AGENDA ITEM 10

DISCUSSION AND POSSIBLE ACTION ON AD HOC COMMITTEE'S REPORT AND RECOMMENDATION(S) REGARDING AMENDING THE DEFINITION OF "OCCUPATIONAL THERAPY" AS SET FORTH IN BUSINESS AND PROFESSIONS CODE SECTION 2570.2.

The materials the ad hoc committee reviewed at their December 16, 2015, meeting are attached for review.

CBOT Ad Hoc committee on definition of occupational therapy
Meeting: December 16, 2015

MEETING HIGHLIGHTS

Issue: BPC 2570.2 isn't current; minimal edits since Board's inception

Considerations in amending the Practice Act

- Are there any limitations in specific practice areas?
- Consumer protection is the Board's primary focus

Comments:

- Concerns expressed with initiating legislative amendments
- The profession's practice can be regulated within the existing language
- Concerned with 'hands' language Practice Act but not important enough to initiate legislative process
- Concerned with lack of specificity regarding mental and behavioral health
- Advocacy is important; be alert for inclusion or exclusion
- Tasks mentioned fall within OT care but are being delegated to other health care providers; maintain the broadness of the Practice Act but include some terms or phrases that are 'unique' to OT

Committee Recommendations:

- The Board not pursue any legislative changes at this time but have the committee continue efforts to identify specific legislative amendments.
- That Board broaden the committee's scope to explore additional opportunities for regulatory amendments to effect 'practice' changes.

Comment:
Steps forward are important if Board wants to move forward: Identify specific edits, identify stakeholders/interested persons; develop plan to reach out with amendments to determine support/opposition in advance of introducing language

Existing law – Business and Professions Code Section 2570.2

2570.2. As used in this chapter, unless the context requires otherwise:

(a) "Appropriate supervision of an aide" means that the responsible occupational therapist or occupational therapy assistant shall provide direct in-sight supervision when the aide is providing delegated client-related tasks and shall be readily available at all times to provide advice or instruction to the aide. The occupational therapist or occupational therapy assistant is responsible for documenting the client's record concerning the delegated client-related tasks performed by the aide.

(b) "Aide" means an individual who provides supportive services to an occupational therapist and who is trained by an occupational therapist to perform, under appropriate supervision, delegated, selected client and nonclient-related tasks for which the aide has demonstrated competency. An occupational therapist licensed pursuant to this chapter may utilize the services of one aide engaged in patient-related tasks to assist the occupational therapist in his or her practice of occupational therapy.

(c) "Association" means the Occupational Therapy Association of California or a similarly constituted organization representing occupational therapists in this state.

(d) "Board" means the California Board of Occupational Therapy.

(e) "Examination" means an entry level certification examination for occupational therapists and occupational therapy assistants administered by the National Board for Certification in Occupational Therapy or by another nationally recognized credentialing body.

(f) "Good standing" means that the person has a current, valid license to practice occupational therapy or assist in the practice of occupational therapy and has not been disciplined by the recognized professional certifying or standard-setting body within five years prior to application or renewal of the person's license.

(g) "Occupational therapist" means an individual who meets the minimum education requirements specified in Section 2570.6 and is licensed pursuant to the provisions of this chapter and whose license is in good standing as determined by the board to practice occupational therapy under this chapter. Only the occupational therapist is responsible for the occupational therapy assessment of a client, and the development of an occupational therapy plan of treatment.

(h) "Occupational therapy assistant" means an individual who is licensed pursuant to the provisions of this chapter, who is in good standing as determined by the board, and based thereon, who is qualified to assist in the practice of occupational therapy under this chapter, and who works under the appropriate supervision of a licensed occupational therapist.

(i) "Occupational therapy services" means the services of an occupational therapist or the services of an occupational therapy assistant under the appropriate supervision of an occupational therapist.

(j) "Person" means an individual, partnership, unincorporated organization, or corporation.

(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.

(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.

(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 preparation for, occupational therapy services.

Proposed Amendment to Business & Professions Code 2570.2(k)

"~~Practice of~~ ~~o~~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.

(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, in groups, or through social groups.

