The American Occupational Therapy Association (AOTA) has challenged occupational therapy practitioners to advance the profession so that we may become more “powerful” and “widely recognized” by the year 2017 (AOTA, 2007a). To fully achieve this vision, this article argues that the profession should encourage occupational therapy entrepreneurship. As Herz, Bondoc, Richmond, Richman, and Kroll (2005, p. 2) stated, “Entrepreneurship may provide us with the means to achieve the outcomes we need to succeed in the current health care environment.” This article also argues the urgency of seizing the many opportunities that entrepreneurship offers and recommends specific actions to be taken by AOTA and by therapists.

Baron (2004) defined an entrepreneur as a “person who organizes, operates, and assumes the risk of a business venture” (p. 305). Baron went on to describe entrepreneurial qualities: “Entrepreneurs may or may not be innovators, but they are always experimenters; they are individuals able to recognize opportunities and willing to take the risks necessary to develop those opportunities” (p. 30). Entrepreneurship has driven the U.S. economy and way of life since the country’s conception. Recognizing the importance of small businesses and their connections to American entrepreneurship, Farrell (2001) stated, “The entrepreneurial spirit is the best model ever invented for creating growth and prosperity” (p. xxvii).

In President Barack Obama’s address to the joint session of Congress on February 24, 2009, he called for entrepreneurs to continue to innovate and contribute to the economy despite difficult financial times. “The answers to our problems don’t lie beyond our reach. They exist in our laboratories and universities; in our fields and our factories; in the imaginations of our entrepreneurs and the pride of the hardest-working people on Earth” (White House, p. 5). Entrepreneurship is a mainstay of both the U.S. economy and the American dream. Teresa Nelson, endowed chairperson in entrepreneurship at Simmons University, has encouraged occupational therapists to participate in the growth of entrepreneurial studies and businesses: “Entrepreneurship as a discipline, as a study, has risen in the past 25 yr. Groups have begun that conversation across disciplines” (personal communication, February 27, 2009).

The U.S. Small Business Administration (SBA; 2008) reported that small, entrepreneurial businesses (those with <500 employees) are essential to the U.S. economy. Small businesses represent 99.7% of all ventures and use half of all employees in the private sector (SBA, 2008). These small businesses also account for 13 times more patents per year than do larger firms (SBA, 2008). According to Farrell (2001): “Seventy out of the next 100 people you see are thinking about becoming an entrepreneur. Fifteen of the 100 will actually give it a go in the next 12 months” (p. 3).

Entrepreneurship in Occupational Therapy

McClain, McKinney, and Ralston (1992) surveyed 74 occupational therapists in private practice to determine motivation, preparation, and perceived risks and benefits before and after becoming an entrepreneur. Participants ranked previous work experience as the most beneficial learning experience before entrepreneurial activities; information from others in
private practice was ranked second, and observation of businesses was ranked third (McClain et al., 1992). Given widespread change in occupational therapy since 1992, this study should be replicated.

We interviewed entrepreneurs in occupational therapy and other health fields to understand the personal experiences involved in starting and operating a business. Interviewees often described their learning as “trial and error” (Ron Carson, personal communication, February 13, 2009) or words to that effect (Carol Loria, personal communication, March 31, 2009). Marc Dy, president of Functional Solutions Inc., explained, “We went to OT school to become clinicians, not [to learn] how to run a business” (personal communication, March 2, 2009).

Several occupational therapy entrepreneurs stated that members of this profession are well positioned to take advantage of entrepreneurial opportunities. Occupational therapists have so many opportunities for entrepreneurship because of the fundamental nature of their service: making a match between complex people and complex environments (occupational forms) so that function and positive adaptation are maximized. As T. Nelson explained, “[Business] success is related to competitive advantage. Occupational therapists would have a good competitive advantage because they actually are the best at understanding what the field is about, where the edge is, and where innovation is possible” (personal communication, February 27, 2009).

