

Amend Business & Professions Code Section 2570.2(k)

(k) "~~Practice of~~ Occupational therapy" means the therapeutic use of purposeful and meaningful goal-directed activities (occupations) which engage the individual's body and mind in meaningful, organized, and self-directed actions that maximize independence, prevent or minimize disability, and promote or maintain health, well being, and quality of life. Occupational therapy services encompass research, education of students, occupational therapy assessment, treatment, education of, and consultation with, ~~individuals who have been referred for occupational therapy services subsequent to diagnosis of disease or disorder (or who are receiving occupational therapy services as part of an Individualized Education Plan (IEP) pursuant to the federal Individuals with Disabilities Education Act (IDEA)).~~ individuals, groups, programs, organizations, or communities.

(1) Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability. Occupational therapy techniques that are used for treatment involve teaching activities of daily living (excluding speech-language skills); designing or fabricating selective temporary orthotic devices, and applying or training in the use of assistive technology or orthotic and prosthetic devices excluding gait training). Occupational therapy consultation provides expert advice to enhance function and quality of life. Consultation or treatment may involve modification of tasks or environments to allow an individual to achieve maximum independence. Services are provided individually, or in groups, ~~or through social groups.~~

(2) The licensed occupational therapist or occupational therapy assistant may assume a variety of roles in their profession, including but not limited to, clinician, supervisor of occupational therapy students and volunteers, researcher, scholar, consultant, administrator, faculty, clinical instructor, continuing education instructor and educator of consumers/clients.

The term "client" as used in this chapter is used to name the entity that receives occupational therapy services. Clients may be categorized as:

(A) individuals, including individuals who may be involved in supporting or caring for the client (i.e. caregiver, teacher, parent, employer, spouse);

(B) individuals within the context of a group (e.g., a family, a class); or

(C) individuals within the context of a population (e.g., an organization, a community).

Proposed Amendment to Business & Professions Code 2570.2(k)

~~"Practice of Occupational therapy"~~ means the therapeutic use of purposeful and meaningful goal-directed activities (occupations) which engage the individual's body and mind in meaningful, organized, and self-directed actions that maximize independence, prevent or minimize disability, and promote or maintain health, well-being, and quality of life. Occupational therapy services encompass research, occupational therapy assessment, treatment, education of, and consultation with, ~~individuals who have been referred for occupational therapy services subsequent to diagnosis of disease or disorder (or who are receiving occupational therapy services as part of an Individualized Education Plan (IEP) pursuant to the federal Individuals with Disabilities Education Act (IDEA)).~~ individuals, groups, programs, organizations, or communities.

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(2) The licensed occupational therapist or occupational therapy assistant may assume a variety of roles, including but not limited to, practitioner, supervisor of professional students and volunteers, researcher, scholar, consultant, administrator, faculty, clinical instructor, and educator of consumers, peers, and family.

Definition of Occupational Therapy Practice for the AOTA Model Practice Act

The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life.

The practice of occupational therapy includes:

- A. Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:
 1. Client factors, including body functions (such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors) and body structures (such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement), values, beliefs, and spirituality.
 2. Habits, routines, roles, rituals, and behavior patterns.
 3. Physical and social environments, cultural, personal, temporal, and virtual contexts and activity demands that affect performance.
 4. Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication and social skills.
- B. Methods or approaches selected to direct the process of interventions such as:
 1. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline.
 2. Compensation, modification, or adaptation of activity or environment to enhance performance, or to prevent injuries, disorders, or other conditions.
 3. Retention and enhancement of skills or abilities without which performance in everyday life activities would decline.
 4. Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities.
 5. Prevention of barriers to performance and participation, including injury and disability prevention.
- C. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:
 1. Therapeutic use of occupations, exercises, and activities.
 2. Training in self-care, self-management, health management and maintenance, home management, community/work reintegration, and school activities and work performance.
 3. Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills.
 4. Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.
 5. Education and training of individuals, including family members, caregivers, groups, populations, and others.
 6. Care coordination, case management, and transition services.
 7. Consultative services to groups, programs, organizations, or communities.
 8. Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles.
 9. Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
 10. Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.
 11. Low vision rehabilitation.

12. Driver rehabilitation and community mobility.
13. Management of feeding, eating, and swallowing to enable eating and feeding performance.
14. Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management; interventions to enhance sensory-perceptual, and cognitive processing; and manual therapy) to enhance performance skills.
15. Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.

Adopted by the Representative Assembly 4/14/11 (Agenda A13, Charge 18)

Scope of Practice

Statement of Purpose

The purpose of this document is to

- A. Define the scope of practice in occupational therapy by
 1. Delineating the domain of occupational therapy practice and services provided by occupational therapists and occupational therapy assistants;
 2. Delineating the dynamic process of occupational therapy evaluation and intervention services used to achieve outcomes that support the participation of clients in everyday life activities (occupations); and
 3. Describing the education and certification requirements needed to practice as an occupational therapist and occupational therapy assistant;
- B. Inform consumers, health care providers, educators, the community, funding agencies, payers, referral sources, and policymakers regarding the scope of occupational therapy.

Introduction

The occupational therapy scope of practice is based on the American Occupational Therapy Association (AOTA) documents *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2014b) and *Philosophical Base of Occupational Therapy* (AOTA, 2011b), which states that “the use of occupation to promote individual, community, and population health is the core of occupational therapy practice, education, research, and advocacy” (p. S65). Occupational therapy is a dynamic and evolving profession that is responsive to consumer and societal needs, to system changes, and to emerging knowledge and research.

This document is designed to support and be used in conjunction with the *Definition of Occupational Therapy Practice for the AOTA Model Practice Act* (AOTA, 2011a). Although this document may be a resource to augment state statutes and regulations that govern the practice of occupational therapy, it does not supersede existing laws and other regulatory requirements. Occupational therapists and occupational therapy assistants are required to abide by relevant statutes and regulations when providing occupational therapy services. State statutes and other regulatory requirements typically include statements about educational requirements to practice occupational therapy, procedures to practice occupational therapy legally within the defined area of jurisdiction, the definition and scope of occupational therapy practice, and supervision requirements for occupational therapy assistants.

It is the position of AOTA that a referral is not required for the provision of occupational therapy services, but referrals for such services are generally affected by laws and payment policy. AOTA’s position is also that “an occupational therapist accepts and responds to referrals in compliance with state or federal laws, other regulatory and payer requirements, and AOTA documents” (AOTA 2010b, Standard II.2, p. S108). State laws and other regulatory requirements should be viewed as minimum criteria to practice occupa-

tional therapy. Ethical guidelines that ensure safe and effective delivery of occupational therapy services to clients always guide occupational therapy practice (AOTA, 2010a). Policies of payers such as insurance companies also must be followed.

Occupational therapy services may be provided by two levels of practitioners: (1) the occupational therapist and (2) the occupational therapy assistant, as well as by occupational therapy students under appropriate supervision (AOTA, 2012). Occupational therapists function as autonomous practitioners, are responsible for all aspects of occupational therapy service delivery, and are accountable for the safety and effectiveness of the occupational therapy service delivery process.

The occupational therapy assistant delivers occupational therapy services only under the supervision of and in partnership with the occupational therapist (AOTA, 2014a). When the term *occupational therapy practitioner* is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2011c).

Definition of Occupational Therapy

The *Occupational Therapy Practice Framework* (AOTA, 2014b) defines *occupational therapy* as

the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, and routines in home, school, workplace, community, and other settings. Occupational therapy practitioners use their knowledge of the transactional relationship among the person, his or her engagement in valuable occupations, and the context to design occupation-based intervention plans that facilitate change or growth in client factors (body functions, body structures, values, beliefs, and spirituality) and skills (motor, process, and social interaction) needed for successful participation. Occupational therapy practitioners are concerned with the end result of participation and thus enable engagement through adaptations and modifications to the environment or objects within the environment when needed. Occupational therapy services are provided for habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non-disability-related needs. These services include acquisition and preservation of occupational identity for those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. (p. S1)

Occupational Therapy Practice

Occupational therapists and occupational therapy assistants are experts at analyzing the client factors, performance skills, performance patterns, and contexts and environments necessary for people to engage in their everyday activities and occupations. The practice of occupational therapy includes

- A. Evaluation of factors affecting activities of daily living (ADLs), instrumental activities of daily living (IADLs), rest and sleep, education, work, play, leisure, and social participation, including
 1. Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive) and body structures (e.g., cardiovascular, digestive, integumentary, genitourinary systems)
 2. Habits, routines, roles, and rituals
 3. Physical and social environments and cultural, personal, temporal, and virtual contexts and activity demands that affect performance
 4. Performance skills, including motor, process, and social interaction skills
- B. Approaches to identify and select interventions, such as
 1. Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired

2. Compensation, modification, or adaptation of activity or environment to enhance performance
 3. Maintenance and enhancement of capabilities without which performance in everyday life activities would decline
 4. Health promotion and wellness to enable or enhance performance in everyday life activities
 5. Prevention of barriers to performance.
- C. Interventions and procedures to promote or enhance safety and performance in ADLs, IADLs, rest and sleep, education, work, play, leisure, and social participation, for example,
1. Occupations and activities
 - a. Completing morning dressing and hygiene routine using adaptive devices
 - b. Playing on a playground with children and adults
 - c. Engaging in driver rehabilitation and community mobility program
 - d. Managing feeding, eating, and swallowing to enable eating and feeding performance.
 2. Preparatory methods and tasks
 - a. Exercises, including tasks and methods to increase motion, strength, and endurance for occupational participation
 - b. Assessment, design, fabrication, application, fitting, and training in assistive technology and adaptive devices
 - c. Design and fabrication of splints and orthotic devices and training in the use of prosthetic devices
 - d. Modification of environments (e.g., home, work, school, community) and adaptation of processes, including the application of ergonomic principles
 - e. Application of physical agent modalities and use of a range of specific therapeutic procedures (e.g., wound care management; techniques to enhance sensory, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills
 - f. Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management
 - g. Explore and identify effective tools for regulating nervous system arousal levels in order to participate in therapy and/or in valued daily activities.
 3. Education and training
 - a. Training in self-care, self-management, home management, and community or work reintegration
 - b. Education and training of individuals, including family members, caregivers, and others.
 4. Advocacy
 - a. Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their daily life occupations.
 5. Group interventions
 - a. Facilitate learning and skill acquisition through the dynamics of group or social interaction across the life span.

6. Care coordination, case management, and transition services
7. Consultative services to groups, programs, organizations, or communities.

Scope of Practice: Domain and Process

The scope of practice includes the domain and process of occupational therapy services. These two concepts are intertwined, with the *domain* defining the focus of occupational therapy, and the *process* defining the delivery of occupational therapy.

The *domain* of occupational therapy is the everyday life activities (occupations) that people find meaningful and purposeful. Within this domain, occupational therapy services enable clients to participate in their everyday life activities in their desired roles, contexts and environments, and life situations.

Clients may be individuals or persons, groups, or populations. The occupations in which clients engage occur throughout the life span and include

- ADLs (self-care activities);
- IADLs (activities to support daily life within the home and community that often require complex interactions, e.g., household management, financial management, child care);
- Rest and sleep (activities relating to obtaining rest and sleep, including identifying need for rest and sleep, preparing for sleep, and participating in rest and sleep);
- Education (activities to participate as a learner in a learning environment);
- Work (activities for engaging in remunerative employment or volunteer activities);
- Play (activities pursued for enjoyment and diversion);
- Leisure (nonobligatory, discretionary, and intrinsically rewarding activities); and
- Social participation (the ability to exhibit behaviors and characteristics expected during interaction with others within a social system).

Within their domain of practice, occupational therapists and occupational therapy assistants consider the repertoire of occupations in which the client engages, the performance skills and patterns the client uses, the contexts and environments influencing engagement, the features and demands of the activity, and the client's body functions and structures. Occupational therapists and occupational therapy assistants use their knowledge and skills to help clients conduct or resume daily life activities that support function and health throughout the life span. Participation in activities and occupations that are meaningful to the client involves emotional, psychosocial, cognitive, and physical aspects of performance. Participation in meaningful activities and occupations enhances health, well-being, and life satisfaction.

The domain of occupational therapy practice complements the World Health Organization's (WHO's) conceptualization of *participation and health* articulated in the *International Classification of Functioning, Disability and Health (ICF; WHO, 2001)*. Occupational therapy incorporates the basic constructs of *ICF*, including environment, participation, activities, and body structures and functions, when providing interventions to enable full participation in occupations and maximize occupational engagement.

The *process* of occupational therapy refers to the delivery of services and includes evaluating, intervening, and targeting of outcomes. Occupation remains central to the occupational therapy process, which is client centered, involving collaboration with the client throughout each aspect of service delivery. During the evaluation, the therapist develops an occupational profile; analyzes the client's ability to carry out everyday life activities; and determines the client's occupational needs, strengths, barriers to participation, and priorities for intervention.

OCCUPATIONS	CLIENT FACTORS	PERFORMANCE SKILLS	PERFORMANCE PATTERNS	CONTEXTS AND ENVIRONMENTS
Activities of daily living (ADLs)*	Values, beliefs, and spirituality	Motor skills	Habits	Cultural
Instrumental activities of daily living (IADLs)	Body functions	Process skills	Routines	Personal
Rest and sleep	Body structures	Social interaction skills	Rituals	Physical
Education			Roles	Social
Work				Temporal
Play				Virtual
Leisure				
Social participation				

*Also referred to as *basic activities of daily living (BADLs)* or *personal activities of daily living (PADLs)*.

Exhibit 1. Aspects of the domain of occupational therapy.

All aspects of the domain transact to support engagement, participation, and health. This exhibit does not imply a hierarchy.

Source. From “Occupational Therapy Practice Framework: Domain and Process,” by the American Occupational Therapy Association, 2014, *American Journal of Occupational Therapy*, 68, S4. Copyright © 2014 by the American Occupational Therapy Association. Used with permission.

Evaluation and intervention may address one or more aspects of the domain (Exhibit 1) that influence occupational performance. Intervention includes planning and implementing occupational therapy services and involves activities and occupations, preparatory methods and tasks, education and training, and advocacy. The occupational therapist and occupational therapy assistant in partnership with the occupational therapist utilize occupation-based theories, frames of reference, evidence, and clinical reasoning to guide the intervention (AOTA, 2014b).

The outcome of occupational therapy intervention is directed toward “achieving health, well-being, and participation in life through engagement in occupations” (AOTA, 2014b, p. S4). Outcomes of the intervention determine future actions with the client and include occupational performance, prevention (of risk factors, disease, and disability), health and wellness, quality of life, participation, role competence, well-being, and occupational justice (AOTA, 2014b).

Sites of Intervention and Areas of Focus

Occupational therapy services are provided to persons, groups, and populations. People served come from all age groups. Practitioners work with individuals one to one, in groups, or at the population level to address occupational needs and issues, for example, in mental health; work and industry; rehabilitation, disability, and participation; productive aging; and health and wellness.

Along the continuum of service, occupational therapy services may be provided to clients throughout the life span in a variety of settings. The settings may include, but are not limited to, the following:

- Institutional settings (inpatient; e.g., acute care, rehabilitation facilities, psychiatric hospitals, community and specialty-focused hospitals, nursing facilities, prisons),
- Outpatient settings (e.g., hospitals, clinics, medical and therapy offices),
- Home and community settings (e.g., residences, group homes, assisted living, schools, early intervention centers, day care centers, industry and business, hospice, sheltered workshops, transitional-living facilities, wellness and fitness centers, community mental health facilities), and
- Research facilities.

Education and Certification Requirements

To practice as an occupational therapist, the individual trained in the United States

- Has graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®; 2012) or predecessor organizations;
- Has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapists that is accredited by ACOTE or predecessor organizations;
- Has passed a nationally recognized entry-level examination for occupational therapists; and
- Fulfills state requirements for licensure, certification, or registration.

To practice as an occupational therapy assistant, the individual trained in the United States

- Has graduated from an occupational therapy assistant program accredited by ACOTE or predecessor organizations;
- Has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapy assistants that is accredited by ACOTE or predecessor organizations;
- Has passed a nationally recognized entry-level examination for occupational therapy assistants; and
- Fulfills state requirements for licensure, certification, or registration.

AOTA supports licensure of qualified occupational therapists and occupational therapy assistants (AOTA, 2009). State and other legislative or regulatory agencies may impose additional requirements to practice as occupational therapists and occupational therapy assistants in their area of jurisdiction.

References

- American Council for Occupational Therapy Education. (2012). 2011 Accreditation Council for Occupational Therapy Education (ACOTE®) standards. *American Journal of Occupational Therapy*, 66, S6–S74. <http://dx.doi.org/10.5014/ajot.2012.66S6>
- American Occupational Therapy Association. (2009). Policy 5.3: Licensure. In *Policy manual* (2013 ed., pp. 60–61). Bethesda, MD: Author.
- American Occupational Therapy Association. (2010a). Occupational therapy code of ethics and ethics standards (2010). *American Journal of Occupational Therapy*, 64(Suppl.), S17–S26. <http://dx.doi.org/10.5014/ajot.2010.64S17>
- American Occupational Therapy Association. (2010b). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 64(Suppl.), S106–S111. <http://dx.doi.org/10.5014/ajot.2010.64S106>
- American Occupational Therapy Association. (2011a). *Definition of occupational therapy practice for the AOTA Model Practice Act*. Retrieved from <http://www.aota.org/~media/Corporate/Files/Advocacy/State/Resources/PracticeAct/Model%20Definition%20of%20OT%20Practice%20%20Adopted%2041411.ashx>
- American Occupational Therapy Association. (2011b). The philosophical base of occupational therapy. *American Journal of Occupational Therapy*, 65(Suppl.), S65. <http://dx.doi.org/10.5014/ajot.2011.65S65>

- American Occupational Therapy Association. (2011c). Policy 1.44. Categories of occupational therapy personnel. In *Policy manual* (2013 ed., pp. 32–33). Bethesda, MD: Author.
- American Occupational Therapy Association. (2012). Fieldwork level II and occupational therapy students: A position paper. *American Journal of Occupational Therapy*, 66(6, Suppl.), S75–S77. <http://dx.doi.org/10.5014/ajot.2012.66S75>
- American Occupational Therapy Association. (2014a). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. *American Journal of Occupational Therapy*, 68(Suppl. 3), S16–S22. <http://dx.doi.org/10.5014/ajot.2014.68S03>
- American Occupational Therapy Association. (2014b). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1–S48. <http://dx.doi.org/10.5014/ajot.2014.682006>
- World Health Organization. (2001). *International classification of functioning, disability and health*. Geneva: Author.

