

The state of occupational therapy practice in the community settings in Thailand: A scoping review

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ABSTRACT

Background: Community-based occupational therapy (CBOT) extends beyond traditional institutional care to address social, cultural, and environmental factors that influence health and participation. In Thailand, demographic shifts, the rise of non-communicable diseases, and gaps in the healthcare system underscore the potential of CBOT for meeting community needs. However, the extent to which occupational therapy (OT) practice in Thailand is implemented within community settings remains unclear. A clearer understanding of existing practices, key interventions, and emerging trends is therefore needed to guide policy, inform practice, and expand CBOT effectively.

Objective: This scoping review aims to map current OT practice in Thai community settings. Specifically, it explores areas of practice, key interventions, and emerging trends, examining how they align with CBOT principles. By identifying gaps and opportunities, this review seeks to inform future research, practice, and policy development toward evidence-based CBOT.

Materials and methods: Following Arksey and O'Malley's scoping review framework, a systematic search of PubMed, Scopus, and the Thai-Journal Citation Index Center was conducted. Articles published in English or Thai describing OT in Thai community settings were included, yielding 14 studies. Data extraction followed a structured template, and a content analysis was performed to identify thematic patterns.

Results: Two overarching categories emerged: areas of practice and implementation strategies. The areas of practice primarily emphasized physical rehabilitation, particularly for stroke survivors, focusing on functional recovery and activities of daily living. Fewer studies addressed mental health, but those that did underscored the importance of social participation and caregiver education. Implementation strategies included improving functional recovery, collaborating with village health volunteers, integrating technology, and developing CBOT models.

Conclusion: Occupational therapy in Thai community settings demonstrates promising practices, such as integrating village health volunteers and employing technology in rehabilitation. However, limited attention to mental health, underutilization of OT-specific skills, and uneven geographical distribution highlight areas for further development. Expanding community-based services to underserved regions and strengthening the evidence base-especially in mental health and policy engagement-will be crucial for maximizing CBOT's impact. Future research should explore diverse populations, assess model sustainability, and align current practices more firmly with evidence-based strategies.

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Introduction

Occupational therapy (OT) is a client-centered profession that enhances health and well-being by enabling participation

in meaningful activities, known as occupations, across various populations.¹ Traditionally rooted in institutional settings such as hospitals and rehabilitation centers, OT has gradually expanded into community-based occupational therapy (CBOT) practices.² While community care is not a novel concept in healthcare, OT's involvement in this area has been limited, partly due to workforce shortages and systemic challenges.³ This shift toward CBOT reflects a growing recognition of the limitations of the biomedical model, which often focuses on treating impairments while neglecting broader social, cultural, and environmental factors that influence health and participation.^{4,5}

CBOT adopts a holistic, strengths-based approach to address occupational needs, foster social inclusion, and improve the quality of life for individuals and communities.⁶ Its key principles—client-centeredness, capacity-building, and empowerment—highlight the dynamic relationship between people, their occupations, and their environments.⁷ This approach aligns with global priorities, including community-based rehabilitation (CBR) and health promotion, to address the diverse needs of populations.

CBOT is especially relevant in Thailand due to the country's distinctive demographic, epidemiological, and sociocultural challenges. Rapid population aging poses significant healthcare challenges, with nearly one-third of the population projected to be 60 or older by 2040.⁸ This trend underscores the need for innovative strategies to support aging in place, manage chronic diseases, and promote participation in meaningful occupations within communities.⁹ Additionally, the rising prevalence of non-communicable diseases (NCDs), including cancer (CA), coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), diabetes mellitus (DM), hypertension (HTN), and stroke, which require long-term care,¹⁰ highlights the need for comprehensive community-based rehabilitation and prevention strategies.¹¹

Healthcare reforms in Thailand, including the Universal Coverage Scheme (UCS), have improved access to primary care but exposed gaps in community-level rehabilitation and disability services—particularly a shortage of occupational therapists in Thailand.^{12,13} CBOT offers an opportunity to bridge these gaps by providing accessible, culturally responsive interventions tailored to the needs of diverse communities.¹⁴ Thailand's rich cultural diversity further emphasizes the need for community-driven, culturally sensitive approaches that encourage occupational engagement while respecting local traditions and values.⁴

Although community-based occupational therapy (CBOT) has gained global recognition, its development and implementation in Thailand remain limited and underexplored¹⁵. This scoping review aims to map current occupational therapy (OT) practice in community settings in Thailand, providing insights into areas of practice, key interventions, and emerging trends. It examines how these practices align with CBOT principles and identifies gaps and opportunities in the field. By synthesizing the existing literature, this review seeks to inform future

research, practice, and policy development, supporting the advancement of evidence-based CBOT in Thailand.

