

FOUNDATIONAL CONTENT REQUIREMENTS

B.1.1. Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include:

- a. Biology
- b. Anatomy
- c. Physiology
- d. Neuroscience
- e. Kinesiology or Biomechanics

B.1.2. Demonstrate knowledge and understanding of human development throughout the lifespan (infants, children, adults, and older adults). Course content must include:

- a. Developmental psychology

B.1.3. Demonstrate knowledge and understanding of the concepts of human behavior to include behavioral sciences, social sciences, and occupational science. Course content must include:

- a. Introductory psychology
- b. Abnormal psychology
- c. Introductory sociology or introductory anthropology

B.1.4. Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society. Course content must include:

- a. Introductory psychology
- b. Abnormal psychology
- c. Introductory sociology or introductory anthropology

B.1.5. Demonstrate an understanding of the ethical and practical considerations that affect the health and wellness needs of those who are experiencing or at risk for social injustice, occupational deprivation, and disparity in the receipt of services.

B.1.6. Demonstrate knowledge of global social issues and prevailing health and welfare needs of populations with or at risk for disabilities and chronic health conditions.

B.1.7. Demonstrate the ability to use statistics to interpret tests and measurements for the purpose of delivering evidence-based practice.

B.1.8. Demonstrate an understanding of the use of technology to support performance, participation, health and well-being. This technology may include electronic documentation systems, distance communication, virtual environments, and telehealth technology.

BASIC TENETS OF OCCUPATIONAL THERAPY

B.2.1. Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy.

B.2.2. Explain the meaning and dynamics of occupation and activity, including the interaction of areas of occupational performance skills, performance patterns, activity demands, context(s) and environments, and client factors.

B.2.3. Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policy makers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support performance, participation, health, and well-being.

B.2.4. Articulate the importance of balancing areas of occupation to achieve health and wellness for the clients.

B.2.5. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family and society.

B.2.6. Analyze the effects of heritable disease, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual.

B.2.7. Demonstrate tasks analysis in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to formulate an intervention plan.

B.2.8. Use sound judgment in regards to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice.

B.2.9. Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and the prevention of injury and disease considering the context (e.g., cultural, personal, temporal, virtual) and the environment.

B.2.10. Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed.

B.2.11. Analyze, synthesize and apply models of occupational performance.

OCCUPATIONAL THERAPY THEORETICAL PERSPECTIVES

B.3.1. Apply theories that underlie the practice of occupational therapy.

B.3.2. Compare and contrast models of practice and frames of reference used in occupational therapy.

B.3.3. Use theories, models of practice, and frames of reference to guide and inform evaluation and intervention.

B.3.4. Analyze and discuss how occupational therapy, occupational therapy theory, and the sociopolitical climate influence practice.

B.3.5. Apply theoretical constructs to evaluation and intervention with various types of clients in a variety of practice contexts and environments to analyze and effect meaningful occupation outcomes.

B.3.6. Discuss the process of theory development and its importance to occupational therapy.

SCREENING, EVALUATION, AND REFERRAL

B.4.1. Use standardized and non-standardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include:

a. Specified screening tools

b. Assessments

c. Skilled observations

d. Occupational histories

e. Consultations with other professionals

f. Interviews with the client, family and significant others, and community

B.4.2. Select appropriate assessment tools on the basis of client needs, contextual factors and psychometric properties of tests. These must be culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process.

B.4.3. Use appropriate procedures and protocols (including standardized formats) when administering assessments.

B.4.4. Evaluate client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluate occupational performance using standardized and non-standardized tools includes:

a. Occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.

b. Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).

c. Performance and behaviors patterns (e.g., habits, routines, rituals, roles).

d. Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).

e. Performance skills, including motor and praxis skills, sensory-perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.

B.4.5. Compare and contrast the role of the occupational therapist and the OT assistant in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapist and the occupational therapy assistant in that process.

B.4.6. Interpret criterion-referenced and norm-referenced standardized test scores based on an understanding of:

a. Sampling

b. Normative data

c. Standardized and criterion scores

d. Reliability

e. Validity

B.4.7. Consider factors that might bias assessment results, such as:

a. Culture

b. Disability status

c. Situation variables related to the individual and context

B.4.8. Interpret evaluation data in relation to accepted terminology of the profession and relevant theoretical frameworks.

