

Goal-Driven Therapy: Writing Goals That Empower Clients and Sustain Therapists

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Learning Objectives

- Identify functional goals and the critical elements that make them effective
- Define the clinical value of SMART goals and how they apply across practice settings
- Build functional and measurable goals that align with client priorities
- Highlight the relationship between efficient goal development and documentation practices and their impact on sustained, high-quality client care

Chapter 1

Why Goals Matter



Goals Are the Clinical Compass

- Drive treatment decisions
- Justify skilled services
- Anchor discharge planning

Goals vs. Tasks

- Goals describe change
- Tasks describe activity
- Skilled care targets outcomes, not checklists



Consequences of Weak Goals

- Denials and audits
- Team confusion
- Inconsistent treatment plans
- Frustration
- Documentation fatigue

Poll Question

- Which issue do weak goals create most often in your daily practice?
 - A. Rewriting documentation multiple times
 - B. Difficulty justifying skilled services
 - C. Confusion across disciplines
 - D. All of the above

Interdisciplinary Impact

- Aligns nursing and therapy plans
- Reduces duplication
- Improves client understanding
- Supports smoother transitions

Goal Examples

- **Weak goal:** Improve balance
- **Strong goal:** In two weeks, the client will maintain standing balance for 2 minutes to complete grooming with minimal supervision

Evidence-Based Tools

- Structured goal-setting improves goal quality
- Client engagement improves with participation
- Reduces documentation errors

Joke 1

- **Why did the therapist bring a ladder to documentation time?**
 - Because the goals were set **way too high!**

Chapter Summary

- Goals guide treatment, discharge planning, and skilled justification
- Functional goals improve interdisciplinary alignment
- Weak goals increase the documentation burden and audit risk
- Strong goals support better outcomes and clinician efficiency

Chapter 2

Mastering SMART Goals



Defining SMART Goals

- Specific
- Measurable
- Achievable
- Relevant
- Timebound



Specific

- Name the function or activity
- Include context or conditions
 - Example: Improve balance to stand independently for 2 minutes at the sink to complete grooming tasks

Measurable

- Use time, distance, repetitions, or assistance level
- Enables tracking of progress
- Using quantifiable metrics

Achievable

- Realistic for the client's diagnosis and setting
- Motivating, not discouraging



Relevant

- Aligns with client priorities and functional outcomes
- Improves engagement and compliance
- Example: If a client wants to dress independently, all interventions should support that outcome

Timebound

- Sets a clear timeline or end point
- Guides progress evaluation and discharge planning
- Example: In two weeks, the client will improve balance to stand independently for 2 minutes at the sink to complete grooming tasks

SMART Mistakes

- Vague descriptors
- Non-functional actions
- Unrealistic timelines



Acute Care Goals

- Focus on safety, short-term function, and discharge planning
- Example PT goal: The client will sit-to-stand independently five times to transfer to the wheelchair safely by the end of the shift
- Example SLP goal: The client will follow two-step commands with 90% accuracy during the morning self-care routine within three days

Post-Acute Goals

- Focus on ADL mastery, endurance, and community reintegration
- Example OT goal: The client will walk 100 feet with a front-wheel walker using CGA to reach the dining room by day five
- Example SLP goal: The client will express needs using a communication board with minimal prompting in the dining area during meals within one week

Home Health Goals

- Include environmental considerations and caregiver support
- Example OT goal: The client will dress the upper body independently using adaptive equipment in the home bathroom within two weeks
- Example PT goal: The client will ambulate 100 feet safely with a front-wheeled walker and CGA to reach the bathroom independently within two weeks

Outpatient Goals

- Focus on returning to roles, work, or community participation
- Example PT goal: The client will ambulate 500 feet independently to reach the mailbox twice daily within four weeks
- Example OT goal: The client will button a shirt independently within 3 minutes during dressing practice sessions in the clinic within four weeks

Pediatric School-Based Goals

- Emphasize participation and skill generalization
- Example OT goal: The client will write five complete sentences legibly for class assignment independently within three sessions
- Example SLP goal: The client will participate in classroom group discussion by asking and answering three questions appropriately during a 15-minute session within two weeks

Nursing SMART Goal Examples

- Safety and fall prevention
 - The client will independently use the call light prior to all transfers to and from bed or chair to reduce fall risk during hospitalization, demonstrating correct use over three consecutive shifts within 48 hours
- Self-management and carryover
 - The client will correctly organize and verbalize their daily medication routine using a pill organizer with no more than one cue to support safe medication management at home within two nursing visits

Joke 2

- **Why did the goal fail the audit?**
 - It wasn't SMART enough to explain itself!

Chapter Summary

- SMART goals are specific, measurable, achievable, relevant, and timebound
- Functional, measurable goals improve defensibility and care quality
- Goals should reflect the client's priorities and setting
- Avoid vague language, task-based goals, and unrealistic timelines

Chapter 3

Writing Functional Goals



What Makes a Goal Functional?

