Companion to the

AOTA Classification Codes for Continuing Education Activities

The American Occupational Therapy Association, Inc.
APPROVED PROVIDER PROGRAM

This companion document provides additional information and more detailed descriptions for the AOTA Classification Codes so that AOTA Approved Providers can more effectively communicate with occupational therapists and occupational therapy assistants about the content of their continuing education activities.

The practice of occupational therapy is not a linear process. Therefore, it is anticipated that the continuing education developed to support practitioners will likewise be a rich integration of concepts, theories, and applications. Providers are encouraged to consider the content of their activities relative to the expected learning outcome(s) when selecting between category/topic combinations, and identify between one and three categories and topics that most accurately reflect the primary focus of the activity.

Providers who feel they would like initial guidance in this process should contact the AOTA APP Program Manager in advance of the intended posting date of a course to which AOTA CEU are assigned.

AREAS OF OCCUPATION

Various kinds of life activities in which people, populations, or organizations engage, including ADL, IADL, rest and sleep, education, work, play, leisure, and social participation.

ACTIVITIES OF DAILY LIVING (ADLs) Activities that are oriented toward taking care of one's own body (adapted from Rogers & Holm, 1994, pp. 181–202). ADL also is referred to as *basic activities of daily living (BADLs)* and *personal activities of daily living (PADLs).* These activities are "fundamental to living in a social world; they enable basic survival and well-being" (Christiansen & Hammecker, 2001, p, 156).	• **Bathing, showering—**Obtaining and using supplies; soaping, rinsing, and drying body parts; maintaining bathing position; and transferring to and from bathing positions. • **Bowel and bladder management—**Includes completing intentional control of bowel movements and urinary bladder and, if necessary, using equipment or agents for bladder control (Uniform Data System for Medical Rehabilitation, 1996, pp. III–20, III–24). • **Dressing—**Selecting clothing and accessories appropriate to time of day, weather, and occasion; obtaining clothing from storage area; dressing and undressing in a sequential fashion; fastening and adjusting clothing and shoes; and applying and removing personal devices, prostheses, or orthoses. • **Eating—**"The ability to keep and manipulate food or fluid in the mouth and swallow it; *eating* and *swallowing* are often used interchangeably" (AOTA, 2007b). • **Feeding—**"The process of setting up, arranging, and bringing food [or fluid] from the plate or cup to the mouth; sometimes called *self-feeding"* (AOTA, 2007b). • **Functional mobility—**Moving from one position or place to another (during performance of everyday activities), such as in-bed mobility, wheelchair mobility, and transfers (e.g., wheelchair, bed, car, tub, toilet, tub/shower, chair, floor). Includes functional ambulation and transporting objects. • **Personal device care—**Using, cleaning, and maintaining personal care items, such as hearing aids, contact lenses, glasses, orthotics, prosthetics, adaptive equipment, and contraceptive and sexual devices. • **Personal hygiene and grooming—** Obtaining and using supplies; removing body hair (e.g., use of razors, tweezers, lotions); applying and removing cosmetics; washing, drying, combing, styling, brushing, and trimming hair; caring for nails (hands and feet); caring for skin, ears, eyes, and nose; applying deodorant; cleaning mouth; brushing and flossing teeth; or removing, cleaning, and reinserting dental orthotics and prosthetics. • **Sexual activity—**Engaging in activities that result in sexual satisfaction. • **Toilet hygiene—**Obtaining and using supplies; clothing management; maintaining toileting position; transferring to and from toileting position; cleaning body; and caring for menstrual and continence needs (including catheters, colostomies, and suppository management).
INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs) Activities to support daily life within the home and community that often require more complex interactions than self-care used in ADL.	• **Care of others (including selecting and supervising caregivers)—**Arranging, supervising, or providing the care for others. • **Care of pets—**Arranging, supervising, or providing the care for pets and service animals. • **Child rearing—**Providing the care and supervision to support the developmental needs of a child. • **Communication management—**Sending, receiving, and interpreting information using a variety of systems and equipment, including writing tools, telephones, typewriters, audiovisual recorders, computers,

	communication boards, call lights, emergency systems, Braille writers, telecommunication devices for the deaf, augmentative communication systems, and personal digital assistants. • **Community mobility—**Moving around in the community and using public or private transportation, such as driving, walking, bicycling, or accessing and riding in buses, taxi cabs, or other transportation systems. • **Financial management—**Using fiscal resources, including alternate methods of financial transaction and planning and using finances with long-term and short term goals. • **Health management and maintenance—**Developing, managing, and maintaining routines for health and wellness promotion, such as physical fitness, nutrition, decreasing health risk behaviors, and medication routines. • **Home establishment and management—**Obtaining and maintaining personal and household possessions and environment (e.g., home, yard, garden, appliances, vehicles), including maintaining and repairing personal possessions (clothing and household items) and knowing how to seek help or whom to contact. • **Meal preparation and cleanup—**Planning, preparing, and serving well-balanced, nutritional meals and cleaning up food and utensils after meals. • **Religious observance—**Participating in *religion,* "an organized system of beliefs, practices, rituals, and symbols designed to facilitate closeness to the sacred or transcendent" (Moreira-Almeida & Koenig, 2006, p. 844). • **Safety and emergency maintenance—** Knowing and performing preventive procedures to maintain a safe environment as well as recognizing sudden, unexpected hazardous situations and initiating emergency action to reduce the threat to health and safety. • **Shopping—**Preparing shopping lists (grocery and other); selecting, purchasing, and transporting items; selecting method of payment; and completing money transactions.
REST AND SLEEP Includes activities related to obtaining restorative rest and sleep that supports healthy active engagement in other areas of occupation.	• **Rest—**Quiet and effortless actions that interrupt physical and mental activity resulting in a relaxed state (Nurit & Michel, 2003, p. 227). Includes identifying the need to relax; reducing involvement in taxing physical, mental, or social activities; and engaging in relaxation or other endeavors that restore energy, calm, and renewed interest in engagement. • **Sleep—**A series of activities resulting in going to sleep, staying asleep, and ensuring health and safety through participation in sleep involving engagement with the physical and social environments. • **Sleep preparation—**(1) Engaging in routines that prepare the self for a comfortable rest, such as grooming and undressing, reading or listening to music to fall asleep, saying goodnight to others, and meditation or prayers; determining the time of day and length of time desired for sleeping or the time needed to wake; and establishing sleep patterns that support growth and health (patterns are often personally and culturally determined). (2) Preparing the physical environment for periods of unconsciousness, such as making the bed or space on which to sleep; ensuring warmth/coolness and protection; setting an alarm clock; securing the home, such as locking doors or closing windows or curtains;

