients to maintain independence and dignity in eating and reduce nutritional depletion due to physiological changes, chronic diseases and social influences, which elevate the risk of malnutrition.

In addition to the physical and developmental aspects, the psychosocial and environmental factors affecting eating behavior are also brought to the fore in this review. Food and nutrition are so ingrained in the cultural, emotional and social contexts that they are complex jobs which are not just based on biological need. Occupational therapists take a holistic approach to address individual habits, routine, cultural preferences, and environmental limitations. They facilitate people to overcome the obstacles of limited mobility, inaccessible environments, or emotional difficulties through specific interventions and, as a result, facilitate sustainable and healthy eating habits. This holistic approach makes nutritional plans meaningful, practical and in line with the lifestyle of the person.

Moreover, interdisciplinary collaboration as a crucial theme in maximizing patient outcomes can be identified. Good nutrition care involves the collaborative efforts of occupational therapists, dietitians, physicians, nurses, and speech-language pathologists. Such collaborative efforts make sure that nutritional interventions are not only clinically appropriate but also practicable in the daily life of the individual. Occupational therapists are critical in the process of making the dietary recommendations a practical strategy and hence increase compliance and the overall treatment effectiveness.

Although the importance of addressing nutrition within the occupational therapy context has been established, there are still a number of obstacles, such as insufficient training, absence of standardized practices, and inconsistent clinical approaches. These issues need to be addressed in order to realize the full potential of nutrition-based occupational therapy. Enhancing educational programs, evidence-based practice, and interdisciplinary communication are all important steps to the successful and regular integration.

In conclusion, the integration of nutrition into the practice of occupational therapy is crucial development in the holistic healthcare. Increasing the patient health, functional independence, and quality of life, occupational therapists can be useful in managing the multifaceted correlation between nutrition and occupational performance. With the ongoing transformation of healthcare towards more holistic and patient-centered frameworks, the incorporation of nutrition as a part of occupational therapy will become an indispensable element of the goal to attain the best therapeutic outcomes.

REFERENCES

1. Downer S, Berkowitz SA, Harlan TS, Olstad DL, Mozaffarian D. Food is medicine: actions to integrate food and nutrition into healthcare. *BMJ*. 2020 Jun 29;369:m2482. doi: 10.1136/bmj.m2482. PMID: 32601089; PMCID: PMC7322667.
2. Gahagan S. Development of eating behavior: biology and context. *J Dev Behav Pediatr*. 2012 Apr;33(3):261-71. doi: 10.1097/DBP.0b013e31824a7baa. PMID: 22472944; PMCID: PMC3426439.
3. Eyemienbai EJ, Logue D, McMonagle G, Doherty R, Ryan L, Keaver L. Enhancing Nutrition Care in Primary Healthcare: Exploring Practices, Barriers, and Multidisciplinary Solutions in Ireland. *Int J Environ Res Public Health*. 2025 May 13;22(5):771. doi: 10.3390/ijerph22050771. PMID: 40427885; PMCID: PMC12111206.
4. Bellanti F, Lo Buglio A, Quete S, Vendemiale G. Malnutrition in Hospitalized Old Patients: Screening and Diagnosis, Clinical Outcomes, and Management. *Nutrients*. 2022 Feb 21;14(4):910. doi: 10.3390/nu14040910. PMID: 35215559; PMCID: PMC8880030.
5. Erickson N, Sullivan ES, Kalliostra M, Laviano A, Wesseling J. Nutrition care is an integral part of patient-centred medical care: a European consensus. *Med Oncol*. 2023 Mar 7;40(4):112. doi: 10.1007/s12032-023-01955-5. PMID: 36881207; PMCID: PMC9992033.