- Ties to real-world participation or activity¹
- Reflects client priorities and values²
- Connects directly to daily life roles and routines^{1,2}

1. Peter & Penzel, 2020

2. Bovend'Eerd et al., 2009

Common Pitfalls When Writing Functional Goals

- Focusing on tasks instead of outcomes
- Using vague or non-observable language
- Writing goals that live only in the chart



Making Goals Measurable

- Use real-world performance criteria
- Allow for clinical judgment
- Avoid over-measurement fatigue
- Goal is clarity

Components of Functional Goals

1. **Participant:** a person who will perform the skill
2. **Behavior:** what the person will do
3. **Condition:** requirements or circumstances necessary to perform the activity
4. **Measurement:** an objective measure of progress
5. **Product or functional outcome:** the functional result of performance

Example of Functional Goal

1. The client (**participant**)
2. will identify (**behavior**)
3. articles of clothing upon presentation (**condition**)
4. with 80% accuracy (**measurement**)
5. in order to increase core ADL vocabulary (**functional outcome**)

Participant

- Who is making the change? Who is receiving the skilled service?
- The client should be the participant
- Staff, at times, may be the participant
 - E.g., to carry over a functional maintenance program
- A clinician should never be the participant

Behavior

- Must be functional
 - How will intervention results affect the performance of a daily activity?
- What are the expected functional outcomes as a result of the intervention?
- Behaviors may be
 - Skills that are underlying factors to improved functional performance
 - Functional tasks themselves

Conditions

- Must be realistic
- Are the expected outcomes appropriate for the client?
- Includes
 - Level of assistance
 - Context in which the behavior occurs
 - Type of cueing
- Conditions and goals may change during the course of treatment

Measurement

- What tools can quantify performance?
- Objective data to describe function
- Measurement may be
 - Percentage
 - Time
 - Distance
 - Number of trials
 - Level of assistance provided to complete the task

Outcome

- What is the current level of function vs. the level anticipated at discharge
- Desired end result in functional terms
- Answers the question “So what?”
- Consider the planned discharge location and prior level of function (PLOF) when establishing goals

Function Looks Different Across Disciplines

- PT: mobility, transfers, endurance, safety
- OT: self-care, routines, roles, participation
- SLP: communication, cognition, swallowing
- Nursing: safety, independence, care carryover

Acute Care Functional Goals (PT)

- Focus: safety and discharge readiness
- Functional mobility in the medical context
- Time-sensitive and outcome-driven
- **Example goal**
 - The client will transfer from bed to chair with supervision using a rolling walker to allow safe participation in meals within three sessions

Acute Care Functional Goals (Nursing)

- Focus: safety and symptom management
- Tied to nursing-driven outcomes
- Supports the medical plan of care
- **Example goal**
 - The client will independently verbalize and demonstrate use of the call light prior to transfers to reduce fall risk within 24 hours

Inpatient Rehab Functional Goals (OT)

- Focus: independence and discharge readiness
- Emphasis on ADLs and routines
- Family and caregiver relevance
- **Example goal**
 - The client will complete lower-body dressing with adaptive equipment and set up assist to prepare for discharge home within two weeks

LTC Community Functional Goals (Nursing)

- Focus: safety, consistency, and carryover
- Integration with daily nursing care
- Supports quality measures
- **Example goal**
 - The client will independently follow fall prevention strategies during toileting routines over three consecutive shifts within one week

Home Health Functional Goals (PT)

- Focus: mobility within home and community
- Safety and fall prevention
- Supports aging in place
- **Example goal**
 - The client will ambulate 150 feet on uneven outdoor surfaces with a cane to safely access the mailbox within four weeks

Outpatient Functional Goals (OT)

- Focus: role resumption
- Performance-based outcomes
- Client-driven priorities
- **Example goal**
 - The client will complete work-related keyboarding tasks for 30 minutes without symptom exacerbation to support return to full-time employment within six weeks

Outpatient Functional Goals (SLP)

- Focus: communication effectiveness
- Real-world participation
- Transfer beyond the clinic
- **Example goal**
 - The client will independently use word-finding strategies during 10-minute conversational exchanges to improve workplace communication within eight weeks

Pediatric/School-Based Functional Goals (SLP)

- Focus: educational participation
- Curriculum-relevant outcomes
- Measurable classroom impact
- **Example goal**
 - The student will participate in classroom discussions by appropriately asking or answering three questions during a 15-minute lesson within two weeks

Nursing: Interdisciplinary Alignment

- Reinforces therapy goals
- Promotes carryover outside sessions
- Shared language across the team
- **Example goal**
 - The client will consistently use prescribed energy-conservation strategies during morning self-care routines to complete ADLs with reduced fatigue within one week

Pulling It All Together: Functional Goals Across Settings

- Reflect real-life demands
- Support interdisciplinary communication
- Protect clinicians from burnout
- Function is the language that sustains both clients and clinicians

Case Study: Introducing Maria

- 72-year-old female, recent hospitalization for pneumonia
- Lives alone in a one-story home
- Diagnoses: generalized weakness, mild dysphagia, decreased endurance, mild cognitive fatigue
- Services ordered: nursing, PT, OT, SLP (home health transitioning to outpatient)

Weak Goals vs. Functional Goals (Before and After)

- Weak goals focus on impairment or tasks
- Functional goals reflect daily routines and safety
- SMART criteria clarifies expectations

Interdisciplinary Functional Goals

- **Nursing:** manage medications and energy conservation strategies
- **PT:** improve functional mobility for in-home ambulation
- **OT:** support ADLs and task endurance
- **SLP:** address safe swallowing and functional communication

Interdisciplinary Goal Examples

- Nursing goal
 - Client will independently demonstrate use of prescribed energy-conservation and safety strategies during morning self-care and meal preparation routines over three consecutive nursing visits to support safe living alone within two weeks
- PT goal
 - Client will ambulate 150 feet within her home using a single-point cane with supervision, without rest breaks, to safely access the bathroom and kitchen within four weeks

Interdisciplinary Goal Examples (cont.)

