
Scope of Practice

Statement of Purpose

The purpose of this document is to

- A. Define the scope of practice in occupational therapy by
 - 1. Delineating the domain of occupational therapy practice that directs the focus and actions of services provided by occupational therapists and occupational therapy assistants;
 - 2. Delineating the dynamic process of occupational therapy evaluation and intervention services used to achieve outcomes that support the participation of clients in their everyday life activities (occupations);
 - 3. Describing the education and certification requirements needed to practice as an occupational therapist and occupational therapy assistant;
- B. Inform consumers, health care providers, educators, the community, funding agencies, payers, referral sources, and policymakers regarding the scope of occupational therapy.

Introduction

The occupational therapy scope of practice is based on the American Occupational Therapy Association (AOTA) document *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2008) and on the *Philosophical Base of Occupational Therapy*, which states that “the understanding and use of occupations shall be at the central core of occupational therapy practice, education, and research” (AOTA, 2006b, Policy 1.11). Occupational therapy is a dynamic and evolving profession that is responsive to consumer needs and to emerging knowledge and research.

This scope of practice document is designed to support and be used in conjunction with the *Definition of Occupational Therapy Practice for the Model Practice Act* (AOTA, 2004b). While this scope of practice document helps support state laws and regulations that govern the practice of occupational therapy, it does not supersede those existing laws and other regulatory requirements. Occupational therapists and occupational therapy assistants are required to abide by statutes and regulations when providing occupational therapy services. State laws and other regulatory requirements typically include statements about educational requirements to practice occupational therapy, procedures to practice occupational therapy legally within the defined area of jurisdiction, the definition and scope of occupational therapy practice, and supervision requirements.

It is the position of AOTA that a referral is not required for the provision of occupational therapy services and that “an occupational therapist accepts and responds to referrals in compliance with state laws or other regulatory requirements” (AOTA 2005a, Standard II.1, p. 664). State laws and other regulatory requirements should be viewed as minimum criteria to practice occupational therapy. Ethical guidelines that ensure safe and effective delivery of occupational therapy services to clients always influence occupational therapy practice (AOTA, 2005b). Policies of payers such as insurance companies also must be followed.

Occupational therapy services may be provided by two levels of practitioners—the occupational therapist and the occupational therapy assistant. Occupational therapists function as autonomous practitioners and are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of the occupational therapy service delivery process.

The occupational therapy assistant delivers occupational therapy services under the supervision of and in partnership with the occupational therapist (AOTA, 2009). When the term *occupational therapy practitioner* is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2006a).

Definition of *Occupational Therapy*

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

The therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life. (AOTA, 2004b)

Occupational Therapy Practice

Occupational therapists and occupational therapy assistants are experts at analyzing the performance skills and patterns necessary for people to engage in their everyday activities in the contexts and environments in which those activities and occupations occur. The practice of occupational therapy includes

- A. Methods or strategies selected to direct the process of interventions, such as
 1. Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired.
 2. Compensation, modification, or adaptation of activity or environment to enhance performance.
 3. Maintenance and enhancement of capabilities without which performance in everyday life activities would decline.
 4. Health promotion and wellness to enable or enhance performance in everyday life activities.
 5. Prevention of barriers to performance, including disability prevention.
- B. Evaluation of factors affecting activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, leisure, and social participation, including
 1. Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive) and body structures (e.g., cardiovascular, digestive, integumentary, genitourinary systems).
 2. Habits, routines, roles, and behavior patterns.
 3. Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance.
 4. Performance skills, including motor, process, and communication/interaction skills.

- C. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, leisure, and social participation, including
1. Therapeutic use of occupations, exercises, and activities.
 2. Training in self-care, self-management, home management, and community / work reintegration.
 3. Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions, and behavioral skills.
 4. Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.
 5. Education and training of individuals, including family members, caregivers, and others.
 6. Care coordination, case management, and transition services.
 7. Consultative services to groups, programs, organizations, or communities.
 8. Modification of environments (e.g., home, work, school, community) and adaptation of processes, including the application of ergonomic principles.
 9. Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
 10. Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management.
 11. Driver rehabilitation and community mobility.
 12. Management of feeding, eating, and swallowing to enable eating and feeding performance.
 13. Application of physical agent modalities and use of a range of specific therapeutic procedures (e.g., wound care management; techniques to enhance sensory, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills. (AOTA, 2004b)

