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.

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TABLE 1. OCCUPATIONS

Occupations *are various kinds of life activities in which individuals, groups, or populations engage, including activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation.*

Category	Description
■ **ACTIVITIES OF DAILY LIVING (ADLs)—**Activities oriented toward taking care of one's own body (adapted from Rogers & Holm, 1994).ADLs also are 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
Toileting and toilet hygiene	Obtaining and using toileting supplies, managing clothing, maintaining toileting position, transferring to and from toileting position, cleaning body, and caring for menstrual and continence needs (including catheter, colostomy, and suppository management), as well as completing intentional control of bowel movements and urination 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, prosthetic devices, or splints
Swallowing/eating	Keeping and manipulating food or fluid in the mouth and swallowing it; *swallowing* is moving food from the mouth to the stomach
Feeding	Setting up, arranging, and bringing food [or fluid] from the plate or cup to the mouth; some- times called *self-feeding*
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, shower, tub, toilet, chair. Includes functional ambulation and transportation of objects.
Personal device care	Using, cleaning, and maintaining personal care items, such as hearing aids, contact lenses, glasses, orthotics, prosthetics, adaptive equipment, glucometers, and contraceptive and sexual devices
Personal hygiene and grooming	Obtaining and using supplies; removing body hair (e .g ., using razor, tweezers, lotion); 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; and removing, cleaning, and reinserting dental orthotics and prosthetics
Sexual activity	Engaging in activities that result in sexual satisfaction and/or meet relational or reproductive needs
■ **INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)—**Activities to support daily life within the home and community that often require more complex interactions than those used in ADLs.	
Care of others (including selecting and supervising caregivers)	Arranging, supervising, or providing care for others
Care of pets	Arranging, supervising, or providing care for pets and service animals
Child rearing	Providing 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 (cell phones or smartphones), keyboards, audiovisual recorders, computers or tablets, communication boards, call lights, emergency systems, Braille writers, telecommunication devices for deaf people, augmentative communication systems, and personal digital assistants
Driving and community mobility	Planning and 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

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Health management and maintenance	Developing, managing, and maintaining routines for health and wellness promotion, such as physical fitness, nutrition, decreased 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 (e.g., clothing, household items) and knowing how to seek help or whom to contact
Meal preparation and cleanup	Planning, preparing, and serving well-balanced, nutritious meals and cleaning up food and utensils after meals
Religious and spiritual activities and expression	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), and engaging in activities that allow a sense of connectedness to something larger than oneself or that are especially meaningful, such as taking time out to play with a child, engaging in activities in nature, and helping others in need (Spencer, Davidson, & White, 1997)
Safety and emergency maintenance	Knowing and performing preventive procedures to maintain a safe environment; recognizing sudden, unexpected hazardous situations; and initiating emergency action to reduce the threat to health and safety; examples include ensuring safety when entering and exiting the home, identifying emergency contact numbers, and replacing items such as batteries in smoke alarms and light bulbs
Shopping	Preparing shopping lists (grocery and other); selecting, purchasing, and transporting items; selecting method of payment; and completing money transactions; included are Internet shopping and related use of electronic devices such as computers, cell phones, and tablets
■ **REST AND SLEEP—**Activities related to obtaining restorative rest and sleep to support healthy, active engagement in other occupations.	
Rest	Engaging in quiet and effortless actions that interrupt physical and mental activity, resulting in a relaxed state (Nurit & Michal, 2003, p. 227); included are identifying the need to relax; reducing involvement in taxing physical, mental, or social activities; and engaging in relaxation or other endeavors that restore energy and calm and renew interest in engagement
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 engaging in meditation or prayers; determining the time of day and length of time desired for sleeping and 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 or 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 needs for sleep, such as ceasing activities to ensure onset of sleep, napping, and dreaming; sustaining a sleep state without disruption; and performing nighttime care of toileting needs and hydration; also includes negotiating the needs and requirements of and interacting with others within the social environment such as children or partners, including providing nighttime caregiving such as breastfeeding and monitoring the comfort and safety of others who are sleeping
■ **EDUCATION—**Activities needed for learning and participating in the educational environment.	
Formal educational participation	Participating in academic (e.g., math, reading, degree coursework), nonacademic (e.g., recess, lunchroom, hallway), extracurricular (e.g., sports, band, cheerleading, dances), and vocational (prevocational and vocational) educational
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 informal classes, programs, and activities that provide instruction or training in identified areas of interest