- OT goal
 - Client will independently complete upper- and lower-body dressing using energy-conservation strategies with no more than one verbal cue to support morning self-care routines within three weeks
- SLP goal
 - Client will tolerate a regular diet using compensatory swallowing strategies (small bites, alternating solids and liquids) with no overt signs of aspiration during meals to support safe nutrition within two weeks

Reducing Burnout

- Goals guide daily documentation
- Progress is easier to capture
- Less rework at reassessment and discharge
- Clear story for audits and transitions of care



Joke 3

- Knock, knock.
- Who's there?
- HIPAA.
- HIPAA who?
- I can't tell you that.

Chapter Summary

- Functional goals focus on real-life participation and daily routines
- Strong goals include participant, behavior, condition, measurement, and outcome
- Functional goals look different across disciplines but share a common purpose
- Interdisciplinary alignment improves carryover, efficiency, and outcomes

Chapter 4

Goals, Documentation, and Burnout



The Connection Between Goals and Burnout

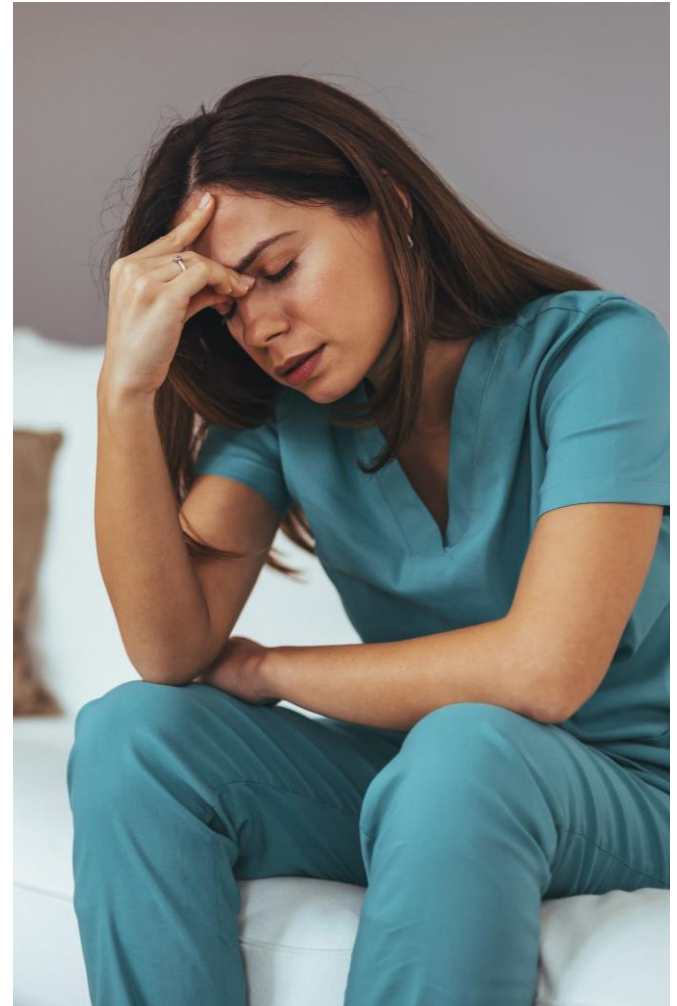
- Goal-writing drives documentation workload¹
- Poor goals increase cognitive and emotional fatigue¹
- Strong goals reduce friction across the workday^{1,2}
- Burnout is a systems issue, not a personal failure¹

1. Kafel et al., 2025

2. Bovend'Eerd et al., 2009

Weak Goals Contribute to Burnout

- Increase redocumentation and rewriting
- Create uncertainty about progress
- Lead to audit anxiety and defensiveness
- Affect confidence



Strong Goals as a Burnout Buffer

- Clarify clinical purpose¹
- Reduce decision fatigue²
- Improve narrative flow of documentation^{1,2}
- Reinforce professional identity¹

1. Bovend'Eerd et al., 2009

2. Kafel et al., 2025

Discipline-Specific Burnout Patterns

- PT: pressure to justify functional gains
- OT: balancing client-centered care with productivity
- SLP: documenting carryover beyond structured tasks
- Nursing: volume, repetition, and shift-based continuity

Streamlining Goal Development

- Reuse functional goal frameworks¹
- Anchor goals to routines and roles¹
- Align goals with discharge criteria early²
- Write goals that multiple disciplines can support^{1,2}