	and turning off electronics or lights. • **Sleep participation—**Taking care of personal need for sleep such as cessation of activities to ensure onset of sleep, napping, dreaming, sustaining a sleep state without disruption, and nighttime care of toileting needs or hydration. Negotiating the needs and requirements of others within the social environment. Interacting with those sharing the sleeping space such as children or partners, providing nighttime care giving such as breastfeeding, and monitoring the comfort and safety of others such as the family while sleeping.
EDUCATION Includes activities needed for learning and participating in the environment.	• **Formal educational participation—**Including the categories of academic (e.g., math, reading, working on a degree), nonacademic (e.g., recess, lunchroom, hallway), extracurricular (e.g., sports, band, cheerleading, dances), and vocational (prevocational and vocational) participation. • **Informal personal educational needs or interests exploration (beyond formal education)—**Identifying topics and methods for obtaining topic-related information or skills. • **Informal personal education participation—** Participating in classes, programs, and activities that provide instruction/training in identified areas of interest.
WORK Includes activities needed for engaging in remunerative employment or volunteer activities (Mosey, 1996, p. 341).	• **Employment interests and pursuits—**Identifying and selecting work opportunities based on assets, limitations, likes, and dislikes relative to work (adapted from Mosey, 1996, p. 342). • **Employment seeking and acquisition—**Identifying and recruiting for job opportunities; completing, submitting, and reviewing appropriate application materials; preparing for interviews; participating in interviews and following up afterward; discussing job benefits; and finalizing negotiations. • **Job performance—**Job performance including work skills and patterns; time management; relationships with co-workers, managers, and customers; creation, production, and distribution of products and services; initiation, sustainment, and completion of work; and compliance with work norms and procedures. • **Retirement preparation and adjustment—**Determining aptitudes, developing interests and skills, and selecting appropriate avocational pursuits. • **Volunteer exploration—**Determining community causes, organizations, or opportunities for unpaid "work" in relationship to personal skills, interests, location, and time available. • **Volunteer participation—**Performing unpaid "work" activities for the benefit of identified selected causes, organizations, or facilities.
PLAY "Any spontaneous or organized activity that provides enjoyment, entertainment, amusement, or diversion" (Parham & Fazio, 1997, p. 252).	• **Play exploration—**Identifying appropriate play activities, which can include exploration play, practice play, pretend play, games with rules, constructive play, and symbolic play (adapted from Bergen,1988, pp. 64–65). • **Play participation—**Participating in play; maintaining a balance of play with other areas of occupation; and

	obtaining, using, and maintaining toys, equipment, and supplies appropriately.
LEISURE "A nonobligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or sleep" (Parham & Fazio, 1997, p. 250).	• **Leisure exploration—**Identifying interests, skills, opportunities, and appropriate leisure activities. • **Leisure participation—**Planning and participating in appropriate leisure activities; maintaining a balance of leisure activities with other areas of occupation; and obtaining, using, and maintaining equipment and supplies as appropriate.
SOCIAL PARTICIPATION "Organized patterns of behavior that are characteristic and expected of an individual or a given position within a social system" (Mosey, 1996, p. 340).	• **Community—**Engaging in activities that result in successful interaction at the community level (i.e., neighborhood, organizations, work, school). • **Family—**Engaging in "[activities that result in] successful interaction in specific required and/or desired familial roles" (Mosey, 1996, p. 340). • **Peer, friend—**Engaging in activities at different levels of intimacy, including engaging in desired sexual activity.

Note. Some of the terms used in this table are from, or adapted from, the rescinded *Uniform Terminology for Occupational Therapy—Third Edition* (AOTA, 1994, pp. 1047–1054).

CLIENT FACTORS Client factors include (1) values, beliefs, and spirituality; (2) body functions; and (3) body structures that reside within the client and may affect performance in areas of occupation.	
VALUES, BELIEFS, AND SPIRITUALITY	**Values:** Principles, standards, or qualities considered worthwhile or desirable by the client who holds them. **Person** 1. Honesty with self and with others 2. Personal religious convictions 3. Commitment to family. **Organization** 1. Obligation to serve the community 2. Fairness. **Population** 1. Freedom of speech 2. Equal opportunities for all 3. Tolerance toward others. **Beliefs:** Cognitive content held as true. **Person** 1. He or she is powerless to influence others 2. Hard work pays off. **Organization** 1. Profits are more important than people 2. Achieving the mission of providing service can effect positive change in the world. **Population** 1. People can influence government by voting. 2. Accessibility is a right, not a privilege. **Spirituality:** The "personal quest for understanding answers to ultimate questions about life, about meaning, and the sacred" (Moyers & Dale, 2007, p. 28). **Person** 1. Daily search for purpose and meaning in one's life