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Occupational Therapy Profession—Scope of Practice Definitions

State	Scope of Practice
Alabama	<p>Statute: AL Code §34-39-3</p> <p>(4) OCCUPATIONAL THERAPY.</p> <p>a. The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. The practice of occupational therapy includes:</p> <ol style="list-style-type: none"> 1. Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation including all of the following: <ol style="list-style-type: none"> (i) Client factors, including body functions, such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors; body structures such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement; values, beliefs, and spirituality. (ii) Habits, routines, roles, rituals, and behavior patterns. (iii) Physical and social environments, cultural, personal, temporal, and virtual contexts, and activity demands that affect performance. (iv) Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication, and social skills. 2. Methods or approaches selected to direct the process of interventions such as: <ol style="list-style-type: none"> (i) Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline. (ii) Compensation, modification, or adaptation of activity or environment to enhance performance, or to prevent injuries, disorders, or other conditions. (iii) Retention and enhancement of skills or abilities without which performance in everyday life activities would decline. (iv) Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities. (v) Prevention of barriers to performance and participation, including injury and disability prevention. 3. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation including all of the following: <ol style="list-style-type: none"> (i) Therapeutic use of occupations, exercises, and activities. (ii) Training in self-care, self-management, health management and maintenance, home management, community/work reintegration, and school activities and work performance. (iii) Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills. (iv) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the

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therapeutic process.

(v) Education and training of individuals, including family members, caregivers, groups, populations, and others.

(vi) Care coordination, case management, and transition services.

(vii) Consultative services to groups, programs, organizations, or communities.

(viii) Modification of environments, including home, work, school, or community, and adaptation of processes, including the application of ergonomic principles.

(ix) Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, training in the use of prosthetic devices, orthotic devices, and the design, fabrication and application of selected splints or orthotics.

(x) Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.

(xi) Low vision rehabilitation when the patient or client is referred by a licensed optometrist, a licensed ophthalmologist, a licensed physician, a licensed assistant to physician acting pursuant to a valid supervisory agreement, or a licensed certified registered nurse practitioner in a collaborative practice agreement with a licensed physician.

(xii) Driver rehabilitation and community mobility.

(xiii) Management of feeding, eating, and swallowing to enable eating and feeding performance.

(xiv) Application of physical agent modalities, and use of a range of specific therapeutic procedures such as wound care management, interventions to enhance sensory-perceptual and cognitive processing, and manual therapy, all to enhance performance skills.

(xv) Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.

b. An occupational therapist or occupational therapy assistant is qualified to perform the above activities for which they have received training and any other activities for which appropriate training or education, or both, has been received. Notwithstanding any other provision of this chapter, no occupational therapy treatment programs to be rendered by an occupational therapist, occupational therapy assistant, or occupational therapy aide shall be initiated without the referral of a licensed physician, a licensed chiropractor, a licensed optometrist, a licensed assistant to a physician acting pursuant to a valid supervisory agreement, a licensed certified registered nurse practitioner in a collaborative practice agreement with a licensed physician, a licensed psychologist, or a licensed dentist who shall establish a diagnosis of the condition for which the individual will receive occupational therapy services. In cases of long-term or chronic disease, disability, or dysfunction, or any combination of the foregoing, requiring continued occupational therapy services, the person receiving occupational therapy services shall be reevaluated by a licensed physician, a licensed chiropractor, a licensed optometrist, a licensed assistant to a physician acting pursuant to a valid supervisory agreement, a licensed certified registered nurse practitioner in a collaborative practice agreement with a licensed physician, a licensed psychologist, or a licensed dentist at least annually for confirmation or modification of the diagnosis. Occupational therapists performing services that are not related to injury, disease, or illness that are performed in a wellness or community setting for the purposes of enhancing performance in everyday activities are exempt from this referral requirement. Occupational therapists employed by state agencies and those employed by the public schools and colleges of this state who provide screening and rehabilitation services for the educationally related needs of the students are exempt from this referral requirement.

c. Nothing in this chapter shall be construed as giving occupational therapists the authority to examine or diagnose patients or clients for departures from the normal of human eyes, visual systems or their adjacent structures, or to prescribe or modify ophthalmic materials including, but not limited to, spectacles, contacts, or spectacle-mounted low vision devices.

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	<p>History: (Acts 1990, No. 90-383, p. 515, §3; Acts 1995, No. 95-279, p. 502, §3; Act 99-92, p. 108, §3; Act 2003-62, p. 96, §3; Act 2013-309, §1.)</p>
<p>Alaska</p>	<p>Statute: AK Stat §08.84.190</p> <p>(3) "occupational therapy" means, for compensation, the use of purposeful activity, evaluation, treatment, and consultation with human beings whose ability to cope with the tasks of daily living are threatened with, or impaired by developmental deficits, learning disabilities, aging, poverty, cultural differences, physical injury or illness, or psychological and social disabilities to maximize independence, prevent disability, and maintain health; "occupational therapy" includes</p> <ul style="list-style-type: none"> (A) developing daily living, play, leisure, social, and developmental skills; (B) facilitating perceptual-motor and sensory integrative functioning; (C) enhancing functional performance, prevocational skills, and work capabilities using specifically designed exercises, therapeutic activities and measure, manual intervention, and appliances; (D) design, fabrication, and application of splints or selective adaptive equipment; (E) administering and interpreting standardized and nonstandardized assessments, including sensory, manual muscle, and range of motion assessments, necessary for planning effective treatment; and (F) adapting environments for the disabled; <p>History: (Sec. 2 ch 74 SLA 1957; am Sec. 11 ch 71 SLA 1974; am Sec. 17 ch 55 SLA 1980; am Sec. 23, 24 ch 2 FSSLA 1987; am Sec. 2 ch 74 SLA 1988; am Sec. 4 ch 40 SLA 1989)</p>
<p>Arizona</p>	<p>Statute: AZ Rev Stat §32-3401</p> <p>6. "Occupational therapy" means the use of therapeutic activities or modalities to promote engagement in activities with individuals who are limited by physical or cognitive injury or illness, psychosocial dysfunction, developmental or learning disabilities, sensory processing or modulation deficits or the aging process in order to achieve optimum functional performance, maximize independence, prevent disability and maintain health. Occupational therapy includes evaluation, treatment and consultation based on the client's temporal, spiritual and cultural values and needs.</p> <p>8. "Occupational therapy services" includes the following:</p> <ul style="list-style-type: none"> (a) Developing an intervention and training plan that is based on the occupational therapist's evaluation of the client's occupational history and experiences, including the client's daily living activities, development, activity demands, values and needs. (b) Evaluating and facilitating developmental, perceptual-motor, communication, neuromuscular and sensory processing function, psychosocial skills and systemic functioning, including wound, lymphatic and cardiac functioning. (c) Enhancing functional achievement, prevocational skills and work capabilities through the use of therapeutic activities and modalities that are based on anatomy, physiology and kinesiology, growth and development, disabilities, technology and analysis of human behavioral and occupational performance. (d) Evaluating, designing, fabricating and training the individual in the use of selective orthotics, prosthetics, adaptive devices, assistive technology and durable medical equipment as appropriate. (e) Administering and interpreting standardized and nonstandardized tests that are performed within the practice of occupational therapy, including manual muscle, sensory processing, range of motion, cognition, developmental and psychosocial tests. (f) Assessing and adapting environments for individuals with disabilities or who are at risk for dysfunction.

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Arkansas	<p>Statute: AR Code §17-88-102</p> <p>(5) (A) “Occupational therapy” means the evaluation and treatment of individuals whose ability to cope with the tasks of living is threatened or impaired by developmental deficits, the aging process, poverty or cultural differences, environmental or sensory deprivation, physical injury or illness, or psychological and social disability.</p> <p>(B) The treatment utilizes task-oriented activities to prevent or correct physical or emotional deficits or to minimize the disabling effect of these deficits in the life of the individual so that he or she might perform tasks normally performed at his or her stage of development.</p> <p>(C) Specific occupational therapy techniques include, but are not limited to:</p> <ul style="list-style-type: none"> (i) Instruction in activities of daily living, design, fabrication, application, recommendation, and instruction in the use of selected orthotic or prosthetic devices and other adaptive equipment; (ii) Perceptual-motor and sensory integrative activities; (iii) The use of specifically designed crafts; (iv) Exercises to enhance functional performance; and (v) Prevocational evaluation and treatment. <p>(D) The techniques are applied in the treatment of individual patients or clients, in groups, or through social systems</p> <p>History: (Acts 1977, No. 381, § 2; A.S.A. 1947, § 72-1902.)</p>
California	<p>Statute: CA Business and Professions Code-BPC §2570.02-2570.03</p> <p>§2570.02</p> <p>(k) “Practice of occupational therapy” means the therapeutic use of purposeful and meaningful goal-directed activities (occupations) which engage the individual’s body and mind in meaningful, organized, and self-directed actions that maximize independence, prevent or minimize disability, and maintain health. Occupational therapy services encompass occupational therapy assessment, treatment, education of, and consultation with, individuals who have been referred for occupational therapy services subsequent to diagnosis of disease or disorder (or who are receiving occupational therapy services as part of an Individualized Education Plan (IEP) pursuant to the federal Individuals with Disabilities Education Act (IDEA)). Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability. Occupational therapy techniques that are used for treatment involve teaching activities of daily living (excluding speech-language skills); designing or fabricating selective temporary orthotic devices, and applying or training in the use of assistive technology or orthotic and prosthetic devices (excluding gait training). Occupational therapy consultation provides expert advice to enhance function and quality of life. Consultation or treatment may involve modification of tasks or environments to allow an individual to achieve maximum independence. Services are provided individually, in groups, or through social groups.</p> <p>(l) “Hand therapy” is the art and science of rehabilitation of the hand, wrist, and forearm requiring comprehensive knowledge of the upper extremity and specialized skills in assessment and treatment to prevent dysfunction, restore function, or reverse the advancement of pathology. This definition is not intended to prevent an occupational therapist practicing hand therapy from providing other occupational therapy services authorized under this act in conjunction with hand therapy.</p> <p>(m) “Physical agent modalities” means techniques that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity. These techniques are used as adjunctive methods in conjunction with, or in immediate</p>

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	<p>preparation for, occupational therapy services.</p> <p>§2570.03</p> <p>(d) An occupational therapist may provide advanced practices if the therapist has the knowledge, skill, and ability to do so and has demonstrated to the satisfaction of the board that he or she has met educational training and competency requirements. These advanced practices include the following:</p> <ol style="list-style-type: none"> (1) Hand therapy. (2) The use of physical agent modalities. (3) Swallowing assessment, evaluation, or intervention. <p>(e) An occupational therapist providing hand therapy services shall demonstrate to the satisfaction of the board that he or she has completed post professional education and training in all of the following areas:</p> <ol style="list-style-type: none"> (1) Anatomy of the upper extremity and how it is altered by pathology. (2) Histology as it relates to tissue healing and the effects of immobilization and mobilization on connective tissue. (3) Muscle, sensory, vascular, and connective tissue physiology. (4) Kinesiology of the upper extremity, such as biomechanical principles of pulleys, intrinsic and extrinsic muscle function, internal forces of muscles, and the effects of external forces. (5) The effects of temperature and electrical currents on nerve and connective tissue. (6) Surgical procedures of the upper extremity and their postoperative course. <p>(f) An occupational therapist using physical agent modalities shall demonstrate to the satisfaction of the board that he or she has completed post professional education and training in all of the following areas:</p> <ol style="list-style-type: none"> (1) Anatomy and physiology of muscle, sensory, vascular, and connective tissue in response to the application of physical agent modalities. (2) Principles of chemistry and physics related to the selected modality. (3) Physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of a modality. (4) Guidelines for the preparation of the patient, including education about the process and possible outcomes of treatment. (5) Safety rules and precautions related to the selected modality. (6) Methods for documenting immediate and long-term effects of treatment. (7) Characteristics of the equipment, including safe operation, adjustment, indications of malfunction, and care. <p>History: (repealed and added by Stats. 2000, Ch. 697, Sec. 3.; Amended by Stats. 2009, Ch. 307, Sec. 12. Effective January 1, 2010.)</p>
<p>Colorado</p>	<p>Statute: CO Rev Stat §12-40.5-103</p> <p>(9) "Occupational therapy" means the therapeutic use of everyday life activities with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. The practice of occupational therapy includes:</p> <ol style="list-style-type: none"> (a) Methods or strategies selected to direct the process of interventions such as: <ol style="list-style-type: none"> (I) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired; (II) Compensation, modification, or adaptation of an activity or environment to enhance performance;

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	<p>(III) Maintenance and enhancement of capabilities without which performance of everyday life activities would decline;</p> <p>(IV) Promotion of health and wellness to enable or enhance performance in everyday life activities; and</p> <p>(V) Prevention of barriers to performance, including disability prevention;</p> <p>(b) Evaluation of factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, including:</p> <p>(I) Client factors, including body functions such as neuromuscular, sensory, visual, perceptual, and cognitive functions, and body structures such as cardiovascular, digestive, integumentary, and genitourinary systems;</p> <p>(II) Habits, routines, roles, and behavior patterns;</p> <p>(III) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance; and</p> <p>(IV) Performance skills, including motor, process, and communication and interaction skills;</p> <p>(c) Interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, including:</p> <p>(I) Therapeutic use of occupations, exercises, and activities;</p> <p>(II) Training in self-care, self-management, home management, and community and work reintegration;</p> <p>(III) Identification, development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions, sensory processing, and behavioral skills;</p> <p>(IV) Therapeutic use of self, including a person's personality, insights, perceptions, and judgments, as part of the therapeutic process;</p> <p>(V) Education and training of individuals, including family members, caregivers, and others;</p> <p>(VI) Care coordination, case management, and transition services;</p> <p>(VII) Consultative services to groups, programs, organizations, or communities;</p> <p>(VIII) Modification of environments such as home, work, school, or community and adaptation of processes, including the application of ergonomic principles;</p> <p>(IX) Assessment, design, fabrication, application, fitting, and training in assistive technology and adaptive and orthotic devices and training in the use of prosthetic devices, excluding glasses, contact lenses, or other prescriptive devices to correct vision unless prescribed by an optometrist;</p> <p>(X) Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management;</p> <p>(XI) Driver rehabilitation and community mobility;</p> <p>(XII) Management of feeding, eating, and swallowing to enable eating and feeding performance;</p> <p>(XIII) Application of physical agent modalities and therapeutic procedures such as wound management; techniques to enhance sensory, perceptual, and cognitive processing; and manual techniques to enhance performance skills; and</p> <p>(XIV) The use of telehealth pursuant to rules as may be adopted by the director.</p> <p>History: (effective July 1.L. 2013: (2), (7), (8), (9)(c)(III), (9)(c)(IX), (9)(c)(XII), (9)(c)(XIII), and (10) amended, (6.5) and (9)(c)(XIV) added, and (11) repealed, (SB 13-180), ch. 411, p. 2431, § 3, effective June 30.)</p>
<p>Connecticut</p>	<p>Statute: CT Gen Stat §376a Sec.20-74a</p> <p>(1) "Occupational therapy" means the evaluation, planning and implementation of a program of purposeful activities to develop or maintain adaptive skills necessary to achieve the maximal physical and mental functioning of the individual in his daily pursuits. The practice of "occupational therapy" includes, but is not limited to, evaluation and treatment of individuals</p>

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	<p>whose abilities to cope with the tasks of living are threatened or impaired by developmental deficits, the aging process, learning disabilities, poverty and cultural differences, physical injury or disease, psychological and social disabilities, or anticipated disfunction, using (A) such treatment techniques as task-oriented activities to prevent or correct physical or emotional deficits or to minimize the disabling effect of these deficits in the life of the individual, (B) such evaluation techniques as assessment of sensory motor abilities, assessment of the development of self-care activities and capacity for independence, assessment of the physical capacity for prevocational and work tasks, assessment of play and leisure performance, and appraisal of living areas for the handicapped, (C) specific occupational therapy techniques such as activities of daily living skills, the fabrication and application of splinting devices, sensory motor activities, the use of specifically designed manual and creative activities, guidance in the selection and use of adaptive equipment, specific exercises to enhance functional performance and treatment techniques for physical capabilities for work activities. Such techniques are applied in the treatment of individual patients or clients, in groups or through social systems. Occupational therapy also includes the establishment and modification of peer review.</p> <p>History: (P.A. 78-253, S. 1, 11; P.A. 82-472, S. 78, 183; P.A. 89-115, S. 3, 7; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 96-57, S. 2, 3.)</p>
<p>Delaware</p>	<p>Statute: DE Code §24-20-2002</p> <p>(5) "Occupational therapy services" shall mean, but are not limited to:</p> <ul style="list-style-type: none"> a. The assessment, treatment and education of or consultation with the individual, family or other persons; or b. Interventions directed toward developing, improving or restoring daily living skills, work readiness or work performance, play skills or leisure capacities, or enhancing educational performance skills; or c. Providing for the development, improvement or restoration of sensorimotor, oralmotor, perceptual or neuromuscular functioning, or emotional, motivational, cognitive or psychosocial components of performance. <p>These services may require assessment of the need for use of interventions such as the design, development, adaptation, application or training in the use of assistive technology devices; the design, fabrication or application of rehabilitative technology such as selected orthotic devices; training in the use of assistive technology, orthotic or prosthetic devices; the application of thermal agent modalities, including, but not limited to, paraffin, hot and cold packs and fluído therapy, as an adjunct to, or in preparation for, purposeful activity; the use of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness.</p> <p>(7) "Practice of occupational therapy" shall mean the use of goal-directed activities with individuals who are limited by physical limitations due to injury or illness, psychiatric and emotional disorders, developmental or learning disabilities, poverty and cultural differences or the aging process, in order to maximize independence, prevent disability and maintain health.</p> <p>History: (65 Del. Laws, c. 172, § 1; 70 Del. Laws, c. 186, § 1; 71 Del. Laws, c. 293, § 1; 74 Del. Laws, c. 262, § 37.)</p>
<p>District of Columbia</p>	<p>Statute: DC Code §3-1201.02</p> <p>(9) (A) "Practice of occupational therapy" means:</p> <ul style="list-style-type: none"> (i) The therapeutic use of everyday life activities with individuals or groups, with or without compensation, for the purpose of participation in roles and situations in homes, schools, workplaces, communities, and other settings to promote health and welfare for those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction;

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- (ii) Addressing the physical, cognitive, psycho-social, sensory, or other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life;
- (iii) The education and training of persons in the direct care of patients through the use of occupational therapy; and
- (iv) The education and training of persons in the field of occupational therapy.

History: (July 7, 2009, D.C. Law 18-11, § 2(a), 56 DCR 3602)

Regulation: DC Municipal Regulations §6305.1-6305.3

SCOPE OF PRACTICE FOR OCCUPATIONAL THERAPISTS

6305.1 An occupational therapist shall exercise sound judgment and provide adequate care within the practice when using methods that include but are not exclusive of the following American Occupational Therapy Association (AOTA) standards for the scope of practice:

- (a) Establishment, remediation or restoration of skill or ability in a client;
- (b) Compensation, modification, or adaptation of activity or environment to enhance performance;
- (c) Maintenance and enhancement of capabilities without which performance in everyday life would decline;
- (d) Health and wellness promotion to enable or enhance performance in everyday life activities; and
- (e) Prevention of barriers to performance, including disability prevention.

6305.2 An occupational therapist shall exercise sound judgment when evaluating factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation. These factors may include:

- (a) Body functions and body structures;
- (b) Habits, routines, roles, and behavior patterns;
- (c) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance; and
- (d) Performance skills including motor, process, and communication or interaction skills.