1. Kang et al., 2023

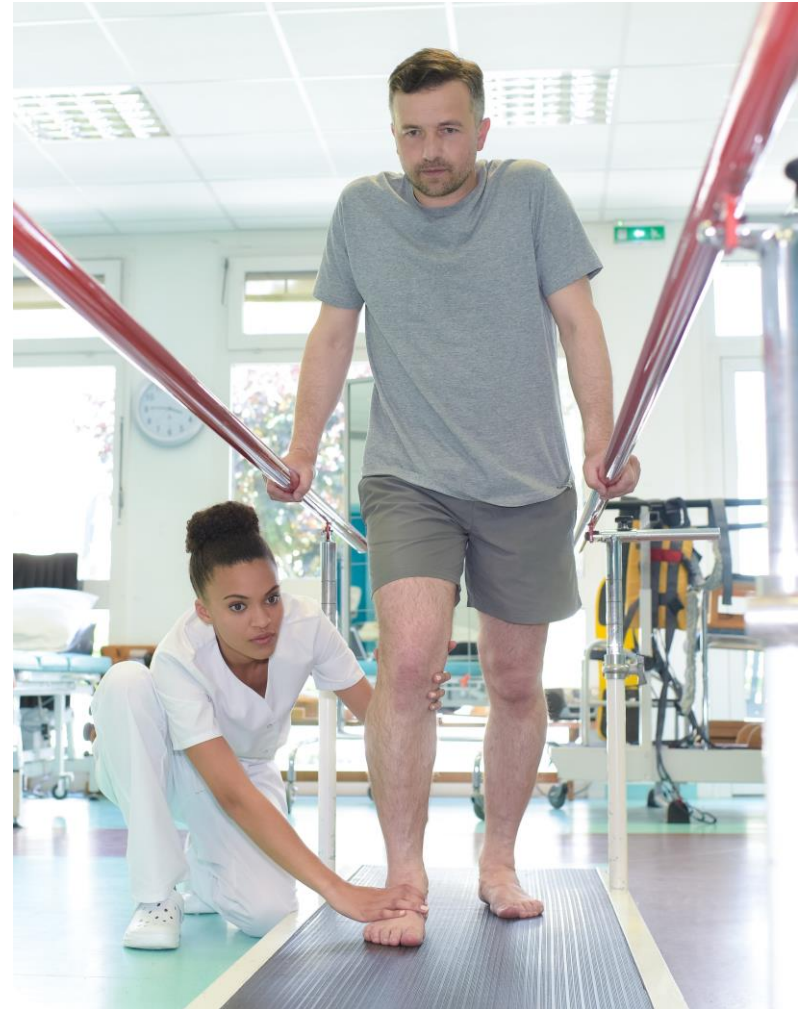
2. CMS, 2024

Documentation Efficiency Strategies Across Settings

- Acute care: short-term, outcome-linked goals
- Home health: environment-based goals
- Outpatient: role-driven goals
- Pediatrics: classroom and participation focus
- Long-term care: consistency and carryover

Sustainable Practices

- Functional goals reduce rework¹
- Clarity improves confidence²
- Efficiency supports career longevity^{1,2}
- Better goals benefit clients and clinicians^{1,2}



1. Kafel et al., 2025

2. Maslach & Leiter, 2022

Team Check: Is This Goal Working?

- Client will be (I) with ADL in four weeks
 - **INAPPROPRIATE: Not specific—what ADL? Will the client truly be (I) or will they need cues/equipment/more time?**
- Client to ambulate (I) with a standard cane with normal cadence and symmetrical gait pattern to reach the dining room (400') in her ALF in four weeks
 - **APPROPRIATE: Client focused, specifies several conditions, and explains the need for a higher distance**

Team Check: Is This Goal Working?

(cont.)

- Client to increase R shoulder flexion/abduction to WFL to increase ADL
 - **INAPPROPRIATE: No timeframe, not specific—what is “WFL”? Which ADL?**
- Client to increase R shoulder flexion/abduction to 160° to be able to wash hair (I) in three weeks
 - **APPROPRIATE: Specific with respect to ROM measurement and functional task/impact**

Team Check: Is This Goal Working?

(cont.)

- Client to complete feeding of solid consistencies using compensatory strategies (finger sweep, liquid wash) with minimal cueing to clear oral residue/pocketing in two weeks
 - **APPROPRIATE: Specifies strategies, level of cueing, and function**
- Client to tolerate the least restrictive diet
 - **INAPPROPRIATE: Too general, no timeframe**

Team Check: Is This Goal Working?

(cont.)

