

SCOPE OF PRACTICE

Statement of Purpose

The purpose of this document is to define the scope of practice in occupational therapy in order to

1. delineate the domain of occupational therapy practice that directs the focus and actions of services provided by occupational therapists and occupational therapy assistants;
2. delineate the dynamic process of occupational therapy evaluation and intervention services to achieve outcomes that support the participation of clients in their everyday life activities (occupations);
3. describe the education and certification requirements to practice as an occupational therapist and occupational therapy assistant; and
4. 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) document *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2002) and on the *Philosophical Base of Occupational Therapy*, which states that “the understanding and use of occupations shall be at the central core of occupational therapy practice, education, and research” (AOTA, 2003a, Policy 1.11). Occupational therapy is a dynamic and evolving profession that is responsive to consumer needs and to emerging knowledge and research.

This scope of practice document is designed to support and be used in conjunction with the *Definition of Occupational Therapy Practice for the Model Practice Act* (AOTA, 2004a). While this scope of practice document helps support state laws and regulations that govern the practice of occupational therapy, it does not supercede those existing laws and other regulatory requirements. Occupational therapists and occupational therapy assistants are required to abide by statutes and regulations when providing occupational therapy services. State laws 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.

AOTA (1994) states that a referral is not “required for the provision of occupational therapy services” (p. 1034); however, a referral may be indicated by some state laws and other regulatory requirements. The AOTA 1994 document *Statement of Occupational Therapy Referral* states that “occupational therapists respond to requests for services, whatever their sources. They may accept and enter cases at their own professional discretion and based on their own level of competency” (p. 1034). Occupational therapy assistants provide services under the supervision of an occupational therapist. State laws and other regulatory requirements should be viewed as minimum criteria to practice occupational therapy. Ethical guidelines that ensure safe and effective delivery of occupational therapy services to clients always influence occupational therapy practice (AOTA, 2000).

Definition of Occupational Therapy

AOTA's *Definition of Occupational Therapy for the Model Practice Act* defines occupational therapy as

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" (AOTA, 2004a).

Scope of Practice—The Domain and Process

The scope of practice includes the domain and process of occupational therapy services. These concepts are intertwined with the domain defining the focus of occupational therapy (see Figure 1) and the process defining the delivery of occupational therapy (see Figure 2). 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 engage (participate) in their everyday life activities in their desired roles, context, and life situations. Clients may be individuals, groups, communities, or populations. The occupations in which clients engage occur throughout the life span and include

- activities of daily living (self-care activities);
- education (activities to participate as a learner in a learning environment);
- instrumental activities of daily living (multistep activities to care for self and others, such as household management, financial management, and childcare);
- leisure (nonobligatory, discretionary, and intrinsically rewarding activities);
- play (spontaneous and organized activities that promote pleasure, amusement, and diversion);
- social participation (activities expected of individuals or individuals interacting with others); and
- work (employment-related and volunteer activities)

