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Title: Platinum Anniversary– 70 years of Highlights and Influences of the World Federation of Occupational Therapists

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Platinum Anniversary – 70 years of Highlights and Influences of the World Federation of Occupational Therapists

The World Federation of Occupational Therapists (WFOT) was inaugurated in 1952 (Paterson, 1994) and celebrates its 70th anniversary in 2022. The primary aim of this paper is to share some of the highlights of the last 70 years, outlining the influences as reflected in the ongoing business of WFOT.

The last 70 years have seen the growth and development of occupational therapy globally, with WFOT growing from 10 to 105 member organisations. Whilst the core principle of the importance of occupational activity (occupations) in our daily lives has not changed in those 70 years, the approach, and how we do them, has. As occupational therapists we have continued to adapt and change to the needs of the societies and cultures in which we work.

Keywords:

- Global influences on occupational therapy
- Development of the profession
- History of occupational therapy
- Trends in occupational therapy

Introduction

The World Federation of Occupational Therapists (WFOT) was inaugurated in 1952 (Paterson, 1994) and celebrates its 70th anniversary in 2022. The primary aim of this paper is to share some of the highlights of the last 70 years, outlining the influences as reflected in the ongoing business of WFOT. Since its inception, there have been different aspects of development and thrusts of activity for WFOT, and the profession globally which are reflected in each decade. In the first decade, in the 1950's, the formation and the foundation of purpose and principles were established. These included the planning of organisational parameters for operating, the setting of educational standards and striving for international recognition (MacLeod, 1956; Sym, 1959). The following decade in the 1960's was a period of consolidation of earlier policies with the establishment of links with other international bodies, a rapid increase in membership and an expansion in literary publications (Cardwell, 1961; Cockburn, 1965; Mendez, 1986).

During the 1970's and 1980's there was an expansion of knowledge in professional practice around the world with a steady increase in membership, increasingly active liaison with the World Health Organization (WHO) and an expansion of commitments to maintain educational standards (Mendez, 1986). In the 1990's, WFOT had a much greater international presence due to the impact of technology. This was facilitated through using the Internet and the establishment of a virtual office structure (Hume, 1999). This decade also saw healthcare and rehabilitation shift away from the medical model and further embrace the social model, with occupational therapy holding a pivotal position in this transition (Monteath, 1985; Brown, 1997; Craddock, 1996).

As we entered the 21st century, the first decade saw a global shift from a universal orientation and homogeneity to cultural sensitivity, and further reflected within WFOT a shift from a biomedical focus to an occupational (meaningful activity) perspective, from diagnoses to functional barriers underpinned by a focus on health and wellbeing (Wilcock, 2006; Frank, Baum & Law, 2010). There was also a change in focus from individuals to individuals, groups and the population, from a focus on “treatment” to more of a focus on prevention and health promotion (Brownson, 2008; Jones-Phipps & Craik, 2008) and from a focus on academic learning to a focus on graduate competencies (Titiloye & Scott 2002; Verma, Paterson, & Medves, 2006).

In the second decade there was a move again from a prescriptive to a non-prescriptive approach and adoption of human rights advocacy as a core principle (Maria Galheigo, 2011; Hammell & Iwama, 2012; Frank, 2012). Occupational therapists continued to explore essential skills, knowledge and attitudes for competent practice. Globally, supply and demand of human resources became a major issue and the application of occupational models on the social sector was a focus. Occupational therapy education was situated within the context of understanding the social determinants of health and occupational therapy began to take a rightful place as agents of social change and equity (Hammell, 2015). WFOT responded and adapted to these shifts in health care by revising the Minimum Standards of Education for Occupational Therapists twice during this time (2002 and 2016) as well as developing guidelines and position statements dealing with professional as well as broader social and economic issues. Key documents including position statements, are available on the WFOT website (<https://wfot.org/>).

Insert Figure 1 about here

The Decades

In the Beginning: the 1950's

In June 1951 at a national congress of occupational therapists held in England, it was suggested that an international meeting occur in conjunction with the Congress of the International Society of the Welfare of the Cripples (now known as Rehabilitation International) that was going to be held in Stockholm, Sweden later that year (MacLeod, 1956). At this meeting a group of representatives discussed the notion that the increasing growth and strength of the profession warranted and indeed made imperative, the establishment of an international body (MacLeod, 1956; Owens, 1957; Mendez 1986). The occupational therapy profession is indebted to these visionary pioneers for this initial step.