Materials and methods

This research was conducted following the scoping review methodological framework proposed by Arksey and O'Malley.¹⁶ A scoping review is a research method that provides an overview of the available written evidence on a particular topic, typically without assessing the methodological quality of the existing evidence¹⁷. A scoping review method is appropriate for both research questions related to investigating the implementation of community-based occupational therapy in Thailand, as it provides a comprehensive approach to mapping the existing literature on this topic, identifying gaps in knowledge, and informing future research and practice in this area.

Search strategies

The literature search was conducted in February 2024 using PubMed, Scopus, and the Thai-Journal Citation Index Center. In addition, citation and reference tracking were performed as part of hand searching. The search strategy incorporated Boolean operators (AND, OR) to combine key concepts and included truncation symbols where applicable to capture variations in terminology. The final search string used was: ("Occupational therapist" OR "Occupational therapy" OR "Rehabilitation") AND (Community OR "Community-based rehabilitation" OR "Community services") AND (Thai OR Thailand) AND ("Health services" OR "Social support" OR "Healthcare access" OR "Inclusive care"). Truncation symbols (e.g., *) were not applied in databases. The search strategy aimed to capture a comprehensive range of studies related to OT practice in community settings in Thailand while ensuring specificity and relevance.

Eligibility criteria

Before conducting the literature search, inclusion and exclusion criteria were established to identify studies relevant to occupational therapy practice in community settings. Eligible articles had to: 1) Be published in English or Thai from inception through February 2024, 2) Report on original research (quantitative, qualitative, or mixed methods), and 3) Specifically describe the role of occupational therapy professionals in community contexts. Excluded were conference presentations, expert opinions, as well as studies that did not clearly distinguish occupational therapy perspectives from those of other professionals.

Study selection

The study selection process involves 5 phases. Phase 1: 339 studies were identified through databases and hand searches. Phase 2: duplicated articles were removed, and there were 331 articles to review. Phase 3: articles were screened at title and abstract levels. Following the screening, 32 articles remained and were further rigorously assessed for eligibility. Phase 4: articles were assessed at

the full-text level. In this phase, 18 articles were excluded after the full-text review due to articles not relevant to the OT role. Phase 5: 14 articles were included in the final review. The PRISMA diagram indicating the overall

review process is shown in Figure 1. However, no quality assessment regarding the research design or methodology has been conducted.