Scope of Practice: Domain and Process

The scope of practice includes the domain (see Figure 1) and process (see Figure 2) of occupational therapy services. These two concepts are intertwined, with the *domain* defining the focus of occupational therapy and the *process* defining the delivery of occupational therapy (see Figure 3). The domain of occupational therapy is the everyday life activities (occupations) that people find meaningful and purposeful. Within this domain, occupational therapy services enable clients to engage (participate) in their everyday life activities in their desired roles, contexts and environments, and life situations. Clients may be individuals or persons, organizations or populations. The occupations in which clients engage occur throughout the life span and include

- ADLs (self-care activities);
- Education (activities to participate as a learner in a learning environment);
- IADLs (multistep activities to care for self and others, such as household management, financial management, and child care);
- Rest and sleep (activities relating to obtaining rest and sleep, including identifying need for rest and sleep, preparing for sleep, and participating in rest and sleep);
- Leisure (nonobligatory, discretionary, and intrinsically rewarding activities);

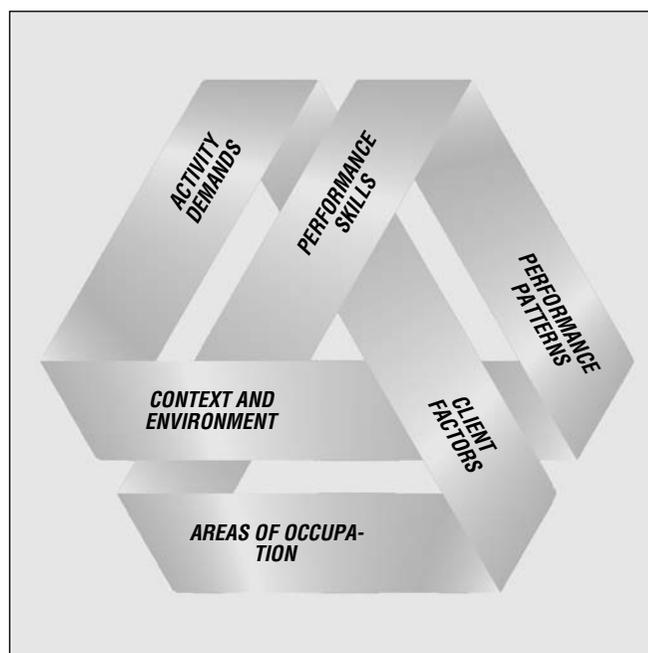


Figure 1. Occupational Therapy's Domain.

Supporting health and participation in life through engagement in occupation (OTA, 2008).

- Play (spontaneous and organized activities that promote pleasure, amusement, and diversion);
- Social participation (activities expected of individuals or individuals interacting with others); and
- Work (employment-related and volunteer activities).

Within their domain of practice, occupational therapists and occupational therapy assistants consider the repertoire of occupations in which the client engages the performance skills and patterns the client uses, the contexts and environments influencing engagement, the features and demands of the activity, and the client's body functions and structures. Occupational therapists and occupational therapy assistants use their knowledge and skills to help clients attain and resume daily life activities that support function and health throughout the lifespan. Participation in activities and occupations that are meaningful to the client involves emotional, psychosocial, cognitive, and physical aspects of performance. Participation in meaningful activities and occupations enhances health, well-being, and life satisfaction.

The domain of occupational therapy practice complements the World Health Organization's (WHO) conceptualization of participation and health articulated in the *International Classification of Functioning, Disability, and Health (ICF; WHO, 2001)*. Occupational therapy incorporates the basic constructs of *ICF*, including environment, participation, activities, and body structures and functions, when addressing the complexity and richness of occupations and occupational engagement.

The process of occupational therapy refers to the delivery of services and includes evaluating, intervening, and targeting outcomes. Occupation remains central to the occupational therapy process. It is client-centered, involving collaboration with the client throughout each aspect of service delivery. During the evaluation, the therapist develops an occupational profile; analyzes the client's ability to carry out everyday life activities; and determines the client's occupational needs, problems, and priorities for intervention.

