

# Standards of Practice for Occupational Therapy

This document defines minimum standards for the practice of occupational therapy. The *practice of occupational therapy* 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.

Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness 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-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life (American Occupational Therapy Association [AOTA], 2011). The overarching goal of occupational therapy is to support people in participation in life through engagement in occupation for “habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non-disability-related needs” (AOTA, 2014b, p. S1).

The *Standards of Practice for Occupational Therapy* are requirements for occupational therapists and occupational therapy assistants for the delivery of occupational therapy services. *The Reference Manual of the Official Documents of the American Occupational Therapy Association, Inc.* (AOTA, 2015b) contains documents that clarify and support occupational therapy practice, as do various issues of the *American Journal of Occupational Therapy*. These documents are reviewed and updated on an ongoing basis for their applicability.

## Education, Examination, and Licensure Requirements

All occupational therapists and occupational therapy assistants must practice under federal and state laws. To practice as an occupational therapist, the individual must

- Have graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®) or predecessor organizations;
- 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 organizations;
- Have passed the entry-level examination for occupational therapists approved by the state occupational therapy regulatory board or agency; and
- Fulfill state requirements for licensure, certification, or registration. Internationally educated occupational therapists must complete occupational therapy education programs (including fieldwork requirements) that are deemed comparable (by the credentialing body recognized by the state occupational therapy regulatory board or agency) to entry-level occupational therapy education programs in the United States.

To practice as an occupational therapy assistant, the individual must

- Have graduated from an occupational therapy assistant program accredited by ACOTE or predecessor organizations;
- 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;
- Have passed the entry-level examination for occupational therapy assistants approved by the state occupational therapy regulatory board or agency; and
- Fulfill state requirements for licensure, certification, or registration.

## Definitions

The following definitions are used in this document. All definitions are retrieved from the *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2014b) unless noted otherwise:

- **Activities:** Actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement (AOTA, 2014b, p. S41).
- **Assessments:** “Specific tools or instruments that are used during the evaluation process” (AOTA, 2010, p. S107).
- **Client:** Person or persons (including those involved in the care of a client), group (collective of individuals, e.g., families, workers, students, or community members), or population (collective of groups or individuals living in a similar locale—e.g., city, state, or country—or sharing the same or like concerns) (AOTA, 2014b, p. S41).
- **Evaluation:** “Process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results” (AOTA, 2010, p. S107).
- **Intervention:** “Process and skilled actions taken by occupational therapy practitioners in collaboration with the client to facilitate engagement in occupation related to health and participation. The intervention process includes the plan, implementation, and review” (AOTA, 2010, p. S107; see Table 6).
- **Occupation:** Daily life activities in which people engage. Occupations occur in context and are influenced by the interplay among client factors, performance skills, and performance patterns. Occupations occur over time; have purpose, meaning, and perceived utility to the client; and can be observed by others (e.g., preparing a meal) or be known only to the person involved (e.g., learning through reading a textbook). Occupations can involve the execution of multiple activities for completion and can result in various outcomes. The *Framework* identifies a broad range of occupations categorized as activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation (AOTA, 2014b, p. S43).
- **Outcome:** End result of the occupational therapy process; what clients can achieve through occupational therapy intervention (AOTA, 2014b, p. S44).
- **Reevaluation:** Reappraisal of the client’s performance and goals to determine the type and amount of change that has taken place (AOTA, 2014b, p. S45).
- **Screening:** Obtaining and reviewing data relevant to a potential client to determine the need for further evaluation and intervention.
- **Transitions:** Actions coordinated to prepare for or facilitate a change, such as from one functional level to another, from one life [change] to another, from one program to another, or from one environment to another.

