Liver transplantation (LT) is popularly understood through the media as recovery of the organs and life saving surgery. In reality it is much more. Recovery from prolonged illness then major surgery is difficult, and long-term survival requires adaptation to lifelong medications, constant monitoring and life while immunosuppressed. Current involvement of occupational therapists is generally limited to post-surgical resumption of basic ADL’s. The assumption being that ADL’s, IADL’s leisure and productivity will gradually return. Quality of life studies clearly show many recipients re-engage in valued occupations, others do not. No evidence is available to show specific recovery of pre-transplant skills. This pilot study of 20 persons Recovering (n=9), Stabilized (n=5), and Reintegrating (n=6) during 12 months post-LT, suggests ADL’s are stable by the third month, and despite some progress in IADL’s, leisure and productivity, problems persist. SF-36 findings of low Physical Component Scores (PF, p=0.049, BP, p=0.019, and VT p=.019) in the group performing ‘worse than expected’, are consistent with other published studies. There is a need for longitudinal study of the occupational performance reintegration patterns to provide recipients with clear expectations of recovery, and the treatment team, particularly the occupational therapist with alerts to problems and need for intervention.