

Definition of Occupational Therapy Practice for the AOTA Model Practice Act

The practice of occupational therapy means the therapeutic use of everyday life occupations with persons, groups, or populations (clients) to support occupational performance and participation. Occupational therapy practice includes clinical reasoning and professional judgment to evaluate, analyze, and diagnose occupational challenges (e.g., issues with client factors, performance patterns, and performance skills) and provide occupation-based interventions to address them. Occupational therapy services include habilitation, rehabilitation, and the promotion of physical and mental health and wellness for clients with all levels of ability-related needs. These services are provided for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Through the provision of skilled services and engagement in everyday activities, occupational therapy promotes physical and mental health and well-being by supporting occupational performance in people with, or at risk of experiencing, a range of developmental, physical, and mental health disorders.

The practice of occupational therapy includes the following components:

- A. Evaluation of factors affecting activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation, including
 - 1. Context (environmental and personal factors) and occupational and activity demands that affect performance
 - 2. Performance patterns including habits, routines, roles, and rituals
 - 3. Performance skills, including motor skills (e.g., moving oneself or moving and interacting with objects), process skills (e.g., actions related to selecting, interacting with, and using tangible task objects), and social interaction skills (e.g., using verbal and nonverbal skills to communicate)
 - 4. Client factors, including body functions (e.g., neuromuscular, sensory, visual, mental, psychosocial, cognitive, pain factors), body structures (e.g., cardiovascular, digestive, nervous, integumentary, genitourinary systems; structures related to movement), values, beliefs, and spirituality.

- B. Methods or approaches to identify and select interventions, such as
 - 1. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline
 - 2. Compensation, modification, or adaptation of occupations, activities, and contexts to improve or enhance performance
 - 3. Maintenance of capabilities to prevent decline in performance in everyday life occupations
 - 4. Health promotion and wellness to enable or enhance performance in everyday life activities and quality of life
 - 5. Prevention of occurrence or emergence of barriers to performance and participation, including injury and disability prevention

- C. Interventions and procedures to promote or enhance safety and performance in ADLs, IADLs, health management, rest and sleep, education, work, play, leisure, and social participation, for example:
 - 1. Therapeutic use of occupations and activities

2. Training in self-care, self-management, health management (e.g., medication management, health routines), home management, community/work integration, school activities, and work performance
3. Identification, development, remediation, or compensation of physical, neuromusculoskeletal, sensory–perceptual, emotional regulation, visual, mental, and cognitive functions; pain tolerance and management; praxis; developmental skills; and behavioral skills
4. Education and training of persons, including family members, caregivers, groups, populations, and others
5. Care coordination, case management, and transition services
6. Consultative services to persons, groups, populations, programs, organizations, and communities
7. Virtual interventions (e.g., simulated, real-time, and near-time technologies, including telehealth and mobile technology)
8. Modification of contexts (environmental and personal factors in settings such as home, work, school, and community) and adaptation of processes, including the application of ergonomic principles
9. Assessment, design, fabrication, application, fitting, and training in seating and positioning, 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 fitting and management of wheelchairs and other mobility devices
11. Exercises, including tasks and methods to increase motion, strength, and endurance for occupational participation
12. Remediation of and compensation for visual deficits, including low vision rehabilitation
13. Driver rehabilitation and community mobility
14. Management of feeding, eating, and swallowing to enable eating and feeding performance
15. Application of physical agent and mechanical modalities and use of a range of specific therapeutic procedures (e.g., wound care management; techniques to enhance sensory, motor, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills
16. Facilitating the occupational participation of persons, groups, or populations through modification of contexts (environmental and personal) and adaptation of processes
17. Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their everyday life occupations
18. Group interventions (e.g., use of dynamics of group and social interaction to facilitate learning and skill acquisition across the life course).

Adopted as part of the Occupational Therapy Scope of Practice document by the Representative Assembly Coordinating Council (RACC) for the Representative Assembly, 2021