This led to a Preparatory Commission which was held in Liverpool, England in 1952, attended by representatives from seven countries with occupational therapy organisations and written approval from three other national organizations (MacLeod, 1956). The foundational members of WFOT were Australia, Canada, Denmark, India, Israel, New Zealand, South Africa, Sweden, United Kingdom (England and Scotland) and the USA. Of fundamental importance was the clarification of the true purpose of such an international body. It was from the exploration and unification of views from these ten countries that the foundations of the World Federation of Occupational Therapists were laid. Mendez commented in the WFOT Chronicles 1 that additionally, the bonds of friendship forged at that first meeting in Liverpool have not only withstood the difficulties of long-distance communications and the seemingly ever-increasing pressures of life — professional, national and personal — but they have grown strong and expanded through succeeding gatherings of Council and Congresses (Mendez, 1986).

The Constitution that was developed at the 1952 meeting contained initial objectives related to the education of occupational therapists which are still relevant today (Hocking & Ness,

2002). The Minimum Educational Standards were established in detail in 1958 (Hocking & Ness, 2002). These were used, not only to set the educational standards in the founding member countries, but also for occupational therapy programmes (or schools as they were referred to then) in countries applying for membership. It became obvious that there was a need for a universally consistent standard with regard to the establishment, operation and recognition of occupational therapy programmes throughout the world and preliminary measures were taken to improve the current system (Hocking & Ness, 2002). Detailed monitoring was seen to be a desirable objective for the future, though how to achieve this was recognised as difficult. (Hocking & Ness, 2004)

The ongoing review and development of WFOT Minimum Standards for the Education of Occupational Therapists remains one of the most important ongoing responsibilities of WFOT (Hocking & Ness, 2004). At this time, occupational therapy is the only health profession in the world to have internationally recognised standards of education (WFOT, 2016).

To maintain the impetus, it was agreed to hold the First WFOT International Congress in Edinburgh in August 1954 combined with the First Council Meeting. The main topics covered in this first Congress included tuberculosis, poliomyelitis, orthopaedics cerebral palsy and psychiatry, reflecting the trends of professional expertise and medical conditions at that time (Paterson, 1994). By the end of this decade, the 1958 Congress held in Copenhagen, had the theme of Occupational Therapy as a link in Rehabilitation, reflecting the variety of conditions of the people who occupational therapists were working with, i.e. physical disabilities, paediatrics, psychiatry, neurology and geriatrics, the latter being a relatively new clinical specialty at that time (Matthews, 1958; Cardwell, 1959).

Systems for communicating with WFOT members were also developed in this decade. The challenges of having a journal were recognised so a newsletter from the President each January was considered. This was a strategy to keep members informed, being mailed to member organisations and individual members. Ultimately more regular newsletters were circulated and were the forerunners of the WFOT Bulletin. In 1959, WFOT had also established official relations with WHO (Sinclair, 2009). Building on this significant achievement of WFOT's official relationship with WHO, WFOT was then officially recognised as a Non-Governmental Organisation (NGO) by the United Nations (UN) in 1963.

The next decade: 1960s

The challenges of occupational therapists wishing to work abroad was another international issue to be resolved. It was becoming apparent that some form of information on the various employment requirements of different countries would be valuable (Hudson, 1969). WFOT commenced the work that resulted in the 1968 WFOT publication "Requirements for the Employment of Occupational Therapists in Member Countries of WFOT" (WFOT, 1968). This WFOT document has been reviewed and further updated over the years and continues to be one of the most highly downloaded documents from WFOT website (<https://wfot.org/>).

During this decade, the WFOT crest was launched at the WFOT 3rd International Congress in Philadelphia, Pennsylvania, USA in 1962, from a selection of 18 designs (<https://wfot.org/>). The same logo is used today and represents:

- The staff of life with serpents entwined: a recognised medical symbol of Hippocrates.
- The wings of the Phoenix topping the upper end of the staff: symbolises high aspirations.
- The encircled five rings: represents the continents of the world.