With an ever-increasing number of people who have disabilities or who are at risk for disabilities (U.S. Census Bureau, 2009), the demand for relevant expertise is high. Johansson (2000) identified 10 emerging practice areas for the 21st century: ergonomic consulting, driver rehabilitation and training, home modification, low vision, community private practice, assistive device development, welfare to work, health and wellness consulting, ticket to work services, and psychosocial needs of children and youth. Each of these areas provides opportunities for business ventures, with some (e.g., home modification) somewhat more developed by occupational therapists than others (e.g., welfare to work). Occupational therapist and president of Austill’s Rehabilitation Services, Inc., Becky Austill-Clausen stated, “The sky is the limit!” in terms of entrepreneurial potential (personal communication, April 30, 2009). Occupational therapist and entrepreneur Christopher Alterio, president of ABC Therapeutics, paradoxically exclaimed, “Endless opportunity is almost a barrier,” given the need for the entrepreneur to have a detailed plan for each business segment (personal communication, March 2, 2009).

Another huge advantage for occupational therapy entrepreneurs is the relative affordability of starting a business. In contrast to most other businesses (e.g., a restaurant or marketing company with substantial start-up costs), an occupational therapy business often can be operated out of a home with low overhead. A therapist can start the business as a small, one-person enterprise and expand gradually using cash flow while testing the market.

Challenges

With any business venture come certain risks and challenges. The SBA (2008) confirmed that approximately one-third of new businesses do not survive 2 yr, with only 44% of businesses remaining open after 4 yr. Richmond and Powers (2009) explained small business failure as a result of poor planning, lack of expert support, procrastination, poor location, cash flow problems, ineffective marketing, and poor staffing. Legislation and tax regulations also pose unique challenges for small businesses.

Occupational therapists are not as involved in entrepreneurial opportunities as other health care professionals. During a personal interview, occupational therapist and executive officer of Occupational Therapy Consultants Cynthia Epstein commented, “I don’t think occupational therapists have taken advantage of our opportunities. Just look at the number of physical therapists versus occupational therapists in private practice; there is a huge difference” (personal communication, March 9, 2009). The 2009 Toledo, Ohio, telephone book includes 667 listings for physician private practices, 105 chiropractic-owned businesses, 52 listings for privately owned and operated physical therapy clinics, and 2 private occupational therapy listings. According to the U.S. Bureau of Labor Statistics (BLS; 2006), 17% of occupational therapists work in either private or group practices, whereas 27% of physical therapists do so. This figure of 17% would be much smaller if therapists working as regular contractors to agencies (much like employees) were not counted.

Christopher Alterio suggested that there is a general lack of resources and support for occupational therapy entrepreneurs: “We [entrepreneurs] have learned to function without [support] because we just don’t have it” (personal communication, March 2, 2009). A common theme discovered during the interview process was that of self-learning, because of limited professional support. Small business owner Marc Dy remarked, “I wish that [educational institutions] and AOTA would provide more resources for occupational therapy entrepreneurs, to develop skills and learn new ways of delivering services” (personal communication, March 2, 2009).

Becky Austill-Clausen offered that “occupational therapists are very creative and want to help people, but I don’t think business is our strong suit…. I think occupational therapists don’t really see themselves as entrepreneurs” (personal communication, April 30, 2009). In the words of Virginia Stoffel, professor of occupational therapy at the University of Wisconsin at Milwaukee, “I think sometimes that we underestimate the knowledge that we have…. [Therapists are] not recognizing that something we know a lot about would be actually valued in the marketplace” (personal communication, February 20, 2009). Writing in OT Practice, Carol Leslie (2005) described lack of innovation and inability to motivate employees as entrepreneurial obstacles for occupational therapists. As president of her own small business, Callaria Coaching, Leslie has encouraged therapists to brainstorm, create, learn, and lead within their organizations.

Successful entrepreneur Marianne Hassen cited traditional family roles as a factor in the underrepresentation of occupational therapists as entrepreneurs:
Most occupational therapists, like speech therapists, are young women . . . and at some point need to take care of their families and at some point need to switch their priorities. Physical therapists . . . a fair amount of them are male . . . but they have the freedom to have a practice and maybe have the support of a spouse at home taking care of their family. (personal communication, January 30, 2009)

Like Hassen, Becky Austill-Clausen works to overcome this conflict by employing therapists as independent contractors and then teaching them how to operate entrepreneurially within the constraints of their lifestyles: “It’s a cool thing [entrepreneurship] to teach women, because we mostly work with women, and women are not traditionally used to managing” (personal communication, April 30, 2009).