6305.3 An occupational therapist shall exercise sound judgment and provide adequate care to a client when administering interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, which may include the following:

- (a) Therapeutic use of occupations, exercises, and activities;
- (b) Training in self-care, self management, home management, and community work reintegration;
- (c) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions, and behavioral skills;
- (d) Therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process;
- (e) Education and training of individuals, involved in the care of the client;
- (f) Care coordination, case management, and transition services;
- (g) Consultative services to groups, programs, organizations, or communities;
- (h) Modification of environments and adaptation of processes, including the application of ergonomic principles;
- (i) Assessment, design, fabrication, application, fitting and training in assistive technology, adaptive devices and orthotic devices, and training in the use of prosthetic devices;
- (j) Assessment, recommendation, and training in techniques to enhance mobility including wheelchair management;
- (k) Driver rehabilitation and community mobility;

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	<p>(l) Management of feeding, eating, and swallowing to enable eating and feeding performance; and (m) Application of physical agent modalities, and use of a range of specific therapeutic procedures to enhance performance skills.</p>
<p>Florida</p>	<p>Statute: FL Stat §32-468.203</p> <p>(4) "Occupational therapy" means the use of purposeful activity or interventions to achieve functional outcomes.</p> <p>(a) For the purposes of this subsection:</p> <ol style="list-style-type: none"> 1. "Achieving functional outcomes" means to maximize the independence and the maintenance of health of any individual who is limited by a physical injury or illness, a cognitive impairment, a psychosocial dysfunction, a mental illness, a developmental or a learning disability, or an adverse environmental condition. 2. "Assessment" means the use of skilled observation or the administration and interpretation of standardized or nonstandardized tests and measurements to identify areas for occupational therapy services. <p>(b) Occupational therapy services include, but are not limited to:</p> <ol style="list-style-type: none"> 1. The assessment, treatment, and education of or consultation with the individual, family, or other persons. 2. Interventions directed toward developing daily living skills, work readiness or work performance, play skills or leisure capacities, or enhancing educational performance skills. 3. Providing for the development of: sensory-motor, perceptual, or neuromuscular functioning; range of motion; or emotional, motivational, cognitive, or psychosocial components of performance. <p>These services may require assessment of the need for use of interventions such as the design, development, adaptation, application, or training in the use of assistive technology devices; the design, fabrication, or application of rehabilitative technology such as selected orthotic devices; training in the use of assistive technology; orthotic or prosthetic devices; the application of physical agent modalities as an adjunct to or in preparation for purposeful activity; the use of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness.</p> <p>(c) The use of devices subject to 21 C.F.R. s. 801.109 and identified by the board is expressly prohibited except by an occupational therapist or occupational therapy assistant who has received training as specified by the board. The board shall adopt rules to carry out the purpose of this provision.</p> <p>History: (s. 3, ch. 75-179; s. 1, ch. 78-18; s. 333, ch. 81-259; s. 2, ch. 81-318; ss. 1, 12, 13, ch. 84-4; s. 1, ch. 90-22; s. 4, ch. 91-429; s. 107, ch. 92-149; s. 123, ch. 97-264.)</p>
<p>Georgia</p>	<p>Statute: GA Code §43-28-3</p> <p>(5) "Occupational therapy" includes but is not limited to the following:</p> <p>(A) Evaluation and treatment of individuals whose abilities to cope with the tasks of living are threatened or impaired by developmental deficiencies, the aging process, learning disabilities, poverty and cultural differences, physical injury or disease, psychological and social disabilities, or anticipated dysfunction. The treatment utilizes task oriented activities to prevent or correct physical, cognitive, or emotional deficiencies or to minimize the disabling effect of these deficiencies in the life of the individual;</p> <p>(B) Such evaluation techniques as assessment of sensory motor abilities, assessment of the development of self-care activities and capacity for independence, assessment of the physical capacity for prevocational and work tasks, assessment of play and leisure performance, and appraisal of living areas for persons with disabilities; and</p>

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	<p>(C) Specific occupational therapy techniques, such as activity analysis, activities of daily living skills, the fabrication and application of splints and adaptive devices, sensory motor activities, the use of specifically designed manual and creative activities, guidance in the selection and use of adaptive equipment, specific exercises and physical agent modalities to enhance physical functional performance, work capacities, and treatment techniques for physical capabilities and cognitive retraining. Such techniques are applied in the treatment of individual patients or clients, in groups, or through social systems.</p> <p>(9) "Physical agent modalities" means treatment techniques which utilize heat, light, sound, cold, electricity, or mechanical devices and also means electrical therapeutic modalities which induce heat or electrical current beneath the skin, including but not limited to therapeutic ultrasound, galvanism, microwave, diathermy, and electromuscular stimulation, and also means hydrotherapy.</p> <p>History: (Ga. L. 1976, p. 993, § 3; Ga. L. 1991, p. 379, §§ 1, 2; Ga. L. 1994, p. 97, § 43; Ga. L. 1995, p. 1302, § 15; Ga. L. 2000, p. 1706, § 19.)</p>
<p>Hawaii</p>	<p>Statute: HI Rev Stat §457G-1.5 Practice of occupational therapy</p> <p>(a) The practice of occupational therapy is the therapeutic use of everyday life activities with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. It includes:</p> <p>(1) Evaluation of factors affecting activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation, including:</p> <p>(A) Client factors, including body functions, such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors; body structures, such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement, values, beliefs, and spirituality;</p> <p>(B) Habits, routines, roles, rituals, and behavior patterns;</p> <p>(C) Occupational and social environments, cultural, personal, temporal, and virtual contexts and activity demands that affect performance; and</p> <p>(D) Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication, and social skills;</p> <p>(2) Methods or approaches selected to direct the process of interventions, including:</p> <p>(A) Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline;</p> <p>(B) Compensation, modification, or adaptation of activity or environment to enhance performance or prevent injuries, disorders, or other conditions;</p> <p>(C) Retention and enhancement of skills or abilities without which performance in everyday life activities would decline;</p> <p>(D) Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities; and</p> <p>(E) Prevention of barriers to performance and participation, including injury and disability prevention; and</p> <p>(3) Interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation, including:</p> <p>(A) Therapeutic use of occupations, exercises, and activities;</p> <p>(B) Training in self-care, self-management, health management and maintenance, home management, community reintegration, work reintegration, school activities, and work performance;</p> <p>(C) Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental,</p>

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	<p>and cognitive functions; pain tolerance and management; and behavioral skills;</p> <p>(D) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process;</p> <p>(E) Education and training of individuals, including family members, caregivers, groups, populations, and others;</p> <p>(F) Care coordination, case management, and transition services;</p> <p>(G) Consultative services to groups, programs, organizations, or communities;</p> <p>(H) Modification of environments, such as home, work, school, or community, and adaptation of processes, including the application of ergonomic principles;</p> <p>(I) Assessment, design, fabrication, application, fitting, and training in seating and positioning; assistive technology; adaptive devices; orthotic devices; and training in the use of prosthetic devices;</p> <p>(J) Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices;</p> <p>(K) Low vision rehabilitation;</p> <p>(L) Driver rehabilitation and community mobility;</p> <p>(M) Management of feeding, eating, and swallowing to enable eating and feeding performance;</p> <p>(N) Application of physical agent modalities and use of a range of specific therapeutic procedures, such as wound care management, interventions to enhance sensory-perceptual and cognitive processing, and manual therapy, to enhance performance skills; and</p> <p>(O) Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.</p> <p>History: (Amended by SB2472CD1-07/14)</p>
<p>Idaho</p>	<p><u>Statute:</u> ID Code §54-3702</p> <p>(10) "Occupational therapy" means the care and services provided by or under the direction and supervision of an occupational therapist.</p> <p>(13) "Practice of occupational therapy" means the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being and quality of life.</p> <p>(a) Develop occupation based plans, methods or strategies selected to direct the process of interventions such as:</p> <ul style="list-style-type: none"> (i) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired. (ii) Compensation, modification, or adaptation of activity or environment to enhance performance. (iii) Maintenance and enhancement of capabilities without which performance in everyday life activities would decline. (iv) Health promotion and wellness to enable or enhance performance in everyday life activities. (v) Prevention of barriers to performance, including disability prevention. <p>(b) Evaluation of factors affecting a client's occupational performance areas of activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:</p> <ul style="list-style-type: none"> (i) Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive), values,

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- beliefs, and spirituality, and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems).
- (ii) Performance patterns, including habits, routines, roles, and behavior patterns.
 - (iii) Contexts and activity demands that affect performance, including cultural, physical, environmental, social, virtual and temporal.
 - (iv) Performance skills, including sensory perceptual skills, motor and praxis skills, emotional regulation skills, cognitive skills, communication and social skills.
- (c) Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, rest and sleep, including:
- (i) Therapeutic use of occupations, exercises, and activities.
 - (ii) Training in self-care, self-management, home management, and community/work reintegration.
 - (iii) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavioral skills.
 - (iv) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.
 - (v) Education and training of individuals, including family members, caregivers, and others.
 - (vi) Care coordination, case management, and transition services.
 - (vii) Consultative services to groups, programs, organizations, or communities.
 - (viii) Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles.
 - (ix) Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, orthotic devices, and prosthetic devices.
 - (x) Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management.
 - (xi) Driver rehabilitation and community mobility.
 - (xii) Management of feeding, eating, and swallowing to enable eating and feeding performance.
 - (xiii) Application of superficial, thermal and mechanical physical agent modalities, and use of a range of specific therapeutic procedures (such as basic wound management; techniques to enhance sensory, perceptual, and cognitive processing; therapeutic exercise techniques to facilitate participation in occupations) to enhance performance skills.
 - (xiv) Use of specialized knowledge and skills as attained through continuing education and experience for the application of deep thermal and electrotherapeutic modalities, therapeutic procedures specific to occupational therapy and wound care management for treatment to enhance participation in occupations as defined by rules adopted by the board.
- (d) Engaging in administration, consultation, testing, education and research as related to paragraphs (a), (b) and (c) of this subsection and further established in rule.

History: (54-3702, added 1987, ch. 69, sec. 1, p. 124; am. 1998, ch. 153, sec. 1, p. 527; am. 2009, ch. 222, sec. 2, p. 691.)

Illinois

Statute: IL Comp Stat §225 ILCS 75/2.2

(6) "Occupational therapy" means the therapeutic use of purposeful and meaningful occupations or goal-directed activities to evaluate and provide interventions for individuals, groups, and populations who have a disease or disorder, an impairment, an

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activity limitation, or a participation restriction that interferes with their ability to function independently in their daily life roles, including activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Occupational therapy services are provided for the purpose of habilitation, rehabilitation, and to promote health and wellness. Occupational therapy may be provided via technology or telecommunication methods, also known as telehealth, however the standard of care shall be the same whether a patient is seen in person, through telehealth, or other method of electronically enabled health care.

Occupational therapy practice may include any of the following:

- (a) remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes;
- (b) modification or adaptation of task, process, or the environment or the teaching of compensatory techniques in order to enhance performance;
- (c) disability prevention methods and techniques that facilitate the development or safe application of performance skills; and
- (d) health and wellness promotion strategies, including self-management strategies, and practices that enhance performance abilities.

The licensed occupational therapist or licensed occupational therapy assistant may assume a variety of roles in his or her career including, but not limited to, practitioner, supervisor of professional students and volunteers, researcher, scholar, consultant, administrator, faculty, clinical instructor, fieldwork educator, and educator of consumers, peers, and family.

(7) "Occupational therapy services" means services that may be provided to individuals, groups, and populations, when provided to treat an occupational therapy need, including the following:

- (a) evaluating, developing, improving, sustaining, or restoring skills in activities of daily living, work, or productive activities, including instrumental activities of daily living and play and leisure activities;
- (b) evaluating, developing, remediating, or restoring sensorimotor, cognitive, or psychosocial components of performance with considerations for cultural context and activity demands that affect performance;
- (c) designing, fabricating, applying, or training in the use of assistive technology, adaptive devices, seating and positioning, or temporary, orthoses and training in the use of orthoses and prostheses;
- (d) adapting environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles;
- (e) for the occupational therapist or occupational therapy assistant possessing advanced training, skill, and competency as demonstrated through criteria that shall be determined by the Department, applying physical agent modalities as an adjunct to or in preparation for engagement in occupations;
- (f) evaluating and providing intervention in collaboration with the client, family, caregiver, or others;
- (g) educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions;
- (h) consulting with groups, programs, organizations, or communities to provide population-based services;
- (i) assessing, recommending, and training in techniques to enhance functional mobility, including wheelchair management;
- (j) driver rehabilitation and community mobility;
- (k) management of feeding, eating, and swallowing to enable or enhance performance of these tasks;
- (l) low vision rehabilitation;
- (m) lymphedema and wound care management;
- (n) pain management; and
- (o) care coordination, case management, and transition services.

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	<p>History: (P.A. 98-264, eff. 12-31-13.)</p> <p>Regulation: IL Admin Code Title 68 § 1315.162 Occupational therapy services include the use of physical agent modalities for occupational therapists and occupational therapy assistants who have the training, skill and competency to apply these modalities.</p> <p>a) Physical agent modalities:</p> <ol style="list-style-type: none"> 1) refer to those modalities that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity; 2) are characterized as adjunctive methods used in conjunction with or in immediate preparation for: patient involvement in purposeful activity; the use of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness; and 3) include but are not limited to the following: <ol style="list-style-type: none"> A) electrical stimulation; B) iontophoresis; C) superficial heating agents; D) cryotherapy; and E) deep heating agents. <p>History: (Amended at 35 Ill. Reg. 17609, effective November 4, 2011)</p>
<p>Indiana</p>	<p>Statute: IN Code §25-23.5-1-5</p> <p>"Practice of occupational therapy"</p> <p>Sec. 5. "Practice of occupational therapy" means the therapeutic use of everyday life occupations and occupational therapy services to:</p> <ol style="list-style-type: none"> (1) aid individuals or groups to participate in meaningful roles and situations in the home, school, the workplace, the community, or other settings; (2) promote health and wellness through research and practice; and (3) serve individuals or groups who are well but have been or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. <p>The practice of occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect a person's health, well-being, and quality of life throughout the person's life span.</p> <p>History: (As added by P.L.238-1989, SEC.1. Amended by P.L.197-2007, SEC.61. P.L.67-2014, SEC.1.)</p> <p>IN Code §25-23.5-1-6.5</p> <p>"Occupational therapy services"</p> <p>Sec. 6.5. "Occupational therapy services" means services that are provided to promote health and wellness, prevent disability, preserve functional capabilities, prevent barriers for occupational performance from occurring, and enable or improve performance in everyday activities, including services that do the following:</p> <ol style="list-style-type: none"> (1) Establish, remediate, or restore a skill or ability that is impaired or not yet developed. Occupational therapy services include identifying speech, language, and hearing that are impaired or not yet developed, but does not

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	<p>include the remediation of speech, language, and hearing skills and abilities.</p> <p>(2) Modify or adapt a person or an activity or environment of a person or compensate for a loss of a person's functions.</p> <p>(3) Evaluate factors that affect daily living activities, instrumental activities of daily living, and other activities relating to work, play, leisure, education, and social participation. These factors may include body functions, body structure, habits, routines, role performance, behavior patterns, sensory motor skills, cognitive skills, communication and interaction skills, and cultural, physical, psychosocial, spiritual, developmental, environmental, and socioeconomic contexts and activities that affect performance.</p> <p>(4) Perform interventions and procedures relating to the factors described in subdivision (3), including the following:</p> <ul style="list-style-type: none"> (A) Task analysis and therapeutic use of occupations, exercises, and activities. (B) Education and training in self-care, self-management, home management, and community or work reintegration. (C) Care coordination, case management, transition, and consultative services. (D) Modification of environments and adaptation processes, including the application of ergonomic and safety principles. (E) Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices. <p>However, this does not include the following:</p> <ul style="list-style-type: none"> (i) Gait training. (ii) Training in the use of hearing aids, tracheoesophageal valves, speaking valves, or electrolarynx devices related to the oral production of language. (iii) Remediation of speech, language, and hearing disorders. (iv) Fabrication of shoe inserts. <p>(F) Assessment, recommendation, and training in techniques to enhance safety, functional mobility, and community mobility, including wheelchair management and mobility.</p> <p>However, this does not include gait training.</p> <p>(G) Management of feeding, eating, and swallowing to enable eating and feeding performance.</p> <p>(H) Application of physical agent modalities and use of a range of specific therapeutic procedures used in preparation for or concurrently with purposeful and occupation based activities, including techniques to enhance sensory-motor, perceptual, and cognitive processing, manual therapy techniques, and adjunctive and preparatory activities for occupational performance. However, manual therapy does not include spinal manipulation, spinal adjustment, or grade 5 mobilization.</p> <p>History: (As added by P.L.67-2014, SEC.2)</p>
<p>Iowa</p>	<p>Statute: IA Code Title 4-Public Health §148B.2</p> <p>3. "Occupational therapy" means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. "Occupational</p>

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	<p>therapy” includes but is not limited to providing assessment, design, fabrication, application, and fitting of selected orthotic devices and training in the use of prosthetic devices.</p> <p>History: (2007 Acts, ch 10, §102; 2012 Acts, ch 1101, §6)</p>
<p>Kansas</p>	<p>Statute: KS Stat §65-5402</p> <p>(b) "Practice of occupational therapy" means the therapeutic use of purposeful and meaningful occupations (goal-directed activities) to evaluate and treat, pursuant to the referral, supervision, order or direction of a physician, a licensed podiatrist, a licensed dentist, a licensed physician assistant, or a licensed advanced practice registered nurse working pursuant to the order or direction of a person licensed to practice medicine and surgery, a licensed chiropractor, or a licensed optometrist, individuals who have a disease or disorder, impairment, activity limitation or participation restriction that interferes with their ability to function independently in daily life roles and to promote health and wellness. Occupational therapy intervention may include:</p> <ol style="list-style-type: none"> (1) Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological cognitive processes; (2) adaptation of tasks, process, or the environment or the teaching of compensatory techniques in order to enhance performance; (3) disability prevention methods and techniques that facilitate the development or safe application of performance skills; and (4) health promotion strategies and practices that enhance performance abilities. <p>(c) "Occupational therapy services" include, but are not limited to:</p> <ol style="list-style-type: none"> (1) Evaluating, developing, improving, sustaining, or restoring skills in activities of daily living (ADL), work or productive activities, including instrumental activities of daily living (IADL) and play and leisure activities; (2) evaluating, developing, remediating, or restoring sensorimotor, cognitive or psychosocial components of performance; (3) designing, fabricating, applying, or training in the use of assistive technology or orthotic devices and training in the use of prosthetic devices; (4) adapting environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles; (5) applying physical agent modalities as an adjunct to or in preparation for engagement in occupations; (6) evaluating and providing intervention in collaboration with the client, family, caregiver or others; (7) educating the client, family, caregiver or others in carrying out appropriate nonskilled interventions; and (8) consulting with groups, programs, organizations or communities to provide population-based services. <p>History: (L. 1986, ch. 323, § 2; L. 2002, ch. 203, § 4; L. 2005, ch. 117, § 2; L. 2011, ch. 114, § 58; Jan. 1, 2012.)</p>
<p>Kentucky</p>	<p>Statute: KY Rev Stat; Title 26; §319A.010</p> <p>(2) "Practice of occupational therapy" means the therapeutic use of purposeful and meaningful occupations (goal-directed activities) to evaluate and treat individuals who have a disease or disorder, impairment, activity limitation, or participation restriction that interferes with their ability to function independently in daily life roles, and to promote health and wellness. Occupational therapy intervention may include:</p> <ol style="list-style-type: none"> (a) Remediation or restoration, through goal-directed activities, of those performance abilities that are limited due to

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impairment in biological, physiological, or neurological processes;
(b) Adaptation of task, process, or the environment or the teaching of compensatory techniques to enhance performance;
(c) Disability prevention methods and techniques that facilitate the development or safe application of performance skills;
and
(d) Health promotion strategies and practices that enhance performance abilities;

- (6) "Occupational therapy services" include but are not limited to:
- (a) Evaluating, developing, improving, sustaining, or restoring skills in basic and instrumental activities of daily living (BADLs and IADLs), work or productive activities, and play and leisure activities;
 - (b) Evaluating, developing, remediating, or restoring components of performance as they relate to sensorimotor, cognitive, or psychosocial aspects;
 - (c) Designing, fabricating, applying, and training in the use of assistive technology or orthotic devices and training in the use of prosthetic devices for functional mobility and activities of daily living;
 - (d) Adapting environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles;
 - (e) Applying superficial physical agent modalities as an adjunct to or in preparation for engagement in occupations;
 - (f) Applying deep physical agent modalities as an adjunct to or in preparation for engagement in occupations, in accordance with KRS 319A.080;
 - (g) Evaluating and providing intervention in collaboration with the client, family, caregiver, or others;
 - (h) Educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions; and
 - (i) Consulting with groups, programs, organizations, or communities to provide population-based services;

(8) "Deep physical agent modalities" means any device that uses sound waves or agents which supply or induce an electric current through the body, which make the body a part of the circuit, including iontophoresis units with a physician's prescription, ultrasound, transcutaneous electrical nerve stimulation units and functional electrical stimulation, or microcurrent devices; and

(9) "Superficial physical agent modalities" means hot packs, cold packs, ice, fluidotherapy, paraffin, water, and other commercially available superficial heating and cooling devices.

