The *OTPF-4*: Continuing Our Professional Journey Through Change

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**ABSTRACT**

The fourth edition of the *Occupational Therapy Practice Framework: Domain and Process* (OTPF-4; American Occupational Therapy Association, 2020b) was completed by the AOTA Commission on Practice (COP) and adopted by the AOTA Representative Assembly in spring 2020. Having been initially published in 2002 after several years of work by the COP, this document has evolved and gained acceptance by the profession during its nearly 20 years of existence. Through the years and much like shaping of a bonsai tree, the *OTPF-4* has been pruned where pruning was required and allowed to strengthen and flourish in those areas that define the foundations of the profession it underlies.

This article describes two recent and significant changes to the fourth edition of the Framework and discusses how they will support the practice of occupational therapy in the third decade of the 21st century. Among the changes described are (1) the addition of Cornerstones of occupational therapy practice and the complementary contributors, and (2) the addition of Health Management as an occupation in the domain of occupational therapy. Both of these additions support and give voice to the core values and beliefs of the profession and guide practitioners in their understanding of what occupation is, how it is addressed in clinical practice, and how it affects those we serve.

**LEARNING OBJECTIVES**

After reading this article, you should be able to:

1. Describe the Cornerstones of occupational therapy that are part of the *OTPF-4*
2. Identify the contributors to the Cornerstones of occupational therapy
3. Discuss how the Cornerstones and contributors support practitioners by providing a firm foundation for practice
4. Describe the occupation of Health Management
5. Describe how the addition of Health Management will help advance the profession through greater attention to an important area of occupation in the 21st century.

**INTRODUCTION**

Since 2002, the Occupational Therapy Practice Framework (Framework) has served to describe the common core of the profession, highlighting both the domain of interest and service delivery processes. The fourth edition of this living document was published in volume 74 of the *American Journal of Occupational Therapy* (AJOT) in 2020 after being updated by the American Occupational Therapy Association’s (AOTA’s) Commission on Practice (COP) and adopted by the Representative Assembly (RA).

As the shepherding body for the Framework, the COP has been steadfast in its messaging that this document does not serve as a taxonomy, theory, or model of occupational therapy; rather, it provides a structure or base on which to build a system or concept. In other words, the Framework describes the central concepts that ground occupational therapy practice and builds a common understanding of the basic tenets and vision of the profession (AOTA, 2020b).

**THE ANALOGY OF THE HOUSE**

The Framework has often been described using the analogy of a house to assist with understanding its purpose and place within the profession of occupational therapy. The house analogy works well with the definition of a Framework as an entity that provides a structure or base on which to build a system or concept. The Framework, like a house, is composed of building materials (concepts of the domain and process) that are common to all areas of practice. This frame forms the structure to which the design of the home (number of stories, type of roofing, type of siding, etc.) is added that makes it different from other homes and provides for the needs of the environment. In the case of the occupational therapy profession, these are the types of clients, approaches, outcomes, and interventions that are distinct.
among practice settings. In other words, using this analogy reminds us that the profession is the standard house of the practitioner but that not all houses appear identical (Amini, 2020).

During the standard 5-year document review and update, the COP made several changes to the OTPF-4 from the third version of the Framework (AOTA, 2014). Two significant additions are the Cornerstones and Contributors and the addition of a new occupation—Health Management (see Table 1).

In keeping with the analogy of the house, the addition of the Cornerstones provides an important conceptual addition to the grounding of the profession. A cornerstone can be thought of as an important and necessary part of the foundation of the house. Previously, the analogy helped us to see how the structure of the building supported and grounded the profession, but the Cornerstones actually go further and ensure that certain elements of the profession are more deeply embedded and supportive of the structure of the profession itself. According to the OTPF-4:

Table 1. Health Management

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Health Management—Activities related to developing, managing, and maintaining health and wellness routines, including self-management, with the goal of improving or maintaining health to support participation in other occupations</td>
<td></td>
</tr>
<tr>
<td>Social and emotional health promotion and maintenance</td>
<td>Identifying personal strengths and assets, managing emotions, expressing needs effectively, seeking occupations and social engagement to support health and wellness, developing self-identity, making choices to improve quality of life in participation</td>
</tr>
<tr>
<td>Symptom and condition management</td>
<td>Managing physical and mental health needs, including using coping strategies for illness, trauma history, or societal stigma; managing pain; managing chronic disease; recognizing symptom changes and fluctuations; developing and using strategies for managing and regulating emotions; planning time and establishing behavioral patterns for restorative activities (e.g., meditation); using community and social supports; navigating and accessing the health care system</td>
</tr>
<tr>
<td>Communication with the health care system</td>
<td>Expressing and receiving verbal, written, and digital communication with health care and insurance providers, including understanding and advocating for self or others</td>
</tr>
<tr>
<td>Medication management</td>
<td>Communicating with the physician about prescriptions, filling prescriptions at the pharmacy, interpreting medication instructions, taking medications on a routine basis, refilling prescriptions in a timely manner (American Occupational Therapy Association, 2017c; Schwartz &amp; Smith, 2017)</td>
</tr>
<tr>
<td>Physical activity</td>
<td>Completing cardiovascular exercise, strength training, and balance training to improve or maintain health and decrease risk of health episodes, such as by incorporating walks into daily routine</td>
</tr>
<tr>
<td>Nutrition management</td>
<td>Implementing and adhering to nutrition and hydration recommendations from the medical team, preparing meals to support health goals, participating in health-promoting diet routines</td>
</tr>
<tr>
<td>Personal care device management</td>
<td>Procuring, using, cleaning, and maintaining personal care devices, including hearing aids, contact lenses, glasses, orthotics, prosthetics, adaptive equipment, pessaries, glucometers, and contraceptive and sexual devices</td>
</tr>
</tbody>
</table>

(AOTA, 2020b, p. 32) Note: the information in this table is reprinted from the OTPF-4 and cannot be shared in this form without permission.
When he states: “In many ways, the Cornerstone of professional behaviors and dispositions is not exclusive to occupational therapy, but certainly the behaviors and dispositions are highly important to the profession based on what we believe and with whom we work. This Cornerstone is supported by the work of AOTA in the official documents of the Association. The Standards of Practice for Occupational Therapy (AOTA, 2015b) and the Occupational Therapy Code of Ethics (2015) (AOTA, 2015a) were both adopted by the RA in 2015 and guide our understanding of this important Cornerstone. ”

The Choosing Wisely campaign was born from the 2012 initiative of the American Board of Internal Medicine Foundation. The aim of the campaign is to encourage meaningful conversations between health care providers and clients to ensure that appropriate and quality care is being provided and that wasteful health care spending is reduced (Gillen et al., 2019). As a result, AOTA formulated recommendations to the profession with regard to specific groups of treatment interventions currently being employed in the field. The first recommendation deals with the use of purposeful activities [occupations] and states:

Purposeful activities—tasks that are part of daily routines and hold meaning, relevance, and perceived utility such as personal care, home management, school, and work—are a core premise of occupational therapy. Research shows that using purposeful activity (occupation) in interventions is an intrinsic motivator for clients. Such activities can increase attention, endurance, motor performance, pain tolerance, and engagement, resulting in better client outcomes. Purposeful activities build on a person's ability and lead to achievement of personal and functional goals. Conversely, non-purposeful activities do not stimulate interest or motivation, resulting in reduced client participation and suboptimal outcomes. (Gillen et al., 2019, p. 5)

As we see, the first two Cornerstones of our profession, both dealing with occupation as a core value and a therapeutic technique, are well described in the literature. Of the four Cornerstones identified, occupation serves as 50% of our foundation and distinct identity.

Professional behaviors and dispositions (AOTA, 2015a, 2015b)

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In summary, we are at a critical point in our voyage and development. As never before, our philosophical approach, the art and science that is occupational therapy, and our normalcy are clearly being supported by our scientific methods. [We] need to embrace it and integrate it. Let's all promise to go back to work as change agents embracing our roots, celebrating the amazing work and the accomplishments of our young profession. [Let's] put the occupation back in occupational therapy. (p. 650)

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means the therapeutic use of occupations (everyday life activities) with persons, groups, and populations for the purpose of participation in roles and situations in the home, school, workplace, community, or other settings” (AOTA, 2015b, p. 1).