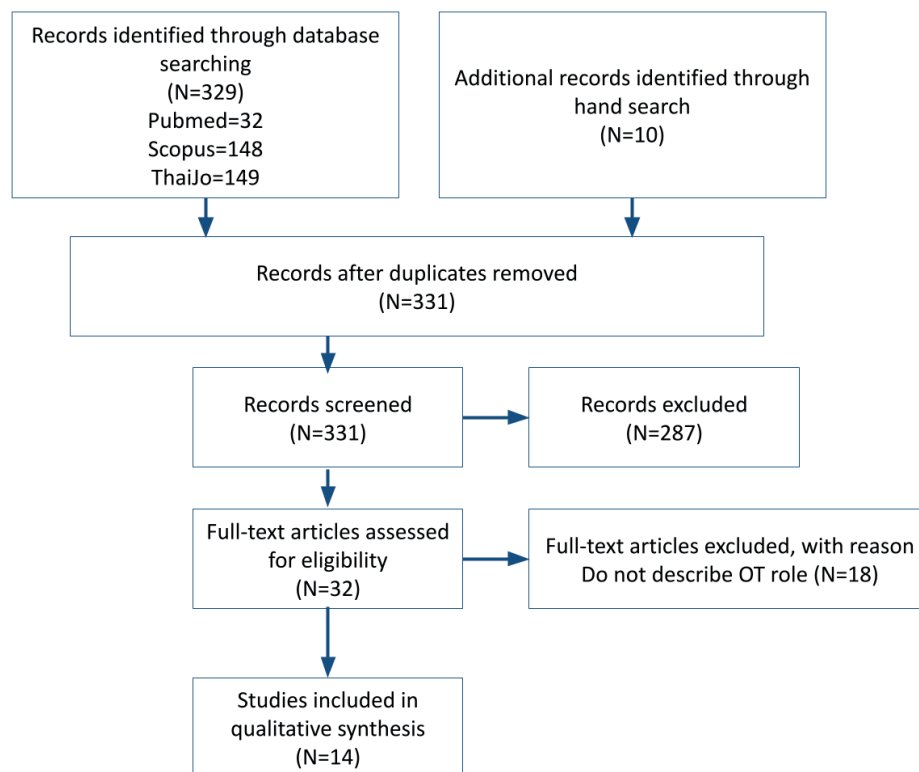


Figure 1. The PRISMA diagram indicating the overall review process.

Study procedure

Descriptive tables were created to organize study characteristics, summarize the selected activities and activity choices, and highlight key findings. Two researchers (CT and SP) extracted information from each article, which was then cross-checked by the research team. A custom Excel spreadsheet was used for data extraction. If an article contained information irrelevant to the purpose of this review, it was excluded from the data table.

Content analysis was used to examine the data from the primary finding.¹⁸ Two researchers carefully examined the included articles and used a spreadsheet application to cluster common features according to the review purpose. An inductive coding approach was applied, allowing themes to emerge from the data without predefined categories. This analysis was verified by the research team to ensure its reliability and validity. All authors reviewed the descriptions for clarity and relevance, and some topics

were merged after the initial review to improve readability and reduce redundancy.

Results

Our scoping review identified 14 studies that met the inclusion criteria. These studies encompass a range of research designs, populations, and focus areas within community-based occupational therapy practice in Thailand. Of the 14 studies, 10 employed quantitative methods, including quasi-experimental designs (4 studies) and single-group pre-post-test designs (6 studies). Two studies used qualitative methods, specifically grounded theory methodology. The remaining two studies utilized mixed methods approaches. Following synthesis, two main categories emerged: area of practice and implementation strategies (Table 1). A summary of the final 14 articles is presented in Table 2

Table 1. Categories of included study that arose from the analysis.

Categories	Sub-categories
Area of practice	- Physical rehabilitation - Mental health
Implementation strategies	- Improving functional recovery - Collaborating with village health volunteers - Integrating technology - Developing community-based occupational therapy models

Table 2. Summary of included articles.

Study/ Year	OT field	Research purpose	Study design	Participants	Key results	Role of Occupational Therapists
Chinchai et al. ¹⁹	Physical Dysfunction	To investigate the effects of home health care and rehabilitation programs provided for caregivers on QOL of stroke survivors	Quasi-experimental design	Stroke client and caregiver Experimental group (N=30 dyads) Control group (N=30 dyad)	There was no pre-intervention QOL difference between groups, but the experimental group showed significant improvements in physical (F(1, 29)=41.05; $p<0.05$), psychological (F(1, 29)=37.96; $p<0.05$), and environmental domains (F(1, 29)=9.58; $p<0.05$).	Provide education programs for home healthcare and rehabilitation
Chinchai et al. ²⁰	Physical Dysfunction	To investigate rehabilitation education provided for VHV toward ADL performance of stroke participants.	Single group, pre-test-post-test	VHV (N=7) Caregivers (N=27) Stroke client (N=27)	ADL performance improved significantly from 85.59±13.02 (pretest) to 89.63±8.95 (posttest, $p<0.05$).	Provide stroke rehabilitation education for the VHV
Chinchai et al. ²¹	Physical Dysfunction	To investigate the functional abilities of stroke survivors who received services provided by trained VHV for 3 months at their community rehabilitation center.	Single group, pre-test-post-test	Stroke client (N=25)	Stroke participants showed significant improvement in functional abilities (90.60±13.36 vs 85.24±18.88, $p<0.05$), with greater gains in self-care (33.40±5.10 vs 30.60±8.55) and social skills (4.16±1.80 vs. 3.08±1.61, $p<0.05$).	Provide stroke rehabilitation education for the VHV
Chinchai et al. ²²	Physical Dysfunction	To investigate the effectiveness of rehabilitation services provided by trained VHV on community integration and QOL for stroke patients in Thailand	Single group, pre-test-post-test	Stroke client (N=25)	Community integration scores significantly improved from 9.80±3.96 (pre-test) to 11.44±4.68 (post-test, $p<0.05$). QOL scores also significantly increased from 71.44±8.38 (pre-test) to 84.88±12.07 (post-test, $p<0.05$).	Provide stroke rehabilitation education for the VHV
Chinchai et al. ²³	Physical Dysfunction	To investigate rehabilitation outcomes in areas of QOL and community integration of stroke participants before and 8 weeks after receiving rehabilitation from the trained VHV	Single group, pre-test-post-test	Stroke client (N=11)	QOL (overall, physical, and environmental domains) and community/home integration scores significantly increased from the pretest to the post-test ($p<0.05$)	Provide stroke rehabilitation education for the VHV
Chinchai et al. ²⁴	Physical Dysfunction	To investigate rehabilitation outcomes in ADL and QOL of stroke participants who received rehabilitation services from trained VHV	Quasi-experimental research	Stroke client (N=10)	BADL, IADL, and total ADL scores significantly increased post-rehabilitation ($p<0.05$), except for sexual expression. QOL scores also significantly improved after intervention ($p<0.05$).	Provide stroke rehabilitation education for the VHV