History: (Amended 2002 Ky. Acts ch.b14, sec.b1, effective July 15, 2002. --Amended 1994 Ky. Acts ch.b405, sec.b84, effective July 15, 1994. – Amended 1988 Ky. Acts ch.b311, sec.b1, effective July 15, 1988. -- Created 1986 Ky. Acts ch.b78, sec.b1, effective July 15, 1986.)

Regulation: KY Admin Reg 201 KAR 28:010; 201 KAR 28:190

201 KAR 28:010

(6) "Basic activities of daily living" means tasks or activities that are oriented toward taking care of one's own body; those tasks that are performed daily by an individual that pertain to and support one's self-care, mobility, and communication; and includes the following activities:

- (a) Bathing and showering;
- (b) Bowel and bladder management;
- (c) Dressing;

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- (d) Eating and feeding;
 - (e) Functional mobility;
 - (f) Personal device care;
 - (g) Personal hygiene and grooming;
 - (h) Sexual activity;
 - (i) Sleep and rest; and
 - (j) Toilet hygiene.
- (9) "Cognitive components" means the skill and performance of the mental processes necessary to know or comprehend by understanding with such skills including: orientation, conceptualization, and comprehension, including concentration, attention span, memory, and cognitive integration including generalization, and problem-solving.
- (10) "Components of performance" means the demands of an activity which include human, object and contextual factors including objects, space, social demands, sequencing or timing, required actions for performance and required underlying body functions and structures needed to carry out activities.
- (13) "Ergonomic principles" means:
- (a) The study of:
 - 1. Relationships between components of performance;
 - 2. People as it relates to their occupations, the equipment they use and their environment; and
 - 3. The application of that knowledge and skill as it focuses upon maximizing efficiency in the areas of production, quality and safety; and
 - (b) Principles that are utilized by occupational therapists to optimize an individual's occupational performance in the areas of self-care, productivity, work, and leisure and may include job analysis, consultation, and educational activities.
- (14) "Functional mobility" means moving from one (1) position or place to another including in-bed mobility, wheelchair mobility, transportation of objects through space, and functional ambulating and transfers.
- (15) "Gait training" means the instruction of proper walking patterns.
- (17) "Instrumental activities of daily living" means complex tasks or activities that are oriented toward interacting with the environment and are essential to self-maintenance matters which extend beyond personal care, including:
- (a) Care of others;
 - (b) Care of pets;
 - (c) Child rearing;
 - (d) Communication device use;
 - (e) Financial management;
 - (f) Health management and maintenance;
 - (g) Home establishment, management, and maintenance;
 - (h) Meal preparation and cleanup;
 - (i) Safety procedures and emergency responses;
 - (j) Shopping; and
 - (k) Selection and supervision of caregivers.
- (18) "Occupations" means activities, tasks or roles that individuals engage in which provide intrinsic value and meaning for the individual, society, and culture.
- (25) "Performance skills" means the observable actions of a person that have implicit functional purposes, including motor skills, processing skills, interaction skills, and communication skills.
- (26) "Prevention" means the skill and the performance of the person to minimize debilitation with the treatment focusing on energy conservation, including activity restriction, work simplification, and time management, joint protection and body

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	<p>mechanics, including proper posture, body mechanics, and avoidance of excessive weight bearing, positioning, and coordination of daily living activities.</p> <p>(27) "Psychosocial component" means the skill and performance in self-management and interaction skills with such skills including: self-expression, self-control, interaction with another person, and interaction with groups of three (3) or more people.</p> <p>(28) "Remediation" means an intervention approach designed to change client variables to establish a performance skill or ability that has not yet developed.</p> <p>(29) "Restoration" means to restore a performance skill or ability that has been impaired.</p> <p>(30) "Sensorimotor components" means the skill and performance of patterns of sensory and motor behavior of a person undergoing treatment with skills including neuromuscular activity, including reflex integration, range of motion, gross and fine motor coordination, strength and endurance, and sensory integration, including sensory awareness, visual-spatial awareness, and body integration.</p> <p>History: (13 Ky.R. 1175; eff. 1-13-87; Am. 14 Ky.R. 1847; eff. 4-14-88; 20 Ky.R. 1050; 1852; eff. 2-10-94; 30 Ky.R. 79; 849; 1205; eff. 10-15-2003; 37 Ky.R. 1005; Am. 1420; eff. 12-15-2010.)</p> <p>201 KAR 28:190. Occupational therapy low-vision and visual-therapy services.</p> <p>Section 1. Definitions.</p> <p>(3) "Low-vision services" means occupational therapy services designed for the purpose of maximizing the use of residual vision in order to maintain or restore function in daily life roles and activities. Low-vision services include:</p> <ul style="list-style-type: none"> (a) Occupational profiling, analysis of occupational performance, and intervention planning that focuses on adapting or altering environments and processes and the implementation of the intervention plan; and (b) Training in the use of assistive technology for the purpose of improving performance skills and performance abilities in basic and instrumental activities of daily living, work or productive activities, play, and leisure. <p>(5) "Visual-therapy services" means occupational therapy services designed for the purpose of maximizing visual perceptual components of performance in order to restore or maintain daily life roles and activities.</p> <p>(6) "Visually related rehabilitative treatment plan" means a comprehensive vision plan of care for the rehabilitation and treatment of the visually-impaired or legally-blind individual which is developed by the optometrist, ophthalmologist, or physician after the evaluation and diagnosis of the individual client and which includes a general description of the low-vision services and the visual-therapy services that are to be provided by the OT/L. A visually-related rehabilitative treatment plan is periodically reviewed by the optometrist, ophthalmologist, or physician.</p> <p>Section 2. Provision of Low-vision and Visual-therapy Services.</p> <p>(2) (a) The low-vision or visual-therapy services which an OT/L may provide shall include:</p> <ul style="list-style-type: none"> 1. Adapting environments and processes; and 2. Training in the use of assistive technology for the purpose of improving performance skills and performance abilities in basic and instrumental activities of daily living, work or productive activities and play and leisure. <p>(b) Low-vision and visual-therapy services shall not include independent diagnostic vision evaluations or the development of a comprehensive vision plan for the rehabilitation and treatment for individuals with visual impairments.</p> <p>History: (32 Ky.R. 173; 867; eff. 11-16-2005.)</p>
Louisiana	Statute: LA Rev Stat §37:3003

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	<p>B.(1) "Occupational therapy" means the application of any activity in which one engages for the purposes of evaluation, interpretation, treatment planning, and treatment of problems interfering with functional performance in persons impaired by physical illness or injury, emotional disorders, congenital or developmental disabilities, or the aging process, in order to achieve optimum functioning and prevention and health maintenance. The occupational therapist may enter a case for the purposes of providing consultation and indirect services and evaluating an individual for the need of services. Prevention, wellness, and education related services shall not require a referral; however, in workers' compensation injuries preauthorization shall be required by the employer or workers' compensation insurer or provider. Implementation of direct occupational therapy to individuals for their specific medical condition or conditions shall be based on a referral or order from a physician, advanced practice registered nurse, dentist, podiatrist, or optometrist licensed to practice. Practice shall be in accordance with published standards of practice established by the American Occupational Therapy Association, Inc., and the essentials of accreditation established by the agencies recognized to accredit specific facilities and programs.</p> <p>(2) Specific occupational therapy services include, but are not limited to activities of daily living (ADL); the design, fabrication, and application of prescribed temporary splints; sensorimotor activities; the use of specifically designed crafts; guidance in the selection and use of adaptive equipment; therapeutic activities to enhance functional performance; prevocational evaluation and training and consultation concerning the adaptation of physical environments for the handicapped. These services are provided to individuals or groups through medical, health, educational, and social systems.</p> <p>History: (Added by Acts 1979, No. 566, §1. Acts 1988, No. 326, §2, eff. July 7, 1988; Acts 2001, No. 599, §1; Acts 2003, No. 839, §1, eff. July 1, 2003.)</p>
<p>Maine</p>	<p><u>Statute:</u> ME Rev Stat 32-32 §2272</p> <p>12. Occupational therapy. "Occupational therapy" means the assessment, planning and implementation of a program of purposeful activities to develop or maintain adaptive skills necessary to achieve the maximal physical and mental functioning of the individual in the individual's daily pursuits. The practice of "occupational therapy" includes, but is not limited to, assessment and treatment of individuals whose abilities to cope with the tasks of living are threatened or impaired by developmental deficits, the aging process, learning disabilities, poverty and cultural differences, physical injury or disease, psychological and social disabilities or anticipated dysfunction, using:</p> <ul style="list-style-type: none"> A. Treatment techniques such as task-oriented activities to prevent or correct physical or emotional deficits or to minimize the disabling effect of these deficits in the life of the individual; B. Assessment techniques such as assessment of cognitive and sensory motor abilities, assessment of the development of self-care activities and capacity for independence, assessment of the physical capacity for prevocational and work tasks, assessment of play and leisure performance and appraisal of living areas for the disabled; and C. Specific occupational therapy techniques such as daily living skill activities, the fabrication and application of splinting devices, sensory motor activities, the use of specifically designed manual and creative activities, guidance in the selection and use of adaptive equipment, specific exercises to enhance functional performance and treatment techniques for physical capabilities for work activities <p>The techniques may be applied in the treatment of individuals or groups.</p> <p>History: (1997, c. 294, §2)</p>
<p>Maryland</p>	<p><u>Statute:</u> MD Health Occupations Code GHO §10-101</p> <p>(i) (1) "Limited occupational therapy" means participation, while under the periodic supervision of a licensed occupational</p>

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	<p>therapist, in:</p> <ul style="list-style-type: none">(i) An initial screening and evaluation that applies the principles and procedures of occupational therapy; and(ii) A treatment program that applies the principles and procedures of occupational therapy. <p>(2) “Limited occupational therapy” does not include:</p> <ul style="list-style-type: none">(i) Initiation and interpretation of evaluation data; and(ii) Initiation of a treatment program before the client has been evaluated and a licensed occupational therapist has rendered a treatment plan. <p>(l) “Occupational therapy” means the therapeutic use of purposeful and meaningful goal-directed activities to evaluate, consult, and treat individuals who:</p> <ul style="list-style-type: none">(1) Have a disease or disorder, impairment, activity limitation, or participation restriction that interferes with their ability to function independently in daily life roles; or(2) Benefit from the prevention of impairments and activity limitations. <p>(o) “Occupational therapy principles” include:</p> <ul style="list-style-type: none">(1) The use of therapeutic activities that promote independence in daily life roles;(2) Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes;(3) In order to enhance performance, the adaption of task, process, or the environment, or the teaching of compensatory techniques;(4) Methods and techniques for preventing disability that facilitate the development or safe application of performance skills;(5) Health promotion strategies and practices that enhance performance abilities; and(6) Education, instruction, and research in the practice of occupational therapy. <p>(p) (1) “Occupational therapy procedures” include:</p> <ul style="list-style-type: none">(i) Developing, improving, sustaining, or restoring skills in activities of daily living, work, or productive activities, including:<ul style="list-style-type: none">1. Instrumental activities of daily activity; and2. Play and leisure activities;(ii) Developing, remediating, or restoring sensorimotor, perceptual, cognitive, or psychological components of performance;(iii) Designing, fabricating, applying, or training in the use of assistive technology, splinting, or orthotic devices, including training in the use of prosthetic devices;(iv) Adapting environments and processes, including the application of ergonomic principles to enhance performance and safety in daily life roles;(v) Applying physical agent modalities as adjuncts to or in preparation for purposeful activity with appropriate training, as specified by the Board in regulations;(vi) Promoting safe, functional mobility in daily life tasks;(vii) Providing intervention in collaboration with the client, the client’s family, the client’s caregiver, or others;(viii) Educating the client, the client’s family, the client’s caregiver, or others in carrying out appropriate nonskilled interventions; and(ix) Consulting with groups, programs, organizations, and communities to provide population-based services.
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	<p>(2) "Occupational therapy procedures" do not include the adjustment or manipulation of any of the osseous structures of the body or spine.</p> <p>History: (An. Code 1957, art. 43, § 911; 1981, ch. 8, § 2; 1990, ch. 6, § 11; 2000, ch. 412; 2001, ch. 29, § 1; ch. 65; 2010, ch. 72.)</p>
<p>Massachusetts</p>	<p>Statute: MA Gen Laws Title 16, ch 112 §23a</p> <p>"Occupational therapy", the application of principles, methods and procedures of evaluation, problem identification, treatment, education, and consultation which utilizes purposeful activity in order to maximize independence, prevent or correct disability, and maintain health. These services are used with individuals, throughout the life span, whose abilities to interact with their environment are limited by physical injury or illness, disabilities, poverty and cultural differences or the aging process. Occupational therapy includes but is not limited to: (1) administering and interpreting tests necessary for effective treatment planning; (2) developing daily living skills, perceptual motor skills, sensory integrative functioning, play skills and prevocational and vocational work capacities; (3) designing, fabricating or applying selected orthotic and prosthetic devices or selected adaptive equipment; (4) utilizing designated modalities, superficial heat and cold, and neuromuscular facilitation techniques to improve or enhance joint motion muscle function; (5) designing and applying specific therapeutic activities and exercises to enhance or monitor functional or motor performance and to reduce stress; and (6) adapting environments for the handicapped. These services are provided to individuals or groups through medical, health, educational, industrial or social systems.</p> <p>Occupational therapy shall also include delegating of selective forms of treatment to occupational therapy assistants and occupational therapy aides; provided, however, that the occupational therapist so delegating shall assume the responsibility for the care of the patient and the supervision of the occupational therapy assistant or the occupational therapy aide.</p> <p>Regulation: MA Code of Regs 259 CMR 3.01</p> <p>Treatment. A treatment program shall be consistent with the statutory scope of practice and shall:</p> <p>(a) Include the therapeutic use of goal-directed activities, exercises and techniques and the use of group process to enhance occupational performance. Treatment also includes the use of therapeutic agents or techniques in preparation for, or as an adjunct to, purposeful activity to enhance occupational performance. Treatment is directed toward maximizing functional skill and task-related performance for the development of a client's vocational, avocational, daily living or related capacities.</p> <p>(b) Relate to physical, perceptual, sensory neuromuscular, sensory-integrative, cognitive or psychosocial skills.</p> <p>(c) Include, where appropriate for such purposes, and under appropriate conditions, therapeutic agents and techniques based on approaches taught in an occupational therapy curriculum, included in a program of professional education in occupational therapy, specific certification programs, continuing education or in-service education. Such continuing education or in-service education must include documented educational goals and objective testing (written examination, practical examination, and/or written simulation or case study) to ascertain a level of competence. Therapeutic procedures provided must be consistent with the individual's level of competence.</p> <p>(d) Require that appropriate supervision take place when a occupational therapist delegates treatment, including the employment of therapeutic agents and techniques to occupational therapy assistants, students, temporary license holders or occupational therapy aides, rehabilitation aides or persons known by other similar titles.</p> <p>(e) Require that the occupational therapist, occupational therapy assistant, occupational therapist student, and occupational</p>

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	<p>therapy assistant student shall:</p> <ol style="list-style-type: none"> 1. comply with federal and state laws and Board regulations; 2. comply with the AOTA Standards of Practice and Code of Ethics; and 3. provide only those services that are in the best interest of the client.
<p>Michigan</p>	<p>Statute: MI Public Health Code (368-1978-15-183) §333.18301</p> <p>(c) "Occupational therapy services" means those services provided to promote health and wellness, prevent disability, preserve functional capabilities, prevent barriers, and enable or improve performance in everyday activities, including, but not limited to, the following:</p> <ol style="list-style-type: none"> (i) Establishment, remediation, or restoration of a skill or ability that is impaired or not yet developed. (ii) Compensation, modification, or adaptation of a person, activity, or environment. (iii) Evaluation of factors that affect activities of daily living, instrumental activities of daily living, and other activities relating to education, work, play, leisure, and social participation. Those factors include, but are not limited to, body functions, body structure, habits, routines, role performance, behavior patterns, sensory motor skills, cognitive skills, communication and interaction skills, and cultural, physical, psychosocial, spiritual, developmental, environmental, and socioeconomic contexts and activities that affect performance. (iv) Interventions and procedures, including, but not limited to, any of the following: <ol style="list-style-type: none"> (A) Task analysis and therapeutic use of occupations, exercises, and activities. (B) Training in self-care, self-management, home management, and community or work reintegration. (C) Development remediation, or compensation of client factors such as body functions and body structure. (D) Education and training. (E) Care coordination, case management, transition, and consultative services. (F) Modification of environments and adaptation processes such as the application of ergonomic and safety principles. (G) Assessment, design, fabrication, application, fitting, and training in rehabilitative and assistive technology, adaptive devices, and low temperature orthotic devices, and training in the use of prosthetic devices. For the purposes of this sub-subparagraph, the design and fabrication of low temperature orthotic devices does not include permanent orthotics. (H) Assessment, recommendation, and training in techniques to enhance safety, functional mobility, and community mobility such as wheelchair management and mobility. (I) Management of feeding, eating, and swallowing. (J) Application of physical agent modalities and use of a range of specific therapeutic procedures, including, but not limited to, techniques to enhance sensory-motor, perceptual, and cognitive processing, manual therapy techniques, and adjunctive and preparatory activities. (K) Providing vision therapy services or low vision rehabilitation services, if those services are provided pursuant to a referral or prescription from, or under the supervision or comanagement of, a physician licensed under part 170 or 175 or an optometrist licensed under part 174. <p>(e) "Practice of occupational therapy" means the therapeutic use of everyday life occupations and occupational therapy services to aid individuals or groups to participate in meaningful roles and situations in the home, school, workplace, community, and other settings, to promote health and wellness through research and practice, and to serve those individuals or groups who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity</p>