The language is clear that the minimum standard for the practice of occupational therapy is the use of therapeutic occupations with those we serve for the purpose of participation within their particular context. This document, as well as those forming the basis of the first two Cornerstones, is steadfast in the belief that occupation and occupational participation are at the heart of the profession. The remainder of the Standards document provides for the understanding that practitioners shall practice under state and federal laws; obtain education from ACOTE®-accredited institutions; pass an entry-level examination as approved by the state regulatory board; and fulfill state requirements for licensure, certification, or registration (AOTA, 2015b).

There are four actual standards set forth in the document. The first is Professional Standing and Responsibility, which is described through 13 subcomponents. The first subcomponent of Standard I states, “An occupational therapy practitioner (occupational therapist or occupational therapy assistant) delivers occupational therapy services that reflect the philosophical base of occupational therapy and are consistent with the established principles and concepts of theory and practice” (AOTA, 2015b, p. 3). The other three standards pertain to the practice of occupational therapy: Standard II: Screening, Evaluation, and Reevaluation; Standard III: Intervention Process; and Standard IV: Transition, Discharge, and Outcome Measurement. These standards make reference to the many facets of occupational therapy and health care practice in general and contain several references to occupation and occupational participation.

Since the adoption of the OTPF-4, the AOTA 2020 Occupational Therapy Code of Ethics (AOTA, 2020a) was adopted to guide practitioners. There are few differences between the 2015 document and the 2020 document when it comes to supporting the third Cornerstone. In the interest of sharing the most up-to-date information, the 2020 ethics document will be discussed here.

Of significance when considering the third Cornerstone are the seven longstanding core values of Altruism, Equality, Freedom, Justice, Dignity, Truth, and Prudence. These values are not unique to the profession of occupational therapy but do serve to support our beliefs that clients can only have equal access to resources that support their ability to engage in their life fully when these values are upheld by the profession and society. We have an ethical responsibility as practitioners to ensure that these values are upheld.

According to the AOTA 2020 Occupational Therapy Code of Ethics, ethical principles guide ethical decision making and inspire occupational therapy personnel to act in accordance with the highest ideals. As with core values, principles are not hierarchical but may need to be balanced and weighed against competing professional values, individual and cultural beliefs, and organizational policies. The principles are provided for review in Table 2.

The ethical standards of conduct found within the Code of Ethics that are tied to the ethical principles illustrate the specific behaviors expected of occupational therapy practitioners as they interact and communicate with clients, and within society. One of the seven standards of conduct is: “Professional Integrity, Responsibility, and Accountability: Occupational therapy personnel maintain awareness and comply with AOTA policies and Official Documents, current laws and regulations that are relevant to the profession of occupational therapy, and employer policies and procedures” (AOTA, 2020a, p. 5).

This example again reiterates the fact that ethical practice places occupation, laws, and regulations as the solid foundation on which the profession and practitioners exist. A list of all the ethical Standards of Conduct can be found in the AOTA 2020 Occupational Therapy Code of Ethics document.

Therapeutic use of self (AOTA, 2015b; Taylor, 2020)

As stated previously, the construct of the therapeutic use of self has been described in each edition of the Framework to date. The concepts that underlie this often implicit and tacit intervention are not specific to the profession of occupational therapy and are also used by other professions, such as nursing and counseling. However, for many decades, the profession of occupational therapy has taught, researched, and used the term therapeutic use of self to denote an intervention technique derived from the profession’s client-centered and humanistic beliefs and values.