Table 2. Summary of included articles (*continued*).

Study/ Year	OT field	Research purpose	Study design	Participants	Key results	Role of Occupational Therapists
Chinchai and Khamwong ²⁵	Physical Dysfunction	To investigate the effect that rehabilitation education provided to VHV would have on walking speed and upper extremity function in stroke survivors who stay at home in Thailand.	Single group, pre-test-post-test	Stroke client (N=27)	Walking time significantly decreased from 34.73±8.48 (pre-test) to 32.18±9.32 (post-test, $p<0.05$). However, UE function scores showed no significant change (36.81±9.59 pre-test vs 37.26±9.67 post-test).	Provide stroke rehabilitation education for the VHV
Chinchai and Kongsawasdi ²⁶	Physical Dysfunction	To investigate the effectiveness of rehabilitation services provided by trained VHV in activities of daily living performance for stroke patients	Single group, pre-test-post-test	Stroke client (N=11)	Basic ADL performance ($z=-2.223$, $p<0.05$) and IADL scores ($z=-2.805$, $p<0.05$) both showed significant improvements from pre-intervention to post-test.	Provide stroke rehabilitation education for the VHV
Pakdee and Chinchai ²⁷	Physical Dysfunction	To investigate the effects of a home visit program on functional abilities and quality of life of persons with disabilities resulting from stroke.	Quasi-experimental research	Stroke client Experimental group (N=18) Control group (N=18)	Both groups showed significant improvements in ADL and quality of life scores ($p<0.05$). However, the experimental group had a significantly higher post-intervention QOL score (89.11±10.84) compared to the control group (80.61±8.75, $p<0.05$).	Home visits and provided rehabilitation education to participants
Phadsri et al. ²⁸	Mental Health	Understanding the process of how OTs work to redevelop the social participation of community-dwelling Thai adults with depression	Grounded theory	OTs' experience providing mental health care in community services (N=14)	The proactive community occupational therapy service for depression (PCOTS-D) consists of three concepts: integrating depression care into community occupational therapy services (COTS), supporting meaningful participation, and forming collaborative networks.	PCOTS-D facilitates social participation by transitioning from proactive depression care to COTS, supporting meaningful participation for self-management, and building collaborative networks with inter-professional teams.
Sirisatayawong et al. ²⁹	Mental Health	To investigate the effect of the rehabilitation education program given to their caregivers on QOL of persons with severe mental disorders.	Quasi-experimental research	Persons with severe mental disorder Experimental group (N=13) Control group (N=14)	The experimental group showed significant improvements in quality of life across physical, psychological, social, environmental, and overall health ($p<0.05$), while the control group showed significant declines in physical health, environmental factors, and overall health ($p<0.05$).	Provide educational programs for rehabilitation for the caregivers

Table 2. Summary of included articles (continued).