Insert Figure 2 about here

Links with WHO were being established and consolidated and as WFOT was developing and becoming more established and known internationally, so the co-operation with other influential international organisations was increasing, such as the United Nations (UN) - a sign of its own development and influence.

The content of the Congresses continued to reflect developments in the profession, with the Third International Congress of WFOT in Philadelphia themed “Cultural Patterns Affecting Rehabilitation”. At this 1962 Congress, a welcome message was also received from President John F Kennedy. WFOT continues to acknowledge the importance of culture for the health and wellbeing of people, and the importance of health care as a human rights issue.

The fourth and final Congress of the decade was held in London, England in 1966. With the theme of ‘Through Youth to Age: OT faces the Challenges’. (Goode, 1963). By 1969, not only had the number of WFOT member organisations doubled from the original ten members to twenty, a significant number of education programmes, had been established across the globe (Hudson, 1969) (see Figure 2). Such growth continued with the WFOT President at the time noting,

The number of invitations to participate in, or to appoint official representatives to attend meetings, congresses, and to serve on committees of related international groups and organizations continue to increase. Our profession has been represented through the World Federation at the World Health Assemblies; The World Congress of Physical Medicine, Montreal; the International Society for Rehabilitation of the Disabled Congress, Wiesbaden; the Fourth Pan-Pacific Congress, Hong-Kong; and the World Mental Health

Insert Figure 3 about here

The third decade: 1970s

Early in this decade, a new constitution and standing orders were approved and ratified after thorough work (Mendez, 1978). With only minor amendments from time to time, this document continued to fulfill the needs of the Federation, until the adoption of new governance structures in 2009 (<https://wfot.org/>). During this period, there was great consideration given to the name of the Federation. By then several European countries had adopted the term “Ergotherapy” (Påhlsson, 1971). Responses from member organisations were varied, and ultimately there was not enough support from member countries for the Federation to change the name. The matter was finally concluded with WFOT continuing to be known as the World Federation of Occupational Therapists (Mendez, 1971). Mendez noted

The difficult question of changing the name of the Federation to the "World Federation of Ergotherapists" involved lengthy discussion at these meetings. Some member organisations had changed the name of their national associations, using the term 'ergotherapy' and these were particularly the countries where no direct translation could be found for the term occupational therapy. A vote was finally taken and with a fairly small majority it was agreed to retain the name of the Federation as the "World Federation of Occupational Therapists" for the present (p.43).

During the 1970's, the financial situation of WFOT was healthier with stable revenue patterns. For the first time in its twenty year history, the Executive Committee prepared an estimated budget for the following two years. Since then, this is a routine practice for all subsequent WFOT Council Meetings.

This decade had three International Congresses (see Table 1) with the first in 1970 in Zurich, Switzerland, themed “Occupational Therapy Today – Tomorrow”. At the 2nd Congress of the decade in Vancouver, British Columbia, a very important decision made at the 11th Council meeting preceding the Congress was communicated and that was to establish a new committee entitled “Professional Practice Committee” (Collins, 1974). The remit of this committee was to collect information on specifically agreed areas of practice and professional development. This information would then be available to be disseminated in an advisory manner when requested from any source. The review of WFOT Code of Ethics was also assigned to this new committee (<https://wfot.org/>) originally developed in 1972. Almost fifty years later, this important work continues today under the Practice Development Programme.

Insert Tables 1 and 2 about here

The proceedings of the 1974 Congress in Vancouver, Canada, had an increased number of practice areas in which occupational therapists were working in with the congress theme, “Health care in the 1970’s” (Mendez, 1986). There were more graduate education programmes being established in some countries and a notable shift of occupational therapists working in community-based services. There was also more questioning of the effectiveness of interventions used and the need for more research. The overlapping of functions and roles with other professions in multidisciplinary teams was also evident. There were signs of an awareness by the profession to enhance its contribution to health care, although that had to be tempered with caution of not changing its basic image.

In attempting to move with the times, there was the problem of becoming so diffuse in practice that the fundamental ethos of the profession could become clouded. While easier to have clear boundaries in which to practice in, worldwide changes were being made to improve health care programmes, so through its international network WFOT became aware

of these. The mid-seventies emerged as a period when more significant changes were being made, which would influence the future development of the profession and WFOT.