	2. Guiding actions from a sense of value beyond the personal acquisition of wealth or fame. **Organization and Population** (see "Person" examples related to individuals within an organization and population).
BODY FUNCTIONS: "[T]he physiological functions of body systems (including psychological functions)" (WHO, 2001, p. 10). The "Body Functions" section to the right is organized according to the classifications of the *International Classification of Functioning, Disability, and Health (ICF*) classifications. For fuller descriptions and definitions, refer to WHO (2001).	**Body Functions Commonly Considered by Occupational Therapy Practitioners** ***(Not intended to be all-inclusive list)*** **Body functions categories and selected classifications from ICF and occupational therapy examples:** **Mental functions** (affective, cognitive, perceptual) • **Specific mental functions** o Higher-level cognitive ➢ Judgment, concept formation, metacognition, cognitive flexibility, insight, attention, awareness o Attention ➢ Sustained, selective, and divided attention o Memory ➢ Short-term, long-term, and working memory o Perception ➢ Discrimination of sensations (e.g., auditory, tactile, visual, olfactory, gustatory, vestibular–proprioception), including multi-sensory processing, sensory memory, spatial, and temporal relationships (Calvert, Spence, & Stein, 2004) o Thought ➢ Recognition, categorization, generalization, awareness of reality, logical/coherent thought, and appropriate thought content o Mental functions of sequencing complex movement ➢ Execution of learned movement patterns o Emotional ➢ Coping and behavioral regulation (Schell, Cohn, & Crepeau, 2008) o Experience of self and time ➢ Body image, self-concept, self-esteem • **Global mental functions** o Consciousness ➢ Level of arousal, level of consciousness o Orientation ➢ Orientation to person, place, time, self, and others o Temperament and personality ➢ Emotional stability o Energy and drive ➢ Motivation, impulse control, and appetite o Sleep (physiological process) **Sensory functions and pain** o Seeing and related functions, including visual acuity, visual stability, visual field functions ➢ Detection/registration, modulation, and integration of sensations from the body and environment

	➢ Visual awareness of environment at various distances o Hearing functions ➢ Tolerance of ambient sounds; awareness of location and distance of sounds such as an approaching car o Vestibular functions ➢ Sensation of securely moving against gravity o Taste functions ➢ Association of taste o Smell functions ➢ Association of smell o Proprioceptive functions ➢ Awareness of body position and space o Touch functions ➢ Comfort with the feeling of being touched by others or touching various textures such as food o Pain (e.g., diffuse, dull, sharp, phantom) ➢ Localizing pain o Temperature and pressure ➢ Thermal awareness **Neuromusculoskeletal and movement-related functions** • Functions of joints and bones o Joint mobility ➢ Joint range of motion o Joint stability ➢ Postural alignment (this refers to the physiological stability of the joint related to its structural integrity as compared to the motor skill of aligning the body while moving in relation to task objects) o Muscle power ➢ Strength o Muscle tone ➢ Degree of muscle tone (e.g., flaccidity, spasticity, fluctuating) o Muscle endurance ➢ Endurance o Motor reflexes ➢ Stretch, asymmetrical tonic neck, symmetrical tonic neck o Involuntary movement reactions ➢ Righting and supporting o Control of voluntary movement ➢ Eye–hand/foot coordination, bilateral integration, crossing the midline, fine- and gross-motor control, and oculomotor (e.g., saccades, pursuits, accommodation, binocularity) o Gait patterns ➢ Walking patterns and impairments such as asymmetric gait, stiff gait. (Note: Gait patterns are considered in relation to how they affect ability to engage in occupations in daily life activities.) **Cardiovascular, hematological, immunological, and respiratory system function** • Cardiovascular system function

	• Hematological and immunological system function
	• Respiratory system function
	  ➢ Blood pressure functions (hypertension, hypotension, postural hypotension), and heart rate
	  (*Note:* Occupational therapy practitioners have knowledge of these body functions and understand broadly the interaction that occurs between these functions to support health and participation in life through engagement in occupation. Some therapists may specialize in evaluating and intervening with a specific function as it is related to supporting performance and engagement in occupations and activities targeted for intervention.)
	
	• Additional functions and sensations of the cardiovascular and respiratory systems
	  ➢ Rate, rhythm, and depth of respiration
	  ➢ Physical endurance, aerobic capacity, stamina, and fatigability
	
	Voice and speech functions
	• Voice functions
	• Fluency and rhythm
	• Alternative vocalization functions
	
	Digestive, metabolic, and endocrine system function
	• Digestive system function
	• Metabolic system and endocrine system function
	
	Genitourinary and reproductive functions
	• Urinary functions
	• Genital and reproductive functions
	
	(*Note:* Occupational therapy practitioners have knowledge of these body functions and understand broadly the interaction that occurs between these functions to support health and participation in life through engagement in occupation. Some therapists may specialize in evaluating and intervening with a specific function, such as incontinence and pelvic floor disorders, as it is related to supporting performance and engagement in occupations and activities targeted for intervention.)
	
	Skin and related-structure functions
	• Skin functions
	• Hair and nail functions
	
	  o **Skin and related-structure functions**
	  ➢ Protective functions of the skin—presence or absence of wounds, cuts, or abrasions
	  ➢ Repair function of the skin—wound healing
	(*Note:* Occupational therapy practitioners have knowledge of these body functions and understand broadly the interaction that occurs between these functions to support health and participation in life through engagement in

	occupation. Some therapists may specialize in evaluating and intervening with a specific function as it is related to supporting performance and engagement in occupations and activities targeted for intervention.)
BODY STRUCTURES: *Body structures* are "anatomical parts of the body, such as organs, limbs, and their components [that support body function]" (WHO, 2001, p. 10). The "Body Structures" section to the right is organized according to the *ICF* classifications. For fuller descriptions and definitions, refer to WHO (2001).	**Examples are not delineated in the "Body Structure" section of this table.** **Structure of the nervous system** **Eyes, ear, and related structures** **Structures involved in voice and speech** **Structures of the cardiovascular, immunological, and respiratory systems** **Structures related to the digestive, metabolic, and endocrine systems** **Structure related to the genitourinary and reproductive systems** **Structures related to movement** **Skin and related structures** (*Note:* Occupational therapy practitioners have knowledge of body structures and understand broadly the interaction that occurs between these structures to support health and participation in life through engagement in occupation. Some therapists may specialize in evaluating and intervening with a specific structure as it is related to supporting performance and engagement in occupations and activities targeted for intervention.)

Note. Some data adapted from the *ICF* (WHO, 2001).