(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.

Amend Business & Professions Code Section 2570.2(k)

(k) "~~Practice of~~ oOccupational 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.

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(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).

Occupational Therapy Practice Act
Conceptual Changes Needed
OTAC Recommendations

The scope of practice of occupational therapy was written in statute over 15 years ago. Since that time the practice of occupational therapy has matured, patient needs have become more diverse and health care reform has changed and broadened health care services that are provided. With these positive changes to health care and occupational therapy services, it is important that the occupational therapy practice act be updated and modified to reflect these changes.

The conceptual changes OTAC recommends are as follows:

1. General updates to terms and services in the practice act
Terms such as "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..." could be better stated as "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." The AOTA Model Practice Act should be reviewed to see where California statute can be modified to better reflect contemporary terms.

2. Add references to rehabilitation and habilitation as services provided by occupational therapists
The Affordable Care Act mandates that health plans offer rehabilitation and habilitation as covered services for patients. In California statute the definition of habilitation includes occupational therapy. Occupational therapists are an essential provider for patients in need of rehabilitation and habilitation services.

3. Add references to behavioral health as services provided by occupational therapists
Also included in the ACA is coverage by health plans for behavioral health services. There is also a move toward integrated behavioral health services. California systems provide mental health services, substance abuse treatments, and behavioral health interventions (i.e., for individuals with autism). Through engagement in everyday activities, occupational therapy practitioners promote mental health and support functioning in people with or at risk of experiencing a range of mental health disorders, including psychiatric, behavioral, and substance abuse. Occupational therapy is a very important part of treatment options for patients within these systems across all components of behavioral health services. Language should be added to the OT Practice Act to ensure that the public is clear that OT practitioners have a role in delivering these services.

4. Clarify occupational therapists role with orthotics
Current statute only defines occupational therapy as being able to "design or fabricate selective temporary orthotic devices." This phrase should be updated, e.g., eliminate the phrase – 'selective temporary' – to authorize the general utilization or orthotics where needed.

5. Clarify the use of the word referral in the practice act
Current statute states, "Occupational therapy services encompass occupational therapy assessment, treatment, education, and consultation with, individuals who have been referred for occupational therapy services subsequent to a diagnosis of disease or disorder...." The word referral is not required and should be deleted.

6. Modify Post-Professional requirements for Occupational Therapy
Current statute requires both the courses and the education and training for certain post-professional designations to be approved by the Board. Since the origination of the occupational therapy practice act many occupational therapists are obtaining this education and training as part of their college coursework. In addition, Board approval of all courses for advance practice is cumbersome and time consuming. Modifications to the post-professional requirements, such as accepting courses that meet criteria for approval that may be taken at any point in the OTs' education and training, should be made to remove the burden from the Board and provide more flexibility for OTs to obtain the education and training for the "advance practice" designations.

Description of provisions	CA OT practice act	AOTA Model
Defines occupational therapy	(k) "Practice of occupational therapy" means the therapeutic use of purposeful and meaningful goal-directed activities (occupations)	The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities
How do services have an impact	which engage the individual's body and mind in meaningful, organized, and self-directed actions	
Services provide to who...and why...where		with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings.
Purposes of OT	that maximize independence, prevent or minimize disability, and maintain health.	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.
OT addresses these areas of performance		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.
Provisions defining the scope of OT in terms of evaluation/assessment and treatment	Occupational therapy services encompass occupational therapy assessment, treatment, education of, and consultation with, individuals	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: B. Methods or approaches selected to direct the process of interventions such as: 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:
Referral language – and exception	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)).	

Provisions explaining what OTs assess/evaluate	Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities.	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.
Provisions explaining the focus of OT services	Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability.	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. (from above) 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.
OT techniques/interventions	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).	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.
Consultation provisions	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.	12. Consultative services to groups, programs, organizations, or communities. (from above)
Provisions explaining who receives OT services	Services are provided individually, in groups, or through social groups.	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. (from above) 12. Consultative services to groups, programs, organizations, or communities. (from above) 15. Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes. (from above)

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-

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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

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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.

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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.

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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.

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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.

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