International politics had not impacted on WFOT significantly until the Council Meeting and Congress in Jerusalem in 1978 where the theme was “OT in a Changing World” (Levy, 1978). A statement on Apartheid by the United Nations resulted in debate on holding the meeting in South Africa in 1980. All the speakers at this Congress’ opening ceremony expressed, in a variety of ways, how important it was for disadvantaged peoples of the world to be considered in terms of human rights and human dignity. This theme was linked to the way in which occupational therapy was working towards these goals and how an event such as an international congress would assist towards a better understanding of the many problems worldwide (Greenberg Harris, 2005).

The fourth decade: 1980s

One of the issues which challenged WFOT most severely and profoundly during the 1980’s was unquestionably the subject of South Africa and Apartheid (Greenberg Harris, 1993).

The Fourteenth Council Meeting was held in Sable River, South Africa in 1980. The meeting was opened by the Chairman reading the following statement:

Before proceeding with our deliberations I would like to read a statement.

No further statements on this matter will be accepted from this Meeting.

The Federation is grateful that member associates are kind enough to provide the venue for its Council meetings. The presence of the Council and its members implies no association with the policies on any matter of the country in which a Meeting is being held. Whilst meeting bi-annually from country to country Council members will

always strive to provide an opportunity for the advancement of occupational therapy in the country in which a meeting is being held. (Mendez, 1986)

This statement continues to be read at the opening of every Council meeting.

The Eighth Congress in 1982, was held in Hamburg Germany exploring the theme of “OT and Rehabilitation – Help for the Handicapped”.

In 1986, the Congress due to be held in Denmark was cancelled for political reasons. A WFOT Council meeting was held instead in Exeter, United Kingdom (Monteath, 1986).

Monteath noted,

A central issue of the 1986 Council meeting, the year in which the international Congress due to be held in Denmark was cancelled on political grounds, was the continued membership of the Federation of the South African Association. The topic was reopened by a motion on the agenda proposed by the Nordic associations that: - The Council meeting of WFOT make a statement against the apartheid system in South Africa, directed to the South African Government, and - The statement be sent to WHO and to the UN Special Committee Against Apartheid. This motion was carried and actioned without delay (p.393).

In 1986 the occupational therapists from the European Community Committee (soon to call themselves the Council of Occupational Therapists for European Countries COTEC) met twice and decided to remain as an independent committee which would liaise with WFOT through the 1st Vice President of WFOT.

By end of this decade, WFOT had grown to 32 member organisations and an emerging topic of “regionalisation” had become one of the important issues of the time.

The last decade of the 20th century: 1990s

During this decade, the World Federation of Occupational Therapists further increased in size, with 50 member organisations. New political entities developed in the world, such as the Gulf regions and the dissolution of the USSR as well as other factors in the landscape such as the end of the cold war and changes in human rights. In parallel, there were local health issues concerning occupational therapists. These included the need to develop community-based rehabilitation in one part of the world, and the movement towards occupational therapy practice independent of physicians in other countries. With an increase in member organisations came an increase in local issues affecting occupational therapy—with a resultant request from WFOT members to seek more frequent meetings on a regional basis.

As in previous decades, occupational therapy education continued to be a focus of WFOT and was on the Agenda of every Council Meeting. Questions were raised as to what kind of therapist did the profession want to graduate, and how best to do it. The bachelor's degree was considered as a minimum level of education while many graduate programs continued to be developed during the 1990s.

The 1990 Congress, held in Melbourne, Australia had the theme of “The Directions in Close-Up” while later in 1994, “Developing Opportunities” was the theme of the Congress held in London, United Kingdom. The Twelfth Congress in 1998, hosted in Montreal, Canada, had the theme of “Sharing a global perspective” (see Table 1).

During this last decade of the century, WFOT began looking at Community Based Rehabilitation (CBR) and the training of local manpower, as many countries from Southeast Asia and Africa gained membership status (see Figure 2) (<https://wfot.org/>). This activity culminated in the statement that presents WFOT's position on occupational therapy in community-based rehabilitation (CBR), published in 2004. The priorities of national governments in Southeast Asian and African countries were often based in the provision of

minimum facilities for basic health care, e.g. water quality, vaccinations, CBR. Occupational therapy, a fledgling profession in many of these countries, would serve as the facilitator for “hands-on” trainees in developing regions. The focus was often on meeting the most urgent needs rather than providing an advanced level of rehabilitation services. WFOT has continued to build on the CBR approach and developed position papers and publications to support occupational therapists working in this area (<https://wfot.org/>).