ACTIVITY DEMANDS The aspects of an activity, which include the objects and their properties, space, social demands, sequencing or timing, required actions and skills, and required underlying body functions and body structure needed to carry out the activity.	
Objects and their properties	Tools, materials, and equipment used in the process of carrying out the activity
Space demands (relates to physical context)	Physical environmental requirements of the activity (e.g., size, arrangement, surface, lighting, temperature, noise, humidity, ventilation)
Social demands (relates to social environment and cultural contexts)	Social environment and cultural contexts that may be required by the activity
Sequence and timing	Process used to carry out the activity (e.g., specific steps, sequence, timing requirements)
Required actions and performance skills	The usual skills that would be required by any performer to carry out the activity. Sensory, perceptual, motor, praxis, emotional, cognitive, communication, and social performance skills should each be considered. The performance skills demanded by an activity will be correlated with the demands of the other activity aspects (e.g., objects, space)

Required body functions	"[P]hysiological functions of body systems (including psychological functions)" (WHO, 2001, p. 10) that are required to support the actions used to perform the activity
Required body structures	"Anatomical parts of the body such as organs, limbs, and their components [that support body function]" (WHO, 2001, p. 10) that are required to perform the activity

PERFORMANCE SKILLS *Performance skills* are the abilities clients demonstrate in the actions they perform.	
Motor and praxis skills	*Motor:* Actions or behaviors a client uses to move and physically interact with tasks, objects, contexts, and environments (adapted from Fisher, 2006). Includes planning, sequencing, and executing new and novel movements. *Praxis:* Skilled purposeful movements (Heilman & Rothi, 1993). Ability to carry out sequential motor acts as part of an overall plan rather than individual acts (Liepmann, 1920). Ability to carry out learned motor activity, including following through on a verbal command, visual–spatial construction, ocular and oral–motor skills, imitation of a person or an object, and sequencing actions (Ayres, 1985; Filley, 2001). Organization of temporal sequences of actions within the spatial context, which form meaningful occupations (Blanche & Parham, 2002).
Sensory–perceptual skills	Actions or behaviors a client uses to locate, identify, and respond to sensations and to select, interpret, associate, organize, and remember sensory events based on discriminating experiences through a variety of sensations that include visual, auditory, proprioceptive, tactile, olfactory, gustatory, and vestibular.
Emotional regulation skills	Actions or behaviors a client uses to identify, manage, and express feelings while engaging in activities or interacting with others
Cognitive skills	Actions or behaviors a client uses to plan and manage the performance of an activity
Communication and social skills	Actions or behaviors a person uses to communicate and interact with others in an interactive environment (Fisher, 2006)

PERFORMANCE PATTERNS	
PERFORMANCE PATTERNS – PERSON *Patterns of behavior related to an individual's or significant other's daily life activities that are habitual or routine.*	
HABITS—"Automatic behavior that is integrated into more complex patterns that enable people to function on a day-to-day basis" (Neistadt & Crepeau, 1998, p. 869). Habits can be useful, dominating, or impoverished and either support	**Examples:** – Automatically puts car keys in the same place. – Spontaneously looks both ways before crossing the street – Repeatedly rocks back and forth when asked to initiate a task – Repeatedly activates and deactivates the alarm system before entering the home – Maintains the exact distance between all hangers when hanging clothes in a closet

or interfere with performance in areas of occupation.	
ROUTINES—Patterns of behavior that are observable, regular, repetitive, and that provide structure for daily life. They can be satisfying, promoting, or damaging. Routines require momentary time commitment and are embedded in cultural and ecological contexts (Fiese et al., 2002; Segal, 2004).	– Follows the morning sequence to complete toileting, bathing, hygiene, and dressing – Follows the sequence of steps involved in meal preparation
RITUALS—Symbolic actions with spiritual, cultural, or social meaning, contributing to the client's identity and reinforcing values and beliefs. Rituals have a strong affective component and represent a collection of events (Fiese et al., 2002; Segal, 2004).	– Uses the inherited antique hairbrush and brushes her hair with 100 strokes nightly as her mother had done – Prepares the holiday meals with favorite or traditional *accoutrements*, using designated dishware – Kisses a sacred book before opening the pages to read
ROLES—A set of behaviors expected by society, shaped by culture, and may be further conceptualized and defined by the client.	– Mother of an adolescent with developmental disabilities – Student with learning disability studying computer technology – Corporate executive returning to work after experiencing a stroke

Note. Information for "Habits" section of this table adapted from Dunn (2000b).

PERFORMANCE PATTERNS	
PERFORMANCE PATTERNS – ORGANIZATION *Patterns of behavior related to the daily functioning of an organization.*	
ROUTINES—Patterns of behavior that are observable, regular, repetitive, and that provide structure for daily life. They can be satisfying, promoting, or damaging. Routines require momentary time commitment and are embedded in cultural and ecological contexts (Fiese et al., 2002; Segal, 2004).	– Holds regularly scheduled meetings for staff, directors, executive boards – Follows documentation practices for annual reports, timecards, and strategic plans – Turns in documentation on a scheduled basis – Follows the chain of command – Follows safety and security routines (e.g., signing in/out, using pass codes) – Maintains dress codes (e.g., casual Fridays) – Socializes during breaks, lunch, at the water cooler – Follows beginning or ending routines (e.g., opening/closing the facility) – Offers activities to meet performance expectations or standards
RITUALS—Symbolic actions that have meaning, contributing to the organization's identity and reinforcing values and beliefs (adapted from Fiese et al., 2002; Segal, 2004).	– Holds holiday parties, company picnics – Conducts induction, recognition, and retirement ceremonies – Organizes annual retreats or conferences – Maintains fundraising activities for organization to support local charities
ROLES—A set of behaviors by the organization expected by society, shaped by culture, and	– Nonprofit organization provides housing for persons living with mental illness – Humanitarian organization distributes food and clothing donations to refugees – University educates and provides service to the surrounding community

may be further conceptualized and defined by the client.	

Note. In this document, habits are addressed only in "Performance Patterns – Person" table.