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	<p>limitation, or participation restriction. The practice of occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect a person's health, well-being, and quality of life throughout his or her life span. The practice of occupational therapy does not include any of the following:</p> <ul style="list-style-type: none"> (i) The practice of medicine or osteopathic medicine and surgery or medical diagnosis or treatment. (ii) The practice of physical therapy. (iii) The practice of optometry. <p>History: (Add. 1988, Act 473, Imd. Eff. Dec. 28, 1988 ;-- Am. 2008, Act 523, Imd. Eff. Jan. 13, 2009)</p>
<p>Minnesota</p>	<p>Statute: MN Stat §148.6402 and §148.6404</p> <p>148.6402 DEFINITIONS. Subd. 15. Occupational therapy. "Occupational therapy" means the use of purposeful activity to maximize the independence and the maintenance of health of an individual who is limited by a physical injury or illness, a cognitive impairment, a psychosocial dysfunction, a mental illness, a developmental or learning disability, or an adverse environmental condition. The practice encompasses evaluation, assessment, treatment, and consultation. Occupational therapy services may be provided individually, in groups, or through social systems. Occupational therapy includes those services described in section 148.6404.</p> <p>148.6404 SCOPE OF PRACTICE. The practice of occupational therapy by an occupational therapist or occupational therapy assistant includes, but is not limited to, intervention directed toward:</p> <ul style="list-style-type: none"> (1) assessment and evaluation, including the use of skilled observation or the administration and interpretation of standardized or nonstandardized tests and measurements, to identify areas for occupational therapy services; (2) providing for the development of sensory integrative, neuromuscular, or motor components of performance; (3) providing for the development of emotional, motivational, cognitive, or psychosocial components of performance; (4) developing daily living skills; (5) developing feeding and swallowing skills; (6) developing play skills and leisure capacities; (7) enhancing educational performance skills; (8) enhancing functional performance and work readiness through exercise, range of motion, and use of ergonomic principles; (9) designing, fabricating, or applying rehabilitative technology, such as selected orthotic and prosthetic devices, and providing training in the functional use of these devices; (10) designing, fabricating, or adapting assistive technology and providing training in the functional use of assistive devices; (11) adapting environments using assistive technology such as environmental controls, wheelchair modifications, and positioning; (12) employing physical agent modalities, in preparation for or as an adjunct to purposeful activity, within the same treatment session or to meet established functional occupational therapy goals; and (13) promoting health and wellness. <p>History: (2000 c 361 s 2; 2001 c 7 s 35,36; 2004 c 279 art 1 s 19; 2009 c 157 art 1 s 8,9; 2013 c 43 s 28; 2014 c291 art 4 s</p>

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	11)
Mississippi	<p>Statute: MS Code §73-24-3</p> <p>(c) "Occupational therapy" means the therapeutic use of purposeful and meaningful (goal-directed) activities and/or exercises to evaluate and treat an individual who has, or is at risk for, a disease or disorder, impairment, activity limitation or participation restriction which interferes with his ability to function independently in daily life roles and to promote health and wellness across his lifespan.</p> <p>(d) "Occupational therapy intervention" includes:</p> <ul style="list-style-type: none"> (i) Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological processes; (ii) Adaptation of task, process or the environment, or the teaching of compensatory techniques in order to enhance functional performance; (iii) Disability prevention methods and techniques which facilitate the development or safe application of functional performance skills; or (iv) Health promotion strategies and practices which enhance functional performance abilities. <p>(e) "Occupational therapy service" includes, but is not limited to:</p> <ul style="list-style-type: none"> (i) Evaluating, developing, improving, sustaining or restoring skill in activities of daily living (ADLS), work or productive activities, including instrumental activities of daily living (IADLS), play and leisure activities; (ii) Evaluating, developing, remediating or restoring physical, sensorimotor, cognitive or psychosocial components of performance; (iii) Designing, fabricating, applying or training in the use of assistive technology or orthotic devices, and training in the use of prosthetic devices; (iv) Adaptation of environments and processes, including the application of ergonomic principles, to enhance functional performance and safety in daily life roles; (v) Application of physical agent modalities as an adjunct to or in preparation for engagement in an occupation or functional activity; (vi) Evaluating and providing intervention in collaboration with the client, family, caregiver or other person responsible for the client; (vii) Educating the client, family, caregiver or others in carrying out appropriate nonskilled interventions; (viii) Consulting with groups, programs, organizations or communities to provide population-based services; or (ix) Participation in administration, education and research, including both clinical and academic environments. <p>History: (Laws, 1988, ch. 451, § 2; Laws, 2001, ch. 424, § 1, eff from and after July 1, 2001.)</p>
Missouri	<p>Statute: MO Rev Stat §324.050</p> <p>(6) "Occupational therapy", the use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability and which develop, improve, sustain or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental or learning disability, physical disability or other disorder or condition. It shall include assessment by means of skill observation or evaluation through the administration and interpretation of standardized or nonstandardized tests and measurements. Occupational therapy services include, but are not limited to:</p>

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	<p>(a) The assessment and provision of treatment in consultation with the individual, family or other appropriate persons;</p> <p>(b) Interventions directed toward developing, improving, sustaining or restoring daily living skills, including self-care skills and activities that involve interactions with others and the environment, work readiness or work performance, play skills or leisure capacities or enhancing educational performances skills;</p> <p>(c) Developing, improving, sustaining or restoring sensorimotor, oral-motor, perceptual or neuromuscular functioning; or emotional, motivational, cognitive or psychosocial components of performance; and</p> <p>(d) Education of the individual, family or other appropriate persons in carrying out appropriate interventions.</p> <p>Such services may encompass assessment of need and the design, development, adaptation, application or training in the use of assistive technology devices; the design, fabrication or application of rehabilitative technology such as selected orthotic devices, training in the use of orthotic or prosthetic devices; the application of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness;</p> <p>History: (L. 1997 S.B. 141 §§ 1, 2, A.L. 1999 H.B. 343, A.L. 2008 S.B. 788)</p>
<p>Montana</p>	<p>Statute: MT Code §37-24-103</p> <p>(5) "Occupational therapy" means the therapeutic use of purposeful goal-directed activities and interventions to achieve functional outcomes to maximize the independence and the maintenance of health of an individual who is limited by disease or disorders, impairments, activity limitations, or participation restrictions that interfere with the individual's ability to function independently in daily life roles. The practice encompasses evaluation, assessment, treatment, consultation, remediation, and restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes. Occupational therapy services may be provided individually, in groups, or through social systems. Occupational therapy interventions include but are not limited to:</p> <p>(a) evaluating, developing, improving, sustaining, or restoring skills in activities of daily living, work or productive activities, including instrumental activities of daily living, and play and leisure activities;</p> <p>(b) developing perceptual-motor skills and sensory integrative functioning;</p> <p>(c) developing play skills and leisure capacities and enhancing educational performance skills;</p> <p>(d) designing, fabricating, or applying orthotic or prosthetic devices, applying and training in the use of assistive technology, and training in the use of orthotic and prosthetic devices;</p> <p>(e) providing for the development of emotional, motivational, cognitive, psychosocial, or physical components of performance;</p> <p>(f) providing assessment and evaluation, including the use of skilled observation or the administration and interpretation of standardized or nonstandardized tests and measurements to identify areas for occupational therapy services;</p> <p>(g) adaptation of task, process, or the environment, as well as teaching of compensatory techniques, in order to enhance performance;</p> <p>(h) developing feeding and swallowing skills;</p> <p>(i) enhancing and assessing work performance and work readiness through occupational therapy intervention, including education and instruction, activities to increase and improve general work behavior and skill, job site evaluation, on-the-job training and evaluation, development of work-related activities, and supported employment placement;</p> <p>(j) providing neuromuscular facilitation and inhibition, including the activation, facilitation, and inhibition of muscle action, both voluntary and involuntary, through the use of appropriate sensory stimulation, including vibration or brushing, to evoke a desired muscular response;</p> <p>(k) application of physical agent modalities, as defined in this section, as an adjunct to or in preparation for engagement in</p>

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	<p>purposeful goal-directed activity;</p> <ul style="list-style-type: none"> (l) promoting health and wellness; (m) evaluating and providing intervention in collaboration with the client, family, caregiver, or others; (n) educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions; (o) consulting with groups, programs, organizations, or communities to provide population-based services; and (p) use of prescribed topical medications. <p>(8) "Physical agent modalities" means those modalities that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity. Physical agent modalities are characterized as adjunctive methods used in conjunction with or in immediate preparation for patient involvement in purposeful activity. Superficial physical agent modalities include hot packs, cold packs, ice, fluidotherapy, paraffin, water, and other commercially available superficial heating and cooling devices. Use of superficial physical agent modalities is limited to the shoulder, arm, elbow, forearm, wrist, and hand and is subject to the provisions of 37-24-105. Use of sound and electrical physical agent modality devices is limited to the shoulder, arm, elbow, forearm, wrist, and hand and is subject to the provisions of 37-24-106.</p> <p>History: (En. Sec. 3, Ch. 629, L. 1985; amd. Sec. 1, Ch. 35, L. 1991; amd. Sec. 1, Ch. 297, L. 1993; amd. Sec. 131, Ch. 483, L. 2001; amd. Sec. 1, Ch. 101, L. 2003.)</p>
<p>Nebraska</p>	<p><u>Statute:</u> NE Code §38-2510 and §38-2526</p> <p>38-2510. Occupational therapy, defined.</p> <p>(1) Occupational therapy means the use of purposeful activity with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the aging process in order to maximize independent function, prevent further disability, and achieve and maintain health and productivity.</p> <p>(2) Occupational therapy encompasses evaluation, treatment, and consultation and may include (a) remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes, (b) adaptation of task, process, or the environment, or the teaching of compensatory techniques, in order to enhance performance, (c) disability prevention methods and techniques which facilitate the development or safe application of performance skills, and (d) health promotion strategies and practices which enhance performance abilities.</p> <p>38-2526. Occupational therapist; services authorized.</p> <p>An occupational therapist may perform the following services:</p> <ul style="list-style-type: none"> (1) Evaluate, develop, improve, sustain, or restore skills in activities of daily living, work activities, or productive activities, including instrumental activities of daily living, and play and leisure activities; (2) Evaluate, develop, remediate, or restore sensorimotor, cognitive, or psychosocial components of performance; (3) Design, fabricate, apply, or train in the use of assistive technology or orthotic devices and train in the use of prosthetic devices; (4) Adapt environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles; (5) If certified pursuant to section 38-2530, apply physical agent modalities as an adjunct to or in preparation for engagement in occupations when applied by a practitioner who has documented evidence of possessing the theoretical background and technical skills for safe and competent use; (6) Evaluate and provide intervention in collaboration with the client, family, caregiver, or others; (7) Educate the client, family, caregiver, or others in carrying out appropriate nonskilled interventions; and

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	<p>(8) Consult with groups, programs, organizations, or communities to provide population-based services.</p> <p>History: (Laws 2004, LB 1005, § 124; R.S.Supp.,2006, § 71-6118; Laws 2007, LB463, § 850.)</p>
<p>Nevada</p>	<p><u>Statute:</u> NV Rev Stat §640a.050</p> <p>“Occupational therapy” defined. “Occupational therapy” means the use of evaluations, teachings and interventions to facilitate the activities of daily living of a client in groups or on an individual basis to enable the client to participate in and perform activities of daily living in various settings, including, without limitation, at home, at school, in the workplace and in the community. The term includes:</p> <ol style="list-style-type: none"> 1. Providing services for habilitation, rehabilitation and the promotion of health and wellness to a client; 2. Assisting a client in achieving the highest practicable physical, cognitive and psychosocial well-being to improve the physical and mental health of the client and the quality of life of the client; 3. Teaching a client skills for daily living; 4. Assisting a client in the development of cognitive and perceptual motor skills, and in the integration of sensory functions; 5. Assisting a client in learning to play and to use his or her leisure time constructively; 6. Assisting a client in developing functional skills necessary to be considered for employment; 7. Assessing the need for, designing, constructing and training a client in the use and application of selected orthotic devices and adaptive equipment; 8. Assessing the need for prosthetic devices for the upper body and training a client in the functional use of prosthetic devices; 9. Teaching a client crafts and exercises designed to enhance his or her ability to function normally; 10. Administering to a client manual tests of his or her muscles and range of motion, and interpreting the results of those tests; 11. Incorporating into the treatment of a client the safe and appropriate use of physical agent modalities and techniques which have been acquired through an appropriate program of education approved by the Board pursuant to subsection 2 of NRS 640A.120, or through a program of continuing education or higher education; and 12. Adapting the environment of a client to reduce the effects of handicaps. <p>History: (Added to NRS by 1991, 986; A 2013, 275)</p>
<p>New Hampshire</p>	<p><u>Statute:</u> NH Rev Stat Title 30 §326-C:1</p> <p>III. "Occupational therapy" means the therapeutic use of purposeful and meaningful occupations or goal-directed activities to evaluate and treat individuals who have a disease or disorder, impairment, activity limitation, or participation restriction which interferes with their ability to function independently in daily life roles, and to promote health and wellness.</p> <p>(a) Occupational therapy intervention may include:</p> <ol style="list-style-type: none"> (1) Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes. (2) Adaptation of task, process, or the environment, or the teaching of compensatory techniques, in order to enhance performance. (3) Disability prevention methods and techniques which facilitate the development or safe application of performance skills. (4) Health promotion strategies and practices which enhance performance abilities.

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	<p>(b) Occupational therapy services include, but are not limited to:</p> <ol style="list-style-type: none"> (1) Evaluating, developing, improving, sustaining or restoring skills in activities of daily living, work or productive activities, including instrumental activities of daily living, and play and leisure activities. (2) Evaluating, developing, remediating, or restoring sensorimotor, cognitive, or psychosocial components of performance. (3) Designing, fabricating, applying, or training in the use of assistive technology or orthotic devices, and training in the use of prosthetic devices. (4) Adaptation of environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles. (5) Application of physical agent modalities as an adjunct to, or in preparation for, engagement in purposeful activities and occupations. (6) Evaluating and providing intervention in collaboration with the client, family, caregiver, or others. (7) Educating the client, family, caregiver, or others in carrying out appropriate non-skilled interventions. (8) Consulting with groups, programs, organizations, or communities to provide population-based services. <p>History: (2003, 310:1, eff. July 1, 2003.)</p>
<p>New Jersey</p>	<p><u>Statute:</u> NJ Rev Stat §45:9-37.53</p> <p>"Occupational therapy" means the evaluation, planning and implementation of a program of purposeful activities to develop or maintain functional skills necessary to achieve the maximal physical or mental functioning, or both, of the individual in his daily occupational performance. The tasks of daily living may be threatened or impaired by physical injury or illness, developmental deficits, sensorimotor dysfunction, psychological and social dysfunction, the aging process, poverty, or cultural deprivation. Occupational therapy utilizes task oriented activities adapted to prevent or correct physical or emotional deficits as well as to minimize the disabling effects of those deficits on the life of the individual. Occupational therapy services include the use of specific techniques which enhance functional performance and include, but are not limited to, the evaluation and assessment of an individual's self care, lifestyle performance patterns, work skills, performance related cognitive, sensory, motor, perceptual, affective, interpersonal and social functioning, vocational and prevocational capacities, the design, fabrication and application of adaptive equipment or prosthetic or orthotic devices, excluding dental devices, the administration of standardized and nonstandardized assessments, and consultation concerning the adaptation of physical environments for the handicapped. These services are provided to individuals or groups through medical, health, educational and social systems.</p> <p>"Purposeful activities" means acts and occupations of craftsmanship and workmanship, as well as creative, educational, or other activities, which in whole or in part are used to correct, compensate for or prevent dysfunction in the tasks and activities of everyday living, and which simultaneously incorporate personally and culturally relevant biological, psychological and social elements that produce positive adaptation and motivational behavior.</p> <p>History: (L.1993,c.85,s.3.)</p> <p><u>Regulation:</u> NJ Admin Code 13:44K-1.2; 13-44K-5.1 and 13-44K5.2</p> <p>13:44K-1.2</p>

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"Occupational therapy services" means the use of specific techniques which enhance the functional performance of a client, including the evaluation and assessment of a client's self-care, lifestyle performance patterns, work skills, performance related cognitive, sensory, motor, perceptual, affective, interpersonal and social functioning, vocational and prevocational capacities. Occupational therapy services also includes the design, fabrication and application of adaptive equipment or prosthetic or orthotic devices, excluding dental devices, the utilization of physical agent modalities, the administration of standardized and non-standardized assessments and consultation, including recommendations for the adaptation of physical environments.

13:44K-5.1

a) The scope of practice of a licensed occupational therapist shall include:

- 1) The provision of direct, indirect and/or consultative services to a client affected by physical, psycho-social, cognitive, congenital and/or developmental disorders or the aging process, to improve and/or prevent loss of physical or mental functioning and to promote wellness;
- 2) The administration of standardized and/or non-standardized assessments and/or the observation of a client and the environment to identify areas of functional abilities or deficits. Areas, which may be assessed shall include the performance of activities of daily living, including recreation, leisure or work related skills, which are affected by sensory, motor, developmental, perceptual, cognitive and/ or psycho-social abilities;
- 3) The interpretation of the results of the assessment process described in (a)2 above, to determine the need for an intervention plan for the client. Such a plan shall be developed and administered by the occupational therapist in collaboration with the client, the client's family and related medical, health, educational or social agencies or professionals;
- 4) The development and utilization of, and education and training in, purposeful, task-oriented activities for the client to improve, restore and/or maintain optimal performance of life skills, roles and functions including work, recreation, leisure skills and activities of daily living;
- 5) The design, fabrication, application and/or selection of adaptive equipment, prosthetics and/or orthotic devices, except dental devices;
- 6) Consultation concerning the adaptation of physical environments; and
- 7) The utilization of physical agent modalities, consistent with N.J.A.C. 13:44K-5.4, as an adjunct to, or in preparation for, purposeful activities to enhance occupational performance with which the licensee is familiar as a result of training and experience.