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■ **WORK—**"Labor or exertion; to make, construct, manufacture, form, fashion, or shape objects; to organize, plan, or evaluate services or processes of living or governing; committed occupations that are performed with or without financial reward" (Christiansen & Townsend, 2010, p. 423).	
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	Advocating for oneself; 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	Performing the requirements of a job, including work skills and patterns; time management; relationships with coworkers, managers, and customers; leadership and supervision; 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, selecting appropriate avocational pursuits, and adjusting lifestyle in the absence of the worker role
Volunteer exploration	Determining community causes, organizations, or opportunities for unpaid work in relation- ship to personal skills, interests, location, and time available
Volunteer participation	Performing unpaid work activities for the benefit of selected causes, organizations, or
■ **PLAY—**"Any spontaneous or organized activity that provides enjoyment, entertainment, amusement, or diversion" (Parham & Fazio, 1997, p.252) .	
Play exploration	Identifying appropriate play activities, including 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 occupations; and obtaining, using, and maintaining toys, equipment, and supplies appropriately
■ **LEISURE—**"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 occupations; and obtaining, using, and maintaining equipment and supplies as appropriate
■ **SOCIAL PARTICIPATION—**"The interweaving of occupations to support desired engagement in community and family activities as well as those involving peers and friends" (Gillen & Boyt Schell, 2014, p. 607); involvement in a subset of activities that involve social situations with others (Bedell, 2012) and that support social interdependence (Magasi & Hammel, 2004). Social participation can occur in person or through remote technologies such as telephone calls, computer interaction, and video conferencing.	
Community	Engaging in activities that result in successful interaction at the community level (e.g ., neighborhood, organization, workplace, school, religious or spiritual group)
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 interaction and intimacy, including engaging in desired sexual activity

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TABLE 2. CLIENT FACTORS

Client factors *include (1) values, beliefs, and spirituality; (2) body functions; and (3) body structures that reside within the client that influence the client's performance in occupations.*

■ **VALUES, BELIEFS, AND SPIRITUALITY—**Clients' perceptions, motivations, and related meaning that influence or are influenced by engagement in occupations.	
Category	**Definition**
Values—Acquired beliefs and commitments, derived from culture, about what is good, right and important to do (Kielhofner, 2008)	
Beliefs—Cognitive content held as true by or about the client	
Spirituality—"The aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred" (Puchalski et al., 2009, p. 887)	
■ **BODY FUNCTIONS—**"The physiological functions of body systems (including psychological functions)" (WHO, 2001, p. 10). This section of the table is organized according to the classifications of the *International Classification of Functioning, Disability and Health (ICF);* for fuller descriptions and definitions, refer to WHO (2001).	
Category	**Description (not an all-inclusive list)**
Mental functions (affective, cognitive, perceptual)	
Specific mental functions	
Higher-level cognitive	Judgment, concept formation, metacognition, executive functions, praxis, cognitive flexibility, insight
Attention	Sustained shifting and divided attention, concentration, distractibility
Memory	Short-term, long-term, and working memory
Perception	Discrimination of sensations (e.g., auditory, tactile, visual, olfactory, gustatory, vestibular, proprioceptive)
Thought	Control and content of thought, awareness of reality vs.delusions, logical and coherent thought
Mental functions of sequencing complex movement	Mental functions that regulate the speed, response, quality, and time of motor production, such as restlessness, toe tapping, or hand wringing, in response to inner tension
Emotional	Regulation and range of emotions; appropriateness of emotions, including anger, love, tension, and anxiety; stability of emotions
Experience of self and time	Awareness of one's identity, body, and position in the reality of one's environment and of time
Global mental functions	
Consciousness	State of awareness and alertness, including the clarity and continuity of the wakeful state
Orientation	Orientation to person, place, time, self, and others
Temperament and personality	Extroversion, introversion, agreeableness, conscientiousness, emotional stability, openness to experience, self-control, self-expression, confidence, motivation, impulse control, appetite
Energy and drive	Energy level, motivation, appetite, craving, impulse control
Sleep	Physiological process, quality of sleep
Sensory functions	
Visual functions	Quality of vision, visual acuity, visual stability, and visual field functions to pro- mote visual awareness of environment at various distances for functioning