PERFORMANCE PATTERNS	
PERFORMANCE PATTERNS – POPULATION *Patterns of behavior related to a population.*	
ROUTINES—Patterns of behavior that are observable, regular, repetitive, and that provide structure for daily life. They can be satisfying, promoting, or damaging. Routines require momentary time commitment and are embedded in cultural and ecological contexts (Fiese et al., 2002; Segal, 2004).	– Follows health practices, such as scheduled immunizations for children and yearly health screenings for adults – Follows business practices, such as provision of services for the disadvantaged populations (e.g., loans to underrepresented groups) – Follows legislative procedures, such as those associated with IDEA and Medicare – Follows social customs for greeting
RITUALS—Rituals are shared social actions with traditional, emotional, purposive, and technological meaning, contributing to values and beliefs within the population.	– Holds cultural celebrations – Has parades or demonstrations – Shows national affiliations/allegiances – Follows religious, spiritual, and cultural practices, such as touching the mezuzah or using holy water when leaving/entering, praying to Mecca
ROLES	– SEE DESCRIPTION OF THESE AREAS FOR INDIVIDUALS WITHIN THE POPULATION

Note. In this document, habits are addressed only in "Performance Patterns – Person" table.

CONTEXT AND ENVIRONMENT *Context* and *environment* (including cultural, personal, temporal, virtual, physical, and social) refers to a variety of interrelated conditions within and surrounding the client that influence performance. The term *context* refers to a variety of interrelated conditions that are within and surrounding the client. Contexts include cultural, personal, temporal, and virtual. The term *environment* refers to the external physical and social environments that surround the client and in which the client's daily life occupations occur.	
Cultural	Customs, beliefs, activity patterns, behavior standards, and expectations accepted by the society of which the client is a member. Includes ethnicity and values as well as political aspects, such as laws that affect access to resources and affirm personal rights. Also includes opportunities for education, employment, and economic support.
Personal	"[F]eatures of the individual that are not part of a health condition or health status" (WHO, 2001, p. 17). Personal context includes age, gender, socioeconomic status, and educational status. Can also include organizational levels (e.g., volunteers and employees) and population levels (e.g., members of society).
Temporal	"Location of occupational performance in time" (Neistadt & Crepeau, 1998, p. 292). The experience of time as shaped by engagement in occupations. The temporal aspects of occupation "which contribute to the patterns of daily occupations" are "the rhythm… tempo…

	synchronization…duration…and sequence" (Larson & Zemke, 2004, p. 82; Zemke, 2004, p. 610). Includes stages of life, time of day or year, duration, rhythm of activity, or history.
Virtual	Environment in which communication occurs by means of airways or computers and an absence of physical contact. Includes simulated or real-time or near-time existence of an environment via chat rooms, email, video-conferencing, radio transmissions.
Physical	Natural and built nonhuman environment and the objects in them: • Natural environment includes geographic terrain, sensory qualities of environment, plants and animals • Built environment and objects includes buildings, furniture, tools or devices.
Social	Is constructed by presence, relationships, and expectations of persons, organizations, populations. • Availability and expectations of significant individuals, such as spouse, friends, and caregivers • Relationships with individuals, groups, or organizations • Relationships with systems (e.g., political, legal, economic, institutional) that are influential in establishing norms, role expectations, and social routines.

CATEGORY 2: OCCUPATIONAL THERAPY PROCESS

EVALUATION	
Occupational profile	The initial step in the evaluation process that provides an understanding of the client's occupational history and experiences, patterns of daily living, interests, values, and needs. The client's problems and concerns about performing occupations and daily life activities are identified, and the client's priorities are determined.
Analysis of occupational performance	The step in the evaluation process during which the client's assets, problems, or potential problems are more specifically identified. Actual performance is often observed in context to identify what supports performance and what hinders performance. Performance skills, performance patterns, context or contexts, activity demands, and client factors are all considered, but only selected aspects may be specifically assessed. Targeted outcomes are identified.

INTERVENTION	
Intervention plan A plan that will guide actions taken and that is developed in collaboration with the client. It is based on selected theories, frames of reference, and evidence. Outcomes to be targeted are confirmed.	**Create, promote (health promotion)** [b]**—** An intervention approach that does not assume a disability is present or that any factors would interfere with performance. This approach is designed to provide enriched contextual and activity experiences that will enhance performance for all persons in the natural contexts of life (adapted from Dunn, McClain, Brown, & Youngstrom, 1998, p. 534). **Establish, restore (remediation, restoration)** [b]**—** An intervention approach designed to change client

	variables to establish a skill or ability that has not yet developed or to restore a skill or ability that has been impaired (adapted from Dunn et al., 1998, p. 533). **Maintain—** An intervention approach designed to provide the supports that will allow clients to preserve their performance capabilities that they have regained, that continue to meet their occupational needs, or both. The assumption is that, without continued maintenance intervention, performance would decrease, occupational needs would not be met, or both, thereby affecting health and quality of life. **Modify (compensation, adaptation)** [b]**—** An intervention approach directed at "finding ways to revise the current context or activity demands to support performance in the natural setting, [including] compensatory techniques, [such as]...enhancing some features to provide cues or reducing other features to reduce distractibility" (Dunn et al., 1998, p. 533). **Prevent (disability prevention)** [b]**—** An intervention approach designed to address clients with or without a disability who are at risk for occupational performance problems. This approach is designed to prevent the occurrence or evolution of barriers to performance in context. Interventions may be directed at client, context, or activity variables (adapted from Dunn et al., 1998, p. 534).
Intervention implementation Ongoing actions taken to influence and support improved client performance. Interventions are directed at identified outcomes. Client's response is monitored and documented.	**THERAPEUTIC USE OF SELF**— An occupational therapy practitioner's planned use of his or her personality, insights, perceptions, and judgments as part of the therapeutic process (adapted from Punwar & Peloquin, 2000, p. 285). **THERAPEUTIC USE OF OCCUPATIONS/ACTIVITIES** [b] — Occupations and activities selected for specific clients that meet therapeutic goals. To use occupations/activities therapeutically, context or contexts, activity demands, and client factors all should be considered in relation to the client's therapeutic goals. Use of assistive technologies, application of universal-design principles, and environmental modifications support the ability of clients to engage in their occupations. • Occupation-based intervention: Client engages in client-directed occupations that match identified goals. • Purposeful activity: Client engages in specifically selected activities that allow the client to develop skills that enhance occupational engagement. • Preparatory methods: Practitioner selects directed methods and techniques that prepare the client for occupational performance. Used in preparation for or concurrently with purposeful and occupation-based activities. **CONSULTATION PROCESS**— A type of intervention in which occupational therapy practitioners use their knowledge and expertise to collaborate with the client. The collaborative process involves identifying the problem, creating possible solutions, trying solutions, and altering

