

Occupational Therapy Scope of Practice

Statement of Purpose

The purpose of this document is to

- A. Define the scope of practice in occupational therapy by
 1. Delineating the domain of occupational therapy practice and services provided by occupational therapists and occupational therapy assistants,
 2. Delineating the dynamic process of occupational therapy evaluation and intervention services used to achieve outcomes that support the participation of clients¹ in everyday life occupations, and
 3. Describing the education and certification requirements needed to practice as an occupational therapist and occupational therapy assistant;
- B. Provide a model definition of occupational therapy to promote uniform standards and professional mobility across state occupational therapy statutes and regulations; and
- C. Inform consumers, health care providers, educators, the community, funding agencies, payers, referral sources, and policymakers regarding the scope of occupational therapy.

Introduction

The occupational therapy scope of practice is based on the American Occupational Therapy Association (AOTA) documents *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; [AOTA, 2020c](#)) and the *Philosophical Base of Occupational Therapy* ([AOTA, 2017](#)), which states that “the use of occupation to promote individual, family, community, and population

health is the core of occupational therapy practice, education, research, and advocacy” (p. 1). Occupational therapy is a dynamic and evolving profession that is responsive to consumer and societal needs, to system changes, and to emerging knowledge and research.

Although this document may be a resource to use with state statutes and regulations that govern the practice of occupational therapy, it does not supersede existing laws and other regulatory requirements.

¹“The clients of occupational therapy are typically classified as persons (including those involved in care of a client), groups (collections of individuals having shared characteristics or a common or shared purpose; e.g., family members, workers, students, people with similar interests or occupational challenges), and populations (aggregates of people with common attributes such as contexts, characteristics, or concerns, including health risks)”; Scaffa & Reitz, 2014, as quoted in [AOTA, 2020c](#), p. 2).

Occupational therapists and occupational therapy assistants are required to abide by relevant statutes and regulations when providing occupational therapy services. State statutes and other regulatory requirements typically include statements about educational requirements to be eligible for licensure as an occupational therapy practitioner, procedures to practice occupational therapy legally within the defined area of jurisdiction, the definition and scope of occupational therapy practice, and supervision requirements for occupational therapy assistants.

It is the position of AOTA that a referral is not required for the provision of occupational therapy services; however, laws and payment policies generally affect referrals for such services. AOTA's position is also that "an occupational therapist accepts and responds to referrals in compliance with state or federal laws, other regulatory and payer requirements, and AOTA documents" (AOTA, 2015b, Standard II.2, p. 3). State laws and other regulatory requirements should be viewed as minimum criteria to practice occupational therapy. A *Code of Ethics* and related standards of conduct ensure safe and effective delivery of occupational therapy services (AOTA, 2020a). Policies of payers such as public and private insurance companies also must be followed.

Occupational therapy services may be provided by two levels of practitioners: (1) the occupational therapist and (2) the occupational therapy assistant, as well as by occupational therapy students under appropriate supervision (AOTA, 2018). Occupational therapists function as autonomous practitioners, are responsible for all aspects of occupational therapy service delivery, and are accountable for the safety and effectiveness of the occupational therapy service delivery process.

The occupational therapy assistant delivers occupational therapy services only under the supervision of and in partnership with the occupational therapist (AOTA, 2020b). When the term *occupational therapy practitioner* is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2015a).

Definition of Occupational Therapy

The *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; AOTA, 2020c) defines *occupational therapy* as

therapeutic use of everyday life occupations with persons, groups, or populations (i.e., clients) for the purpose of enhancing or enabling participation. Occupational therapy practitioners use their knowledge of the transactional relationship among the client, their engagement in valuable occupations, and the context to design occupation-based intervention plans. Occupational therapy services are provided for habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non-disability-related needs. Services promote acquisition and preservation of occupational identity for those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. (p. 80)

Exhibit 1 contains the model definition of occupational therapy for the AOTA (2021) Model Occupational Therapy Practice Act in a format that will be used to assert the scope of practice of occupational therapy for state regulation. States are encouraged to adopt this language in their practice acts because it reflects the contemporary occupational therapy scope of practice.

Scope of Practice: Domain and Process

The scope of practice includes the domain and process of occupational therapy services. These two concepts are intertwined, with the *domain* (Exhibit 2) defining the focus of occupational therapy and the *process* (Exhibit 3) defining the delivery of occupational therapy.

The *domain* of occupational therapy includes the everyday life occupations that people find meaningful and purposeful; aspects of the domain are presented in Exhibit 2. Within this domain, occupational therapy services enable clients to participate in their everyday life occupations in their desired roles, contexts, and life situations.