- Client to decrease LBP at worst to 5/10 in two weeks
 - **INAPPROPRIATE: No function**
- Client to increase L knee AROM -5°–110° to ascend/descend stairs with reciprocal gait in two weeks
 - **APPROPRIATE: Specific, measurable, functional**
- Client will comprehend paragraph-length information with 75% accuracy to improve comprehension for conversational exchanges in 30 days
 - **APPROPRIATE: Specific, measurable, functional**

Key Takeaways: Writing Goals That Matter

- Functional goals drive better client outcomes
- Clear goals reduce documentation burden
- SMART + functional = defensible care
- Good goals protect clinicians from burnout

Implementing Changes Tomorrow

- Anchor goals to real-life routines
- Replace vague language with observable actions
- Ask: “Would someone else recognize success?”
- Let goals guide daily notes

Bringing It Back to You

- Your documentation reflects your clinical judgment
- Clarity supports confidence
- Sustainable practice is possible
- Better goals support long-term careers

Chapter Summary

- Weak goals increase rework, uncertainty, and documentation fatigue
- Strong goals improve clarity, efficiency, and confidence
- Functional goals streamline daily notes and discharge planning
- Better goal-writing supports sustainable clinical practice

Course Summary

- SMART, functional goals improve client-centered care and interdisciplinary communication
- Clear goals strengthen documentation defensibility and reduce audit risk
- Functional goals support measurable outcomes across settings and disciplines
- Strong goal-writing reduces clinician burnout and promotes sustainable practice

Return to Sport/Activity & Discharge Criteria

Lower Body 4.0

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Desired Activity Level		Return to... AND/OR Discharge Criteria
Return to Activities of Daily Living	ROM	Pain-free and WNL Knee: symmetrical hyperextension Ankle: CKCDF > 40, less than 5-degree asymmetry
	Pain	No pain with current activity level including rehabilitation activities
	Fundamental Movement	No painful SFMA Top Tier Movement patterns
	Strength (isokinetic, fixed dynamometry)	Limb symmetry 95% Normal hamstring/quadriceps ratios Normal knee extensor torque-body weight ratio
	Functional Movement Screen	No 0s (pain) or 1s
	Y Balance Test Lower Quarter	Symmetrical in all reach directions: less than 4 cm asymmetry in anterior, 6 cm in posterior directions. Composite score above injury risk threshold for peers.
	SANE Score	>95%
	Outcomes Measures	Consider LFS, KOS-ADLS, IKDC, ACL-RSI (short form)

Desired Activity Level		Return to... AND/OR Discharge Criteria
Return to Fitness	Functional Movement Screen	No 0s (pain) or 1s
	Y Balance Test Upper Quarter	Symmetrical in all reach directions less than 4 cm asymmetry. Composite score above injury risk threshold for peers.
Return to Sport	Skill of Jumping Tuck jump Drop Jump (bilateral, unilateral)	Normal
	Hop Testing Single Leg Vertical Single Triple Triple Crossover Lateral	95%–97% Limb symmetry
	Change of Direction/Agility Illinois 505 T-Test Reactive Agility Tests	Normal based on systematic progression and normative data
	Psychological Readiness	Monitor throughout rehab and test at discharge
	Injury Risk Category (Move2Perform)	Slight deficit
	Completion of graded sport/activity specific progression without pain or compensation (e.g. running, cutting, performing sport/activity specific maneuvers)	Pain free

Once Return to Sport testing is passed, testing needs to be repeated under fatigue conditions and must pass using the same standards

In-Season Training

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		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Game
Pre-Game/ Practice	Soft Tissue Work	Individualized soft tissue	Individualized soft tissue	Individualized soft tissue	----	Individualized soft tissue	Individualized soft tissue	----
	Individual Correctives	Individual correctives	Individual correctives	Individual correctives	Individual correctives	Individual correctives	Individual correctives	Individual correctives
	Full Body Prep	Dynamic warm up	Dynamic warm up	Dynamic warm up	Dynamic warm up	Dynamic warm up	Dynamic warm up	Dynamic warm up
	Body Readiness	Jump rope/ clubs step backs/clubs lateral lunges	Jump rope/ clubs step backs/clubs lateral lunges	----	Jump rope/ club circles/ swings/slams	Jump rope/ clubs step backs/clubs lateral lunges	----	Jump rope/ club circles/ swings/slams
	Arm Prep	----	----	Arm prep/tubing	Arm prep/tubing	----	Arm prep/tubing	Arm prep/tubing
Throw					Bullpen			Game
Post- Throw	Energy System Development	----	Max sprint	----	Max sprint	----	----	Distance sprint
	Strength Development	Heavy lift	Heavy lift	Full body dynamic/ plyometrics	Heavy lift	----	Full body dynamic/ plyometrics	Heavy lift (optional)
	Local Arm Care	Arm development	Arm development	Shoulder isometrics	Arm restoration	Arm development	Shoulder isometrics	Arm restoration