13:44K-5.2

a) The scope of practice of a licensed occupational therapy assistant, working under the supervision of a licensed occupational therapist as provided in N.J.A.C. 13:44K-6.1, shall include:

- 1) The provision of direct, indirect and/or consultative services to a client affected by physical, psycho-social, cognitive, congenital and/or developmental disorders or the aging process, to improve and/or prevent loss of physical or mental functioning and to promote wellness;
- 2) The administration of standardized and/or non-standardized assessments and/or the observation of a client and the environment to assist in the identification of functional abilities or deficits. Areas, which may be assessed shall include the performance of activities of daily living, including recreation, leisure or work related skills which are affected by sensory, motor, developmental, perceptual, cognitive and/or psycho-social abilities;
- 3) Assisting in the development and implementation of an intervention plan for the client;
- 4) The development and utilization of, and education and training in, purposeful, task-oriented activities for the client to improve, restore and/or maintain optimal performance of life skills, roles and functions including work, recreation, leisure

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	<p>skills and the activities of daily living; 5) The design, fabrication, application and/or selection of adaptive equipment, prosthetics and/or orthotic devices, except dental devices; 6) Consultation concerning the adaptation of physical environments; and 7) The utilization of physical agent modalities, consistent with N.J.A.C. 13:44K-5.4, as an adjunct to, or in preparation for, purposeful activity to enhance occupational performance with which the licensee is familiar as a result of training and experience.</p> <p>History: (Last Revision Date: 11/7/2011)</p>
<p>New Mexico</p>	<p>Statute: NM Rev Stat §61-12A-3 and §61-12A-4</p> <p>61-12A-3 F. "occupational therapy" means the therapeutic use of everyday life activities with persons or groups to participate in roles and situations in home, school, workplace, community and other settings to promote health and wellness in clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation or participation restriction. "Occupational therapy" includes addressing the physical, cognitive, psychosocial, sensory and other aspects of performance in a variety of contexts to support a client's engagement in everyday life activities that affect health, well-being and quality of life;</p> <p>61-12A-4. Occupational therapy services include: A. selected strategies to direct the process of interventions, such as: (1) establishment, remediation or restoration of a skill or ability that has not yet developed or is impaired; (2) compensation, modification or adaptation of activity or environment to enhance performance; (3) maintenance and enhancement of capabilities without which performance in everyday life activities would decline; (4) health promotion and wellness to enable enhanced performance in everyday life activities; and (5) prevention of barriers to performance, including disability prevention; B. evaluation of factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure and social participation, including: (1) client factors, including neuromuscular, sensory, visual, perceptual and cognitive functions and cardiovascular, digestive, integumentary and genitourinary systems; (2) habits, routines, roles and behavior patterns; (3) cultural, physical, environmental, social and spiritual contexts and activity demands that affect performance; and (4) performance skills, including motor, process and communication and interaction skills; and C. interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, education, work, play, leisure and social participation, including: (1) therapeutic use of occupations, exercises and activities; (2) training in self-care, self-management, home management and community-work reintegration; (3) development, remediation or compensation of physical, cognitive, neuromuscular and sensory functions and behavioral skills; (4) therapeutic use of self, including one's personality, insights, perceptions and judgments, as part of the therapeutic process; (5) education and training of persons, including family members, caregivers and others;</p>

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- (6) care coordination, case management and transition services;
- (7) consultative services to groups, programs, organizations or communities;
- (8) modification of environments and adaptation or processes, including the application of ergonomic principles;
- (9) assessment, design, fabrication, application, fitting and training in assistive technology, adaptive devices and orthotic devices and training in the use of prosthetic devices;
- (10) assessment, recommendation and training in techniques to enhance functional mobility, including wheelchair management;
- (11) driver rehabilitation and community mobility;
- (12) management of feeding, eating and swallowing to enable eating and feeding performance; and
- (13) application of physical agent modalities and use of a range of specific therapeutic procedures such as wound care management; techniques to enhance sensory, perceptual and cognitive processing; and manual therapy techniques to enhance performance skills.

History: (1978 Comp., § 61-12A-3 and § 61-12A-4, enacted by Laws 1996, ch. 55; 2005, ch. 199)

New York

Statute: NY Educ L Title 8, Art 156, §7901

Definition. The practice of the profession of occupational therapy is defined as the functional evaluation of the client, the planning and utilization of a program of purposeful activities, the development and utilization of a treatment program, and/or consultation with the client, family, caregiver or organization in order to restore, develop or maintain adaptive skills, and/or performance abilities designed to achieve maximal physical, cognitive and mental functioning of the client associated with his or her activities of daily living and daily life tasks. A treatment program designed to restore function, shall be rendered on the prescription or referral of a physician, nurse practitioner or other health care provider acting within his or her scope of practice pursuant to this title. However, nothing contained in this article shall be construed to permit any licensee hereunder to practice medicine or psychology, including psychotherapy or to otherwise expand such licensee's scope of practice beyond what is authorized by this chapter.

Regulation: 18 NY Comp Codes Rules and Regs §76.5 and §76.6

§76.5 Definition of occupational therapy practice.

- a. A functional evaluation within the meaning of Education Law, section 7901 may include screening, observing, consulting, administering and/or interpreting standardized and non-standardized assessment tools, and simulating and analyzing activities or environments for the purpose of:
 - 1. assessing levels of functional abilities and deficits resulting from developmental deficit, injury, disease or any limiting condition; and/or
 - 2. identifying areas of function and dysfunction in daily life tasks; and/or
 - 3. determining the need for and the types of initial and/or subsequent occupational therapy.
- b. Purposeful activity is defined as goal-directed behavior aimed at the development of functional daily living skills in the categories of self-care, work, homemaking or play/leisure.
- c. A treatment program within the meaning of Education Law, section 7901 shall be consistent with the statutory scope of practice and may:
 - 1. Include the therapeutic use of goal-directed activities, exercises, or techniques to maximize the client's physical and/or mental functioning in life tasks. Treatment is directed toward maximizing functional skill and task-related performance for the development of a client's vocational, avocational, daily living or related

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capacities.

2. Relate to physical, perceptual, sensory, neuromuscular, sensory-integrative, cognitive or psychosocial skills.
3. Include, where appropriate for such purposes, and under appropriate conditions, modalities and techniques based on approaches taught in an occupational therapy curriculum and included in a program of professional education in occupational therapy registered by the department, and consistent with areas of individual competence. These approaches are based on:
 - i. The neurological and physiological sciences as taught in a registered occupational therapy professional education program. Modalities and techniques may be based on, but not limited to, any one or more of the following:
 - a. sensory integrative approaches;
 - b. developmental approaches;
 - c. sensorimotor approaches;
 - d. neurophysiological treatment approaches;
 - e. muscle reeducation;
 - f. superficial heat and cold; or
 - g. cognitive and perceptual remediation.
 - ii. The behavioral and social sciences as taught in a registered occupational therapy professional education program. Modalities and techniques may be based on, but not limited to, any one or more of the following:
 - a. behavioral principles;
 - b. work-related programs and simulation;
 - c. group dynamics and process; or
 - d. leisure/avocational activities.
 - iii. The biomechanical sciences as taught in a registered occupational therapy professional education program. Modalities and techniques may be based on, but not limited to, any one or more of the following:
 - a. passive, active assistive, and active range of motion;
 - b. muscle strengthening and conditioning;
 - c. positioning;
 - d. participation in design, fabrication, and/or application, and patient education related to orthotics and adaptive equipment;
 - e. evaluation of appropriateness, participation in design concept, application and patient education related to prosthetics;
 - f. daily life tasks;
 - g. adapting the client's environment; or
 - h. work-related programs.
- d. Any treatment program described in this regulation shall be rendered on the prescription or referral of a physician. In accordance with section 7901 and articles 131 and 153 of the Education Law, nothing contained in this regulation shall be construed to permit any licensee hereunder to engage in the practice of medicine or psychology, including psychotherapy.

§76.6 Definition of occupational therapy assistant practice and the use of the title occupational therapy assistant.

- a. An "occupational therapy assistant" shall mean a person authorized in accordance with this Part who provides

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	<p>occupational therapy services under the direction and supervision of an occupational therapist or licensed physician and performs client related activities assigned by the supervising occupational therapist or licensed physician. Only a person authorized under this Part shall participate in the practice of occupational therapy as an occupational therapy assistant, and only a person authorized under this Part shall use the title "occupational therapy assistant."</p> <p>b. As used in this section, client related activities shall mean:</p> <ol style="list-style-type: none"> 1. contributing to the evaluation of a client by gathering data, reporting observations and implementing assessments delegated by the supervising occupational therapist or licensed physician; 2. consulting with the supervising occupational therapist or licensed physician in order to assist him or her in making determinations related to the treatment plan, modification of client programs or termination of a client's treatment; 3. the utilization of a program of purposeful activities, a treatment program, and/or consultation with the client, family, caregiver, or other health care or education providers, in keeping with the treatment plan and under the direction of the supervising occupational therapist or licensed physician; 4. the use of treatment modalities and techniques that are based on approaches taught in an occupational therapy assistant educational program registered by the Department or accredited by a national accreditation agency which is satisfactory to the Department, and that the occupational therapy assistant has demonstrated to the occupational therapist or licensed physician that he or she is competent to use; or 5. the immediate suspension of any treatment intervention that appears harmful to the client and immediate notification of the occupational therapist or licensed physician
<p>North Carolina</p>	<p><u>Statute:</u> NC Gen Stat §90-270.67</p> <p>(4) Occupational therapy. - A health care profession providing evaluation, treatment and consultation to help individuals achieve a maximum level of independence by developing skills and abilities interfered with by disease, emotional disorder, physical injury, the aging process, or impaired development. Occupational therapists use purposeful activities and specially designed orthotic and prosthetic devices to reduce specific impairments and to help individuals achieve independence at home and in the work place.</p> <p>History: (1983 (Reg. Sess., 1984), c. 1073, s. 1; 2005-432, s. 1.)</p> <p><u>Regulation:</u> 21 NCAC §38.0103</p> <p>(12) "Occupational Therapy", as defined in G.S. 90-270.67(4), may include evaluation of activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.</p> <p>(13) "Occupational Therapy evaluation, treatment, and consultation" include the following:</p> <ol style="list-style-type: none"> (a) remediation or restitution of performance abilities that are limited due to impairment in biological, physiological, psychosocial and developmental process; (b) adaptation of skills, process or environment, or the teachings of compensatory techniques in order to enhance performance; (c) disability prevention methods and techniques which facilitate the development or safe application of performance skills; (d) promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction; and

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	<p>(e) interpretation of the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life.</p> <p>(15) "Occupational therapy services" include the following:</p> <p>(a) Methods or strategies selected to direct the process of interventions such as:</p> <ul style="list-style-type: none"> (i) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired; (ii) Compensation, modification, or adaptation of activity or environment to enhance performance; (iii) Maintenance and enhancement of capabilities without which performance in everyday life activities would decline; (iv) Health promotion and wellness to enable or enhance performance in everyday life activities; and (v) Prevention of barriers to performance, including disability prevention. <p>(b) Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:</p> <ul style="list-style-type: none"> (i) Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive) and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems); (ii) Habits, routines, roles, and behavior patterns; (iii) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance; and (iv) Performance skills, including motor, process, and communication/interaction skills. <p>(c) Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure and social participation, including:</p> <ul style="list-style-type: none"> (i) Therapeutic use of occupations, exercises, and activities; (ii) Training in self-care, self-management, home management, and community/work reintegration; (iii) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavioral skills; (iv) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process; (v) Education and training of individuals, including family members, caregivers, and others; (vi) Care coordination, case management, and transition services; (vii) Consultative services to groups, programs, organizations, or communities; (viii) Modification of home, work school or community environments and adaptation of processes, including the application of ergonomic principles; (ix) Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices; (x) Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management; (xi) Driver rehabilitation and community mobility; (xii) Management of feeding, eating, and swallowing to enable eating and feeding performance; and (xiii) Application of physical agent modalities, and use of range specific therapeutic procedures to enhance performance skills.
<p>North Dakota</p>	<p>Statute: ND Cent Code §43-40</p> <p>5. "Occupational therapy practice" means the use of occupation and purposeful activity or intervention designed to achieve functional outcomes that promote health, prevent injury or disability, and which develop, improve, sustain, or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, psychosocial</p>

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dysfunction, mental illness, developmental or learning disability, physical disability or other disorder or condition, and occupational therapy education. Occupational therapy encompasses evaluation, treatment, consultation, research, and education. Occupational therapy practice includes evaluation by skilled observation, administration, and interpretation of standardized and nonstandardized tests and measurements. The occupational therapy practitioner designs and implements interventions directed toward developing, improving, sustaining, and restoring sensorimotor, neuromuscular, emotional, cognitive, or psychosocial performance components. Interventions include activities that contribute to optimal occupational performance including self-care; daily living skills; skills essential for productivity, functional communication and mobility; positioning; social integration; cognitive mechanisms; enhancing play and leisure skills; and the design, provision, and training in the use of assistive technology, devices, orthotics, or prosthetics or environmental adaptations to accommodate for loss of occupational performance. Therapy may be provided individually or in groups to prevent secondary conditions, promote community integration, and support the individual's health and well-being within the social and cultural contexts of the individual's natural environment.

Regulation: ND Admin Code §55.5-03-01

55.5-03-01-02. Educational background.

Occupational therapy education includes a broad foundation in liberal arts and sciences. Biological, physical, social, and behavioral sciences prepare the entry-level therapist to understand occupation across the lifespan. The accreditation council for occupational therapy education (ACOTE) establishes educational standards that are routinely reviewed to ensure that entry-level occupational therapists and occupational therapy assistants are prepared as generalists who have had a broad exposure to delivery models and systems; occupational theory and evidenced-based approaches to evaluation and intervention; and analysis and application of occupation as intervention. Occupational therapy education requires the successful completion of fieldwork (ACOTE, 2012).

55.5-03-01-03. Specific occupational therapy services.

The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness, including methods delivered via telerehabilitation to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life.

55.5-03-01-04. Occupational therapy evaluation.

Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, includes:

1. Client factors, including body functions (such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and plain factors) and body structures (such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement), values, beliefs, and spirituality.
2. Habits, routines, roles, rituals, and behavior patterns.
3. Physical and social environments, cultural, personal, temporal, and virtual contexts and activity demands that affect performance. Performance skills, including motor and praxis, sensory-perceptual, emotional regulation,

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cognitive, communication and social skills.

55.5-03-01-05. Occupational therapy intervention.

1. Methods or approaches selected to direct the process of interventions include:
 - a. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or in decline.
 - b. Compensation, modification, or adaptation of activity or environment to enhance performance or to prevent injuries, disorders, or other conditions.
 - c. Retention and enhancement of skills or abilities without which performance in everyday life activities would decline.
 - d. Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities.
 - e. Prevention of barriers to performance and participation, including injury and disability prevention.
2. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:
 - a. Therapeutic use of occupations, exercises, and activities.
 - b. Training in self-care, self-management, health management and maintenance, home management, community or work reintegration, and school activities and work performance.
 - c. Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills.
 - d. Therapeutic use of self, including one's personality, insights, perceptions, and judgements, as part of the therapeutic process.
 - e. Education and training of individuals, including family members, caregivers, groups, populations, and others.
 - f. Care coordination, case management, and transition services.
 - g. Consultative services to groups, programs, organizations, or communities.
 - h. Modification of home, work, school, or community environments and adaptation of processes, including the application of ergonomic principles.
 - i. Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
 - j. Assessment, recommendations, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.
 - k. Low vision rehabilitation.
 - l. Driver rehabilitation and community mobility.
 - m. Management of feeding, eating, and swallowing to enable eating and feeding performance.
 - n. Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management, interventions to enhance sensory-perceptual and cognitive processing, and manual therapy) to enhance performance skills. An occupational therapist may purchase, store, and administer topical medications, including aerosol medications, as part of the practice of occupational therapy, but shall not dispense or sell any of the medications to patients. An occupational therapist shall comply with any protocols of the United States pharmacopoeia for storage of medications. A valid order or prescription for medication classified as a legend drug is needed before administration to a patient. Occupational therapy facilities must work with a pharmacist to assist with proper protocols for storage of medications. A record of dosage, for, quantity, and strength of medication administered to each patient is required in the medical record.
 - o. Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.

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	<p>History: (Effective November 1, 1992; amended effective November 1, 2000; February 1, 2004; July 1, 2011; April 1, 2014)</p>
<p>Ohio</p>	<p>Statute: OH Rev Code §4755.04</p> <p>(A) "Occupational therapy" means the therapeutic use of everyday life activities or occupations with individuals or groups for the purpose of participation in roles and situations in the home, school, workplace, community, and other settings. The practice of occupational therapy includes all of the following:</p> <ul style="list-style-type: none"> (1) Methods or strategies selected to direct the process of interventions, including, but not limited to, establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired and compensation, modification, or adaptation of activity or environment to enhance performance; (2) Evaluation of factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, including, but not limited to, sensory motor abilities, vision, perception, cognition, psychosocial, and communication and interaction skills; (3) Interventions and procedures to promote or enhance safety and performance in activities of daily living, education, work, play, leisure, and social participation, including, but not limited to, application of physical agent modalities, use of a range of specific therapeutic procedures to enhance performance skills, rehabilitation of driving skills to facilitate community mobility, and management of feeding, eating, and swallowing to enable eating and feeding performance; (4) Consultative services, case management, and education of patients, clients, or other individuals to promote self-management, home management, and community and work reintegration; (5) Designing, fabricating, applying, recommending, and instructing in the use of selected orthotic or prosthetic devices and other equipment which assists the individual to adapt to the individual's potential or actual impairment; (6) Administration of topical drugs that have been prescribed by a licensed health professional authorized to prescribe drugs, as defined in section 4729.01 of the Revised Code. <p>History: (Effective Date: 03-22-2001; 04-06-2007)</p>
<p>Oklahoma</p>	<p>Statute: OK Stat §59-888.3</p> <p>1. "Occupational therapy" is a health profession for which practitioners provide assessment, treatment, and consultation through the use of purposeful activity with individuals who are limited by or at risk of physical illness or injury, psycho-social dysfunction, developmental or learning disabilities, poverty and cultural differences or the aging process, in order to maximize independence, prevent disability, and maintain health. Specific occupational therapy services include but are not limited to the use of media and methods such as instruction in daily living skills and cognitive retraining, facilitating self-maintenance, work and leisure skills, using standardized or adapted techniques, designing, fabricating, and applying selected orthotic equipment or selective adaptive equipment with instructions, using therapeutically applied creative activities, exercise, and other media to enhance and restore functional performance, to administer and interpret tests which may include sensorimotor evaluation, psycho-social assessments, standardized or nonstandardized tests, to improve developmental skills, perceptual motor skills, and sensory integrative function, and to adapt the environment for the handicapped. These services are provided individually, in groups, or through social systems;</p> <p>History: (Added by Laws 1984, c. 119, § 3, eff. Nov. 1, 1984. Amended by Laws 1987, c. 118, § 46, operative July 1, 1987.)</p>
<p>Oregon</p>	<p>Statute: OR Rev Stat §675.210</p> <p>(3) "Occupational therapy" means the analysis and use of purposeful activity with individuals who are limited by physical injury</p>

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or illness, developmental or learning disabilities, psychosocial dysfunctions or the aging process in order to maximize independence, prevent disability and maintain health. The practice of occupational therapy encompasses evaluation, treatment and consultation. Specific occupational therapy services includes but is not limited to: Activities of daily living (ADL); perceptual motor and sensory integrated activity; development of work and leisure skills; the design, fabrication or application of selected orthotics or prosthetic devices; the use of specifically designed crafts; guidance in the selection and use of adaptive equipment; exercises to enhance functional performance; prevocational evaluation and training; performing and interpreting manual muscle and range of motion test; and appraisal and adaptation of environments for people with mental and physical disabilities. The services are provided individually, in groups, or through social systems.