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Hearing functions	Sound detection and discrimination; awareness of location and distance of sounds
Vestibular functions	Sensation related to position, balance, and secure movement against
Taste functions	Association of taste qualities of bitterness, sweetness, sourness, and
Smell functions	Sensing odors and smells
Proprioceptive functions	Awareness of body position and space
Touch functions	Feeling of being touched by others or touching various textures, such as those of food; presence of numbness, paresthesia, hyperesthesia
Pain (e.g., diffuse, dull, sharp, phantom)	Unpleasant feeling indicating potential or actual damage to some body structure; sensations of generalized or localized pain (e.g., diffuse, dull, sharp, phantom)
Sensitivity to temperature and pressure	Thermal awareness (hot and cold), sense of force applied to skin
Neuromusculoskeletal and movement-related functions	
Functions of joints and bones	
Joint mobility	Joint range of motion
Joint stability	Maintenance of structural integrity of joints throughout the body;
Muscle functions	
Muscle power	Strength
Muscle tone	Degree of muscle tension (e.g., flaccidity, spasticity, fluctuation)
Muscle endurance	Sustaining muscle contraction
Movement functions	
Motor reflexes	Involuntary contraction of muscles automatically induced by specific stimuli (e.g., stretch, asymmetrical tonic neck, symmetrical tonic neck)
Involuntary movement reactions	Postural reactions, body adjustment reactions, supporting reactions
Control of voluntary movement	Eye–hand and eye–foot coordination, bilateral integration, crossing of the mid- line, fine and gross motor control, and oculomotor function (e.g., saccades, pursuits, accommodation, binocularity)
Gait patterns	Gait and mobility considered in relation to how they affect ability to engage in occupations in daily life activities; for example, walking patterns and impairments, asymmetric gait, stiff gait
Cardiovascular, hematological, immunological, and respiratory system functions (*Note.* Occupational therapy practitioners have knowledge of these body functions and understand broadly the interaction that occurs among these functions to support health, well-being, and participation in life through engagement in occupation.)	
Cardiovascular system functions Hematological and immunological system functions	Maintenance of blood pressure functions (hypertension, hypotension, postural hypotension), heart rate and rhythm
Respiratory system functions	Rate, rhythm, and depth of respiration
Additional functions and sensations of the cardiovascular and respiratory systems	Physical endurance, aerobic capacity, stamina, fatigability
Voice and speech functions; digestive, metabolic, and endocrine system functions; genitourinary and reproductive functions (*Note*. Occupational therapy practitioners have knowledge of these body functions and understand broadly the interaction that occurs among these functions to support health, well-being, and participation in life through engagement in occupation.)	
Voice and speech functions	Fluency and rhythm, alternative vocalization functions
Digestive, metabolic, and endocrine system functions	Digestive system functions, metabolic system and endocrine system
Genitourinary and reproductive functions	Urinary functions, genital and reproductive functions
Skin and related structure functions (*Note.* Occupational therapy practitioners have knowledge of these body functions and understand broadly the interaction that occurs among these functions to support health, well-being, and participation in life through engagement in occupation.)	
Skin functions Hair and nail functions	Protection (presence or absence of wounds, cuts, or abrasions), repair (wound healing)

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■ **BODY STRUCTURES:** "Anatomical parts of the body, such as organs, limbs, and their components" that support body function (WHO, 2001, p.10).The "Body Structures" section of the table is organized according to the *ICF* classifications; for fuller descriptions and definitions, refer to WHO (2001).	
Category	**Examples 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** **Structures 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, well-being, and participation in life through engagement in occupation.)
Note. The categorization of body function and body structure client factors outlined in Table 2 is based on the *ICF* proposed by WHO (2001). The classification was selected because it has received wide exposure and presents a language that is understood by external audience. WHO = World Health Organization.	