6. Juckett LA, Robinson ML. The Occupational Therapy Approach to Addressing Food Insecurity among Older Adults with Chronic Disease. *Geriatrics (Basel)*. 2019 Feb 15;4(1):22. doi: 10.3390/geriatrics4010022. PMID: 31023990; PMCID: PMC6473539.
7. Eslick CJ, Krüger E, Kritzinger A. Exploring swallowing, feeding and communication characteristics of toddlers with severe acute malnutrition. *S Afr J Commun Disord*. 2022 Oct 31;69(1):e1-e10. doi: 10.4102/sajcd.v69i1.874. PMID: 36331220; PMCID: PMC9634946.
8. Hoffmann T, Bennett S, Koh CL, McKenna KT. Occupational therapy for cognitive impairment in stroke patients. *Cochrane Database Syst Rev*. 2010 Sep 8;2010(9):CD006430. doi: 10.1002/14651858.CD006430.pub2. Update in: *Cochrane Database Syst Rev*. 2022 Mar 29;3:CD006430. doi: 10.1002/14651858.CD006430.pub3. PMID: 20824849; PMCID: PMC6464961.
9. Daley SF, Riaz Y, Sergi C. Pediatric Feeding Disorders: Recognition, Diagnosis, and Management. [Updated 2025 Jun 13]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK564306/>
10. Ruggeri SY, Emerson A, Russell CL. A concept analysis of routines for improving health behaviors. *Int J Nurs Sci*. 2023 Jun 19;10(3):277-287. doi: 10.1016/j.ijnss.2023.06.004. PMID: 37545771; PMCID: PMC10401352.
11. Hingst R, Alvarado DC, Bardin L, Farmer N. Occupational therapy and cooking: A scoping review and future directions. *Scand J Occup Ther*. 2024 Jan;31(1):2267081. doi: 10.1080/11038128.2023.2267081. Epub 2023 Dec 8. PMID: 38065686; PMCID: PMC11635739.
12. Coulter A, Oldham J. Person-centred care: what is it and how do we get there? *Future Hosp J*. 2016 Jun;3(2):114-116. doi: 10.7861/futurehosp.3-2-114. PMID: 31098200; PMCID: PMC6465833.
13. Bolt M, Ikking T, Baaijen R, Saenger S. Occupational therapy and primary care. *Prim Health Care Res Dev*. 2019 Mar 20;20:e27. doi: 10.1017/S1463423618000452. PMID: 32799974; PMCID: PMC6476805.
14. Domosławska-Żylińska K, Łopatek M, Krysińska-Pisarek M, Sugay L. Barriers to Adherence to Healthy Diet and Recommended Physical Activity Perceived by the Polish Population. *J Clin Med*. 2023 Dec 19;13(1):22. doi: 10.3390/jcm13010022. PMID: 38202029; PMCID: PMC10779332.
15. Brown Z, Thomas H, Sadek A, Norvell S. Bridging Occupational Therapy and Lifestyle Medicine: How OT Education Equips Future Practitioners. *Am J Lifestyle Med*. 2026 Feb 10:15598276261423474. doi: 10.1177/15598276261423474. Epub ahead of print. PMID: 41684862; PMCID: PMC12890596.
16. Netzer R, Elboim-Gabyzon M. Implementation of Nutritional Assessment and Counseling in Physical Therapy Treatment: An Anonymous Cross-Sectional Survey. *Nutrients*. 2023 Sep 29;15(19):4204. doi: 10.3390/nu15194204. PMID: 37836488; PMCID: PMC10574340.
17. InformedHealth.org [Internet]. Cologne, Germany: Institute for Quality and Efficiency in Health Care (IQWiG); 2006-. In brief: What is occupational therapy? [Updated 2024 Jul 31]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK561515/>
18. Mroz TM, Pitonyak JS, Fogelberg D, Leland NE. Client Centeredness and Health Reform: Key Issues for Occupational Therapy. *Am J Occup Ther*. 2015 Sep-Oct;69(5):6905090010p1-8. doi: 10.5014/ajot.2015.695001. PMID: 26356651; PMCID: PMC4564793.
19. Arafah AM, Altherwy S, Alzahrani S, Alghamdi G, Alghamdi R, Haddad M. Current Practice of Occupational Therapy for Common Disorders Seen in Rehabilitation Clinics in Saudi Arabia. *Occup Ther Int*. 2025 Jul 15;2025:5192064. doi: 10.1155/oti/5192064. PMID: 40697823; PMCID: PMC12283176.
20. Park C, Son H. Immediate Effects of Fine-Motor Training on Coordination and Dexterity of the Non-Dominant Hand in Healthy Adults: A Randomized Controlled Trial. *Behav Sci (Basel)*. 2022 Nov 12;12(11):446. doi: 10.3390/bs12110446. PMID: 36421742; PMCID: PMC9687507.
21. Kaur A, Sood A, Chaudhry S, Khichy A, Arora R. Nutrigenomics: A Narrative Review of Diet's Influence on Periodontal Health. *Oral Sphere J. Dent. Health Sci*. 2025;1(4):259-262. doi: 10.63150/osjdhs.2025.27
22. Dobkin BH. Motor rehabilitation after stroke, traumatic brain, and spinal cord injury: common denominators within recent clinical trials. *Curr Opin Neurol*. 2009 Dec;22(6):563-9. doi: 10.1097/WCO.0b013e3283314b11. PMID: 19724226; PMCID: PMC4077333.
23. Reche-Olmedo L, Torres-Collado L, Compañ-Gabucio LM, Garcia-de-la-Hera M. The Role of Occupational Therapy in Managing Food Selectivity of Children with Autism Spectrum Disorder: A Scoping Review. *Children (Basel)*. 2021 Nov 7;8(11):1024. doi: 10.3390/children8111024. PMID: 34828737; PMCID: PMC8620957.
24. Kashwani R, et al. Global Dietary Patterns and Their Impact on Oral Health: Insights
a. for Dentistry. *Dentistry & Dent Pract J* 2024, 6(2): 180063.
25. Caldwell AR, Krause EK. Mealtime behaviours of young children with sensory food aversions: An observational study. *Aust Occup Ther J*. 2021 Aug;68(4):336-344. doi: 10.1111/1440-1630.12732. Epub 2021 May 6. PMID: 33955028; PMCID: PMC8363574.
26. Norman K, Haß U, Pirlich M. Malnutrition in Older Adults-Recent Advances and Remaining Challenges. *Nutrients*. 2021 Aug 12;13(8):2764. doi: 10.3390/nu13082764. PMID: 34444924; PMCID: PMC8399049.