A disproportionate number of men are involved in entrepreneurship, both in occupational therapy and in other areas. The SBA (2008) reported that women own 28% of nonfarm U.S. firms, even though women account for 47% of the workforce. Despite this imbalance, T. Nelson argued that health care fields such as occupational therapy provide women many opportunities that are not so easily exploited in male-dominated fields (personal communication, February 27, 2009). Nancy Richman, co-owner of Glantz/Richman Rehabilitation Associates, stated that her company could have an advantage in obtaining state contracts: “We would probably have a better chance because we are female” (personal communication, February 27, 2009). The possibility of discrimination against female entrepreneurs in occupational therapy was not suggested in the literature or interviews.

Types of Entrepreneurship

Entrepreneurship in occupational therapy takes on several overlapping forms, presenting problems in its categorization. Frazier (1985) commented,

Even the definition of private practice is disputed. There is the purely staff therapist and the purely independent therapist. And in-between there are uncounted occupational therapists who are designing lifestyles and professional practices to suit need, theirs and society’s, in varying degrees of risk. (p. 12)

These “in-between” careers by therapists who work for salary and who also work privately for profit might be difficult to classify, yet their existence points to an active, if less than full-time, form of entrepreneurship. Another problem in defining and categorizing private practice is specification of the payer. In 2007, AOTA defined the objective of private practice as “to create a business that receives payment for occupational therapy services directly from or on behalf of the client/patient or consumer” (2007b, p. 5). However, this definition does not include consultation and other services or products paid for by agencies and organizations, important roles for many who describe themselves as private practitioners.

For the purposes of this article, entrepreneurial ventures were divided into the following categories, all of which involve private “practice” if practice is broadly defined: agency-contracted direct service, client-paid direct service, ownership and management of a multitherapist service business, consultation, product development, and educational seminars.

Agency-Contracted Direct Service

In an agency-contracted direct service role, the therapist works with patients, clients, students, or residents as an independent contractor to units of government, school systems, hospitals, nursing facilities, or health care agencies that serve as specialized intermediaries providing contracted services. This is the most common form of entrepreneurship in occupational therapy and accounts for most of the self-employed therapists counted by BLS (2006). Increasingly, over the past 15–25 yr, many organizations responsible for providing care have attempted to increase efficiency by contracting out services to individual professionals or agencies, which in turn can make contracts with individual therapists (our topic here) or can hire individual therapists as employees. A contractor is legally different from an employee; laws and regulations specifically define differences between an employee and an independent contractor. For example, according to the U.S. Internal Revenue Service (2009), a manager may request that a contractor take on a task but may not dictate how to carry out the task. Even if the contractor’s role in the workplace appears similar in many respects to employed therapists (as it is in many hospitals), the legal and financial basis of the role is different.

Client-Paid Direct Service

Client-paid direct service is the classic (but not only) form of private practice. Therapists providing direct service to self-paying or insured consumers must market their practices to clients and families to be successful. Locating these clients and families and making a strong case for occupational therapy are always significant business challenges, and a therapist new to the business quickly realizes that providing high-quality care is necessary but not sufficient for success. Although the recipient is legally the “customer,” insurance companies as well as government programs such as Medicare, Medicaid, and worker’s compensation agencies place significant restraints on the therapist–client relationship. In addition, the therapist typically must network with other professionals to obtain referrals. Frequently, therapists providing direct clinical services use the partnership business model whereby one or more additional therapists (sometimes occupational therapists and sometimes others) work together to meet consumers’ needs. The same therapist who works as a contractor often also works as a direct marketer of services. The therapist providing direct clinical services may engage in entrepreneurship on a full-time or part-time basis, allowing for flexibility and adjusting for demand.

Ownership and Management of a Multitherapist Service Business

A small partnership can grow into a large enterprise, allowing the founding therapists to become managers and business owners. The therapist must become an effective manager of staff and resources for the business to succeed while maintaining
high-quality clinical services. Often, time demands and priorities do not permit owners of agencies to continue to provide direct clinical services personally. Owners of agencies hire therapists to provide services or, more commonly these days, contract with therapists to provide services. An occupational therapist has the knowledge and skills necessary to develop and evaluate high-quality clinical services but often needs additional formal or informal education to deal with business concerns, including marketing, contracts, employee law, liability, and taxes.