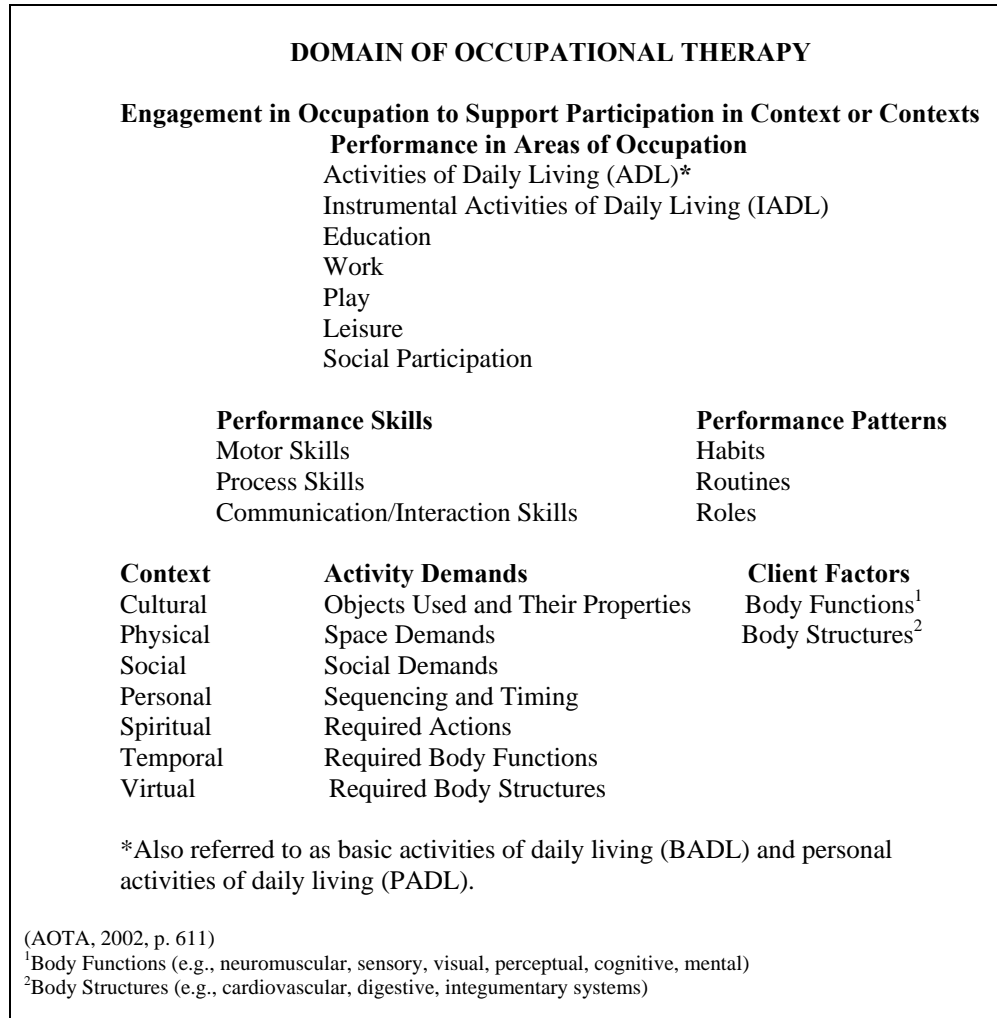


Figure 1

Within this 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 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 “attain and resume daily life activities that support function and health” throughout the lifespan (AOTA, 2002, p. 610). Participation in activities and occupations that are meaningful to the client involves emotional, psychosocial, cognitive, and physical aspects of performance. This participation provides a means to enhance health, well-being, and life satisfaction.

The domain of occupational therapy practice complements the World Health Organization’s (WHO) 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 addressing the complexity and richness of occupations and occupational engagement.

The process of occupational therapy relates to service delivery (see Figure 2) and includes evaluating, intervening, and targeting outcomes. Occupation remains central to the occupational therapy process. It 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, problems, and priorities for intervention. Evaluation and intervention may address one or more of the domains (see Figure 1) that influence occupational performance. Intervention includes planning and implementing occupational therapy services and involves therapeutic use of self, activities, and occupations, as well as consultation and education. The occupational therapist and occupational therapy assistant utilize occupation-based theories, frames of reference, evidence, and clinical reasoning to guide the intervention (AOTA, 2002).

The outcome of occupational therapy intervention is directed toward “engagement [of the client] in occupations that support participation in [daily life situations] (AOTA, 2002, p. 618). Outcomes of the intervention determine future actions with the client. Outcomes include the client's occupational performance, role competence and adaptation, health and wellness, quality of life and satisfaction, and prevention initiatives (AOTA, 2002, p. 619).