TABLE 3. PERFORMANCE SKILLS

Performance skills *are observable elements of action that have an implicit functional purpose; skills are considered a classification of actions, encompassing multiple capacities (body functions and body structures) and, when combined, underlie the ability to participate in desired occupations and activities. This list is not all inclusive and may not include all possible skills addressed during occupational therapy interventions.*

Skill	Definition
■ **MOTOR SKILLS—**"Occupational performance skills observed as the person interacts with and moves task objects and self around the task environment" (e.g., activity of daily living [ADL] motor skills, school motor skills; Boyt Schell, Gillen, & Scaffa, 2014a, p. 1237).	
Aligns	Interacts with task objects without evidence of persistent propping or persistent leaning
Stabilizes	Moves through task environment and interacts with task objects without momentary propping or loss of balance
Positions	Positions self an effective distance from task objects and without evidence of awkward body positioning
Reaches	Effectively extends the arm and, when appropriate, bends the trunk to effectively grasp or place task objects that are out
Bends	Flexes or rotates the trunk as appropriate to the task to grasp or place task objects out of reach or when sitting down
Grips	Effectively pinches or grasps task objects such that the objects do not slip (e.g., from the person's fingers, between teeth)
Manipulates	Uses dexterous finger movements, without evidence of fumbling, when manipulating task objects (e.g., manipulating buttons when buttoning)
Coordinates	Uses two or more body parts together to manipulate, hold, and/or stabilize task objects without evidence of fumbling task objects or slipping from one's grasp
Moves	Effectively pushes or pulls task objects along a supporting surface, pulls to open or pushes to close doors and drawers, or pushes on wheels to propel a wheelchair
Lifts	Effectively raises or lifts task objects without evidence of increased effort
Walks	During task performance, ambulates on level surfaces without shuffling the feet, becoming unstable, propping, or using assistive devices
Transports	Carries task objects from one place to another while walking or moving in a wheelchair
Calibrates	Uses movements of appropriate force, speed, or extent when interacting with task objects (e.g., not crushing objects, pushing a door with enough force that it closes)
Flows	Uses smooth and fluid arm and wrist movements when interacting with task objects
Endures	Persists and completes the task without showing obvious evidence of physical fatigue, pausing to rest, or stopping to catch one's breath
Paces	Maintains a consistent and effective rate or tempo of performance throughout the entire task