History: (1977 c.858 §1; 1981 c.250 §1; 1989 c.224 §132; 1997 c.105 §1)

Regulation: OR Admin Rule §339-01-0005

(6) "Occupational Therapy" further defines scope of practice as meaning the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life:

(a) Occupational Therapists use selected methods or strategies to direct the process of interventions such as:

- (A) Establish, remediate or restore skill or ability that has not yet developed or is impaired;
- (B) Compensate, modify, or adapt activity or environment to enhance performance;
- (C) Maintain and enhance capabilities without which performance in everyday life activities would decline;
- (D) Promote health and wellness to enable or enhance performance in everyday life activities;
- (E) Prevent barriers to performance, including disability prevention.

(b) Occupational Therapists evaluate factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:

- (A) Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive) and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems);
- (B) Habits, routines, roles and behavior patterns;
- (C) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance;
- (D) Performance skills, including motor, process, and communication/interaction skills.

(c) Occupational Therapists use the following interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including

- (A) Therapeutic use of occupations, exercise, and activities;
- (B) Training in self-care, self-management, home management and community/work reintegration;
- (C) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavior skills;
- (D) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process;
- (E) Education and training of individuals, including family members, caregivers, and others;

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	<p>(F) Care coordination, case management, and transition services; (G) Consultative services to groups, programs, organizations, or communications; (H) Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles; (I) Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devise, and orthotic devices, and training in the use of prosthetic devices; (J) Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management; (K) Driver rehabilitation and community mobility; (L) Management of feeding and eating to enable swallowing performance; (M) Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management; techniques to enhance sensory, perceptual, and cognitive processing, manual therapy techniques) to enhance performance skills as they relate to occupational therapy services.</p> <p>History: (OTLB 1-1979, f. & ef. 6-7-79; OTLB 1-1988, f. & cert. ef. 1-29-88; OTLB 2-1990, f. & cert. ef. 12-20-90; OTLB 1-1996, f. & cert. ef. 4-16-96; OTLB 1-1999, f. & cert. ef. 10-27-99; OTLB 2-2003, f. & cert. ef. 9-11-03; OTLB 1-2005, f. & cert. ef. 8-11-05; OTLB 1-2007, f. & cert. ef. 8-1-07)</p>
<p>Pennsylvania</p>	<p><u>Statute:</u> PA Unconsolidated Statutes, 1982, P.L. 502, No. 140</p> <p>"Occupational therapy." The evaluation of learning and performance skills and the analysis, selection and adaptation of activities for an individual whose abilities to cope with the activities of daily living, to perform tasks normally performed at a given stage of development and to perform essential vocational tasks which are threatened or impaired by that person's developmental deficiencies, aging process, environmental deprivation or physical, psychological, injury or illness, through specific techniques which include:</p> <ol style="list-style-type: none"> (1) Planning and implementing activity programs to improve sensory and motor functioning at the level of performance normal for the individual's stage of development. (2) Teaching skills, behaviors and attitudes crucial to the individual's independent, productive and satisfying social functioning. (3) The design, fabrication and application of orthotics to enhance performance in occupations, not to include prosthetic devices, and the adaptation of equipment necessary to assist patients in adjusting to a potential or actual impairment and instructing in the use of such devices and equipment. (4) Analyzing, selecting and adapting activities to maintain the individual's optimal performance of tasks to prevent disability. <p>History: (Act of Jun. 15, 1982, P.L. 502, No. 140; Def. amended July 5, 2012, P.L.1132, No.138)</p>
<p>Puerto Rico</p>	<p><u>Statute:</u> P.R. Laws Ann. § 20 L.P.R.A. sec. 1031</p> <p><i>(English Translation)</i></p> <p>(1) Occupational therapy. Is the discipline that makes use of evaluative methods and of functional, motor and perceptual activities specifically selected in order to promote and maintain health, prevent disability, evaluate behavior and treat or train patients with physical or psychosocial disabilities.</p>

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	<p>(Original Spanish) (1) Terapia ocupacional. Es la disciplina que hace uso de métodos evaluativos y de actividades funcionales, motoras, y perceptuales seleccionadas específicamente, a fin de promover y mantener la salud, evitar incapacidad, evaluar conducta y tratar o adiestrar pacientes con incapacidades físicas o psicosociales.</p> <p>History: (Amended in 1971, Act 89, 1991, Act 113)</p>
<p>Rhode Island</p>	<p>Statute: RI Gen Laws §5-40.1-3</p> <p>(f) "Occupational therapy" (OT) is the use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability, and develop, improve, sustain, or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, sensory impairment, psychosocial dysfunction, mental illness, developmental or learning disability, physical disability, or other disorder or condition.</p> <p>(2) Occupational therapy includes evaluation by means of skilled observation of functional performance and/or assessment through the administration and interpretation of standardized or non-standardized tests and measurements.</p> <p>(g) "Occupational therapy services" includes, but is not limited to:</p> <ul style="list-style-type: none"> (i) Evaluating and providing treatment in consultation with the individual, family, or other appropriate persons; (ii) Interventions directed toward developing, improving, sustaining, or restoring daily living skills, including self-care skills and activities that involve interactions with others and the environment, work readiness or work performance, play skills or leisure capacities or educational performance skills; (iii) Developing, improving, sustaining, or restoring sensory-motor, oral-motor, perceptual, or neuromuscular functioning; or emotional, motivational, cognitive, or psychosocial components of performance; and (iv) Educating the individual, family, or other appropriate persons in carrying out appropriate interventions. <p>(2) These services may encompass evaluating need; and designing, developing, adapting, applying, or training in the use of assistive technology devices; designing, fabricating or applying rehabilitative technology, such as selected orthotic devices; training in the functional use of orthotic or prosthetic devices; applying therapeutic activities, modalities, or exercise as an adjunct to or in preparation for functional performance; applying ergonomic principles; adapting environments and processes to enhance daily living skills; or promoting health and wellness.</p> <p>History: (P.L. 1984, ch. 356, § 1; P.L. 1997, ch. 350, § 1; P.L. 2009, ch. 310, § 34.)</p>
<p>South Carolina</p>	<p>Statute: SC Code §40-36-20</p> <p>(7) "Occupational therapy" means the functional evaluation and treatment of individuals whose ability to cope with the tasks of living are threatened or impaired by developmental deficits, the aging process, poverty and cultural differences, physical injury or illness, or psychological or social disability. The treatment utilizes occupational, namely goal-oriented activities, to prevent or correct physical or emotional deficits or to minimize the disabling effect of these deficits in the life of the individual. Specific occupational therapy techniques include, but are not limited to, activities of daily living (ADL), the fabrication and application of splints, sensory-motor activities, the use of specifically designed crafts, guidance in the selection and use of adaptive equipment, exercises to enhance functional performance, prevocational evaluation and treatment and consultation concerning adaption of physical environments for the handicapped. These techniques are applied in the treatment of individual patients or clients, in groups, or through social systems.</p> <p>History: (1977 Act No. 139 Section 2; 1988 Act No. 552, Sections 1, 2; 1998 Act No. 356, Section 1.)</p>

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<p>South Dakota</p>	<p>Statute: SD Cod. Laws §36-31-1</p> <p>(4) "Occupational therapy," the evaluation, planning and implementation of a program of purposeful activities to develop or maintain adaptive skills necessary to achieve the maximal physical and mental functioning of the individual in his or her daily pursuits. The practice of occupational therapy includes consultation, evaluation, and treatment of individuals whose abilities to cope with the tasks of living are threatened or impaired by developmental deficits, the aging process, learning disabilities, poverty and cultural differences, physical injury or disease, psychological and social disabilities, or anticipated dysfunction. Occupational therapy services include such treatment techniques as task-oriented activities to prevent or correct physical or emotional deficits or to minimize the disabling effect of these deficits in the life of the individual; such evaluation techniques as assessment of sensory integration and motor abilities, assessment of development of self-care and feeding, activities and capacity for independence, assessment of the physical capacity for prevocational and work tasks, assessment of play and leisure performance, and appraisal of living areas for the handicapped; physical agent modalities limited to the upper extremities to enhance physical functional performance, if certified in accordance with § 36-31-6; and specific occupational therapy techniques such as activities of daily living skills, designing, fabricating, or applying selected orthotic devices or selecting adaptive equipment, sensory integration and motor activities, the use of specifically designed manual and creative activities, specific exercises to enhance functional performance, and treatment techniques for physical capabilities for work activities. Such techniques are applied in the treatment of individual patients or clients, in groups, or through social systems;</p> <p>History: (SL 1986, ch 323, § 1; SL 2005, ch 205, § 1.)</p>
<p>Tennessee</p>	<p>Statute: Tennessee Code §63-13-103</p> <p>(8) (A) "Occupational therapy practice" means the therapeutic use of everyday life activities (occupations) for the purpose of enabling individuals or groups to participate in roles and situations in home, school, workplace, community and other settings. Occupational therapy addresses the physical, cognitive, psychosocial and sensory aspects of performance in a variety of contexts to support engagement in occupations that affect health, well-being and quality of life. "Occupational therapy practice" includes, but is not limited to:</p> <ul style="list-style-type: none"> (i) The screening, evaluation, assessment, planning, implementation and discharge planning of an occupational therapy program or services in consultation with the client, family members, caregivers and other appropriate persons; (ii) Selection and administration of standardized and nonstandardized tests and measurements to evaluate factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure and social participation, including: <ul style="list-style-type: none"> (a) Body functions and body structures; (b) Habits, routines, roles and behavior patterns; (c) Cultural, physical, environmental, social and spiritual context and activity demands that affect performance; and (d) Performance skills, including motor, process and communication/interaction skills; (iii) Methods or strategies selected to direct the process of interventions, such as: <ul style="list-style-type: none"> (a) Modification or adaptation of an activity or the environment to enhance performance; (b) Establishment, remediation or restoration of a skill or ability that has not yet developed or is impaired; (c) Maintenance and enhancement of capabilities without which performance in occupations would decline; (d) Health promotion and wellness to enable or enhance performance and safety of occupations; and (e) Prevention of barriers to performance, including disability prevention;

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- (iv) Interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, education, work, play, leisure and social participation, including:
- (a) Therapeutic use of occupations, exercises and activities;
 - (b) Training in self-care, self-management, home management and community/work reintegration;
 - (c) Development, remediation or compensation of physical, cognitive, neuromuscular and sensory functions and behavioral skills;
 - (d) Therapeutic use of self, including an individual's personality, insights, perceptions and judgments as part of the therapeutic process;
 - (e) Education and training of individuals, family members, caregivers and others;
 - (f) Care coordination, case management, discharge planning and transition services;
 - (g) Consulting services to groups, programs, organizations or communities;
 - (h) Assessment, recommendations and training in techniques and equipment to enhance functional mobility, including wheelchair management;
 - (i) Driver rehabilitation and community mobility; and
 - (j) Management of feeding and eating skills to enable feeding and eating performance;
- (v) Management of occupational therapy services, including the planning, organizing, staffing, coordinating, directing or controlling of individuals and organizations;
- (vi) Providing instruction in occupational therapy to students in an accredited occupational therapy or occupational therapy assistant educational program by persons who are trained as occupational therapists or occupational therapy assistants; and
- (vii) Administration, interpretation and application of research to occupational therapy services;
- (B) Occupational therapy services are provided for the purpose of promoting health and wellness to those clients who have, or are at risk of developing, illness, injury, disease, disorder, impairment, disability, activity limitation or participation restriction and may include:
- (i) Training in the use of prosthetic devices;
 - (ii) Assessment, design, development, fabrication, adaptation, application, fitting and training in the use of assistive technology and adaptive and selective orthotic devices;
 - (iii) Application of physical agent modalities with proper training and certification;
 - (iv) Assessment and application of ergonomic principles; and
 - (v) Adaptation or modification of environments, at home, work, school or community, and use of a range of therapeutic procedures, such as wound care management, techniques to enhance sensory, perceptual and cognitive processing and manual therapy techniques, to enhance performance skills, occupational performance or the promotion of health and wellness;
- (C) Occupational therapy practice may occur in a variety of settings, including, but not limited to:
- (i) Institutional inpatient settings, such as acute rehabilitation facilities, psychiatric hospitals, community and specialty hospitals, nursing facilities and prisons;
 - (ii) Outpatient settings, such as clinics, medical offices and therapist offices;

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	<p>(iii) Home and community settings, such as homes, group homes, assisted living facilities, schools, early intervention centers, daycare centers, industrial and business facilities, hospices, sheltered workshops, wellness and fitness centers and community mental health facilities;</p> <p>(iv) Research facilities; and</p> <p>(v) Educational institutions;</p> <p>(D) "Occupational therapy practice" includes specialized services provided by occupational therapists or occupational therapy assistants who are certified or trained in areas of specialization that include, but are not limited to, hand therapy, neurodevelopmental treatment, sensory integration, pediatrics, geriatrics and neurorehabilitation, through programs approved by AOTA or other nationally recognized organizations;</p> <p>(9) "Occupations" means everyday life activities, named, organized and given value and meaning by individuals and their culture. "Occupations" includes everything that people do to occupy their time, including caring for their needs, enjoying life and contributing to the social and economic fabric of their communities;</p> <p>History: (Acts 1984, ch. 921, § 2; T.C.A., § 63-13-202; Acts 1988, ch. 824, §§ 1-4; 1988, ch. 1023, §§ 1, 2; 1991, ch. 245, §§ 1, 2; 1993, ch. 225, § 1; T.C.A., § 63-13-102; Acts 1999, ch. 415, § 1; 1999, ch. 528, § 4; 2006, ch. 765, § 1; 2007, ch. 115, § 1.)</p>
<p>Texas</p>	<p><u>Statute:</u> TX Occupations Code § 454.006</p> <p>PRACTICE OF OCCUPATIONAL THERAPY.</p> <p>(a) In this section, "diagnosis" means the identification of a disease from its symptoms.</p> <p>(b) A person practices occupational therapy if the person:</p> <ol style="list-style-type: none"> (1) evaluates or treats a person whose ability to perform the tasks of living is threatened or impaired by developmental deficits, the aging process, environmental deprivation, sensory impairment, physical injury or illness, or psychological or social dysfunction; (2) uses therapeutic goal-directed activities to: <ol style="list-style-type: none"> (A) evaluate, prevent, or correct physical or emotional dysfunction; or (B) maximize function in a person's life; or (3) applies therapeutic goal-directed activities in treating patients on an individual basis, in groups, or through social systems, by means of direct or monitored treatment or consultation. <p>(c) The practice of occupational therapy does not include diagnosis or psychological services of the type typically performed by a licensed psychologist.</p> <p>History: (Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.)</p> <p><u>Regulation:</u> TX Admin Code Title 40, Part 12 § 362.1</p> <p>(31) Occupational Therapy Practice--Includes:</p> <p>(A) Methods or strategies selected to direct the process of interventions such as:</p> <ol style="list-style-type: none"> (i) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired.

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- (ii) Compensation, modification, or adaptation of activity or environment to enhance performance.
 - (iii) Maintenance and enhancement of capabilities without which performance in everyday life activities would decline.
 - (iv) Health promotion and wellness to enable or enhance performance in everyday life activities.
 - (v) Prevention of barriers to performance, including disability prevention.
- (B) Evaluation of factors affecting activities of daily living (ADL) instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:
- (i) Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive) and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems).
 - (ii) Habits, routines, roles and behavior patterns.
 - (iii) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance.
 - (iv) Performance skills, including motor, process, and communication/interaction skills.
- (C) Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:
- (i) Therapeutic use of occupations, exercises, and activities.
 - (ii) Training in self-care, self-management, home management and community/work reintegration.
 - (iii) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavioral skills.
 - (iv) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.
 - (v) Education and training of individuals, including family members, caregivers, and others.
 - (vi) Care coordination, case management and transition services.
 - (vii) Consultative services to groups, programs, organizations, or communities.
 - (viii) Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles.
 - (ix) Assessment, design, fabrication, application, fitting and training in assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
 - (x) Assessment, recommendation, and training in techniques to enhance functional mobility including wheelchair management.
 - (xi) Driver rehabilitation and community mobility.
 - (xii) Management of feeding, eating, and swallowing to enable eating and feeding performance.
 - (xiii) Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management; techniques to enhance sensory, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills.

History: (The provisions of this §362.1 adopted to be effective October 11, 1994, 19 TexReg 7712;...amended to be effective October 6, 2013, 38 TexReg 6928)

Utah

Statute: UT Admin Code §58-42a-102

- (4) "Individual treatment plan" includes:
- (a) planning and directing specific exercises and programs to improve sensory integration and motor functioning at the level of performance neurologically appropriate for the individual's stage of development;

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	<p>(b) establishing a program of instruction to teach a patient in skills, behaviors, and attitudes necessary for the patient's independent productive, emotional, and social functioning;</p> <p>(c) analyzing, selecting, and adapting functional exercises to achieve and maintain the patient's optimal functioning in daily living tasks and to prevent further disability; and</p> <p>(d) planning and directing specific programs to evaluate and enhance perceptual, motor, and cognitive skills.</p> <p>(7) "Occupational therapy" means the use of purposeful activity or occupational therapy interventions to develop or restore the highest possible level of independence of an individual who is limited by a physical injury or illness, a dysfunctional condition, a cognitive impairment, a psychosocial dysfunction, a mental illness, a developmental or learning disability, or an adverse environmental condition.</p> <p>(9) "Occupational therapy services" include:</p> <p>(a) assessing, treating, educating, or consulting with an individual, family, or other persons;</p> <p>(b) developing, improving, or restoring an individual's daily living skills, work readiness, work performance, play skills, or leisure capacities, or enhancing an individual's educational performance skills;</p> <p>(c) developing, improving, or restoring an individual's sensory-motor, oral-motor, perceptual, or neuromuscular functioning, or the individual's range of motion;</p> <p>(d) developing, improving, or restoring the individual's emotional, motivational, cognitive, or psychosocial components of performance;</p> <p>(e) assessing the need for and recommending, developing, adapting, designing, or fabricating splints or assistive technology devices for individuals;</p> <p>(f) training individuals in the use of rehabilitative or assistive technology devices such as selected orthotic or prosthetic devices;</p> <p>(g) applying physical agent modalities as an adjunct to or in preparation for purposeful activity;</p> <p>(h) applying the use of ergonomic principles; and</p> <p>(i) adapting or modifying environments and processes to enhance or promote the functional performance, health, and wellness of individuals.</p> <p>(10) "Practice of occupational therapy" means rendering or offering to render occupational therapy services to individuals, groups, agencies, organizations, industries, or the public.</p> <p>History: (Amended by Chapter 71, 2005 General Session)</p>
<p>Vermont</p>	<p>Statute: VT Stats Title 26, Chap 71, § 3351</p> <p>(5) "Occupational therapy practice" means the therapeutic use of purposeful and meaningful occupations (goal-directed activities) to evaluate and treat individuals who have a disease or disorder, impairment, activity limitation, or participation restriction which interferes with their ability to function independently in daily life roles, and to promote health and wellness. Occupational therapy intervention may include:</p> <p>(A) remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes;</p> <p>(B) adaptation of task, process, or the environment, or the teaching of compensatory techniques, in order to enhance performance;</p> <p>(C) disability prevention methods and techniques which facilitate the development of safe application of performance skills;</p>