	them as necessary for greater effectiveness. When providing consultation, the practitioner is not directly responsible for the outcome of the intervention (Dunn, 2000a, p. 113). **Examples:** **Person** • Advises a family about architectural options • Advises family how to create pre-sleep nighttime routines for their children **Organization** • Recommends work pattern modifications and ergonomically designed workstations for a company • Recommends disaster evacuation strategies for a residential community related to accessibility and reduced environmental barriers **Population** • Advises senior citizens on older driver initiatives **EDUCATION PROCESS**— An intervention process that involves imparting knowledge and information about occupation, health, and participation and that does not result in the actual performance of the occupation/activity. **Examples:** **Person** • Instructs a classroom teacher on sensory regulation strategies **Organization** • Teaches staff at a homeless shelter how to structure daily living, play, and leisure activities for shelter members **Population** • Instructs town officials about the value of and strategies for making walking and biking paths accessible for all community members **ADVOCACY**— Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their daily life occupations. **Examples:** **Person** • Collaborates with a person to procure reasonable accommodations at worksite **Organization** • Serves on policy board of an organization to procure supportive housing accommodations for persons with disabilities

	Population • Collaborates with adults with serious mental illness to raise public awareness of the impact of this stigma • Collaborates with and educates federal funding sources for the disabled population to include cancer patients prior to their full remission
Intervention review	A review of the implementation plan and process as well as its progress toward targeted outcomes.

[a] Information adapted from Pedretti and Early (2001).
[b] Parallel language used in Moyers and Dale (2007, p. 34).

OUTCOMES ***(Supporting Health and Participation in Life Through Engagement in Occupation)*** Determination of success in reaching desired targeted outcomes. Outcome assessment information is used to plan future actions with the client and to evaluate the service program (i.e., program evaluation).	
Occupational performance	*The examples listed specify how the broad outcome of engagement in occupation may be operationalized. The examples are not intended to be all-inclusive.* The act of doing and accomplishing a selected activity or occupation that results from the dynamic transaction among the client, the context, and the activity. Improving or enabling skills and patterns in occupational performance leads to engagement in occupations or activities (adapted in part from Law et al., 1996, p. 16). • *Improvement*—Used when a performance limitation is present. These outcomes document increased occupational performance for the person, organization, or population. Outcome examples may include (1) the ability of a child with autism to play interactively with a peer (person); (2) the ability of an older adult to return to the home from a skilled-nursing facility (person); (3) decreased incidence of back strain in nursing personnel as a result of an in-service education program in body mechanics for carrying out job duties that require bending, lifting, and so forth (organizations); and (d) construction of accessible playground facilities for all children in local city parks (populations). • *Enhancement*—Used when a performance limitation is not currently present. These outcomes document the development of performance skills and performance patterns that augment existing performance or prevent potential problems from developing in life occupations. Outcome examples may include (1) increased confidence and competence of teenage mothers to parent their children as a result of structured social groups and child development classes (person); (2) increased membership of the local senior citizen center as a result of diverse social wellness and exercise programs (organization); (3) increased ability by school staff to address and manage school-age youth violence as a result of conflict resolution training to address ”bullying” (organizations); and (4) increased opportunities for seniors to participate in community activities due to ride share programs (populations).

Adaptation	A change in response approach that the client makes when encountering an occupational challenge. “This change is implemented when the [client’s] customary response approaches are found inadequate for producing some degree of mastery over the challenge” (adapted from Schultz & Schkade, 1997, p. 474). Examples of adaptation outcomes include (1) clients modifying their behaviors to earn privileges at an adolescent treatment facility (person); (2) a company redesigning the daily schedule to allow for an even workflow and to decrease times of high stress (organizations); and (3) a community making available accessible public transportation and erecting public and “reserved” benches for older adults to socialize and rest (populations).
Health and wellness	Health is a resource for everyday life, not the objective of living. For individuals, it is a state of physical, mental, and social well-being, as well as a positive concept emphasizing social and personal resources and physical capacities (WHO, 1986). Health of organizations and populations includes these individual aspects but also includes social responsibility of members to society as a whole. *Wellness* is ”[a]n active process through which individuals [organizations or populations] become aware of and make choices toward a more successful existence“ (Hettler, 1984, p. 1170). Wellness is more than a lack of disease symptoms; it is a state of mental and physical balance and fitness (adapted from *Taber’s Cyclopedic Medical Dictionary,* 1997, p. 2110). Outcome examples may include (1) participation in community outings by a client with schizophrenia in a group home (person); (2) implementation of a company-wide program to identify problems and solutions for balance among work, leisure, and family life (organizations); and (3) decreased incidence of childhood obesity (populations).
Participation	Engagement in desired occupations in ways that are personally satisfying and congruent with expectations within the culture.
Prevention	“[H]ealth promotion is equally and essentially concerned with creating the conditions necessary for health at individual, structural, social, and environmental levels through an understanding of the determinants of health: peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity” (Kronenberg, Algado, & Pollard, 2005, p. 441). Occupational therapy promotes a healthy lifestyle at the individual, group, organizational, community (societal), and governmental or policy level (adapted from Brownson & Scaffa, 2001). Outcome examples may include (1) appropriate seating and play area for a child with orthopedic impairments (person); (2) implementation of a program of leisure and educational activities for a drop-in center for adults with severe mental illness (organizations); and (3) access to occupational therapy services in underserved areas regardless cultural or ethnic backgrounds (populations).