Consultation

A consulting occupational therapist does not provide clinical experiences directly but uses his or her occupational therapy background as a knowledge base to advise others. Providing ergonomic consulting with manufacturers, consulting with teachers in the schools, and consulting on wellness programs in the community are examples of occupational therapy consultation. Consultation entrepreneurship also allows for flexibility. A therapist may consult on a full-time, part-time, or occasional basis. Generally, consultation involves a great deal of preparation time, so therapists must be careful to account for this time in devising a fee schedule.

Product Development

Occupational therapy professionals have detailed knowledge and training concerning high-tech and low-tech assistive devices and other durable medical equipment. Therefore, they are well positioned to manufacture or market these devices nationally and internationally. Currently, several small companies seeking special niches in the marketplace compete with large corporations attempting to provide one-stop shopping.

Educational Seminars

An experienced practitioner who has extensively researched a topic and has been recognized as an expert in an area of interest may decide to venture into the business of disseminating the information for a profit. Therapists need to document continuing education for licensing purposes, and all stakeholders, including consumers, benefit from ongoing training in areas of needed clinical expertise. Educational seminars may also be marketed to the community to educate the public. An extension of this idea would be writing an occupation-based self-help book for the public.

Profiles of Successful Occupational Therapy Entrepreneurs

Presented here are profiles of successful occupational therapy entrepreneurs in each of the six categories identified previously.

Agency-Contracted Direct Service

For >10 yr, Barbara Haase, MHS, OTR/L, FAOTA, has contracted with school boards and county agencies in northwest Ohio to provide occupational therapy to children eligible for early intervention and to adults with developmental disabilities. The agencies with which she contracts have state and federal mandates to provide services, and a major part of her work is in convincing decision makers of the value of occupational therapy. Her advice to therapists seeking such a role is to become “invaluable” in the eyes of clients, their families, fellow contractors (especially the physical therapists, given the mandate for a minimum of two therapists per evaluation), the local press, elected officials, and government employees who coordinate services and reimbursement (Barbara Haase, personal communication, July 11, 2009). A significant challenge is to negotiate rates of reimbursement that encompass multiple needs, from retirement planning to travel reimbursement to continuing education costs. She stated that employed therapists often underestimate the value of their benefits; jokingly, she said that her husband’s employee health benefits “were the reason I married him” (personal communication, July 11, 2009).

Client-Paid Direct Service

Marc Dy of Functional Solutions began his journey as an entrepreneur in a one-person enterprise. In an interview on March 2, 2009, Dy described the difficulty he experienced when attempting to find work as an occupational therapist when he graduated from school in the late 1990s. He decided to use his knowledge of lymphedema treatments and began delivering services in patients’ homes. Initial success provided a base for developing other businesses, including a contracting agency, an industrial rehabilitation clinic, and design of ergonomic products. Dy advised, “Don’t be afraid to start something new; just because nobody else is doing it doesn’t mean it won’t work” (personal communication, March 2, 2009).

Ownership and Management of a Multitherapist Service Business

Coralie Glantz and Nancy Richman began their company in 1982. They began their careers as contract therapists and eventually decided to hire other therapists to work with them. The company currently employs approximately 100 people. Glantz and Richman stressed the importance of enduring commitments to ethical practice and human values. Currently, the business contracts with occupational therapists, physical therapists, recreational therapists, speech-language pathologists, and social workers. Glantz reported enjoying the freedom that entrepreneurship allows: “I love that I have been able to open a business and run it by occupational therapists and have the opportunities to choose to spend my time to volunteer for AOTA and other leadership roles in the profession” (personal communication, February 24, 2009). Glantz was elected to the AOTA Board of Directors. Both women are actively involved in their state associations.

Consultation

Independent consultation using occupational therapy as a knowledge base is another common form of entrepreneurship.
Maureen Kane-Wineland, an entrepreneur providing direct and managed services for children and their families, consulted with the Sisters of Notre Dame in preparing a grant application advocating enhanced training of teachers and others in fetal alcohol syndrome. Kane-Wineland was also contracted by a hospital to write a grant application to provide intensive early intervention to children with prenatal exposure to illegal drugs (personal communication, July 16, 2009). Kane-Wineland has prepared other grants as a volunteer, and the resulting funding can result in new programs that contract for occupational therapy services.