Study/ Year	OT field	Research purpose	Study design	Participants	Key results	Role of Occupational Therapists
Putthinoini et al. ³⁰	General	To develop an information system for supporting OT services in the community.	Mixed methods research	OTs working in the community Qualitative phase (N=9) Quantitative phase (N=30)	Participants requested two components: 1) Occupational Therapist data and 2) a referral system. The system allowed active data input for referrals, with a high usability rating (mean±SD=4.27±0.07).	Develop the information system
Lersilp et al. ³¹	General	To develop a prototype for a simplified power wheelchair and develop and evaluate a training program that has the potential to encourage evaluation and modification of the wheelchair for the elderly and their caregivers in the community.	Mixed methods designed	Older adults (N=12) Caregiver (N=9) Older adults who have caregiver role (N=3)	Participants with no prior knowledge of wheelchair modification learned to assist wheelchair users. The evaluation revealed two themes: “benefits from the training” and “future improvements.” Key concepts included sufficient knowledge, fieldwork value, team and organizational support, expanded contexts, and continued services post-training.	Develop AT prototype and provide a training program
Phadsri et al. ³²	General	To explore key issues in community OT services and to develop a model to guide this practice	Grounded theory	Ots (N=17)	The proactive approach highlights key issues in community occupational therapy and provides a framework for Thai therapists, helping them work more confidently with clients and strengthen occupational therapy services.	The proactive approach was elaborated in terms of proactive policy, collaboration and networking, integrating local context and OT knowledge, and family-community participation.

Note: ADL: activity of daily living, OT: occupational therapy, OTs: occupational therapist, QOL: quality of life, VHV: village health volunteer.

Physical rehabilitation

Most studies (10 out of 14) focused on physical rehabilitation, particularly for stroke survivors. These studies investigated various aspects of rehabilitation, including functional abilities, activities of daily living (ADL) performance, quality of life (QOL), and community integration. Chinchai and colleagues conducted a series of studies examining different aspects of stroke rehabilitation in community settings.¹⁹⁻²⁶ The first study employed a quasi-experimental design to investigate the effects of home health care and rehabilitation programs on the QOL of stroke survivors.¹⁹ Subsequent studies focused on the effectiveness of rehabilitation services provided by trained Village Health Volunteers (VHVs), examining outcomes such as ADL performance,²⁰ functional abilities,²¹ community integration and QOL,^{22,23} and overall rehabilitation outcomes.²⁴ Chinchai and Khamwong specifically investigated the effect of rehabilitation education provided to VHVs on walking speed and upper extremity function in stroke survivors.²⁵ Chinchai and Kongsawasdi further explored the effectiveness of VHV-provided rehabilitation services on ADL performance for stroke patients.²⁶ Pakdee and Chinchai conducted a quasi-experimental study to investigate the effects of an occupational therapist's home-visitation program on ADL abilities and QOL for persons with disabilities resulting from stroke.²⁷

Mental Health interventions

Two studies addressed mental health concerns, indicating an emerging focus in this area. Phadsri *et al.* applied a grounded theory approach to understand how occupational therapists support the social participation of community-dwelling Thai adults with depression.²⁸ Their analysis involved identifying core processes and strategies used by occupational therapists, such as fostering collaborative networks and adapting interventions to local contexts. Sirisatayawong *et al.* conducted a quasi-experimental study examining how a rehabilitation education program for caregivers influenced the QOL of individuals with severe mental disorders.²⁹ The intervention included structured education, skill-building exercises, and ongoing support, and the authors reported improvements in quality-of-life measures among participants who received the program.

Implementation strategies

Improving functional recovery

Several studies examined aspects of functional recovery in community-based occupational therapy contexts. Chinchai *et al.* investigated ADL performance and functional abilities in stroke survivors who received services from trained VHVs.^{20,21} Chinchai and Khamwong²⁵ explored walking speed and upper extremity function in a similar population, while Pakdee and Chinchai assessed ADL abilities alongside QOL measures.²⁷ Each of these studies focused on quantifiable indicators of recovery, such as performance in daily tasks and mobility. In a related investigation, Sirisatayawong *et al.* evaluated the effects of caregiver education on the QOL of individuals with severe

mental disorders, reporting changes in psychosocial and functional outcomes within community settings.²⁹

Collaborating with VHVs

Seven studies evaluated the role of VHVs in providing community-level rehabilitation for stroke survivors. These studies often involved educational programs delivered by occupational and physical therapists to equip VHVs with the necessary skills to support clients in their communities. Reported outcomes included functional abilities,²¹ ADL performance,^{20,26} walking speed and upper extremity function,²⁵ as well as QOL and community integration.²²⁻²⁴ The authors documented how trained VHVs contributed to rehabilitation efforts after formal hospital-based services ended, focusing on the utilization of local resources to continue care.