COLLABORATIVE PROCESS MODEL

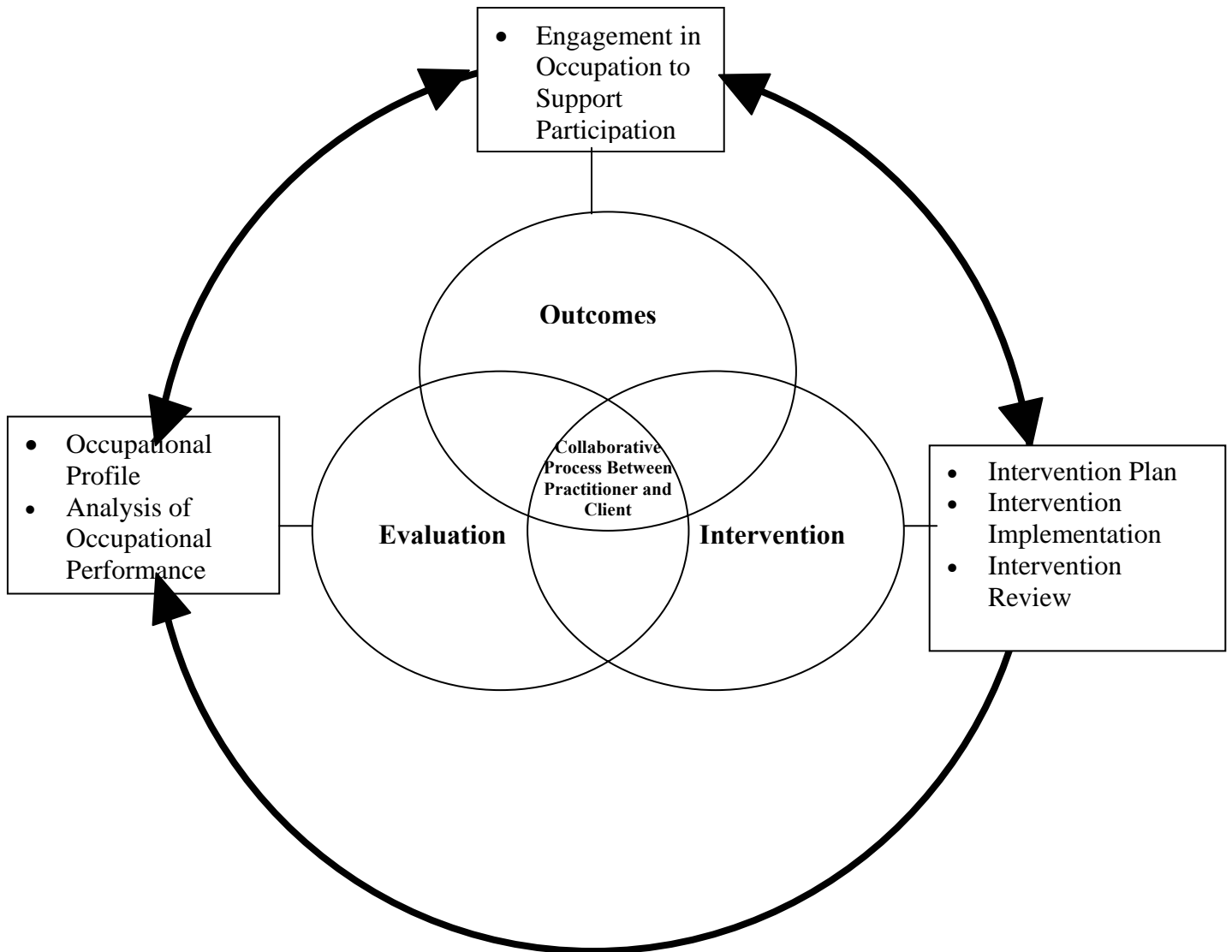


Figure 2: Illustration of the framework emphasizing client–practitioner interactive relationship and interactive nature of the service delivery process (AOTA 2002, 614).

Occupational Therapy Practice

Occupational therapists and occupational therapy assistants are experts at analyzing the performance skills and patterns necessary for people to engage in their everyday activities in the context in which those activities and occupations occur. The occupational therapist assumes responsibility for the delivery of all occupational therapy services and for the safety and effectiveness of occupational therapy services provided. The occupational therapy assistant delivers occupational therapy services under the supervision of and in partnership with the occupational therapist (AOTA, 2004b).

The practice of occupational therapy includes

- A. Strategies selected 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 or enhance performance in everyday life activities.
 - 5. 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
 - 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 behavior patterns.
 - 3. Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance.
 - 4. 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
 - 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, 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 individuals, including family members, caregivers, 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 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.
13. 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.

(AOTA, 2004a)

Site of Intervention

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

Education and Certification Requirements

To practice as an occupational therapist, the individual

- must have graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE[®]) or predecessor organizations¹, and
- must have 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 organization (AOTA, 2003b, Policy 5.3).
- must have successfully passed the national certification examination for occupational therapists and/or met state requirements for licensure/registration.

To practice as an occupational therapy assistant, the individual

- must have graduated from an associate- or certificate-level occupational therapy assistant program accredited by ACOTE[®] or predecessor organizations, and

¹ Foreign educated graduates of occupational therapy programs approved by the World Federation of Occupational therapy (WFOT) may also be eligible for certification/licensure as an occupational therapist provided additional requirements are met.

- must have 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 (AOTA, 2003b, Policy 5.3).
- must have successfully passed the national certification examination for occupational therapy assistants and/or met state requirements for licensure/registration.

AOTA supports licensure of qualified occupational therapists and occupational therapy assistants (AOTA, 2003b, Policy 5.3). State and other legislative or regulatory agencies may impose additional requirements to practice as an occupational therapist and occupational therapy assistants in their area of jurisdiction.

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Additional Reading

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