**Product Development**

Perhaps the most well-known personality in the arena of product development is Fred Sammons. He began his “little mail-order business” in Chicago as a hobby, a means to earn extra income (personal communication, February 27, 2009). While working as an occupational therapist, Sammons discovered how to expand his business:

> We would have a patient with a problem, and [we] would devise some kind of way to solve the problem. Then I would find a way to make that product and put it in my little catalogue. I invented it and controlled the manufacturing, and then I took the money to the bank. (personal communication, February 27, 2009)

He attributes his success to being in the right place at the right time and to having the right advisors, lawyers, marketers, and manufacturers. Because Sammons did not have business or manufacturing experience, he relied on a team to manage the company and to mass produce and distribute products. Even though he has sold his interest in the company, Sammons retains a formal relationship with Patterson Medical, the current publisher of the Sammons and Preston catalog.

**Educational Seminars**

Offering continuing education seminars is another form of entrepreneurship that dovetails nicely with other forms of entrepreneurship. Austill’s Rehabilitation Services, Inc., is an AOTA-recognized continuing education provider. In 1984, Becky Austill-Clausen began hiring occupational therapists to work at local school districts; soon she began offering continuing education seminars. Austill-Clausen sees continuing education as not only a profit center but also a method to recruit and train staff while providing a community service (personal communication, April 30, 2009). The company offers 2-hr evening workshops, full-day seminars, and “cottage workshops” offered at the cottage where the business is operated. Austill-Clausen hopes to become “the school system online continuing education program” (personal communication, April 30, 2009).

**How to Become an Occupational Therapy Entrepreneur**

Fortunately, the business literature provides many resources to assist potential entrepreneurs. The texts *The Small Business Start-Up Kit: A Step-By-Step Legal Guide* (Pakroo, 2006) and *Business Fundamentals for the Rehabilitation Professional* by Richmond and Powers (2009) have proven to be useful resources and are commonly cited within business literature. Richmond and Powers (2009) created a business resource specifically designed for rehabilitation professionals. In this text, the authors provided step-by-step instructions and worksheets for the therapist to use when problem solving and developing his or her business plan.

The first step in any business venture is to complete a self-assessment to determine personal strengths and weaknesses. A commonly used assessment is SWOT, which represents strengths, weaknesses, opportunities, and threats. Next, the reader is guided through a process to identify potential entrepreneurial ventures. “Opportunities are combinations of ideas, circumstances, and educational backgrounds that can grow into a viable business” (Richmond & Powers, 2009, p. 11). The therapist is then encouraged to complete a marketing assessment, or needs assessment, of his or her local community to determine the viability of the proposed business idea.

Developing a business plan may be the most difficult part of the entrepreneurial process, but it may also be the most valuable. Business plans vary in structure but must contain details regarding operation and management (business description, mission statement, location, services, and long-term goals), marketing (industry trends, target markets, competition analyses, and marketing plans), and finances (start-up and operating costs, income statements, cash flow projections, and various other balance statements). There are many resources, in print, online, and in person, that will guide therapists through this process. The SBA provides sample business plans on its Web site (www.sba.gov) and lists links to additional online resources. Local chambers of commerce and Small Business Development Centers offer free advice and training sessions for individualized services.

Given a thoughtful and well-researched business plan, the next actions are to implement the ideas and execute. Common sources of capital are personal savings; business loans, such as SBA-guaranteed loans; or assistance in the forms of loans and investments from friends or family members (SBA, 2008). The American Recovery and Reinvestment Act has increased the funds available to small businesses by guaranteeing 90% of small business loans and supplementing loans offered through the SBA (SBA, 2008).

The entrepreneur then executes the business plan, ideally with mentorship. Specific tasks, such as applying for a Medicare provider number, may be challenging for a direct service entrepreneur; however, mentors are available to offer assistance. Mentorship from the business world, such as Service Corporation of Retired Executives, and within the occupational therapy field will contribute to an entrepreneur’s success. Networking is another crucial learning method. “[N]etworking is all about building relationships and establishing trust,” Gina Arroyo remarked during an interview on February 11, 2009. Arroyo also stressed the importance of networking outside occupational therapy, and she encouraged therapists to talk with executives from all fields (personal communication, February 11, 2009).
National opportunities such as trade conferences and the annual AOTA conference provide central meeting places for potential entrepreneurs and like-minded people to network. OT Connections (http://otconnections.aota.org) is an online networking community for occupational therapists for blogging and communicating with other therapists from across the country. Other professional online communities that can be helpful include LinkedIn (www.linkedin.com) and Entrepreneur.com (www.entrepreneur.com). Local networking opportunities may also be offered through the chamber of commerce or professional networking groups. A simple Google search presents many networking options.