ACL Reconstruction Guidelines 4.0

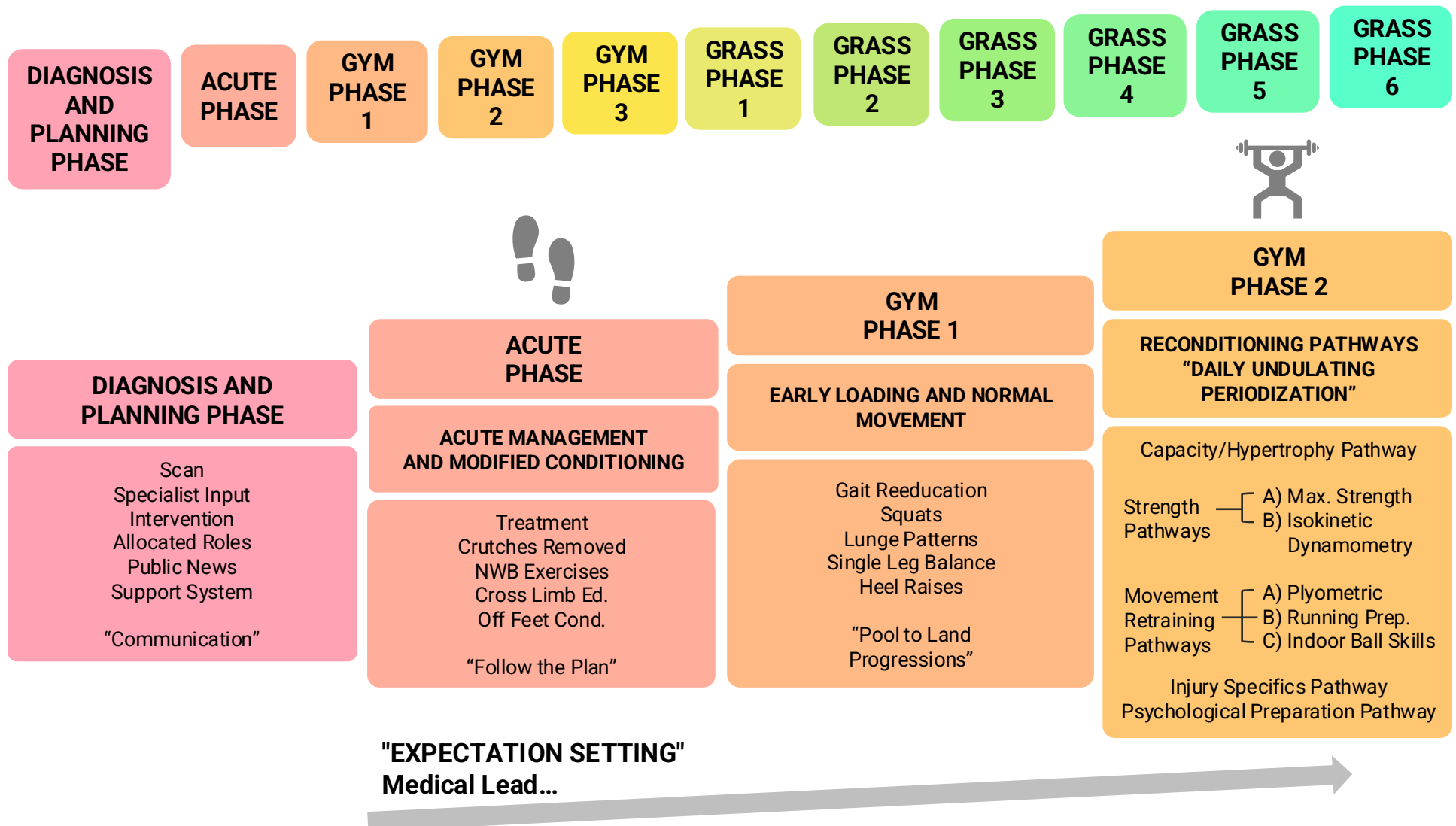
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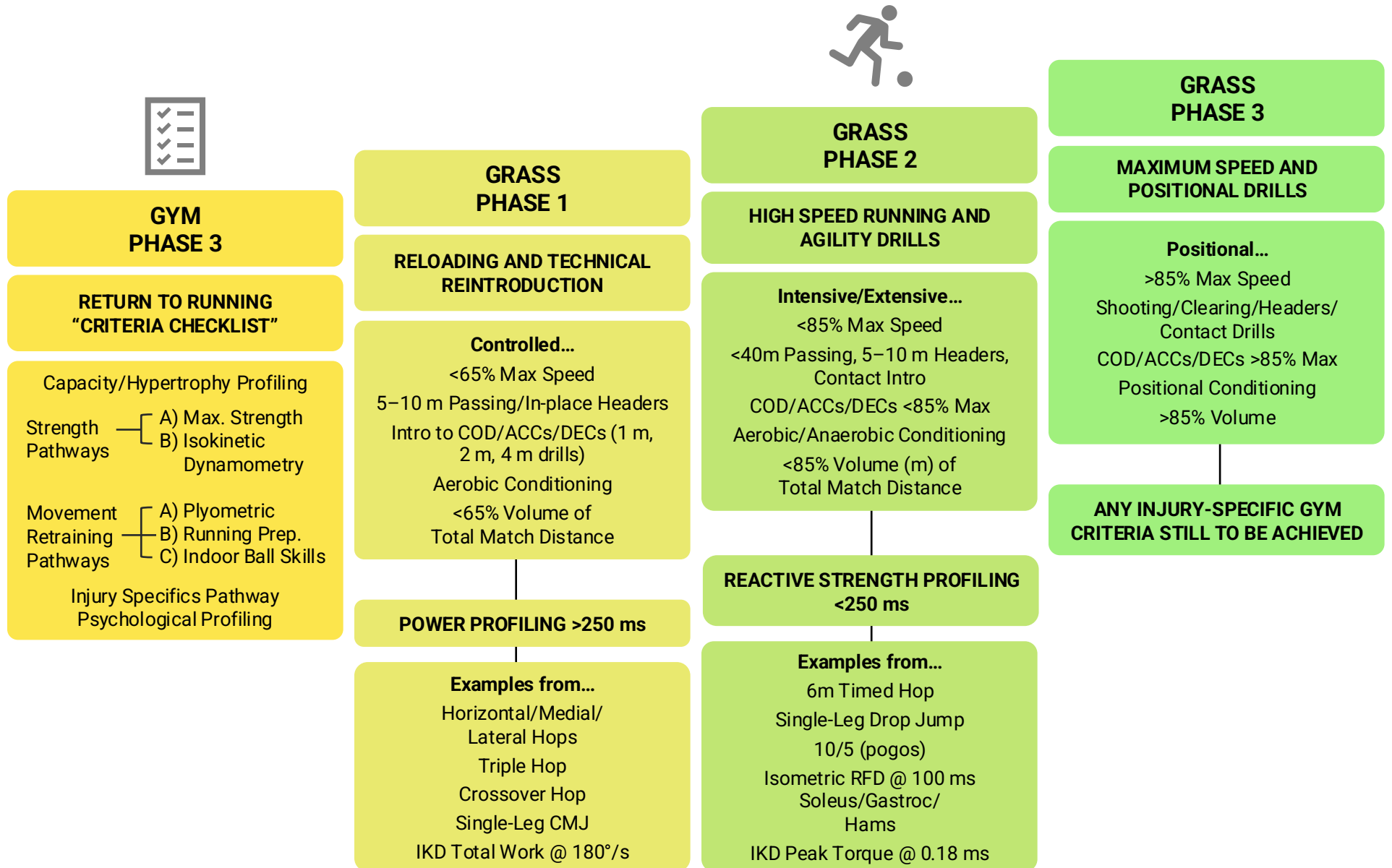
Interventions to Consider