Table 2. Ethical Principles

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<tr>
<td>Principle 1. Beneficence</td>
<td>Occupational therapy personnel shall demonstrate a concern for the well-being and safety of persons.</td>
</tr>
<tr>
<td>Principle 2. Nonmaleficence</td>
<td>Occupational therapy personnel shall refrain from actions that cause harm.</td>
</tr>
<tr>
<td>Principle 3. Autonomy</td>
<td>Occupational therapy personnel shall respect the right of the person to self-determination, privacy, confidentiality, and consent.</td>
</tr>
<tr>
<td>Principle 4. Justice</td>
<td>Occupational therapy personnel shall promote equity, inclusion, and objectivity in the provision of occupational therapy services.</td>
</tr>
<tr>
<td>Principle 5. Veracity</td>
<td>Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.</td>
</tr>
<tr>
<td>Principle 6. Fidelity</td>
<td>Occupational therapy personnel shall treat clients (persons, groups, or populations), colleagues, and other professionals with respect, fairness, discretion, and integrity.</td>
</tr>
</tbody>
</table>
These beliefs are then coupled with the understanding that facilitating or helping a person to engage or re-engage in meaningful occupations for the outcomes of health and well-being require the developing and nurturing a therapeutic relationship. Taylor (2020) has written extensively on the topic of the therapeutic use of self for the profession of occupational therapy through use of the intentional relationship model.

The therapeutic relationship according to Taylor (2020) is the responsibility of the practitioner, who must establish this type of interaction in order to develop a client’s occupational engagement. Empathy, according to the OTPF-4, is another important element of the therapeutic relationship that allows for an emotional connection between the practitioner and client that fosters deeper levels of communication to support the work to be done. Occupational therapy practitioners must learn very intimate details about a client; their history; the events that led them to require intervention; and their belief in what will help them to reestablish routines, roles, and occupations (AOTA, 2020b).

The Cornerstones call on practitioners to remember that it is their responsibility to know how to use themselves as a therapeutic entity and to how build an inclusive environment. Practitioners must become educated on gender-affirming care, acknowledge systemic issues affecting underrepresented groups and populations, recognize the impact of the social determinants of health, and use a lens of cultural humility throughout the occupational therapy process (AOTA 2020b). It is only through these steps that trust and understanding are built through the use of self to ensure the needs of our diverse clients are met.

**Contributors**

The contributors described in OTPF-4 are complementary elements to the Cornerstones that interact with each other, and the Cornerstones themselves, to provide the strength of the foundation. These contributors include practice-related skills and attributes, many of which have been mentioned previously as integral to the Cornerstones. They include:

- Client-centered and occupation-based practice
- Clinical and professional reasoning
- Cultural humility
- Ethics
- Evidence-informed practice
- Inter- and intraprofessional collaborations
- Leadership
- Lifelong learning and clinical competency
- Micro and macro systems knowledge
- Professionalism
- Professional advocacy and self-advocacy
- Self-reflection and theory-based practice (AOTA, 2020b, p.6)

Contributors do not arise from one category of skills or attributes or align with any particular model or type of practice. Some contributors were taught to practitioners during their professional training programs and others are learned through continuing education and professional experience. Regardless, the message is clear—to be an occupational therapy practitioner means that one must keep abreast of changes and additions to the Cornerstones and contributors. Practitioners must understand and maintain the foundation of the profession as one that values the human experience of all people and understands the power and value of occupation in the lives of those we serve. Practitioners must maintain professionalism and continually search for evidence based in the science of occupation. The foundational Cornerstones of the Framework are clear and, as is the case with any foundation, must be maintained and nurtured as a living entity, much like a Bonsai tree, or it could wither from neglect.

**The Occupation of Health Management**

In previous versions of the Framework, health management was considered to be a part of the occupation of Instrumental Activities of Daily Living. In other words, it was categorized as one of 12 activities to support daily life within the home and community, a more complex version of Activities of Daily Living (AOTA, 2014). As part of the evolutionary process of the Framework, the COP determined that Health Management is actually an occupation unto itself that contains several subcomponents.

*Health management* is defined as “activities related to developing, managing, and maintaining health and wellness routines, including self-management, with the goal of improving or maintaining health to support participation in other occupations” (AOTA, 2020b, p. 32). The subcomponents of health management include personal care device management, nutrition management, physical activity, medication management, communication with the health care system, symptom and condition management, and social and emotional health promotion and maintenance. See Table 1 for descriptions for each of these sub areas.

Health management is a valuable addition to the previous list of eight occupations that are considered to be well within the scope of occupational therapy practice and purview, and for which the profession has distinct tools and techniques to assist clients. Some of the sub areas of this occupation are familiar and have been part of previous editions of the Framework, although they may have been less apparent. For example, personal care device management was part of Activities of Daily Living in the third edition of the Framework (AOTA, 2014), but within that context it did not take on the importance that it does now. As part of managing one’s health versus completing self-care activities, the concept has been conceptually elevated. Additions to the descriptions have been made to highlight this elevation. One example is the addition of pessaries as a part of Health Maintenance expands the list of devices about which practitioners should have knowledge.