## Standard I. Professional Standing and Responsibility

1. 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.
2. An occupational therapy practitioner is knowledgeable about and delivers occupational therapy services in accordance with AOTA standards, policies, and guidelines and state, federal, and other regulatory and payer requirements relevant to practice and service delivery.
3. An occupational therapy practitioner maintains current licensure, registration, or certification as required by law or regulation.
4. An occupational therapy practitioner abides by the *Occupational Therapy Code of Ethics* (2015) (AOTA, 2015a).
5. An occupational therapy practitioner abides by the *Standards for Continuing Competence* (AOTA, 2015c) by establishing, maintaining, and updating professional performance, knowledge, and skills.
6. An occupational therapist is responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process (AOTA, 2014a).
7. An occupational therapy assistant is responsible for providing safe and effective occupational therapy services under the “direct and indirect” supervision of and in partnership with the occupational therapist and in accordance with laws or regulations and AOTA documents (AOTA, 2014a).
8. An occupational therapy practitioner maintains current knowledge of legislative, political, social, cultural, societal, and reimbursement issues that affect clients and the practice of occupational therapy.
9. An occupational therapy practitioner is knowledgeable about evidence-based practice and applies it ethically and appropriately to provide occupational therapy services consistent with best practice approaches.
10. An occupational therapy practitioner obtains the client’s consent throughout the occupational therapy process.
11. An occupational therapy practitioner is an effective advocate for the client’s intervention and/or accommodation needs.
12. An occupational therapy practitioner is an integral member of the interdisciplinary collaborative health care team. He or she consults with team and family members to ensure the client-centeredness of evaluation and intervention practices.
13. An occupational therapy practitioner respects the client’s sociocultural background and provides client-centered and family-centered occupational therapy services.

## Standard II. Screening, Evaluation, and Reevaluation

1. An occupational therapist is responsible for all aspects of the screening, evaluation, and reevaluation process.
2. An occupational therapist accepts and responds to referrals in compliance with state or federal laws, other regulatory and payer requirements, and AOTA documents.
3. An occupational therapist, in collaboration with the client, evaluates the client’s ability to participate in daily life tasks, roles, and responsibilities by considering the client’s history, goals, capacities, and needs; analysis of task components; the activities and occupations the client wants and needs to perform; and the environments and context in which these activities and occupations occur.

4. An occupational therapist initiates and directs the screening, evaluation, and reevaluation process and analyzes and interprets the data in accordance with federal and state laws, other regulatory and payer requirements, and AOTA documents.
5. An occupational therapy assistant contributes to the screening, evaluation, and reevaluation process by administering delegated assessments and by providing verbal and written reports of observations and client capacities to the occupational therapist in accordance with federal and state laws, other regulatory and payer requirements, and AOTA documents.
6. An occupational therapy practitioner uses current assessments and assessment procedures and follows defined protocols of standardized assessments and needs assessment methods during the screening, evaluation, and reevaluation process.
7. An occupational therapist completes and documents the results of the occupational therapy evaluation. An occupational therapy assistant may contribute to the documentation of evaluation results. An occupational therapy practitioner abides by the time frames, formats, and standards established by practice settings, federal and state laws, other regulatory and payer requirements, external accreditation programs, and AOTA documents.
8. An occupational therapy practitioner communicates screening, evaluation, and reevaluation results within the boundaries of client confidentiality and privacy regulations to the appropriate person, group, or population.
9. An occupational therapist recommends additional consultations or refers clients to appropriate resources when the needs of the client can best be served by the expertise of other professionals or services.
10. An occupational therapy practitioner educates current and potential referral sources about the scope of occupational therapy services and the process of initiating occupational therapy services.