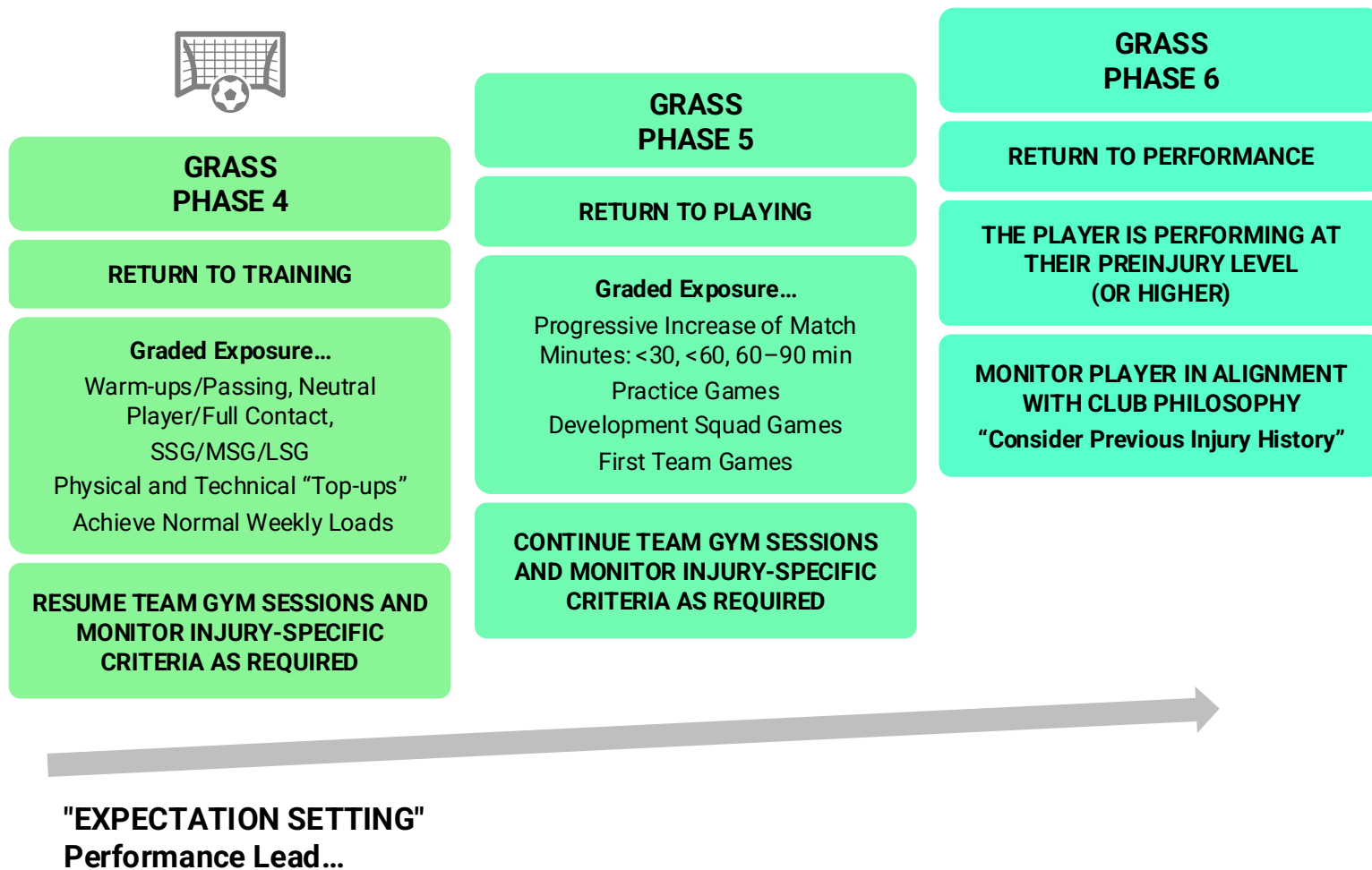
ROM	Strength	Movement/Balance	Power/Elasticity	Agility
Day 1 Post-Op Protect, optimal load, ice, compression, elevation Heel slides to tolerance - Use a towel or belt for assistance behind knee or under heel Quad set w/ heel propped Days 2–7 Post-Op Passive Knee ROM - Hyperextension equal to contralateral side, flexion > 90° - Recumbent bike with gentle revolutions to tolerance for improved ROM Extension - Quad set with heel propped - Low-load prolonged stretch - Gastroc towel stretch	Day 1 Post-Op Quad sets Days 2–7 Post-Op Modalities - Neuromuscular Electrical Stimulation (NMES) to the quad - Blood Flow Restriction (BFR) occlusion + NMES Open Chain Exercises (progressive overload) - SLR with tubing assist if extensor lag present - Clamshell: side-lying or hooklying - Standing hamstring curls to 90° (BPTB graft only) - Short arc quad (SAQ) 45°–0° - Long arc quad (LAQ) 90°–0° (if SAQ quad activation achieved)	Days 2–7 Post-Op Selective Functional Movement Assessment (SFMA) - Cervical patterns - Upper Extremity Patterns 1 and 2 Diaphragmatic breathing	During pre-operative and early post-operative ACL rehabilitation, limitations in movement and loading necessitate a focus on restoring force capacity across the force-time curve, with strength development prioritized in response to deconditioning and neuromuscular inhibition.	Days 2–7 Post-Op Closed Chain Exercises - Weight shifting - Gentle marching Gait - Heel–toe pattern - Forward/back weight shifting in stride position - Lateral walking marching - Forward walking marching with reciprocal arm patterning