Entrepreneurs need to be aware of specific local and national trends and needs to identify promising niches. Entrepreneur and occupational therapist Marianne Hassen, vice president of Concept Rehab, Inc., worked closely with her business partners in the early 1980s to better understand the reimbursement process in long-term care facilities. They traveled together to various sites, delivered therapy services, and properly billed for these services to begin to generate income (personal communication, January 30, 2009). Eventually, this practice resulted in the creation of Concept Rehab, Inc., a contract company with more than 650 employees. Cynthia Epstein offered this advice to potential entrepreneurs, “Be aware of the changes in the industry, the economy, and local businesses” (personal communication, March 9, 2009). By monitoring the needs in her community, Epstein’s company, which started as a consulting practice in 1979, opened an outpatient clinic more than 10 yr ago and grew in multiple directions from there. Richmond and Powers (2009) suggested that therapists monitor economic forecasts provided by government Web sites and reports, subscribe to health care journals and magazines, become involved in professional associations, and remain informed of reimbursement changes to identify trends. Identification of business opportunities requires mental flexibility, both in reference to the environment as well as to the self as a professional. Dy advocated “different, creative ways occupational therapists can see themselves and create new niches” (personal communication, March 2, 2009).

The current economic climate affects the success of small businesses. Fortunately, as Austill-Clausen commented, “We are very lucky in this tough economic time” (personal communication, April 30, 2009). Health care as a whole is expected to expand, creating 3 million new jobs between 2006 and 2016 (BLS, 2006). The BLS projects faster-than-average growth for the profession of occupational therapy (2006). An unknown factor is the potential effects of major new federal health care initiatives, but entrepreneurs typically see major change as presenting novel opportunities.

Recommendations

The profession needs to take action to encourage therapists to explore their entrepreneurial opportunities. The following are suggestions for individual occupational therapists as well as the governing organizations of our profession.

1. Overwhelmingly, interviewees agreed that occupational therapy entrepreneurs do not receive adequate business education. Glantz recommended that occupational therapy programs include general business concepts such as starting and operating a business, including the basics of marketing for all students (personal communication, February 24, 2009). The main problem is that occupational therapy curricula are already burdened with content (Cynthia Epstein, personal communication, March 9, 2009). The argument can be made, however, that business concepts are needed not only for future entrepreneurs but for all therapists. Most therapists will work for organizations using business strategies; understanding how to operate a successful business can make therapists better employees.

Several current standards of the Accreditation Council for Occupational Therapy Education (2007) speak to skills needed by entrepreneurs. These include content on service delivery systems; management and supervision; legislation, regulation, and reimbursement; program development; and social, economic, political, geographic, and demographic factors. But no standard specifies entrepreneurship, types of entrepreneurial opportunities in occupational therapy, the processes of capital formation, or business structures. Entrepreneurial terms could be integrated into current standards (e.g., Standard B.6.5.), or a new standard could be formed, with an especially challenging version for doctoral-level education.

Entry-level occupational therapy students desiring special training in business and entrepreneurship should have access to relevant electives or optional tracks. Teresa Nelson is currently developing such a venture (personal communication, February 27, 2009). In her proposal, a university would offer a certificate program in entrepreneurship, separate from the school of business. Enrollment in such a program would be open to students and alumni with no previous business training. Entry-level students would have the opportunity to interact with alumni therapists who share their interest in entrepreneurship. An occupational therapist with a desire to develop a business idea and skill should have the opportunity to attend appropriate continuing education courses. Tara Glennon strongly recommends enrolling in business-related seminars; however, she also recognizes the challenge of doing so while spending time pursuing needed clinical continuing enrollment units (personal communication, March 2, 2009). Short business courses and workshops offered in the past have occasionally addressed business topics, yet, as Richman observed, “I think we’ve been lacking in conference presentations that attract managers and entrepreneurs” (personal communication, February 27, 2009). Business-related continuing education courses should target general business needs (e.g., sole proprietorships, partnerships, and corporations) as well as specialized topics (e.g., becoming a Medicare provider).
Entrepreneurial courses should be offered at each national AOTA conference and as free-standing continuing education courses sponsored both by AOTA and entrepreneurs. The costs of producing such courses may be recovered through attendance fees.