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	<p>(D) health promotion strategies and practices which enhance performance abilities.</p> <p>(6) "Occupational therapy services" include, but are not limited to:</p> <ul style="list-style-type: none"> (A) evaluating, developing, improving, sustaining, or restoring skills in activities of daily living, work or productive activities, including instrumental activities of daily living, and play and leisure activities; (B) evaluating, developing, remediating, or restoring sensorimotor, cognitive, or psychosocial components of performance; (C) designing, fabricating, applying, or training in the use of assistive technology or orthotic devices, and training in the use of prosthetic devices; (D) adaptation of environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles; (E) application of physical agent modalities as an adjunct to or in preparation for engagement in occupations; (F) evaluating and providing intervention in collaboration with the client, family, caregiver, or others; (G) educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions; (H) consulting with groups, programs, organizations, or communities to provide population-based services. <p>History: (Added 1993, No. 102, § 1; amended 1997, No. 40, § 49(a); amended 2001, No. 151 (Adj. Sess.), § 33, eff. June 27, 2002.)</p>
<p>Virginia</p>	<p><u>Statute:</u> VA Code 54.1-2900</p> <p>"Practice of occupational therapy" means the therapeutic use of occupations for habilitation and rehabilitation to enhance physical health, mental health, and cognitive functioning and includes the evaluation, analysis, assessment, and delivery of education and training in basic and instrumental activities of daily living; the design, fabrication, and application of orthoses (splints); the design, selection, and use of adaptive equipment and assistive technologies; therapeutic activities to enhance functional performance; vocational evaluation and training; and consultation concerning the adaptation of physical, sensory, and social environments.</p> <p>History: (Code 1950, § 54-273; 1950, p. 110; 1958, c. 161; 1960, c. 268; 1966, c. 657; 1970, c. 69; 1973, c. 529; 1975, cc. 508, 512; 1977, c. 127; 1980, c. 157; 1986, c. 439; 1987, cc. 522, 543; 1988, cc. 737, 765; 1991, c. 643; 1994, c. 803; 1995, c. 777; 1996, cc. 152, 158, 470, 937, 980; 1998, cc. 319, 557, 593; 1999, cc. 639, 682, 747, 779; 2000, cc. 688, 814; 2001, c. 533; 2004, c. 731; 2007, c. 861; 2008, cc. 64, 89; 2009, cc. 83, 507; 2010, cc. 715, 725; 2011, cc. 121, 187; 2012, cc. 3, 110, 168, 213, 399.)</p> <p><u>Regulation:</u> VA Admin Code 18 VAC 85-80-90; 18 VAC 85-80-100</p> <p>18VAC85-80-90. General responsibilities.</p> <p>A. An occupational therapist renders services of assessment, program planning, and therapeutic treatment upon request for such service. The practice of occupational therapy includes therapeutic use of occupations for habilitation and rehabilitation to enhance physical health, mental health, and cognitive functioning. The practice of occupational therapy may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.</p> <p>B. An occupational therapy assistant renders services under the supervision of an occupational therapist that do not require the clinical decision or specific knowledge, skills and judgment of a licensed occupational therapist and do not include the discretionary aspects of the initial assessment, evaluation or development of a treatment plan for a patient.</p>

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	<p>18VAC85-80-100. Individual responsibilities.</p> <p>A. An occupational therapist provides assessment by determining the need for, the appropriate areas of, and the estimated extent and time of treatment. His responsibilities include an initial screening of the patient to determine need for services and the collection, evaluation and interpretation of data necessary for treatment.</p> <p>B. An occupational therapist provides program planning by identifying treatment goals and the methods necessary to achieve those goals for the patient. The therapist analyzes the tasks and activities of the program, documents the progress, and coordinates the plan with other health, community or educational services, the family and the patient. The services may include but are not limited to education and training in basic and instrumental activities of daily living (ADL); the design, fabrication, and application of orthoses (splints); the design, selection, and use of adaptive equipment and assistive technologies; therapeutic activities to enhance functional performance; vocational evaluation and training; and consultation concerning the adaptation of physical, sensory, and social environments.</p> <p>C. An occupational therapist provides the specific activities or therapeutic methods to improve or restore optimum functioning, to compensate for dysfunction, or to minimize disability of patients impaired by physical illness or injury, emotional, congenital or developmental disorders, or by the aging process.</p> <p>D. An occupational therapy assistant is responsible for the safe and effective delivery of those services or tasks delegated by and under the direction of the occupational therapist. Individual responsibilities of an occupational therapy assistant may include:</p> <ol style="list-style-type: none"> 1. Participation in the evaluation or assessment of a patient by gathering data, administering tests, and reporting observations and client capacities to the occupational therapist; 2. Participation in intervention planning, implementation, and review; 3. Implementation of interventions as determined and assigned by the occupational therapist; 4. Documentation of patient responses to interventions and consultation with the occupational therapist about patient functionality; 5. Assistance in the formulation of the discharge summary and follow-up plans; and 6. Implementation of outcome measurements and provision of needed patient discharge resources. <p>History: (Revised Date: September 25, 2013)</p>
<p>Washington</p>	<p>Statute: WA Rev Code §18.59.020 and 18.59.170</p> <p>(4) "Occupational therapy" is the scientifically based use of purposeful activity with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the aging process in order to maximize independence, prevent disability, and maintain health. The practice encompasses evaluation, treatment, and consultation. Specific occupational therapy services include but are not limited to: Using specifically designed activities and exercises to enhance neurodevelopmental, cognitive, perceptual motor, sensory integrative, and psychomotor functioning; administering and interpreting tests such as manual muscle and sensory integration; teaching daily living skills; developing prevocational skills and play and avocational capabilities; designing, fabricating, or applying selected orthotic and prosthetic devices or selected adaptive equipment; wound care management as provided in RCW 18.59.170; and adapting environments for persons with disabilities. These services are provided individually, in groups, or through social systems.</p>

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(11) "Wound care management" means a part of occupational therapy treatment that facilitates healing, prevents edema, infection, and excessive scar formation, and minimizes wound complications. Treatment may include: Assessment of wound healing status; patient education; selection and application of dressings; cleansing of the wound and surrounding areas; application of topical medications, as provided under RCW 18.59.160; use of physical agent modalities; application of pressure garments and nonweight-bearing orthotic devices, excluding high-temperature custom foot orthotics made from a mold; sharp debridement of devitalized tissue; debridement of devitalized tissue with other agents; and adapting activities of daily living to promote independence during wound healing.

RCW 18.59.170 Scope of practice — Wound care management.

(1)(a) An occupational therapist licensed under this chapter may provide wound care management only:

(i) In the course of occupational therapy treatment to return patients to functional performance in their everyday occupations under the referral and direction of a physician or other authorized health care provider listed in RCW [18.59.100](#) in accordance with their scope of practice. The referring provider must evaluate the patient prior to referral to an occupational therapist for wound care; and

(ii) After filing an affidavit under subsection (2)(b) of this section.

(b) An occupational therapist may not delegate wound care management, including any form of debridement.

(2)(a) Debridement is not an entry-level skill and requires specialized training, which must include: Indications and contraindications for the use of debridement; appropriate selection and use of clean and sterile techniques; selection of appropriate tools, such as scissors, forceps, or scalpel; identification of viable and devitalized tissues; and conditions which require referral back to the referring provider. Training must be provided through continuing education, mentoring, cotreatment, and observation. Consultation with the referring provider is required if the wound exposes anatomical structures underlying the skin, such as tendon, muscle, or bone, or if there is an obvious worsening of the condition, or signs of infection.

(b)(i) Occupational therapists may perform wound care management upon showing evidence of adequate education and training by submitting an affidavit to the board attesting to their education and training as follows:

(A) For occupational therapists performing any part of wound care management, except sharp debridement with a scalpel, a minimum of fifteen hours of mentored training in a clinical setting is required to be documented in the affidavit. Mentored training includes observation, cotreatment, and supervised treatment by a licensed occupational therapist who is authorized to perform wound care management under this section or a health care provider who is authorized to perform wound care management in his or her scope of practice. Fifteen hours mentored training in a clinical setting must include a case mix similar to the occupational therapist's expected practice;

(B) For occupational therapists performing sharp debridement with a scalpel, a minimum of two thousand hours in clinical practice and an additional minimum of fifteen hours of mentored sharp debridement training in the use of a scalpel in a clinical setting is required to be documented in the affidavit. Mentored training includes observation, cotreatment, and supervised treatment by a licensed occupational therapist who is authorized to perform sharp debridement with a scalpel under this section or a health care provider who is authorized to perform wound care management, including sharp debridement with a scalpel, in his or her scope of practice. Both the two thousand hours in clinical practice and the fifteen hours of mentored training in a clinical setting must include a case mix similar to the occupational therapist's expected practice.

(ii) Certification as a certified hand therapist by the hand therapy certification commission or as a wound care specialist by the national alliance of wound care or equivalent organization approved by the board is sufficient to meet the requirements of (b)(i) of this subsection.

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	<p>History: (2011 c 88 § 1 and 3; 1999 c 333 § 1; 1991 c 3 § 153; 1984 c 9 § 3.)</p> <p>Regulation: WA Admin Code §246-847-010</p> <p>(1) "Adapting environments for individuals with disabilities" includes assessing needs, identifying strategies, implementing and training in the use of strategies, and evaluating outcomes. Occupational therapy focuses on the interaction of an individual's skills and abilities, the features of the environment, and the demands and purposes of activities.</p> <p>(3) "Client-related tasks" are routine tasks during which the aide may interact with the client but does not act as a primary service provider of occupational therapy services. The following factors must be present when an occupational therapist or occupational therapy assistant delegates a selected client-related task to the aide:</p> <ul style="list-style-type: none"> (a) The outcome anticipated for the delegated task is predictable; (b) The situation of the client and the environment is stable and will not require that judgment, interpretations, or adaptations be made by the aide; (c) The client has demonstrated some previous performance ability in executing the task; and <p>(5) "Consultation" means that practitioners are expected to function as consultants within the scope of practice appropriate to their level of competence.</p> <p>(8) "Evaluation" is the process of obtaining and interpreting data necessary for treatment, which includes, but is not limited to, planning for and documenting the evaluation process and results. The evaluation data may be gathered through record review, specific observation, interview, and the administration of data collection procedures, which include, but are not limited to, the use of standardized tests, performance checklists, and activities and tasks designed to evaluate specific performance abilities.</p> <p>(13) "Scientifically based use of purposeful activity" is the treatment of individuals using established methodology based upon the behavioral and biological sciences and includes the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. "Occupations" are activities having unique meaning and purpose in an individual's life.</p> <p>(14) "Teaching daily living skills" is the instruction in daily living skills based upon the evaluation of all the components of the individual's disability and the adaptation or treatment based on the evaluation.</p> <p>History: (RCW 18.59.130. WSR 07-20-076, § 246-847-010, filed 10/1/07, effective 11/1/07; WSR 92-18-015 (Order 300B), § 246-847-010, filed 8/24/92, effective 9/24/92; WSR 91-11-064 (Order 171B), § 246-847-010, filed 5/16/91, effective 6/16/91; WSR 91-05-027 (Order 112B), recodified as § 246-847-010, filed 2/12/91, effective 3/15/91.)</p>
<p>West Virginia</p>	<p>Statute: WV Code §30-28-3; 30-28-4</p> <p>§30-28-3. Definitions</p> <p>(n) "The practice of occupational therapy" means the therapeutic use of everyday life activities or occupations to address the physical, cognitive, psychosocial, sensory, and other aspects of performance of individuals or groups of individuals, including those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity</p>

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limitation or participation restriction, to promote health, wellness and participation in roles and situations in home, school, workplace, community and other settings.

§30-28-4. Scope of practice

(a) The scope of practice of occupational therapy includes, but is not limited to:

(1) Methods or strategies selected to direct the process of interventions such as:

- (A) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired;
- (B) Compensation, modification, or adaptation of activity or environment to enhance performance;
- (C) Maintenance and enhancement of capabilities without which performance in everyday life activities would decline;
- (D) Health promotion and wellness to enable or enhance performance in everyday life activities; and
- (E) Prevention of barriers to performance, including disability prevention.

(2) Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure and social participation, including:

- (A) Client factors, including body functions and body structures;
- (B) Habits, routines, roles and behavior patterns;
- (C) Cultural, physical, environmental, social and spiritual contexts and activity that affect performance; and
- (D) Performance skills, including motor, process and communication/interaction skills.

(3) Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure and social participation, including:

- (A) Therapeutic use of occupations and preparatory, adjunctive and functional activities;
- (B) Training in self-care, self-management home management and community/work reintegration;
- (C) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions, visual, vestibular and behavioral skills;
- (D) Therapeutic use of self, including one's personality, insights, perceptions and judgments, as part of the therapeutic process;
- (E) Education and training of individuals, including family members, care givers and others;
- (F) Care coordination, case management and transition services;
- (G) Consultative services to groups, programs, organizations or communities;
- (H) Modification of environments (home, work, school or community) and adaptation of processes, including the application of ergonomic principles;
- (I) Assessment, design, fabrication, application, fitting and training in assistive technology, adaptive devices, orthotic devices and training in the use of prosthetic devices to enhance occupational performance;
- (J) Assessment, recommendation and training in techniques to enhance functional mobility, including wheelchair management;
- (K) Community mobility and re-entry;
- (L) Management of feeding, eating and swallowing to enable eating and feeding performance; and
- (M) Application of physical agent modalities, and use of a range of specific therapeutic procedures and techniques to enhance occupational performance skills. Use of physical agent modalities by occupational therapy assistants must be consistent with their education (e.g. superficial thermal and mechanical modalities) and used under the general supervision of an occupational therapist. The use of deep thermal or electrical modalities may only be performed by the occupational therapy assistant under the direct supervision of an occupational therapist, until the board shall promulgate rules as well as establish competency standards for the use of the modalities.

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	History: (Passed April 11, 2009)
Wisconsin	<p>Statute: WI Statutes; Regulation and Licensing, § 448.96</p> <p>(5) "Occupational therapy" means the therapeutic use of purposeful and meaningful occupations to evaluate and treat individuals of all ages who have a disease, disorder, impairment, activity limitation or participation restriction that interferes with their ability to function independently in daily life roles and environments and to promote health and wellness.</p> <p>History: (1999 a. 180 ss. 20, 22, 56.)</p> <p>Regulation: WI Admin Code OT 1.02 and 4.02</p> <p>OT 1.02 Definitions.</p> <p>(1) "Assessment" is a component part of the evaluation process, and means the process of determining the need for, nature of, and estimated time of treatment at different intervals during the treatment, determining needed coordination with or referrals to other disciplines, and documenting these activities.</p> <p>(3) "Consultation" means a work-centered, problem-solving helping relationship in which knowledge, experience, abilities and skills are shared with client, family, caregivers, and other professionals, including physicians, in the process of helping to habilitate or rehabilitate through the use of occupational therapy.</p> <p>(5) "Evaluation" means the process of obtaining and interpreting data necessary for understanding the individual system or situation. This includes planning for and documenting the evaluation process, results and recommendations, including the need for intervention and potential change in the intervention plan.</p> <p>(7) "Habilitation" means an occupational therapy intervention designed for the education, training or support services provided to individuals to assist them in acquiring skills not yet gained or learned, thus enabling them to learn, practice and refine skills needed for independent living, productive employment activity and community participation.</p> <p>(10) "Occupational performance areas" means the functional abilities that occupational therapy addresses in the areas of activities of daily living, including continence training; self maintenance; functional communication and functional mobility; work and productive activities, including home management; care giving; learning and vocational pursuits; and play or leisure activities, including solitary and social activities and recreation.</p> <p>(11) "Occupational performance components" means the skills and abilities that an individual uses to engage in performance areas, including sensorimotor, sensory, neuromuscular and motor factors; cognitive integration and cognitive components; and psychological, social and self-management areas.</p> <p>(12) "Occupational performance contexts" means situations or factors that influence an individual's engagement in desired or required occupational performance areas, including age, maturation, life cycle stage of disability, physical environment, social supports and expectations, and behavioral norms and opportunities.</p> <p>(15) "Prevention" means the fostering of normal development, sustaining and protecting existing functions and abilities, preventing disability or supporting levels of restoration or change to enable individuals to maintain maximum independence.</p> <p>(17) "Rehabilitation" means the process of treatment and education to restore a person's ability to live and work as normally</p>

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	<p>as possible after a disabling injury or illness.</p> <p>(18) "Screening" means the review of occupational performance components in natural environments, educational or clinical settings to determine the significance of discrepancy between current performance and expected level of performance, which may be done in consultation with a physician.</p> <p>(19) "Service competence" means the determination made by various methods that 2 people performing the same or equivalent procedures will obtain the same or equivalent results.</p> <p>OT 4.02 Scope of practice.</p> <p>(1) "Occupational therapy," as defined at s. 448.96 (5), Stats., may include the following interventions:</p> <ul style="list-style-type: none"> (a) Remediation or restitution of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological processes. (b) Adaptation of task, process or environment, or the teaching of compensatory techniques, in order to enhance performance. (c) Disability prevention methods and techniques which facilitate the development or safe application of performance skills. (d) Health promotion strategies and practices which enhance performance abilities. <p>(2) Occupational therapy services include, but are not limited to the following:</p> <ul style="list-style-type: none"> (a) Screening, evaluating, developing, improving, sustaining or restoring skills in activities of daily living, work or productive activities, including instrumental activities of daily living, and play and leisure activities. (b) Evaluating, developing, remediating, or restoring sensorimotor, cognitive, or psychosocial components of performance. (c) Designing, fabricating or training in the use of assistive technology, upper extremity orthotic devices and lower extremity positioning orthotic devices. (d) Training in the use of prosthetic devices, excluding gait training. (e) Adaptation of environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles. (f) Application of physical agent modalities based on a physician order as an adjunct to or in preparation for engagement in treatment. Application is performed by an experienced therapist with demonstrated and documented evidence of theoretical background, technical skill and competence. (g) Evaluating and providing intervention and case management in collaboration with the client, family, caregiver or other involved individuals or professionals. (h) Educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions. (i) Consulting with groups, programs, organizations, or communities to provide population-based services. <p>History: (CR 02-026: cr. Register December 2002 No. 564, eff. 1-1-03.)</p>
<p>Wyoming</p>	<p>Statute: WY Stat § 33-40-102</p> <p>(iii) "Occupational therapy" is the use of purposeful activity with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities or the aging process in order to maximize independence, prevent disability and maintain health. The practice encompasses evaluation, treatment and consultation. Specific occupational therapy services include but are not limited to the following services provided individually, in groups or through social systems:</p> <ul style="list-style-type: none"> (A) Teaching daily living skills;

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| | <ul style="list-style-type: none">(B) Developing perceptual-motor skills and sensory integrative functioning;(C) Developing play skills and prevocational and leisure capacities;(D) Assessing the need for designing, fabricating, training in the use of or applying selected orthotic devices or selective adaptive equipment;(E) Assessing the need for and training in the use of prosthetic devices;(F) Using specifically designed crafts and exercises to enhance functional performance;(G) Administering and interpreting tests such as manual muscle and range of motion; and(H) Adapting environments for the handicapped. |
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