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■ **PROCESS SKILLS—**"Occupational performance skills [e.g., ADL process skills, school process skills] observed as a person (1) selects, interacts with, and uses task tools and materials; (2) carries out individual actions and steps; and (3) modifies performance when problems are encountered" (Boyt Schell et al., 2014a, p. 1239).	
Paces	Maintains a consistent and effective rate or tempo of performance throughout the entire task
Attends	Does not look away from what he or she is doing, interrupting the ongoing task progression
Heeds	Carries out and completes the task originally agreed on or specified by another
Chooses	Selects necessary and appropriate type and number of tools and materials for the task, including the tools and materials that the person was directed to use or specified he or she would use
Uses	Applies tools and materials as they are intended (e.g., uses a pencil sharpener to sharpen a pencil but not to sharpen a crayon) and in a hygienic fashion
Handles	Supports or stabilizes tools and materials in an appropriate manner, protecting them from being damaged, slipping, moving, and falling
Inquires	(1) Seeks needed verbal or written information by asking questions or reading directions or labels and (2) does not ask for information when he or she was fully oriented to the task and environment and had immediate prior
Initiates	Starts or begins the next action or step without hesitation
Continues	Performs single actions or steps without interruptions such that once an action or task is initiated, the person continues without pauses or delays until the action or step is completed
Sequences	Performs steps in an effective or logical order and with an absence of (1) randomness or lack of logic in the ordering and (2) inappropriate repetition of steps
Terminates	Brings to completion single actions or single steps without inappropriate persistence or premature cessation
Searches/locates	Looks for and locates tools and materials in a logical manner, both within and beyond the immediate environment
Gathers	Collects related tools and materials into the same work space and regathers tools or materials that have spilled, fallen, or been
Organizes	Logically positions or spatially arranges tools and materials in an orderly fashion within a single work space and between multiple appropriate work spaces such that the work space is not too spread out or too crowded
Restores	Puts away tools and materials in appropriate places and ensures that the immediate work space is restored to its original
Navigates	Moves the arm, body, or wheelchair without bumping into obstacles when moving in the task environment or interacting with task
Notices/responds	Responds appropriately to (1) nonverbal task-related cues (e.g., heat, movement), (2) the spatial arrangement and alignment of task objects to one another, and (3) cupboard doors and drawers that have been left open during task
Adjusts	Effectively (1) goes to new work spaces; (2) moves tools and materials out of the current work space; and (3) adjusts knobs, dials, or water taps to overcome problems with ongoing task performance
Accommodates	Prevents ineffective task performance
Benefits	Prevents problems with task performance from recurring or persisting
■ **SOCIAL INTERACTION SKILLS—**"Occupational performance skills observed during the ongoing stream of a social exchange" (Boyt Schell et al., 2014a, p. 1241).	
Approaches/starts	Approaches or initiates interaction with the social partner in a manner that is socially appropriate
Concludes/disengages	Effectively terminates the conversation or social interaction, brings to closure the topic under discussion, and disengages or says good-bye
Produces speech	Produces spoken, signed, or augmentative (i.e., computer-generated) messages that are audible and clearly articulated
Gesticulates	Uses socially appropriate gestures to communicate or support a message
Speaks fluently	Speaks in a fluent and continuous manner, with an even pace (not too fast, not too slow) and without pauses or delays during the message being sent
Turns toward	Actively positions or turns the body and face toward the social partner or person who is speaking
Looks	Makes eye contact with the social partner
Places self	Positions self at an appropriate distance from the social partner during the social interaction
Touches	Responds to and uses touch or bodily contact with the social partner in a manner that is socially appropriate
Regulates	Does not demonstrate irrelevant, repetitive, or impulsive behaviors that are not part of social interaction
Questions	Requests relevant facts and information and asks questions that support the intended purpose of the social interaction
Replies	Keeps conversation going by replying appropriately to question and comments
Discloses	Reveals opinions, feelings, and private information about self or others in a manner that is socially appropriate
Expresses emotion	Displays affect and emotions in a way that is socially appropriate
Disagrees	Expresses differences of opinion in a socially appropriate manner

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Thanks	Uses appropriate words and gestures to acknowledge receipt of services, gifts, or compliments
Transitions	Handles transitions in the conversation smoothly or changes the topic without disrupting the ongoing conversation
Times response	Replies to social messages without delay or hesitation and without interrupting the social partner
Times duration	Speaks for reasonable periods given the complexity of the message sent
Takes turns	Takes his or her turn and gives the social partner the freedom to take his or her turn
Matches language	Uses a tone of voice, dialect, and level of language that are socially appropriate and matched to the social partner's abilities and level of understanding
Clarifies	Responds to gestures or verbal messages signaling that the social partner does not comprehend or understand a message and ensures that the social partner is following the conversation
Acknowledges and encourages	Acknowledges receipt of messages, encourages the social partner to continue interaction, and encourages all social partners to participate in social interaction
Empathizes	Expresses a supportive attitude toward the social partner by agreeing with, empathizing with, or expressing understanding of the social partner's feelings and experiences
Heeds	Uses goal-directed social interactions focused on carrying out and completing the intended purpose of the social
Accommodates	Prevents ineffective or socially inappropriate social interaction
Benefits	Prevents problems with ineffective or socially inappropriate social interaction from recurring or persisting

Source. From "Performance Skills: Implementing Performance Analyses to Evaluate Quality of Occupational Performance," by A.G.Fisher and L.A. Griswold, in *Willard and Spackman's Occupational Therapy* (12th ed., pp. 252–254), by B. A.B.Schell, G.Gillen, M.E.Scaffa, and E.S.Cohn (Eds.), 2014, Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins; http://lww .com. Copyright © 2014 by Wolters Kluwer/Lippincott Williams & Wilkins.Adapted with permission.