The 21st century - 2000 to 2010

The decade began with the implementation of WFOT ‘Programme Management Structure’ for the organisation. This was the result of a project that had been undertaken late in the previous decade. This major restructure included the establishment of programme areas, rather than the previous committee structure. The programme areas included Education and Research; International Cooperation, Standards and Quality; Promotion and Development and Executive.

The landmark review of the ‘Minimum Standards for the Education of Occupational Therapists’ was published in 2002 (Hocking & Ness, 2002). Based upon three documents fundamental to international educational, cultural and human rights, this became the guiding document for all WFOT Approved Educational Programmes and set the standards of occupational therapy education internationally (Carswell, 2009).

Additionally, Disaster Preparedness and Response, and human rights were issues that were and continue to be addressed by WFOT. There were many natural disasters in the past decade and WFOT had provided support by linking people and networks and providing copies of the Disaster Planning and Response Information Package (<https://wfot.org/>).

New regional networks of WFOT were established, with the Africa Regional Group (OTARG) starting in 2004 and the Asia Pacific Regional Group (APOTRG) in 2006 (<https://wfot.org/>).

In 2009, WFOT celebrated a milestone—50 years of collaboration with WHO. This collaboration, in addition to that with the United Nations, was extremely important in enabling WFOT to contribute to the UN Global Health Agenda. WFOT is proud of its long association with WHO, as one of only eight international NGO's who have been in official collaboration for over 60 years. WFOT's relationship with WHO has been particularly impactful as it relates to the Sensory Functions, Disability and Rehabilitation Department of WHO (<https://wfot.org/>). WFOT seeks to influence the development and action plans for some of the programmes on the WHO agenda. These include the Guidelines for Rehabilitation, and the areas for the dissemination of information regarding a key WHO agenda of health as a human rights issue (<https://wfot.org/>). Other areas are the inclusion of gender and equality throughout WHO's organisation, including increasing the number of people with disability within WHO and specifically focusing on the growing impact of non-communicable diseases. Key WHO projects for WFOT include contributions to and dissemination of the World Report on Disability and Rehabilitation; Curriculum on Rehabilitation and Human Rights; Education module on Disability and Disaster; and the International Classification of Function Core Sets Development (<https://wfot.org/>).

The findings in the WFOT Human Resource Survey 2010 provided one of the most comprehensive pictures of an international health profession and was recognised by WHO as highly valued (<https://wfot.org/>). The Human Resources Project is a demographic scan of WFOT Member Organisations worldwide that includes workforce profiling, recruitment, migration and retention data. The outcomes of this project are important for the profession and our members. It provides a tool that enables strategic discussion with governmental

health and social care policy makers, increasing the involvement and recognition of the occupational therapy profession in enabling the needs of people with disabilities worldwide. The results from the earlier 2006 WFOT Human Resource Survey contributed to the significant profiling of occupational therapists in the WHO Mental Health Atlas 2011. The WFOT Human Resource Survey 2012 was also published on WFOT website (<https://wfot.org/>).

The adoption of WFOT's new legal status in 2009 – 2010 was a significant achievement in situating WFOT as an international organisation with robust governance standards consistent with modern global standards (Pattison, 2012). The Articles of Association (A of A) (Constitution) and supporting documents were completed, and a significant majority of member organisations approved them. WFOT is now registered in Geneva, Switzerland.

WFOT continues to provide opportunities for members to meet, share ideas and learn together with successful congresses held in Sweden 2002, Australia 2006, and Chile 2010. The theme of the 2002 congress was “Action for Health in the New Millennium” and the theme of the 2006 was OTs in Action: Local and Global. The 2010 Congress was also the first bilingual congress with the related theme, “Sharing the World of Occupation from Latin America” (see Table 1). These congresses have provided opportunities for the celebration of the achievements of WFOT, occupational therapy, and occupational therapists globally (Pattison, 2012).