Clients may be persons, groups, or populations. The domain of occupational therapy consists of the following occupations in which clients engage throughout the life course (AOTA, 2020c, pp. 30–34, Table 2):

- ADLs (activities oriented toward taking care of one's own body and completed on a routine basis; e.g., bathing, feeding, dressing)
- IADLs (activities to support daily life within the home and community that often require complex interactions; e.g., household management, financial management, child care)
- 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; e.g., medication management, social and emotional health promotion and maintenance)
- Rest and sleep (activities relating to obtaining restorative rest and sleep, including identifying the need for rest and sleep, preparing for sleep, and participating in rest and sleep)
- Education (activities needed for learning and participating in the educational environment)
- Work (activities for engaging in employment or volunteer activities with financial and nonfinancial benefits)
- Play (activities that are intrinsically motivated, internally controlled, and freely chosen)
- Leisure (nonobligatory and intrinsically motivated activities during discretionary time)
- Social participation (activities that involve social interaction with others and support social interdependence).

Within their domain of practice, occupational therapists and occupational therapy assistants consider the repertoire of occupations in which the client engages, the contexts influencing engagement, the performance patterns and skills the client uses, the demands of the occupation, and the client's body functions and structures. Occupational therapy practitioners use their knowledge and skills, including therapeutic use of self, to help clients conduct or resume daily life occupations that support function and health throughout the lifespan. Participation in occupations that are meaningful to the client involves emotional, psychosocial, cognitive, and physical aspects of performance. Participation in meaningful

occupations enhances health, well-being, and life satisfaction.

The domain of occupational therapy practice complements the [World Health Organization's \(2008\)](#) conceptualization of *participation* and *health* articulated in the *International Classification of Functioning, Disability and Health (ICF)*. Occupational therapy incorporates the basic constructs of the *ICF*, including context, participation, activities, and body structures and functions, in interventions to enable full participation in occupations and maximize occupational engagement.

The *process* of occupational therapy refers to the delivery of services and includes evaluating, intervening, and targeting of outcomes, as detailed in Exhibit 3. Occupation remains central to the occupational therapy process, which is client centered, involving collaboration with the client throughout each aspect of service delivery. There are many service delivery approaches, including direct (e.g., providing individual services in person, leading a group session, interacting with clients and families through telehealth systems) and indirect (services on the client's behalf; e.g., consultation to teachers, multidisciplinary teams, and community planning agencies), and services can be delivered at the person, group, or population level. This process includes the following key components:

- Evaluation and intervention may address one or more aspects of the domain that influence occupational performance.
- During the evaluation, the occupational therapist develops an occupational profile; analyzes the client's ability to carry out everyday life activities; and determines the client's occupational needs, strengths, barriers to participation, and priorities for intervention.
- Intervention includes planning and implementing occupational therapy services, including education and training, advocacy, group interventions, and virtual interventions. The occupational therapist and occupational therapy assistant in partnership with the client use occupation-based theories, frames of reference, evidence, and clinical reasoning to guide the intervention ([AOTA, 2020c](#)).

Exhibit 1. Definition of Occupational Therapy for Use in State Regulations

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. Contexts (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 and 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

(Continued)

Exhibit 1. Definition of Occupational Therapy for Use in State Regulations (cont'd)

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).

Source. From American Occupational Therapy Association. (2021). *Definition of occupational therapy practice for the AOTA Model Practice Act*, p. 1. Available at <https://www.aota.org/Advocacy-Policy/State-Policy/Resource-Factsheets.aspx>
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- The outcomes of occupational therapy intervention are directed toward “achieving health, well-being, and participation in life through engagement in occupations” (AOTA, 2020c, p. 5). Outcomes of the intervention determine future actions with the client and include occupational performance, improvement, enhancement, prevention (of risk factors, disease, and disability), health and wellness, quality of life, participation, role competence, well-being, and occupational justice (AOTA, 2020c). “Occupational adaptation, or the client’s effective and efficient response to occupational and contextual demands, is interwoven through all of these outcomes” (AOTA, 2020c, p. 26).

Sites of Intervention and Areas of Focus

Occupational therapy services are provided to clients across the life course. Practitioners work in collaboration with clients to address occupational needs and issues in areas such as mental health; work and industry; participation in education; rehabilitation, disability, and participation; productive aging; and health and wellness.

Along the continuum of service, occupational therapy services are provided to clients in a variety of settings, such as

- Institutional (inpatient) settings (e.g., acute care, rehabilitation facilities, psychiatric hospitals, community and specialty-focused hospitals, nursing facilities, prisons),

Exhibit 2. Aspects of the Domain of Occupational Therapy

All aspects of the occupational therapy domain transact to support engagement, participation, and health. This exhibit does not imply a hierarchy.

Occupations	Contexts	Performance Patterns	Performance Skills	Client Factors
Activities of daily living (ADLs) Instrumental activities of daily living (IADLs) Health management Rest and sleep Education Work Play Leisure Social participation	Environmental factors Personal factors	Habits Routines Roles Rituals	Motor skills Process skills Social interaction skills	Values, beliefs, and spirituality Body functions Body structures

Source. From American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), 7412410010, p. 7. <https://doi.org/10.5014/ajot.2020.74S2001>
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Exhibit 3. Operationalizing the Occupational Therapy Process

Ongoing interaction among evaluation, intervention, and outcomes occurs throughout the occupational therapy process.