TABLE 4. PERFORMANCE PATTERNS

Performance patterns *are the habits, routines, roles, and rituals used in the process of engaging in occupations or activities; these patterns can support or hinder occupational performance.*

Category	Description
■ **PERSON**	
Habits	"Acquired tendencies to respond and perform in certain consistent ways in familiar environments or situations; specific, automatic behaviors performed repeatedly, relatively automatically, and with little variation" (Boyt Schell, Gillen, & Scaffa, 2014a, p.1234).Habits can be useful, dominating, or impoverished and can either support or interfere with performance in occupations (Dunn, 2000).
Routines	Patterns of behavior that are observable, regular, and 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, 2007; Segal, 2004).
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 consist of a collection of events (Fiese, 2007; Fiese et al., 2002; Segal, 2004).
Roles	Sets of behaviors expected by society and shaped by culture and context that may be further conceptualized and defined by the client.
■ **GROUP OR POPULATION**	
Routines	Patterns of behavior that are observable, regular, and 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 (Segal, 2004).
Rituals	Shared social actions with traditional, emotional, purposive, and technological meaning contributing to values and beliefs within the group or population.
Roles	Sets of behaviors by the group or population expected by society and shaped by culture and context that may be further conceptualized and defined by the group or population.

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TABLE 5. CONTEXT AND ENVIRONMENT

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 conditions that surround the client and in which the client's daily life occupations occur.*

Category	Definition
■ **CONTEXTS**	
Cultural	Customs, beliefs, activity patterns, behavioral standards, and expectations accepted by the society of which a client is a member. The cultural context influences the client's identity and activity choices.
Personal	"Features of the individual that are not part of a health condition or health status" (WHO, 2001, p. 17). The personal context includes age, gender, socioeconomic status, and educational status and can also include group membership (e.g., volunteers, employees) and population membership (e.g., members of society).
Temporal	The experience of time as shaped by engagement in occupations; the temporal aspects of occupation that "contribute to the patterns of daily occupations" include "rhythm . . . tempo . . . synchronization . . . duration . . . and sequence" (Larson & Zemke, 2003, p. 82; Zemke, 2004, p. 610). The temporal context includes stage of life, time of day or year, duration and rhythm of activity, and history.
Virtual	Environment in which communication occurs by means of airwaves or computers and in the absence of physical contact. The virtual context includes simulated, real-time, or near-time environments such as chat rooms, email, video conferencing, or radio transmissions; remote monitoring via wireless sensors; or computer-based data collection.
■ **ENVIRONMENTS**	
Physical	Natural and built nonhuman surroundings and the objects in them. The natural environment includes geographic terrain, plants, and animals, as well as the sensory qualities of the surroundings. The built environment includes buildings, furniture, tools, and devices.
Social	Presence of, relationships with, and expectations of persons, groups, or populations with whom clients have contact. The social environment includes availability and expectations of significant individuals, such as spouse, friends, and caregivers; relationships with individuals, groups, or populations; and relationships with systems (e.g., political, legal, economic, institutional) that influence norms, role expectations, and social routines.

Note. WHO = World Health Organization.