The decade closed with the launch of World Occupational Therapy Day on October 27, 2010, a day to promote and celebrate the profession internationally (<https://wfot.org/>). The legacy of this important date in the occupational therapy calendar continues today, celebrated annually on October 27. Most recently themes have been developed such as: Global Reach; Local Touch; United in Diversity; Inform, Inspire, Influence; Celebrating our global

community; Improving World Health and Wellbeing, Reimagine Doing; and Belong. Be You.

The latest years and now 2011-2022

In September 2011, the Wellcome Library in London, United Kingdom, published WFOT Archives Collection (<https://wfot.org/>). The WFOT archives provides a valuable insight into the birth and subsequent growth and evolution of WFOT as an international association and of the profession between 1951 and 2007.

Today WFOT is 105 member organisations strong with representation across the globe. The organization strives to make many of its key documents available in a range of languages including English, Arabic, German, Portuguese, Spanish and French. In 2012, the Arab Occupational Therapy Regional Group (AOTRG) was established. The 16th Congress held in Yokohama, Japan, in 2014 had the highest number of delegates ever with over 10,000 delegates.

The 2018 congress was held in Cape Town, South Africa which focused heavily on decolonisation, social inclusion and social justice within the theme Connected in Diversity: Positioned for Impact. In 2020, the 18th WFOT Congress take place in Paris, France, with the theme: Occupational R-Evolution (see Table 1). The last five WFOT congresses have taken place in all the 5 continents represented by the WFOT logo (see Figure 2).

Looking ahead, new areas of practice continue to emerge and develop for occupational therapy globally including community practice, primary health care, disaster preparedness and response and working with displaced persons. Most recently occupational therapists played (and continue to play) a pivotal role in the COVID 19 pandemic response. There is no doubt that WFOT will continue to enable the profession to advance for the next 70 years and

beyond. As a platform for knowledge sharing, developer of key globally relevant knowledge and key collaborator and contributor to the UN Global Health Agenda WFOT has anchored itself as a world-renowned organisation and global network of occupational therapists that reaches all continents.

Conclusion

This paper has considered the last 70 years of WFOT and during that time, we have seen the growth and development of occupational therapy globally. WFOT has grown from 10 to 105 member organisations. WFOT represents over 600,000 occupational therapists worldwide with students graduating from 1008 WFOT approved education programmes (<https://wfot.org/>). When occupational therapists from around the world meet, whilst they all speak different languages it translates into one common language – the language of occupational therapy. Local contexts may differ, and cultural contexts present a myriad of variables however our principles remain constant. Whilst the core principle of the importance of occupational activity (occupations) in our daily lives has not changed in those 70 years, the approach, and how we do them, has. As occupational therapists we have continued to adapt and change to the needs of the societies and cultures in which we work. Never before in the history of our profession has there been such an opportunity to take centre stage and truly impact on the health and wellbeing of all people with the health and well-being focus shifting from cure to functional ability. The challenge for us all is to continue to promote occupational therapy within a wide range of differing social and cultural contexts, learning from the past, and to make the changes that matter.

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Figure 1: WFOT Trajectory of Occupational Therapy ©WFOT