### **Standard III: Intervention Process**

1. An occupational therapist has overall responsibility for the development, documentation, and implementation of the occupational therapy intervention plan based on the evaluation, client goals, best available evidence, and professional and clinical reasoning. When delegating aspects of the occupational therapy intervention to the occupational therapy assistant, the occupational therapist is responsible for providing appropriate supervision.
2. An occupational therapist ensures that the intervention plan is documented within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, state and federal laws, and other regulatory and payer requirements.
3. An occupational therapy practitioner collaborates with the client to develop and implement the intervention plan, on the basis of the client's needs and priorities, safety issues, and relative benefits and risks of the interventions and service delivery.
4. An occupational therapy practitioner coordinates the development and implementation of the occupational therapy intervention with the intervention provided by other professionals, when appropriate.
5. An occupational therapy practitioner uses professional and clinical reasoning, available evidence-based practice, and therapeutic use of self to select and implement the most appropriate types of interventions. Preparatory methods and tasks, education and training, advocacy, and group interventions are used, with meaningful occupations as the primary treatment modality, both as an ends and a means.
6. An occupational therapy assistant selects, implements, and makes modifications to therapeutic interventions that are consistent with the occupational therapy assistant's demonstrated competency and delegated responsibilities, the intervention plan, and requirements of the practice setting.

7. An occupational therapist modifies the intervention plan throughout the intervention process and documents changes in the client's needs, goals, and performance.
8. An occupational therapy assistant contributes to the modification of the intervention plan by exchanging information with and providing documentation to the occupational therapist about the client's responses to and communications throughout the intervention.
9. An occupational therapy practitioner documents the occupational therapy services provided within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, federal and state laws, other regulatory and payer requirements, and AOTA documents.

## **Standard IV. Transition, Discharge, and Outcome Measurement**

1. An occupational therapist is responsible for selecting, measuring, documenting, and interpreting expected and achieved outcomes that are related to the client's ability to engage in occupations.
2. An occupational therapist is responsible for documenting changes in the client's performance and capacities and for transitioning the client to other types or intensity of service or discontinuing services when the client has achieved identified goals, reached maximum benefit, or does not desire to continue services.
3. An occupational therapist prepares and implements a transition or discontinuation plan based on the client's needs, goals, performance, and appropriate follow-up resources.
4. An occupational therapy assistant contributes to the transition or discontinuation plan by providing information and documentation to the supervising occupational therapist related to the client's needs, goals, performance, and appropriate follow-up resources.
5. An occupational therapy practitioner facilitates the transition or discharge process in collaboration with the client, family members, significant others, other professionals (e.g., medical, educational, social services), and community resources, when appropriate.
6. An occupational therapist is responsible for evaluating the safety and effectiveness of the occupational therapy processes and interventions within the practice setting.
7. An occupational therapy assistant contributes to evaluating the safety and effectiveness of the occupational therapy processes and interventions within the practice setting.
8. The occupational therapy practitioner responsibly reports outcomes to payers and referring entities as well as to relevant local, regional, and national databases and registries, when appropriate.

## **References**

- American Occupational Therapy Association. (2010). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 64(6, Suppl.), S106–S111. <http://dx.doi.org/10.5014/ajot.2010.64S106>
- American Occupational Therapy Association. (2011). *Definition of occupational therapy practice for the AOTA Model Practice Act*. Retrieved from <http://www.aota.org/-/media/Corporate/Files/Advocacy/State/Resources/PracticeAct/Model%20Definition%20of%20OT%20Practice%20%20Adopted%2041411.ashx>
- American Occupational Therapy Association. (2014a). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. *American Journal of Occupational Therapy*, 68(Suppl. 3), S16–S22. <http://dx.doi.org/10.5014/ajot.2014.68S03>
- American Occupational Therapy Association. (2014b). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1–S48. <http://dx.doi.org/10.5014/ajot.2014.682006>

American Occupational Therapy Association. (2015a). Occupational therapy code of ethics (2015). *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410030. <http://dx.doi.org/10.5014/ajot.2015.696S03>

American Occupational Therapy Association. (2015b). *The reference manual of the official documents of the American Occupational Therapy Association, Inc.* (20th ed.). Bethesda, MD: AOTA Press.

American Occupational Therapy Association. (2015c). Standards for continuing competence. *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410055. <http://dx.doi.org/10.5014/ajot.2015.696S16>

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*Note.* These standards are intended as recommended guidelines to assist occupational therapy practitioners in the provision of occupational therapy services. These standards serve as a minimum standard for occupational therapy practice and are applicable to all individual populations and the programs in which these individuals are served.

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