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TABLE 6. TYPES OF OCCUPATIONAL THERAPY INTERVENTIONS

Occupational therapy interventions *include the use of occupations and activities, preparatory methods and tasks, education and training, advocacy, and group interventions to facilitate engagement in occupations to promote health and participation. The examples provided illustrate the types of interventions occupational therapy practitioners provide and are not intended to be all inclusive.*

Category	Description
■ **OCCUPATIONS AND ACTIVITIES—**Occupations and activities selected as interventions for specific clients and designed to meet therapeutic goals and address the underlying needs of the mind, body, and spirit of the client . To use occupations and activities therapeutically, the practitioner considers activity demands and client factors in relation to the client's therapeutic goals, contexts, and environments.	
Occupations	Client-directed daily life activities that match and support or address identified participation goals.
Activities	Actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement. Activities often are components of occupations and always hold meaning, relevance, and perceived utility for clients at their level of interest and motivation.
■ **PREPARATORY METHODS AND TASKS—**Methods and tasks that prepare the client for occupational performance, used as *part of a treatment session* in preparation for or concurrently with occupations and activities or provided to a client as a home-based engagement to support daily occupational performance .	
Preparatory methods	Modalities, devices, and techniques to prepare the client for occupational performance. Often preparatory methods are interventions that are "done to" the client without the client's active participation.
Splints	Construction and use of devices to mobilize, immobilize, and support body structures to enhance participation in occupations.
Assistive technology and environmental modifications	Identification and use of assistive technologies (high and low tech), application of universal design principles, and recommends changes to the environment or activity to support the client's ability to engage in occupations. This preparatory method includes assessment, selection, provision, and education and training in use of devices.
Wheeled mobility	Use of products and technologies that facilitate a client's ability to maneuver through space, including seating and positioning, and that improve mobility, enhance participation in desired daily occupations, and reduce risk for complications such as skin breakdown or limb contractures .
Preparatory tasks	Actions selected and provided to the client to target specific client factors or performance skills. Tasks involve active participation of the client and sometimes comprise engagements that use various materials to simulate activities or components of occupations. Preparatory tasks themselves may not hold inherent meaning, relevance, or perceived utility as stand-alone entities.
■ **EDUCATION AND TRAINING**	
Education	Imparting of knowledge and information about occupation, health, well-being, and participation that enables the client to acquire helpful behaviors, habits, and routines that may or may not require application at the time of the intervention session
Training	Facilitation of the acquisition of concrete skills for meeting specific goals in a real-life, applied situation. In this case, *skills* refer to measurable components of function that enable mastery. Training is differentiated from education by its goal of enhanced performance as opposed to enhanced understanding, although these goals often go hand in hand (Collins & O'Brien, 2003).
■ **ADVOCACY—**Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in daily life occupations. The outcomes of advocacy and self-advocacy support health, well-being, and occupational participation at the individual or systems level.	
Advocacy	Advocacy efforts undertaken by the practitioner.
Self-advocacy	Advocacy efforts undertaken by the client, which the practitioner can promote and support.

Companion to the AOTA APP *Occupational Therapy Classification Codes for Continuing Education Activities*.
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■ **GROUP INTERVENTIONS—**Use of distinct knowledge and leadership techniques to facilitate learning and skill acquisition across the lifespan through the dynamics of group and social interaction.Groups may also be used as a method of service delivery.	
Groups	Functional groups, activity groups, task groups, social groups, and other groups used on inpatient units, within the community, or in schools that allow clients to explore and develop skills for participation, including basic social interaction skills, tools for self-regulation, goal setting, and positive choice making.

TABLE 7. ACTIVITY AND OCCUPATIONAL DEMANDS

Activity and occupational demands *are the components of activities and occupations that occupational therapy practitioners consider during the clinical reasoning process. Depending on the context and needs of the client, these demands can be deemed barriers to or supports for participation. Specific knowledge about the demands of activities and occupations assists practitioners in selecting activities for therapeutic purposes. Demands of the activity or occupation include the relevance and importance to the client, objects used and their properties, space demands, social demands, sequencing and timing, required actions and performance skills, and required underlying body functions and body structures.*

Type of Demand	Description
Relevance and importance to client	Alignment with the client's goals, values, beliefs, and needs and perceived utility
Objects used and their properties	Tools, supplies, and equipment required in the process of carrying out the activity
Space demands (related to the physical environment)	Physical environmental requirements of the activity (e.g., size, arrangement, surface, lighting, temperature, noise, humidity, ventilation)
Social demands (related to the social environment and virtual and cultural contexts)	Elements of the social environment and virtual and cultural contexts that may be required by the activity
Sequencing and timing	Process required to carry out the activity (e.g., specific steps, sequence of steps, timing requirements)
Required actions and performance skills	Actions (performance skills—motor, process, and social interaction) required by the client that are an inherent part of the activity
Required body functions	"Physiological functions of body systems (including psychological functions)" (WHO, 2001, p. 10) 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 functions (WHO, 2001, p. 10) and are required to perform the activity