Return to Performance Pathway

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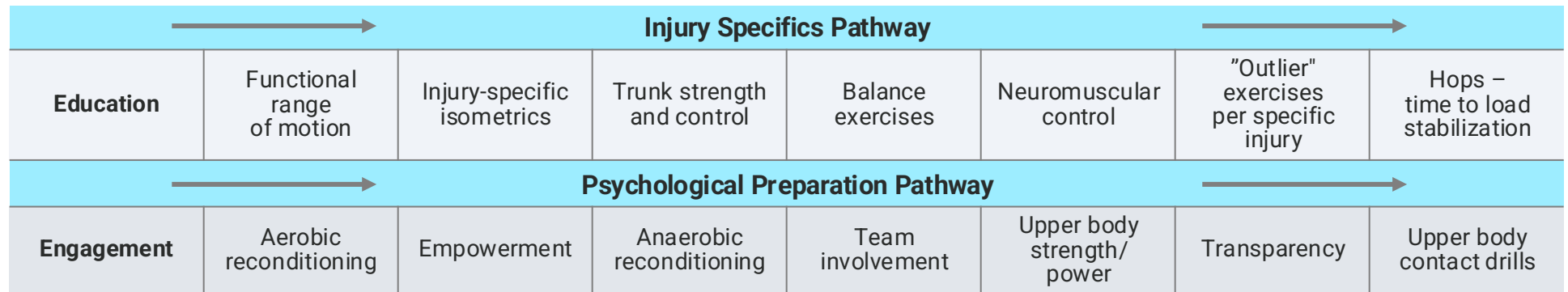


Gym Phase 2: Reconditioning Pathways

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Daily Undulating Periodization

Capacity/Hypertrophy Pathway							
3 Sets x 10 Repetitions	3 x 12	3 x 15	3 x 20	3 x 25	3 x 20	4 x 25	4 x 30
Strength Pathway (a) Maximum Strength							
3 Sets x 6 Repetitions	3 x 6	4 x 5	4 x 5	4 x 4	4 x 4	5 x 3	5 x 3
Strength Pathway (b) Isokinetic Dynamometry							
Manual Resistance Exercises Intro	Manual resistance	4 x 15 180°/s	4 x 12 150°/s	4 x 10 120°/s	4 x 4 90°/s	3 speed profile intro	3 speed profile 60/180/300°/s
Movement Retraining Pathway (a) Plyometric							
Pool - Drop Series	Pool - drop series	Floor - drop series	Land (mat) - drop series	Floor - hop series	Hop battery - Intro	Hop battery and force plate jumps	Hop battery and force plate jumps
Movement Retraining Pathway (b) Running Preparation							
Isometric Running Positions	POOL - running mechanics	Wall drills	MSC/COD positions	March patterns	Sled patterns	Running mechanics	A & B skips, etc.
Movement Retraining Pathway (c) Indoor Ball Skills							
Seated Skills	Static volleys	Skills in a square	Keep-ups and transfer game	Plate game	Dribble variations	2 x 2m patterns	Wall rebound game



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