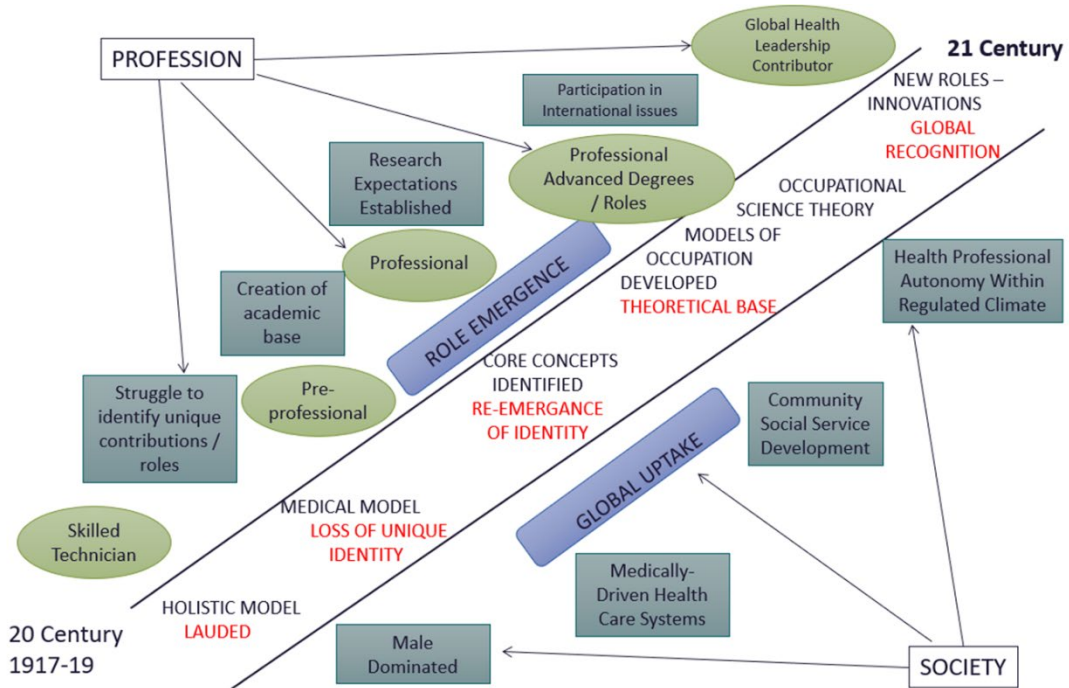
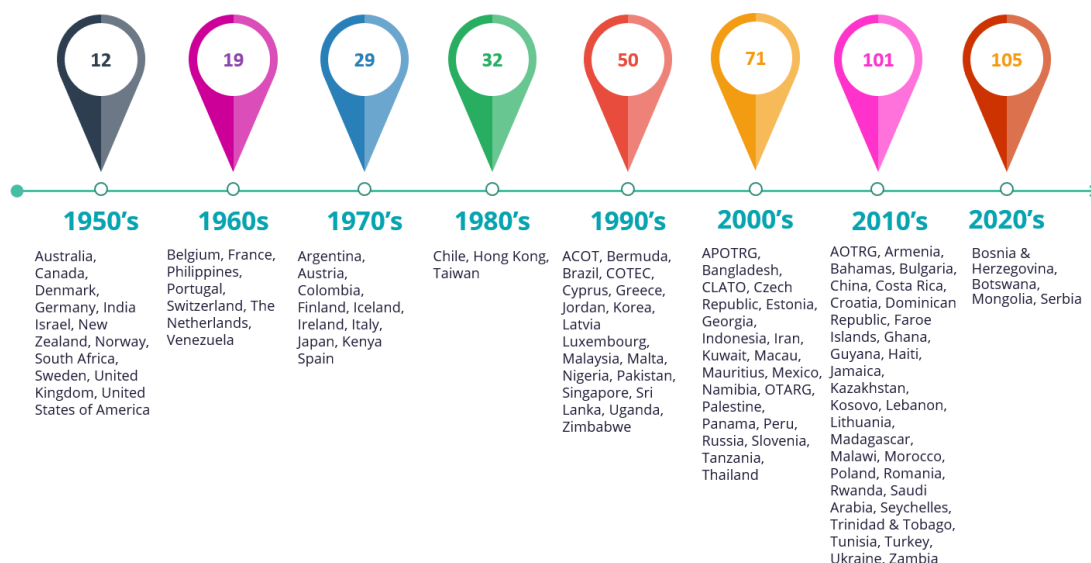