B.4.9. Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluations to specialists who are internal and external to the profession.

B.4.10. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to the requirements of applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.

INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION

B.5.1. Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions will address:

a. The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.

b. Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).

c. Performance patterns, (e.g., habits, routines, rituals, roles).

d. Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).

e. Performance skills, including motor and praxis skills, sensory-perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.

B.5.2. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness and performance in ADL, IADL, education work, play, leisure and social participation.

B.5.3. Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods).

B.5.4. Design and implement group interventions based on principles of group development and group dynamics across the lifespan.

B.5.5. Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration.

B.5.6. Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception).

B.5.7. Demonstrate therapeutic use of self, including one's personality, insights, and judgments, as part of the therapeutic process in both individual and group intervention.

B.5.8. Develop and implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance.

B.5.9. Evaluate and adapt processes or environments (e.g., home, work, school, community) applying ergonomic principles and principles of environmental modification.

B.5.10. Articulate principles of and be able to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.

B.5.11. Provide design, fabrication, application, fitting, and train in orthotic devices used to enhance occupational performance and participation. Train in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.

B.5.12. Provide recommendations and training in techniques to enhance functional mobility, including:

a. Physical transfers

b. Wheelchair management

c. Mobility devices

B.5.13. Provide recommendations and training in techniques to enhance community mobility, including:

a. Public transportation
b. Community access
c. Issues related to driver rehabilitation
B.5.14. Provide management of feeding, eating, and swallowing to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and swallowing assessment and management) and train others in precautions and techniques while considering client and contextual factors.
B.5.15. Demonstrate safe and effective application of superficial thermal and mechanical modalities as a preparatory measure to manage pain and improve occupational performance, including:
a. Foundational knowledge
b. Underlying principles
c. Indications and contraindications
d. Precautions
B.5.16. Explain the use of deep thermal and electrotherapeutic modalities as a preparatory measure to improve occupational performance, including:
a. Indications and contraindications
b. Precautions
B.5.17. Develop and promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.
B.5.18. Demonstrate an understanding of health literacy and the ability to educate and train the client, caregiver, family and significant others, and communities to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety.
B. 5.19. Apply principles of the teaching-learning process using educational methods to design experiences to address the needs of the client, family, significant others, colleagues, health providers, and the public.
B. 5.20. Effectively interact through written, oral, and non-verbal communication with the client, family, significant others, colleagues, health providers, and the public in a professionally accepted manner.
B. 5.21. Effectively communicate and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member's responsibility in executing an intervention plan.
B. 5.22. Refer to specialists (both internal and external to the profession) for consultation and intervention.
B. 5.23. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client, the sociocultural context, and technological advances.
B.5.24. Select and teach compensatory strategies that support performance, participation, and well-being, such as:
a. Use of technology
b. Adaptations to the environment
B.5.25. Identify and demonstrate techniques of supervision and collaboration with occupational therapy assistants and other professionals on therapeutic interventions.
B.5.26. Understand when and how to use the consultative process with groups, programs, organizations, or communities.
B. 5.27. Describe the role of the occupational therapist in care coordination, case management, and transition services in traditional and emerging practice environments.
B. 5.28. Monitor and reassess, in collaboration with the client, caregiver, family and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention.
B. 5.29. Plan for discharge, in collaboration with client, by reviewing the needs of the client, family, caregiver, and significant others; available resources; and discharge environment. This process includes:
a. Identification of the client's current status
b. Identification of the community, human, and fiscal resources
d. Recommendations for environmental adaptations
e. Home programming to facilitate the client's progression toward outcome goals.
B.5.30. Organize, collect and analyze data in a systematic manner for evaluation of practice outcomes. Report evaluation results and modify practice as needed to improve client outcomes.
B.5.31. Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This process includes:

- a. Developing a summary of outcomes
- b. Appropriate recommendations and referrals
- c. Discussion of post-discharge needs with client and appropriate others

B.5.32. Document OT services to ensure accountability of service provision and to meet standards for reimbursement of services, including:

- a. Communication of need and rationale for occupational therapy services
- b. Appropriateness for context of service delivery

CONTEXT OF SERVICE DELIVERY

B. 6.1. Evaluate and address the various contexts of health care, education, community, political, and social systems as they relate to OT practice.