Quality of life	The dynamic appraisal of the client's life satisfaction (perceptions of progress toward one's goals), hope (the real or perceived belief that one can move toward a goal through selected pathways), self-concept (the composite of beliefs and feelings about oneself), health and functioning (including health status, self-care capabilities, and socioeconomic factors, e.g., vocation, education, income; adapted from Radomski, 1995; Zhan, 1992). Outcomes may include (1) full and active participation of a deaf child from a hearing family during a recreational activity (person); (2) residents being able to prepare for outings and travel independently as a result of independent-living skills training for care providers of a group (organization); and (3) formation of a lobby to support opportunities for social networking, advocacy activities, and sharing scientific information for stroke survivors and their families (population).
Role competence	The ability to effectively meet the demands of roles in which the client engages.
Self-advocacy	Actively promoting or supporting oneself or others (individuals, organizations, or populations); requires an understanding of strengths and needs, identification of goals, knowledge of legal rights and responsibilities, and communicating these aspects to others (adapted from Dawson, 2007). Outcomes may include (1) a student with a learning disability requesting and receiving reasonable accommodations such as textbooks on tape (person); (2) a grassroots employee committee requesting and procuring ergonomically designed keyboards for their computers at work (organization); and (3) people with disabilities advocating for universal design with all public and private construction (population).
Occupational justice	Access to and participation in the full range of meaningful and enriching occupations afforded to others. Includes opportunities for social inclusion and the resources to participate in occupations to satisfy personal, health, and societal needs (adapted from Townsend & Wilcock, 2004). Outcomes may include (1) people with intellectual disabilities serving on an advisory board to establish programs offered by a community recreation center (person); (2) workers who have enough of break time to have lunch with their young children at day care centers (organization); (3) people with persistent mental illness welcomed by community recreation center due to anti-stigma campaign (organization); and (4) alternative adapted housing options for older adult to "age in place" (populations).

CATEGORY 3: PROFESSIONAL ISSUES

ADMINISTRATION & MANAGEMENT

Planning, organizing, controlling, and directing the activities of an organization to achieve desired outcomes (AOTA, 1996,

p. 213).	
Accreditation	A process by which an institution or an educational organization seeks to demonstrate to an accrediting agency that it complies with identified and accepted standards set forth by appropriate professional or governmental organizations; also, a kind of status awarded to an organization that demonstrates compliance with standards (*adapted from AOTA, 1996, p. 459*).
Budgeting	A process of planning for the coordination of resources and expenditures available for, required for, or assigned to a particular purpose.
Funding approaches/issues	Relates to the acquisition of fiscal resources by one organization from another organization or government group to support the development, delivery, and/or evaluation of occupational therapy education, services, or products.
Outcomes evaluation	A process of assessing the effectiveness of identified measures of success or benefit for a specific client or activity.
Productivity	Relating to the quantity (and inherently acceptable quality) of work that a given employee can be expected to produce.
Program development	The process of identifying a need; developing a strategy to meet the need; implementing a specific action plan that addresses fiscal and human resources, standards & guidelines, and legal and other issues; and evaluation of outcomes associated with a program to meet an identified need. Includes new and evolving areas of practice.
Promotion/public relations/marketing	The process of informing or educating a target audience or market about a specific service or product.
Recruitment/retention	The process of identifying and meeting initial and ongoing occupational therapy staffing needs through hiring, coaching, and retention strategies. Retention includes issues such as employee morale, staff development & training, benefits, and overall job satisfaction.

AOTA. (1996). The Occupational Therapy Manager. Bethesda, MD: AOTA.

LEGAL, LEGISLATIVE, REGULATORY, & REIMBURSEMENT ISSUES

The practice of health care is highly regulated at the federal and state levels, as well as by reimbursement sources. It is the professional responsibility of the occupational therapy practitioner to understand the federal and state legislative issues that shape the practice of occupational therapy, how this legislation is implemented at various levels, and the legal ramifications of not adhering to these statues and regulations.

Coding & reimbursement Systems	Refers to the variety of federal and state coding and reimbursement systems which occupational therapy practitioners must be current in order to properly bill for occupational therapy services. This topic might include federal and state administered programs, private insurance, managed health care plans, evolving payment programs, and the use of appropriate billing and coding for occupational therapy services.
Documentation issues	Might include key elements of documentation, the target audience, documentation approaches, styles, types, legal ramifications of the medical record and its contents, specific

	documentation requirements of certain reimbursement systems, abbreviations, symbols, and electronic documentation.
Federal/state regulatory statutes	Could include a review of specific federal and state regulatory statues, organizations that uphold these statues, the process of developing or changing statues and resources for this endeavor. With a changing health care environment occupational therapy practitioners must be aware of federal and state regulations that dictate and/or influence the practice of occupational therapy for a particular region of the country or area of practice.
Licensure/practice issues	A review of the statutes and regulations which dictate the practice of occupational therapy in a particular jurisdiction, the regulatory Board which oversees the statues and regulations, the prime mission of the regulatory Boards, make up of the Boards, and the process of developing legislation leading to a practice act.
Testifying/expert witness	Review of the legal process in this country, the law and the health care practitioner, legal terms, health care malpractice, liability for intentional conduct, the role of the witness, legal ramifications of being an expert witness, and health care ethics and the law.

OT EDUCATION Of or relating to the development, delivery, or administration of occupational therapy education at the associate, baccalaureate, or post-baccalaureate levels.	
ACOTE accreditation Standards	*The Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA) accredits educational programs for the occupational therapist. These Standards comply with the United States Department of Education (USDE) criteria for recognition of accrediting agencies.* These Standards are the requirements used in accrediting educational programs that prepare individuals to enter the occupational therapy profession. The extent to which a program complies with these Standards determines its accreditation status (AJOT, 1999, ACOTE Standards for an Accredited Educational Program, for the occupational therapist and the occupational therapy assistant, 53, 590-591).
Curriculum design & development	An overarching set of assumptions that explain how the curriculum is planned, implemented, and evaluated. Typically, a curriculum design includes educational goals and provides a clear rationale for the selection of content, the determination of scope of content, and the sequence of the content. A curriculum design is expected to be consistent with the mission and philosophy of the sponsoring institution and the program (*AJOT, 1999, ACOTE Standards for Accreditation, 53, 590-591).*
Educational outcomes	Explicit statements or descriptions of what the student is expected to know (cognitive), think (affective), or do (behavioral) upon completion of the educational program as evidence that learning has been achieved. Program goals and objectives will reflect educational philosophy,

