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# 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.

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

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*Adopted by the Representative Assembly 2004C23*

*Edited by the Commission on Practice 2014*

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*Adopted by the Representative Assembly Coordinating Council (RACC) for the Representative Assembly, 2014*

*Note.* This document replaces the 2010 document *Scope of Practice*, previously published and copyrighted in 2010 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 64(6, Suppl.), S70–S77. <http://dx.doi.org/10.5014/ajot.2010.64S70>

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