TABLE 8. APPROACHES TO INTERVENTION

Approaches to intervention *are specific strategies selected to direct the process of evaluation and intervention planning, selection, and implementation on the basis of the client's desired outcomes, evaluation data, and evidence. Approaches inform the selection of practice models, frames of references, or treatment theories.*

Approach	Description
Create, promote (health promotion)	An intervention approach that does not assume a disability is present or that any aspect would interfere with performance.This approach is designed to provide enriched contextual and activity experiences that will enhance performance for all people in the natural contexts of life (adapted from Dunn, McClain, Brown, & Youngstrom, 1998, p.534).
Establish, restore (remediation, restoration)	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 the performance capabilities 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, well-being, and quality of life.
Modify compensation, adaptation)	An intervention approach directed at "finding ways to re- vise 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).

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Prevent (disability prevention)	An intervention approach designed to address the needs of 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).

TABLE 9. OUTCOMES

Outcomes *are the end result of the occupational therapy process; they describe what clients can achieve through occupational therapy intervention. The outcomes of occupational therapy can be described in two ways. Some outcomes are measurable and are used for intervention planning, monitoring, and discharge planning.*
These outcomes reflect the attainment of treatment goals that relate to engagement in occupation. Other outcomes are experienced by clients when they have realized the effects of engagement in occupation and are able to return to desired habits, routines, roles, and rituals. The examples listed specify how the broad outcome of health and participation in life may be operationalized and are not intended to be all inclusive.

Category	Description
Occupational performance	Act of doing and accomplishing a selected action (performance skill), activity, or occupation (Fisher, 2009; Fisher & Griswold, 2014; Kielhofner, 2008) and 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	Outcomes targeted when a performance limitation is present.These outcomes reflect increased occupational performance for the person, group, or population.
Enhancement	Outcomes targeted when a performance limitation is not currently present.These outcomes reflect the development of performance skills and performance patterns that augment existing performance in life occupations.
Prevention	Education or health promotion efforts designed to identify, reduce, or prevent the onset and reduce the incidence of unhealthy conditions, risk factors, diseases, or injuries (AOTA, 2013b).Occupational Therapy promotes a healthy lifestyle at the individual, group, community (societal), and governmental or policy level (adapted from AOTA, 2001).
Health and wellness	Resources for everyday life, not the objective of living.For individuals, *health* 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 for groups and populations includes these individual aspects but also includes social responsibility of members to the group or population as a whole.*Wellness* is "an active process through which individuals [or groups or populations] become aware of and make choices toward a more successful existence" (Hettler, 1984, p. 1117). 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).
Category	**Description**
Quality of life	Dynamic appraisal of the client's life satisfaction (perceptions of progress toward goals), hope (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 (e.g.health status, self-care capabilities), and socioeconomic factors (e.g., vocation, education, income; adapted from Radomski, 1995).
Participation	Engagement in desired occupations in ways that are personally satisfying and congruent with expectations within the culture.
Role competence	Ability to effectively meet the demands of roles in which the client engages.
Well Being	Contentment with one's health, self-esteem, sense of belonging, security, and opportunities for self-determination, meaning, roles, and helping others (Hammell, 2009).*Well-being* is "a general term encompassing the total universe of human life domains, including physical, mental, and social aspects" (WHO, 2006, p.211).
Occupational justice	Access to and participation in the full range of meaningful and enriching occupations afforded to others, including opportunities for social inclusion and the resources to participate in occupations to satisfy personal, health, and societal needs (adapted from Townsend & Wilcock, 2004).

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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	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.
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.
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.

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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.
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.
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).

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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.
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.

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.

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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.

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