The third edition of the Framework mentioned nutrition, medication routines, and physical fitness, but these were easy to overlook as they were part of the description of Health Management versus their new placement as sub areas. The terminology has also become more targeted and the sub areas are described individually, which will help practitioners better understand their role in these areas. For example, previously the more narrow term *medication routines* was used to indicate our role (AOTA, 2014). The new term, *medication management*, expands
our explicit role in the process of ensuring that our clients have their medication, are safe with their medication, and can remember and physically take their medication. We certainly understand that the role of occupational therapy is not to be a nurse or pharmacist, but practitioners can now feel comfortable communicating with the medical team, including the physician, if medication side effects are noted, as well as ensure that a prescription can be filled by the pharmacy. They can assist in helping the client interpret instructions, ensure that a routine for taking medication is in place, and ensure that a plan for medication refills has been established (AOTA, 2020b).

The same holds true for both nutrition management and physical activity. The expansion of terms and descriptions in OTPF-4 will greatly assist the practitioner in understanding and establishing their role in this area. As previously mentioned, specifying communication with the health care system, symptom and condition management, and social and emotional health promotion and maintenance as activities that fall under Health Management illustrates how occupational therapy practitioners can have a greater role in assisting clients using a case management model or as an advocate (AOTA, 2018; Robinson et al., 2016).

With the utilization of health care in acute and sub-acute institutions changing along with payment models that emphasize functional outcomes and low readmission rates, health management is definitely an area where occupational therapy needs to be (Amini & Furniss, 2018; Sandhu, 2015). We know that if an individual is managing their health—including nutrition, medication, and mobility—they will have fewer falls in the home and a healthier body. Our attention to these areas will allow us to assist our clients as they age in place safely and minimize hospital settings.

The role of occupational therapy in primary care settings is another area that will expand with more attention to health management (AOTA, 2020c). Individuals newly diagnosed with chronic conditions or those having difficulty managing chronic conditions or those having difficulty managing chronic conditions will benefit from the performance-based approach to teaching healthful habits and routines and the importance of medication management, nutrition, exercise, and health literacy to help clients obtain and maintain a fully functional lifestyle.

CONCLUSION

Occupational therapy is a living and changing profession that is slowly returning to the vision of our founders, who recognized the role that practitioners have in using occupation as both the means and the end of assisting our clients to health and well-being in all facets of their lives (AOTA, 2020b). Health management as the ninth area of occupation solidifies the understanding that practitioners have a strong role to play in ensuring that clients of the 21st century are able to care for themselves and their health in the most effective and efficient manner possible.

With the addition of the Cornerstones and their contributing elements, the OTPF-4 continues the journey to solidify the profession as one that is distinct in its contribution to the abilities of persons, groups, and populations to participate fully in life.

REFERENCES


Final Exam

The OTPF-4: Continuing Our Professional Journey Through Change

To receive CE credit, exam must be completed by February 28, 2023.

Learning Level: Introductory

Target Audience: Occupational Therapy Practitioners and students

Content Focus: Domain of Occupational Therapy; Occupational Therapy Process; Professional Skills

1. How does the OTPF-4 and all versions that preceded it serve the profession of occupational therapy?
   ○ A. The OTPF-4 serves the profession as a model for practice in all settings where practitioners work.
   ○ B. The OTPF-4 serves as a taxonomy to ensure that practitioners within the United States and beyond speak the same occupational therapy language.
   ○ C. The OTPF-4 serves by describing the central concepts that ground practice to build common understanding.
   ○ D. The OTPF-4 serves as a theory of practice that provides a foundation for scientific research.

2. When considering the analogy of the house to understand the purpose of the OTPF-4, which statement is most accurate?
   ○ A. The frame of the house can only be put together by nails that represent the contributors to the Cornerstones.
   ○ B. The Cornerstones represent the differences in occupational therapy practice settings.