4. AOTA should increase entrepreneurial resources and opportunities for its members. One of the goals of AOTA’s Administration and Management Special Interest Section (AMSIS) is to revise and update the online private practice resource, supplying readers with comprehensive information. This publication should also be offered at true cost to nonmembers of AOTA, thereby possibly reaching all potential entrepreneurs. Potential entrepreneurs need concrete evidence of support to encourage AOTA membership and participation in the professional association. Richman observed, “Not all entrepreneurs are members of AOTA, and [they] don’t see all of the support [available] for them” (personal communication, February 7, 2009).

5. AOTA should also execute marketing campaigns promoting entrepreneurship. As stated previously by Leslie (2005), many therapists lack the motivation to pursue entrepreneurship. A national marketing campaign, sponsored by AOTA, AMSIS, and practicing entrepreneurs would generate entrepreneurial discussion and interest. This effort could include regular columns in OT Practice or OT Advance featuring occupational therapy entrepreneurs as well as entrepreneurial conversations by means of AOTA’s networking Web site, OT Connections.

6. Our professional organizations and individual therapists should communicate the close links among entrepreneurship and participation in state and national associations. Many successful entrepreneurs interviewed for this article attributed business success in part to being actively involved in AOTA, either at the state or national levels. As Bechol Acu still-Clausen stated, “My best suggestion for an entrepreneur is to get involved in state and national associations because it keeps you in the groove; it keeps your name in front of people; it keeps you open to the cutting edge of what is happening” (personal communication, April 30, 2009).

Successful business owner Cynthia Epstein has maintained an active role in the New Jersey Occupational Therapy Association since early in her career. “I became involved . . . at national and state levels because I was looking at the big picture, change, the impact of the political world onto the profession” (personal communication, March 9, 2009). Mary Foto, chief executive officer of two successful companies (the Foto Group and Treat-it.com) has served as AOTA president (1995–1998) and represents occupational therapy on several professional boards. Through her efforts as an advocate, leader, therapist, and entrepreneur, Foto exemplifies how these roles complement one another.

7. Our professional organizations and individual therapists should also encourage mentorship in the arts and practicalities of entrepreneurship. All the occupational therapy entrepreneurs interviewed for this article stressed the importance of mentorship. Still, more is needed, “I don’t think we have enough people out there to really be mentors. You need good mentors, people who are willing to sit down and take time, talk about how important [your business] is” (Gina Arroyo, personal communication, February 11, 2009).

Potential entrepreneurs should seek out successful therapists in the specific areas of business. This is not as difficult as it might seem. All of those interviewed for this article generously offered their time and knowledge at the request of an occupational therapy student. A therapist seeking mentorship should not be deterred by the thought that most businesspeople, however busy, would not want to help. Paradoxically, people who devote much effort to the bottom financial line are often altruistic. Therapists desiring to enter the business world should become members of the AMSIS, sponsored by AOTA. This group supplies a quarterly newsletter and presents networking sessions at national AOTA conferences.

8. Take reasonable risks! Entrepreneurs are risk takers, and the business world is often unpredictable. One must not be afraid to take reasonable risks. The potential entrepreneur has to analyze each opportunity and choose the most appropriate business risk. Occupational therapy has great entrepreneurial potential, with relatively low risk for entry. Starting small and building gradually is the method used by many successful occupational therapy entrepreneurs (e.g., Epstein, Glennon, Glantz, Richman, Hassen, Arroyo, Alterio, and Dy). If one wants to remain a solo practitioner, this option is also available.

9. Successful occupational therapy entrepreneurs should be urged to spread the word. A culture of entrepreneurship requires nurturing to develop. For those who have succeeded in business, the next step is to tell others how to achieve the same results. Business owners could begin online or in-person networking events, publish articles, write books, or conduct continuing education courses regarding an area of expertise. Therapists also have the responsibility of educating the community about therapist-owned and -operated businesses.

Conclusion

As members of the occupational therapy profession, we are challenged by our Centennial Vision to advance our profession. Therapists interested in entrepreneurship should explore the many opportunities, and the profession should support them. Entrepreneurship is a major part of the American way of life, and that applies to occupational therapy also. Through entrepreneurship, occupational therapists can provide needed products to help people achieve their potential, can educate fellow therapists, and can provide enhanced professional services to people in need of therapeutic occupation. ▲

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