Integrating technology

Two studies focused on integrating technology into occupational therapy practice in community settings. Putthinoi *et al.*³⁰ used a mixed-methods approach to develop an information system aimed at supporting and streamlining occupational therapy services in community settings, reporting improvements in data collection, client information organization, and provider communication. Lersilp *et al.*³¹ introduced a simplified power wheelchair and a corresponding training program for older adults and their caregivers, documenting increased user mobility and caregiver confidence. Both studies reported positive outcomes from technology-based interventions within community settings.

Developing CBOT models

Phadsri *et al.*³² introduced a "Proactive Approach" as a core category for developing CBOT services in Thailand, describing four key components: policy development, collaboration and networking, integration of local context with occupational therapy knowledge, and family-community participation. The authors reported that these elements provided a structured method for occupational therapists to engage stakeholders, adapt interventions to community needs, and align service delivery with existing resources. In a separate study, Phadsri *et al.*²⁸ examined a model of CBOT for adults with depression, detailing the integration of meaningful participation and collaborative networks within local contexts. Both studies described context-sensitive strategies aimed at addressing diverse community needs in occupational therapy practice.

Discussion

This scoping review highlights the unique characteristics of OT practice in community settings in Thailand, underscoring its evolving nature within a holistic framework. Thai OT practice in community settings reflects a broader global shift towards health promotion, prevention, and community integration. The integration of village health volunteers (VHVs) in community-based OT services is a key component of service delivery in Thailand. While VHVs provide essential support in delivering

rehabilitation and community interventions, their role should be guided by occupational therapists (OTs), who provide training, supervision, and expertise to ensure effective implementation. However, there is significant potential for OTs to take on greater leadership roles in designing and expanding holistic, community-centered approaches, ensuring that interventions are occupation-focused and aligned with evidence-based practices.⁷

Currently, the primary focus of OT practice in community settings in Thailand is stroke rehabilitation, with VHV delivering basic interventions under OT supervision. While this model has resulted in positive outcomes for functional recovery and quality of life, it highlights an underutilization of OTs' specialized skills. Strengthening OTs' leadership in stroke rehabilitation may improve both physical recovery and psychosocial reintegration by enabling more comprehensive, client-centered care.³³ Research suggests that OTs possess the advanced knowledge necessary to address the broader spectrum of client needs, including mental health and social reintegration, which are critical for sustainable rehabilitation.³⁴

A critical challenge for Thai OT practice in community settings is the shortage of trained OTs, which has led to increased reliance on VHV for essential care. The reliance on VHV highlights the workforce gap, emphasizing the need for systemic strategies to expand OT capacity. Initiatives such as targeted education programs, scholarships, and rural practice incentives could help address this gap.³⁵ Additionally, policy advocacy is crucial to integrate OTs into primary care and community health initiatives. By leading capacity-building programs for VHV, OTs can ensure high standards of care while promoting a sustainable partnership model.^{35,36}

Mental health is an emerging focus within Thai OT practice in community settings, and OTs are well-positioned to lead in this area. Globally, OTs have successfully integrated mental health services into community-based care. For example, in Japan, community mental health centers run by OTs provide therapy and reintegration support.³⁷ While international models provide valuable insights, a key area for development is strengthening policy frameworks and workforce capacity to support OT-led mental health services in Thai communities. Incorporating mental health interventions into existing OT community models could address unmet needs and reinforce the profession's role in holistic, person-centered care.³⁸

Technology plays an increasingly important role in enhancing OT services worldwide, including in community settings. In developed countries, telehealth platforms,³⁹ monitoring technology,⁴⁰ and smart assistive technologies have been widely integrated into community and home-based rehabilitation programs, improving service coordination and accessibility. In Thailand, research on technology use in community OT remains limited, with existing studies focusing on information systems for service management³⁰ and the development of assistive devices.³¹ While these innovations suggest that technology can expand access to rehabilitation, particularly in underserved

areas, more evidence is needed to understand their long-term impact. Future research should assess the feasibility of telehealth applications, culturally adapted assistive technologies, and scalable digital interventions in Thai community OT settings.