B.6.2. Analyze the current policy issues and social, economic, political, geographic and demographic factors that influence contexts for occupational therapy practice.

B.6.3. Integrate current social, economic, political, geographic, and demographic factors to promote policy development and provision of occupational therapy services.

B.6.4. Articulate the role and responsibility of the practitioner to advocate for changes in service delivery policies, to effect changes in the system, and to identify opportunities in emerging practice areas.

B.6.5. Analyze the trends in models of service delivery, including, but not limited to, medical, educational, community, and social models, and their potential effect on the practice of occupational therapy.

B.6.6. Use national and international resources in making assessment and intervention choices, and appreciate the influence of international occupational therapy contributions to education, research, and practice.

MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES

B.7.1. Describe and discuss the impact of contextual factors on the management and delivery of occupational therapy services.

B.7.2. Describe the systems and structures that create federal and state legislation and regulations and their implications and effects on practice.

B.7.3. Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.

B.7.4. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third party, private payer) appeal mechanisms, and documentation requirements that affect the practice of occupational therapy.

B.7.5. Demonstrate the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs and service delivery options and formulation and management of staffing for effective service provision.

B.7.6. Demonstrate the ability to design ongoing processes for quality improvement (e.g., outcome studies analysis) and develop program changes to ensure quality of service and to direct administrative changes.

B.7.7. Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non-occupational therapy personnel.

B.7.8. Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.

SCHOLARSHIP

B.8.1. Articulate the importance of how scholarly activities contribute to the development of a body of knowledge relevant to the profession of occupational therapy.

B.8.2. Effectively locate, understand, critique, and evaluate information including the quality of evidence.

B.8.3. Use scholarly literature to make evidence-based decisions.

B.8.4. Understand and use basic descriptive, correlational, and inferential quantitative statistics and code, analyze, and synthesize qualitative data.

B.8.5. Understand and critique the validity of research studies, including their design (both qualitative and quantitative) and methodology.

B.8.6. Demonstrate the skills necessary to design a scholarly proposal that includes:

- a. The research question
- b. Relevant literature
- c. Sample
- d. Design

e. Measurement

f. Data analysis

B.8.7. Participate in scholarly activities that evaluate professional practice (e.g., Scholarship of Integration, Scholarship of Application, Scholarship of Teaching and Learning).

The intent of standard B.8.7 is to emphasize the "Doing" part of the research process that can support beginning research skills in a practice setting. Systematic reviews that require analysis and synthesis of data meet the requirement for this standard. Narrative reviews do not meet this standard. a culminating project related to research is not required for the master's level. If it is consistent with the program's curriculum design and goals, the program may choose to require a culminating research learning activity (e.g., systematic review of literature, faculty-led research activity, student research project).

B.8.8. Demonstrate basic skills necessary to write a scholarly report in a format for presentation or publication.

B.8.9. Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities.

PROFESSIONAL ETHICS, VALUES, AND RESPONSIBILITIES

B.9.1. Demonstrate knowledge and understanding of the AOTA *Occupational Therapy Code of Ethics and Ethics Standards* and AOTA *Standards of Practice* and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.

B.9.2. Discuss and justify how the role of a professional is enhanced by knowledge of and involvement in international, national, state and local OT associations, and related professional associations.

B.9.3. Promote occupational therapy by educating other professionals, service providers, consumers, third party payers, regulatory bodies, and the public.

B.9.4. Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.

B.9.5. Discuss professional responsibilities related to liability issues under current models of service provision.

B.9.6. Discuss and evaluate personal and professional abilities and competencies as they relate to job responsibilities.

B.9.7. Discuss and justify the varied roles of the occupational therapist as a practitioner, educator, researcher, consultant, and entrepreneur.

B.9.8. Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.

B.9.9. Describe and discuss professional responsibilities and issues when providing service on a contractual basis.

B.9.10. Demonstrate strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.

B.9.11. Explain the variety of informal and formal ethics dispute that have jurisdiction over occupational therapy practice.

B.9.12. Describe and discuss strategies to assist the consumer in gaining access to occupational therapy services.

B.9.13. Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., AOTA, state occupational therapy associations, advocacy organizations).