3. How do practitioners typically come to understand the concepts inherent in the Cornerstones and contributors of the OTPF-4?
   ○ A. Every practitioner learns about the concepts of the Cornerstones during their occupational therapy training.
   ○ B. Practitioners learn about the Cornerstones over time through their education, mentorship, and experience.
   ○ C. Practitioners are asked to read the documents supporting each Cornerstone.
   ○ D. After the practitioner understands the information found in the contributors they understand the ideas of the Cornerstones.

4. When considering the Cornerstones of occupational therapy, which one is most reflective of the work done by scholars who believe that a strong understanding of the use of occupation should be held by all practitioners?
   ○ A. Core values and beliefs rooted in occupation
   ○ B. Knowledge and expertise in the therapeutic use of occupation
   ○ C. Professional behaviors and dispositions
   ○ D. Therapeutic use of self

5. Who are the scholars whose work explicitly supports that the core values and beliefs of the profession are rooted in occupation?
   ○ A. Cohn and Hinojosa
   ○ B. Members of the AOTA COP
   ○ C. Gillen, Lieberman, Hunter, & Stutzbach
   ○ D. Taylor and the AOTA COP

6. Professional behaviors and dispositions are a Cornerstone of the profession of occupational therapy. Which documents guide practitioners in their understanding of appropriate behaviors and dispositions?
   ○ A. Standards of Practice for Occupational Therapy
   ○ B. Occupational Therapy Code of Ethics
   ○ C. Occupational Therapy Practice Framework: Domain and Process
   ○ D. Standards of Practice for Occupational Therapy and Code of Ethics

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A. To get pricing information and to register to take the exam online for the article The OTPF-4: Continuing Our Professional Journey Through Change, go to http://store.aota.org, or call toll-free 800-729-2682.
B. Once registered and payment received, you will receive instant email confirmation.
C. Answer the questions to the final exam found on pages CE-7 & CE-8 by February 28, 2023.
D. On successful completion of the exam (a score of 75% or more), you will immediately receive your printable certificate.
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7. Which one of the following is an ethical principle upon which the Cornerstones are based?
   - A. Infidelity
   - B. Autonomy
   - C. Maleficence
   - D. Fiduciary

8. Which ethical principle states that occupational therapy personnel shall demonstrate a concern for the well-being and safety of persons?
   - A. Fidelity
   - B. Nonmaleficence
   - C. Justice
   - D. Beneficence

9. Prior to the OTPF-4, health management was:
   - A. Not a part of the profession’s scope of practice or the Framework
   - B. Considered a performance pattern (medication routine)
   - C. A component of the occupation instrumental activities of daily living
   - D. An occupation, as it is now

10. With regard to health management, which one of the following statements is most accurate?
    - A. The involvement of occupational therapy practitioners in health management will assist other professions by taking over simple tasks for which they have little time.
    - B. Heath management is composed of activities in which people should engage on a regular basis to ensure their overall health and well-being
    - C. Health management was part of all editions of the Framework but was considered part of activities of daily living versus a stand-alone occupation
    - D. Teaching clients to manage their own health will open doors for the profession in pharmacies and mental health facilities.

11. How will a more targeted focus on health management with the assistance of an occupational therapy practitioner improve the life of a client and support the health care system?
    - A. Occupational therapy practitioners, using habit training and lifestyle management, can assist an individual in caring for nutritional, exercise, and medication management needs, lowering the number of people with heart disease.
    - B. A stronger focus on medication management, exercise, and nutrition will lower the risk of falls for persons living at home and subsequently save money on hospital admissions or re-admissions.
    - C. When people feel better due to medication management and cutting out junk food, they live a more energetic and happy life and require fewer visits to the doctor.
    - D. As the natural profession to assist with health management training, health care dollars used to support OT intervention will actually reduce national health care expenditure across the board.

12. Keeping in mind the components of health management, which one of the following is a realistic role for an occupational therapist in a primary care setting?
    - A. Screen older adults who report a previous episode of a fall.
    - B. Complete a full occupational therapy evaluation on all clients within a family practice setting.
    - C. Provide mandatory classes on health literacy for patients within the practice.
    - D. Offer psychological counseling for those who have recently been through a health scare.

Now that you have selected your answers, you are only one step away from earning your CE credit.