The "Proactive Approach" model proposed by Phadsri *et al.*³² represents a unique conceptualization of OT practice in community settings in Thailand, emphasizing proactive policy, collaboration, integration of cultural contexts, and family-community participation. While this model aligns with CBR principles outlined by the World Health Organization,⁴¹ challenges such as limited policy support, workforce constraints, and inconsistent implementation strategies hinder its full integration. Although similar holistic approaches, such as the Collaborative CBOT model,⁴³ have been described in other contexts, persistent workforce shortages, policy limitations, and implementation challenges highlight the need for further development.

Despite the increasing recognition of community-based models, challenges remain in their implementation. Although Thai OT has evolved over the past 45 years, many CBOT frameworks still face barriers to full integration into healthcare systems. Existing limitations may be influenced by workforce shortages, service delivery challenges, or misalignment with broader policy frameworks. Further research is needed to clarify these barriers and explore strategies to enhance OT service effectiveness in community settings. Understanding the factors that have prevented community OT models from achieving widespread acceptance in Thai communities is essential for developing sustainable, Thai-driven OT frameworks that are both effective and culturally relevant.

Despite its potential, OT practice in Thai community settings faces systemic challenges, including limited funding and resource constraints. Advocacy for sustainable funding and resource mobilization is essential. Collaborative models that engage VHV as supportive partners while maintaining OTs in leadership roles could strengthen community rehabilitation services. Building effective partnerships with community organizations, healthcare providers, and policymakers will be critical to ensuring the long-term sustainability of OT initiatives.⁴⁴

OT practice in Thai community settings demonstrates innovative approaches, particularly in stroke rehabilitation and technology integration. However, its alignment with community-based occupational therapy (CBOT) principles remains limited. CBOT emphasizes a holistic, client-centered, and community-driven approach,⁶ yet much of Thai community OT remains rehabilitation-focused, prioritizing functional recovery over occupation-based, participatory models. The reliance on VHV enhances community integration but limits OTs' roles in program leadership and capacity-building. Strengthening OT involvement in service design could enhance alignment with CBOT by ensuring interventions are occupation-focused, collaborative, and culturally responsive.

Future research should explore how OT practice in Thai community settings can shift beyond impairment-

based rehabilitation toward a more integrated CBOT framework. Greater incorporation of occupation-based and participatory approaches is needed, particularly in mental health, aging, and social inclusion. While technology is used in rehabilitation, its potential to enhance community participation and accessibility remains underexplored. Evaluating the Proactive Approach model across different settings could inform strategies to better integrate CBOT principles. Longitudinal studies on sustainability and cost-effectiveness are also necessary to move Thai community OT toward a more holistic, empowerment-driven model. By addressing these gaps, OT practice in Thailand can better align with CBOT principles and more effectively serve diverse community needs.

Limitation and future research

This review is limited by the small number of included studies, which may not fully capture OT practice in Thai community settings. Future research should include diverse populations, as evidence on OT-led community services for aging populations is limited. Studies focusing on supporting aging in place, managing chronic diseases, and promoting participation in meaningful occupations within communities are essential. Additionally, most research focuses on ADL, quality of life, and social participation, with lacks the focus on other areas of occupations. Expanding these domains would provide a more comprehensive view of OT's role in community services. Many studies used single-group pre-post designs, limiting causal inferences. Future research should employ RCTs and comparative effectiveness studies for stronger evidence. Furthermore, studies on cost-effectiveness are needed to inform resource allocation and policy, as recommended by the WHO's CBR guidelines. Addressing these gaps will help develop sustainable, evidence-based OT services for Thai communities.

Conclusion

This scoping review highlights the evolving role of OT practice in community settings in Thailand, with a strong focus on physical rehabilitation, the integration of VHV, and emerging interests in mental health and technology adaptation. While the current model has demonstrated positive outcomes, the underutilization of occupational therapists in leadership roles limits the profession's potential to address broader needs, such as psychosocial reintegration, mental health, and geriatric care. To advance CBOT in Thailand, systemic strategies are needed to expand OT capacity, promote policy advocacy, and integrate culturally responsive, proactive approaches tailored to local contexts. Future research should explore diverse populations, long-term outcomes, and cost-effectiveness to strengthen the evidence base and ensure sustainable, equitable CBOT practices that enhance participation and QOL for Thai communities.

Conflict of interest

The authors declare no conflict of interest.

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