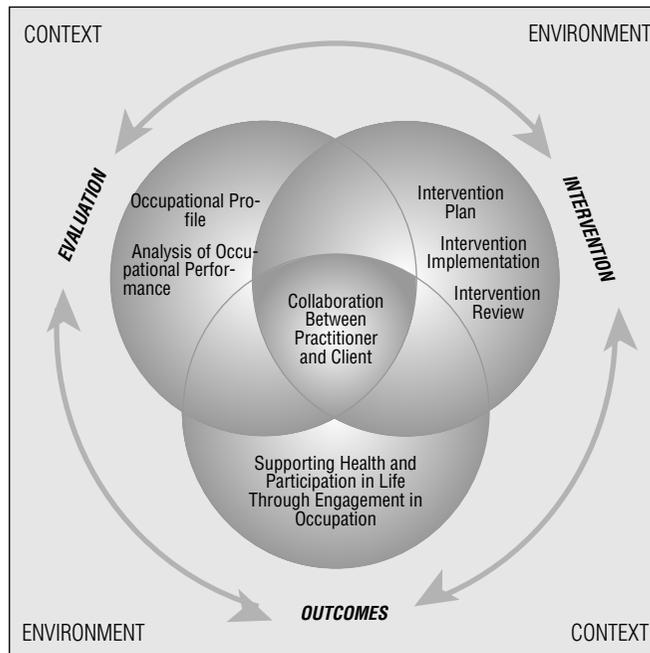


Figure 2. Occupational Therapy's Process.
Collaboration between the practitioner and the client is central to the interactive nature of service delivery (AOTA, 2008).

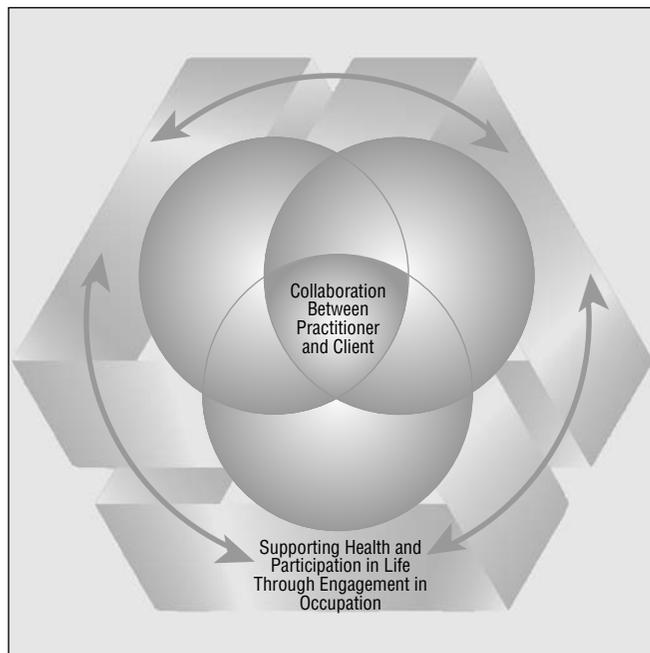


Figure 3. Occupational Therapy.
The domain and process are inextricably linked (AOTA, 2008).

Note: Mobius in figures 1 and 3 originally designed by Mark Dow. Used with permission.

AREAS OF OCCUPATION	CLIENT FACTORS	PERFORMANCE SKILLS	PERFORMANCE PATTERNS	CONTEXT AND ENVIRONMENT	ACTIVITY DEMANDS
Activities of Daily Living (ADL)* Instrumental Activities of Daily Living (IADL) Rest and Sleep Education Work Play Leisure Social Participation	Values, Beliefs, and Spirituality Body Functions Body Structures	Sensory Perceptual Skills Motor and Praxis Skills Emotional Regulation Skills Cognitive Skills Communication and Social Skills	Habits Routines Roles Rituals	Cultural Personal Physical Social Temporal Virtual	Objects Used and Their Properties Space Demands Social Demands Sequencing and Timing Required Actions Required Body Functions Required Body Structures
*Also referred to as <i>basic activities of daily living (BADL)</i> or <i>personal activities of daily living (PADL)</i> .					

Figure 4. Aspects of Occupational Therapy’s Domain.

All aspects of the domain transact to support engagement, participation, and health. This figure does not imply a hierarchy (AOTA, 2008).

Evaluation and intervention may address one or more aspects of the domain (see Figure 4) that influence occupational performance. Intervention includes planning and implementing occupational therapy services and involves therapeutic use of self, activities, and occupations, as well as consultation, education, and advocacy. The occupational therapist and occupational therapy assistant utilize occupation-based theories, frames of reference, evidence, and clinical reasoning to guide the intervention (AOTA, 2008).

The outcome of occupational therapy intervention is directed toward “supporting health and participation in life through engagement in occupations” (AOTA, 2008, p. 660). Outcomes of the intervention determine future actions with the client. Outcomes include the client’s occupational performance, adaptation, health and wellness, participation, prevention, quality of life, role competence, self-advocacy, and occupational justice initiatives (AOTA, 2008, pp. 662–663).

Sites of Intervention and Areas of Focus

Occupational therapy services are provided to persons, organizations, and populations. People served come from all age groups. Practitioners work with individuals one to one, in organizations, or at the population level to address occupational needs and issues in mental health, work and industry, rehabilitation, disability and participation, productive aging, and health and wellness.