	institutional mission statement and curriculum design. Educational outcomes will be driven by student centered, result oriented statements expressed in measurable, observable, time-bound increments, as evidence based learning.
Fieldwork education	A crucial part of professional preparation and is best integrated as a component of the curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision and for professional role modeling (*AJOT, 1999, ACOTE, 53).*
Recruitment/retention of students	The process of identifying and meeting initial and ongoing needs of student recruitment and retention through a variety of methods to ensure the viability of an academic program in occupational therapy.
Teaching theory & methods	The process of using theoretical perspectives, models of practice and frames of reference that facilitate development of the performance (*AJOT, 1999, ACOTE Accreditation, 53, 590*-591). The instructional method or process guided by a theoretical approach such as Problem Based Learning (PBL), Developmental or Adult Learning Model, used to enhance the teaching learning process including the use of various instructional techniques including lectures, debates, discussion, demonstrations, visuals, simulations, hands-on practical experiences, skits, and virtual reality (*adapted from IACET*).

OT RESEARCH Clinical and academic activities that support scientific procedures and processes to gather data and generate knowledge that enhance the profession and clinical practice of occupational therapy.	
Funding resources & grants/grant writing	U. S. government agencies and foundations that have grant funding available in areas of interest to occupational therapists, such as the Department of Education, the Office of Special Educational Rehabilitative Services, the Rehabilitation Services Administration, the Arthritis Foundation and the American Occupational Therapy Foundation. Grant writing is the process of completing the application process including the proposal that addresses the initiative that the granting agency wishes to sponsor. (Adapted from *AOTA website, 2002, Governance, Federal Grant Alert).*
Program evaluation	A continuing system for monitoring and reviewing the effectiveness of the educational program, especially as measured by student achievement, faculty performance, and the ability to meet program goals. (*American Journal of Occupational Therapy, 1999, Standards for an Accredited Educational Program for the Occupational Therapist and the Occupational Therapy Assistant 53, 590-591).*
Research methodology	The scientific method of investigation used by the researcher to collect and report scientific data on a particular phenomenon using a specific population sample.

Research outcomes	Evidence based reports. The results obtained from a scientific investigation or inquiry using scientific methods of data collection, analysis, interpretation, and reporting. Research outcomes link stated outcome goals and objectives, established prior to the research study, with the evidence obtained as a result of the research intervention, usually reported as success, satisfaction, enhanced performance or increased function.

SUPERVISION Supervision is a dynamic process involving two or more occupational therapy practitioners. Supervision should involve ongoing relationships promoting growth and development of the skills of occupational therapy practitioners that support consumer safety and promote the quality of occupational therapy services.	
Communication	Involves two or more persons, has various levels of verbal and non-verbal communication, is strongly influenced by culture and gender, and may involve persons for whom English is a second language. Communication strategies can involve other things outside of verbal, face to face communication. Pros and cons of these other strategies and their effectiveness with various cultures could be explored.
Competence/competency "Competence refers to an individual's capacity to perform job [professional] responsibilities. Competency focuses on an individual's actual performance in a particular situation" (McConnell, 2001, p. 14).	Defining standards/criteria (competencies) for practice at various skill levels (e.g. entry, intermediate, and advanced) in a particular area. Establishing strategies for measuring and documenting competency. Identification of systems to promote ongoing competence and progressive development of competent practice and individual professional development.
Cultural issues	The importance of this topic in health care today, what is a culturally competent occupational therapy practitioner, how culture influences the use of the health care system, follow through on therapy recommendations, the family dynamics, language, and education.
Role delineation	Define the various levels of practitioners in the profession of occupational therapy, their roles and interactions with one and other, how the roles may change and expand or contract depending upon the patient population, setting, and practice act of a particular jurisdiction.

McConnell, E. A. (2001). Competence vs. competency. *Nursing Management, 32*(5), 14.

CONTEMPORARY ISSUES & TRENDS Areas of current influence not previously defined that affect the practice of occupational therapy.	
Ethics	*1) The study and philosophy of human conduct with emphasis on the determination of right and wrong; 2) The principles of right conduct with reference to a specific profession. Funk & Wagnall's 1983 Standard Dictionary.* Examples: Overarching theories of morality; Principles of ethics; Codification of ethical behaviors; Interaction between law and ethics; Ethical issues in clinical settings; Professional responsibilities and relationships.
Evidence-based practice	*…the conscientious, explicit, and judicial use of current best*

	evidence in making decisions about the care of individual patients Sackett et al (1996) in Law, (2002), Evidence-Based Rehabilitation Theoretical bases for practice; Clinical research - interpretation, design, methodology; Integrating research and clinical practice; Bases for determination of best practice.
Globalization of the profession/ international affairs	Recognition of the inter-relatedness of cultures and individuals and both permeability and constraints of politically determined boundaries Public policy and health legislation; Political influences on health and healthcare; Environmental influences on health and healthcare; Cultural influences on health and healthcare; International laws and occupational therapy practice; Global epidemiology; Contextual influences on practice.
Professional development & continuing competence *"The nature of competence…is not just an attribute of individuals, but a characteristic of professionalism that acknowledges change as the norm, and that leads ultimately to personal, professional, organizational and societal growth" (Alsop, p. 128).*	An ongoing process that includes identification of abilities and learning needs and the pursuit of activities and learning experiences to meet those needs and ultimately increase one's knowledge base and develop more sophisticated clinical/professional judgment as well as skill level.
Professional standards & guidelines of the Association	Definitions and descriptions of ideal professional behaviors. Roles and responsibilities of professional organizations; Professional roles; Official documents of professional organizations; Interaction of professional standards, legal requirements, and ethical demands

Alsop, A. (2001). Competence unfurled: Developing portfolio practice. *Occupational Therapy International, 8*(2), 126-131.

OTHER

Includes activities that cannot be defined using the previous categories and topics. In order to use this topic, a provider must first contact AOTA for review of appropriateness and approval.

Adapted in part from: American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy, 62,* 625–683.