Figure 2 WFOT Crest © WFOT



Figure 3: Number of WFOT member organisations by decade. ©WFOT

Number of WFOT Member Organisations by decade



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Table 1: WFOT Congresses

Year	Congress	Continent
2022	18 th WFOT Congress March, Paris, France. Theme: Occupational R-Evolution	Europe
2018	17 th WFOT Congress 21-25 May, Cape Town, South Africa Theme: Connected in Diversity: Positioned for Impact	Africa
2014	16 th WFOT Congress 18-21 June, Yokohama, Japan Theme: Sharing Traditions, Creating Futures	Asia
2010	15 th WFOT Congress 3-7 May, Santiago, Chile Theme: Sharing the World of Occupation from Latin America	South America
2006	14 th WFOT Congress 23-28 July, Sydney, Australia Theme: OTs in Action: Local and Global	Oceania
2002	13 th WFOT Congress 23-28 June, Stockholm, Sweden Theme: Action for Health in the New Millennium	Europe
1998	12 th WFOT Congress 27-31 May, Montreal, Canada Theme: Sharing a global perspective	North America
1994	11 th WFOT Congress 16-20 April, London, United Kingdom Theme: Developing Opportunities	Europe
1990	10 th WFOT Congress 2-6 April, Melbourne, Australia Theme: The Directions in Close-Up	Oceania
1986	9 th WFOT Congress Denmark – Cancelled Council Meeting 12-16 July, Exeter, UK	Europe
1982	8 th WFOT Congress 13-18 June, Hamburg Germany: Theme: OT and Rehabilitation Help for the Handicapped	Europe

1978	7th WFOT Congress 12-18 March, Jerusalem Israel: Theme: OT in a Changing World (2)	Europe
1974	6th WFOT Congress 11-15 August, Vancouver, Canada Theme: Health care in the 70's	North America
1970	5th WFOT Congress 1-5 June, Zurich, Switzerland Theme: Occupational Therapy Today - Tomorrow	Europe
1966	4th WFOT Congress 11-15 July, London, UK: Theme: Through Youth to Age: OT faces the Challenge	Europe
1962	3rd WFOT Congress 23-25 October, Philadelphia, USA Theme: Cultural Patterns Affecting Rehabilitation	North America
1958	2nd WFOT Congress 11-16 Aug Copenhagen, Denmark: Theme: OT as a link in Rehabilitation	Europe
1954	1st WFOT Congress 16-21 Aug, Edinburgh UK	Europe

Table 2: WFOT Council Meetings

Year	Council Meeting	Location	Date
2020	34 th Council Meeting	Online - Virtual	19 January 2021
2018	33 rd Council Meeting	Cape Town, South Africa	18-20 May
2016	32 nd Council Meeting	Medellin, Colombia	07-11 March
2014	31 st Council Meeting	Chiba, Japan	10-14 June
2012	30 th Council Meeting	Taipei, Taiwan	26-30 March
2010	29 th Council Meeting	Santiago, Chile	26-30 April
2008	28 th Council Meeting	Ljubljana, Slovenia	08-12 September
2006	27 th Council Meeting	Newcastle, NSW, Australia	17-21 July
2004	26 th Council Meeting	Cape Town, South Africa	26-30 April
2002	25 th Council Meeting	Marlefred, Sweden	17-21 June
2000	24 th Council Meeting	Sapporo, Japan	14-19 May
1998	23 rd Council Meeting	Ottawa, Canada	25-29 May
1996	22 nd Council Meeting	Nairobi, Kenya	25-29 March
1994	21 st Council Meeting	Edinburgh, Scotland	10-15 April
1992	20 th Council Meeting	Hong Kong	07-11 September
1990	19 th Council Meeting	Canberra, Australia	26-30 March
1988	18 th Council Meeting	Sintra, Portugal	03-07 October
1986	17 th Council Meeting	Exeter, England	07-11 July
1984	16 th Council Meeting	Queenstown, New Zealand	27-31 August
1982	15 th Council Meeting	Amsterdam, Netherlands	07-11 June
1980	14 th Council Meeting	Sable River, South Africa	25-29 August
1978	13 th Council Meeting	Jerusalem, Israel	06-10 March
1976	12 th Council Meeting	Paris, France	19-24 July
1974	11 th Council Meeting	Victoria, Canada	05-09 August
1972	10 th Council Meeting	Oslo, Norway	07-11 August
1970	9 th Council Meeting	Basel, Switzerland	25-30 May
1968	8 th Council Meeting	Gotenburg, Sweden	17-21 June
1966	7 th Council Meeting	London, England	11-15 July
1964	6 th Council Meeting	Ramat-Gan, Israel	06-10 July

1962	5 th Council Meeting	Philadelphia, USA	15-18 October
1960	4 th Council Meeting	Sydney, Australia	12-16 September
1958	3 rd Council Meeting	Copenhagen, Denmark	07-15 August
1956	2 nd Council Meeting	Philadelphia, USA	15-19 October
1954	1 st General Meeting	Edinburgh, Scotland	21 August
1952	Preparatory Commission	Liverpool, England	07-10 April