27. Yan Z, Traynor V, Alananzeh I, Drury P. Promoting Mealtime Independence and Mealtime Experience for Individuals With Dementia: A Study Protocol. *Nurs Open*. 2025 Mar;12(3):e70156. doi: 10.1002/nop2.70156. PMID: 40126974; PMCID: PMC11932162.
28. Cristina NM, Lucia D. Nutrition and Healthy Aging: Prevention and Treatment of Gastrointestinal Diseases. *Nutrients*. 2021 Nov 30;13(12):4337. doi: 10.3390/nu13124337. PMID: 34959889; PMCID: PMC8706789.
29. Nordström K, Coff C, Jönsson H, Nordenfelt L, Görman U. Food and health: individual, cultural, or scientific matters? *Genes Nutr*. 2013 Jul;8(4):357-63. doi: 10.1007/s12263-013-0336-8. Epub 2013 Mar 15. PMID: 23494484; PMCID: PMC3689889.
30. Mattei J, Alfonso C. Strategies for Healthy Eating Promotion and Behavioral Change Perceived as Effective by Nutrition Professionals: A Mixed-Methods Study. *Front Nutr*. 2020 Aug 14;7:114. doi: 10.3389/fnut.2020.00114. PMID: 32923451; PMCID: PMC7457058.
31. Mlakar-Mastnak D, Blaž Kovač M, Terčelj M, Uhan S, Majdič N, Rotovnik Kozjek N. Effectiveness of Nutritional Intervention Led by Clinical Dietitian in Patients at Risk of Malnutrition at the Primary Healthcare Level in Slovenia - Evaluation Study. *Zdr Varst*. 2024 Mar 20;63(2):81-88. doi: 10.2478/sjph-2024-0012. Erratum in: *Zdr Varst*. 2025 Sep 1;64(3):I. doi: 10.2478/sjph-2025-0020. PMID: 38517024; PMCID: PMC10954244.
32. Mack RA, Stanton CE, Carney MR. The importance of including occupational therapists as part of the multidisciplinary team in the management of eating disorders: a narrative review incorporating lived experience. *J Eat Disord*. 2023 Mar 9;11(1):37. doi: 10.1186/s40337-023-00763-6. PMID: 36894981; PMCID: PMC9996838.
33. Eriksson I, Lindblad M, Möller U, Gillsjö C. Holistic health care: Patients' experiences of health care provided by an Advanced Practice Nurse. *Int J Nurs Pract*. 2018 Feb;24(1):e12603. doi: 10.1111/ijn.12603. Epub 2017 Oct 25. PMID: 29071766; PMCID: PMC5813192.
34. Inoue T, Iida Y, Takahashi K, Shirado K, Nagano F, Miyazaki S, Takeuchi I, Yoshimura Y, Momosaki R, Maeda K, Wakabayashi H. Nutrition and Physical Therapy: A Position Paper by the Physical Therapist Section of the Japanese Association of Rehabilitation Nutrition (Secondary Publication). *JMA J*. 2022 Apr 15;5(2):243-251. doi: 10.31662/jmaj.2021-0201. Epub 2022 Mar 4. PMID: 35611222; PMCID: PMC9090552.
35. Infant and Young Child Feeding: Model Chapter for Textbooks for Medical Students and Allied Health Professionals. Geneva: World Health Organization; 2009. SESSION 3, Complementary feeding. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK148957/>
36. Pomeroy V, Aglioti SM, Mark VW, McFarland D, Stinear C, Wolf SL, Corbetta M, Fitzpatrick SM. Neurological principles and rehabilitation of action disorders: rehabilitation interventions. *Neurorehabil Neural Repair*. 2011 Jun;25(5 Suppl):33S-43S. doi: 10.1177/1545968311410942. PMID: 21613536; PMCID: PMC4139494.
37. Hurley KM, Yousafzai AK, Lopez-Boo F. Early Child Development and Nutrition: A Review of the Benefits and Challenges of Implementing Integrated Interventions. *Adv Nutr*. 2016 Mar 15;7(2):357-63. doi: 10.3945/an.115.010363. PMID: 26980819; PMCID: PMC4785470.
38. Heidari M, Khodadadi Jokar Y, Madani S, Shahi S, Shahi MS, Goli M. Influence of Food Type on Human Psychological-Behavioral Responses and Crime Reduction. *Nutrients*. 2023 Aug 25;15(17):3715. doi: 10.3390/nu15173715. PMID: 37686747; PMCID: PMC10490081.
39. Matos MS, Suzuki S, White N. Addressing Barriers to Healthy Eating Through Food as Medicine Initiatives. *Am J Lifestyle Med*. 2023 Jul 12;17(6):750-753. doi: 10.1177/15598276231188645. PMID: 38511117; PMCID: PMC10948924.