Evaluation

Occupational Profile

- Identify the following:
 - Why is the client seeking services, and what are the client's current concerns relative to engaging in occupations and in daily life activities?
 - In what occupations does the client feel successful, and what barriers are affecting their success in desired occupations?
 - What is the client's occupational history (i.e., life experiences)?
 - What are the client's values and interests?
 - What aspects of their contexts (environmental and personal factors) does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement?
 - How are the client's performance patterns supporting or limiting occupational performance and engagement?
 - What are the client's patterns of engagement in occupations, and how have they changed over time?
 - What client factors does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement (e.g., pain, active symptoms)?
 - What are the client's priorities and desired targeted outcomes related to occupational performance, prevention, health and wellness, quality of life, participation, role competence, well-being, and occupational justice?

Analysis of Occupational Performance

- The analysis of occupational performance involves one or more of the following:
 - Synthesizing information from the occupational profile to determine specific occupations and contexts that need to be addressed
 - Completing an occupational or activity analysis to identify the demands of occupations and activities on the client
 - Selecting and using specific assessments to measure the quality of the client's performance or performance deficits while completing occupations or activities relevant to desired occupations, noting the effectiveness of performance skills and performance patterns
 - Selecting and using specific assessments to measure client factors that influence performance skills and performance patterns
 - Selecting and administering assessments to identify and measure more specifically the client's contexts and their impact on occupational performance.

Synthesis of Evaluation Process

- This synthesis may include the following:
 - Determining the client's values and priorities for occupational participation
 - Interpreting the assessment data to identify supports and hindrances to occupational performance
 - Developing and refining hypotheses about the client's occupational performance strengths and deficits
 - Considering existing support systems and contexts and their ability to support the intervention process
 - Determining desired outcomes of the intervention
 - Creating goals in collaboration with the client that address the desired outcomes
 - Selecting outcome measures and determining procedures to measure progress toward the goals of intervention, which may include repeating assessments used in the evaluation process.

Intervention

Intervention Plan

- Develop the plan, which involves selecting
 - Objective and measurable occupation-based goals and related time frames;
 - Occupational therapy intervention approach or approaches, such as create or promote, establish or restore, maintain, modify, or prevent; and
 - Methods for service delivery, including what types of intervention will be provided, who will provide the interventions, and which service delivery approaches will be used.

(Continued)

Exhibit 3. Operationalizing the Occupational Therapy Process (cont'd)

Evaluation
<ul style="list-style-type: none"> • Consider potential discharge needs and plans. • Make recommendations or referrals to other professionals as needed. <p>Intervention Implementation</p> <ul style="list-style-type: none"> • Select and carry out the intervention or interventions, which may include the following: <ul style="list-style-type: none"> ◦ Therapeutic use of occupations and activities ◦ Interventions to support occupations ◦ Education ◦ Training ◦ Advocacy ◦ Self-advocacy ◦ Group intervention ◦ Virtual interventions. • Monitor the client’s response through ongoing evaluation and reevaluation. <p>Intervention Review</p> <ul style="list-style-type: none"> • Reevaluate the plan and how it is implemented relative to achieving outcomes. • Modify the plan as needed. • Determine the need for continuation or discontinuation of services and for referral to other services.
Outcomes
<p>Outcomes</p> <ul style="list-style-type: none"> • Select outcome measures early in the occupational therapy process (see the “Evaluation” section of this table) on the basis of their properties: <ul style="list-style-type: none"> ◦ Valid, reliable, and appropriately sensitive to change in clients’ occupational performance ◦ Consistent with targeted outcomes ◦ Congruent with the client’s goals ◦ Able to predict future outcomes. • Use outcome measures to measure progress and adjust goals and interventions by <ul style="list-style-type: none"> ◦ Comparing progress toward goal achievement with outcomes throughout the intervention process and ◦ Assessing outcome use and results to make decisions about the future direction of intervention (e.g., continue, modify, transition, discontinue, provide follow-up, refer for other service).

Source. From American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), 7412410010, p. 16. <https://doi.org/10.5014/ajot.2020.74S2001>
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- Outpatient settings (e.g., hospitals, clinics, medical and therapy offices),
- Home and community settings (e.g., residences, group homes, assisted living, schools, early intervention centers, day care centers, industry and business, hospice, homeless shelters, transitional living facilities, wellness and fitness centers, community mental health facilities, public and private transportation agencies, park districts, work sites), and
- Research facilities.

Education and Certification Requirements

To practice as an occupational therapist, the individual trained in the United States

- Has graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®; 2018) or predecessor organizations;

- Has 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;
- Has passed a nationally recognized entry-level examination for occupational therapists; and
- Fulfills state requirements for licensure, certification, or registration.

To practice as an occupational therapy assistant, the individual trained in the United States

- Has graduated from an occupational therapy assistant program accredited by ACOTE or predecessor organizations;
- Has 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;
- Has passed a nationally recognized entry-level examination for occupational therapy assistants; and
- Fulfills state requirements for licensure, certification, or registration.

AOTA supports licensure of qualified occupational therapists and occupational therapy assistants (AOTA, 2016). State and other legislative or regulatory agencies may impose additional requirements to practice as occupational therapists and occupational therapy assistants in their area of jurisdiction.

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