Along the continuum of service, occupational therapy services may be provided to clients throughout the life span in a variety of settings. The settings may include, but are not limited to, the following:

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

Education and Certification Requirements

To practice as an occupational therapist, an individual

- Must have graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®) or predecessor organizations,¹ and
- Must have successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapists that is accredited by ACOTE® or predecessor organization.
- Must have successfully passed the national certification examination for occupational therapists and /or met state requirements for licensure / registration.

To practice as an occupational therapy assistant, an individual

- Must have graduated from an occupational therapy assistant program accredited by ACOTE® or predecessor organizations, and
- Must have successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapy assistants that is accredited by ACOTE® or predecessor organizations.
- Must have successfully passed the national certification examination for occupational therapy assistants and /or met state requirements for licensure / registration.

AOTA supports licensure of qualified occupational therapists and occupational therapy assistants (AOTA, 2004a, Policy 5.3). State and other legislative or regulatory agencies may impose additional requirements to practice as occupational therapists and occupational therapy assistants in their area of jurisdiction.

References

- Accreditation Council for Occupational Therapy Education. (2007a). Accreditation standards for a doctoral-degree-level educational program for the occupational therapist. *American Journal of Occupational Therapy*, 61, 641–651.
- Accreditation Council for Occupational Therapy Education. (2007b). Accreditation standards for a master's-degree-level educational program for the occupational therapist. *American Journal of Occupational Therapy*, 61, 652–661.
- Accreditation Council for Occupational Therapy Education. (2007c). Accreditation standards for an educational program for the occupational therapy assistant. *American Journal of Occupational Therapy*, 61, 662–671.
- American Occupational Therapy Association. (2004a). Policy 5.3: Licensure. *Policy manual* (2008 ed., p. 64). Bethesda, MD: Author.
- American Occupational Therapy Association. (2004b). Definition of occupational therapy practice for the AOTA Model Practice Act. (Available from the State Affairs Group, American Occupational Therapy Association, PO Box 31220, Bethesda, MD 20824-1220. E-mail: stpd@aota.org)

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

²The majority of this information is taken from the *Accreditation Standards for a Doctoral-Degree-Level Educational Program for the Occupational Therapist* (ACOTE, 2007a), *Accreditation Standards for a Master's-Degree-Level Educational Program for the Occupational Therapist* (ACOTE, 2007b), and *Accreditation Standards for an Educational Program for the Occupational Therapy Assistant* (ACOTE, 2007c).

- American Occupational Therapy Association. (2005a). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 59, 663–665.
- American Occupational Therapy Association. (2005b). Occupational therapy code of ethics (2005). *American Journal of Occupational Therapy*, 54, 614–616.
- American Occupational Therapy Association. (2006a). Policy 1.44: Categories of occupational therapy personnel. In *Policy manual* (2008 ed., p. 10). Bethesda, MD: Author.
- American Occupational Therapy Association. (2006b). Policy 1.11: The philosophical base of occupational therapy. In *Policy manual* (2008 ed., pp. 33–34). Bethesda, MD: Author.
- American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy*, 62, 625–688.
- American Occupational Therapy Association. (2009). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. *American Journal of Occupational Therapy*, 63.
- World Health Organization. (2001). *International classification of functioning, disability, and health (ICF)*. Geneva, Switzerland: Author.

Additional Reading

Moyers, P., & Dale, L. (Eds.). (2007). *The guide to occupational therapy practice* (2nd ed.). Bethesda, MD: AOTA Press.

Authors

The Commission on Practice:

Sara Jane Brayman, PhD, OTR/L, FAOTA, *Chairperson, 2002–2005*

Gloria Frolek Clark, MS, OTR/L, FAOTA

Janet V. DeLany, DEd, OTR/L

Eileen R. Garza, PhD, OTR, ATP

Mary V. Radomski, MA, OTR/L, FAOTA

Ruth Ramsey, MS, OTR/L

Carol Siebert, MS, OTR/L

Kristi Voelkerding, BS, COTA/L

Patricia D. LaVesser, PhD, OTR/L, *SIS Liaison*

Lenna Aird, *ASD Liaison*

Deborah Lieberman, MHSA, OTR/L, FAOTA, *AOTA Headquarters Liaison*

for

The Commission on Practice

Sara Jane Brayman, PhD, OTR/L FAOTA, *Chairperson*

Adopted by the Representative Assembly 2004C23

Edited by the Commission on Practice 2005

Edited by the Commission on Practice 2009

This replaces the 2004 document Scope of Practice (previously published and copyrighted in 2004 by the *American Journal of Occupational Therapy* 58, 673–677).

Copyright © 2009, by the American Occupational Therapy Association. To be published in the *American Journal of Occupational Therapy*, 63(November/December).