

Therapy and Rehabilitation

Includes:

- Occupational therapist
- Occupational therapy assistant
- Physical therapist
- Physical therapist assistant
- Therapeutic recreation specialist

Occupational Therapist

The practice of occupational therapy means the therapeutic use of everyday life activities (occupations) with clients (individuals, organizations, or populations) for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and 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, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life.



History

Important dates in the development of the field of occupational therapy:

- 1917—Founding of the National Society for the Promotion of Occupational Therapy
- 1921—The name of the association changed to the American Occupational Therapy Association
- 1923—Accreditation of educational programs becomes a stated function of the AOTA, and basic educational standards are developed
- 1933—The AOTA approaches the AMA Council on Medical Education to request cooperation in developing and improving educational programs for occupational therapists
- 1935—*Essentials of an Acceptable School of Occupational Therapy* adopted by the AMA House of Delegates
- 1958—The AOTA assumes responsibility for approval of educational programs for the occupational therapy assistant.
- 1990—The AOTA petitions the AMA to include accreditation of occupational therapy assistant programs in its system
- 1994—The AOTA Accreditation Committee changes its name to the Accreditation Council for Occupational Therapy Education (ACOTE) and becomes operational as an accrediting agency independent of the AMA; 197 previously accredited/approved and developing occupational therapy and occupational therapy assistant educational programs are transferred into the ACOTE accreditation system
- 1997—ACOTE opens its accreditation process to occupational therapy programs located outside the United States; the following year, ACOTE accredits its first non-US program, Queen Margaret University College in Edinburgh, Scotland.
- 1999—ACOTE votes that professional entry-level occupational therapy programs must be offered at the postbaccalaureate level by January 1, 2007 to receive or maintain ACOTE accreditation status.
- 2006—ACOTE formally adopts new Accreditation Standards for Master's-Degree-Level Educational Programs for the Occupational Therapist and new Accreditation Standards for Educational Programs for the Occupational Therapy Assistant, as well

as Accreditation Standards for a Doctoral-Degree-Level Educational Program for the Occupational Therapist, effective 2008.



Career Description

Occupational therapy services are based on evaluation and assessment methods, including the use of skilled observation and the administration and interpretation of standardized or nonstandardized tests and measurements to identify areas for occupational therapy services.

The practice of occupational therapy includes:

- A. Methods or strategies selected to direct the process of interventions, such as:
 1. Establishing, remediating, or restoring a skill or ability that has not yet developed or is impaired.
 2. Compensating, modifying, or adapting activity or environment to enhance performance.
 3. Maintaining and enhancing capabilities without which performance in everyday life activities would decline.
 4. Health promotion and wellness to enable or enhance performance in everyday life activities.
 5. Preventing barriers to performance, including disabilities.
- B. Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:
 1. Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive) and body structures (such as cardiovascular, digestive, integumentary, and genitourinary systems).
 2. Habits, routines, roles, and behavior patterns.
 3. Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance.
 4. Performance skills, including motor, process, and communication/interaction skills.
- C. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:
 1. Therapeutic use of occupations, exercises, and activities.
 2. Training in self-care, self-management, home management, and community/work reintegration.
 3. Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavioral skills.
 4. Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.
 5. Education and training of individuals, including family members, caregivers, and others.
 6. Care coordination, case management, and transition services.

7. Consultative services to groups, programs, organizations, or communities.
8. Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles.
9. Assessment, design, fabrication, application, fitting, and training in 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 wheelchair management.
11. Driver rehabilitation and community mobility.
12. Management of feeding, eating, and swallowing to enable eating and feeding performance.
13. Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management; techniques to enhance sensory, perceptual, and cognitive processing; and manual therapy techniques) to enhance performance skills.



Employment Characteristics

The wide range of clients (individuals, organizations, and populations) served by occupational therapists is located in a variety of settings, such as hospitals, clinics, rehabilitation facilities, long-term care facilities, extended care facilities, private practices, schools, camps, the clients' own homes, and community agencies. Occupational therapists both receive referrals from and make referrals to the appropriate health, educational, or medical specialists.



Salary

AOTA studies conducted in 2006 indicate that the average entry-level salary for occupational therapists is \$46,334. For more information, refer to

www.ama-assn.org/go/hpsalary.



Educational Programs

Length. Programs at the combined baccalaureate/master's level entail 4 to 5 years of college or university preparation.

Postbaccalaureate programs leading to a master's degree are generally 2 to 2 ½ years and programs leading to a doctoral degree are generally 2 to 3 years. Following completion of all educational requirements, individuals take a national certification examination. All states also regulate the practice of occupational therapy.

Prerequisites. Prerequisites vary among programs. A baccalaureate degree is a prerequisite for most master's and doctoral-level occupational therapy programs. A strong foundation of liberal arts and biological, physical, social, and behavioral sciences may be prerequisite to, or concurrent with, the professional education of the program curriculum.

Curriculum. Curricula of accredited occupational therapy programs are required to include a broad foundation in the liberal arts and sciences, basic tenets of occupational therapy, occupational therapy theoretical perspectives, the process of screening and evaluation, the process of formulation and implementation of an intervention plan, context of service delivery, management of

occupational therapy services, use of research, professional ethics, values, and responsibilities, and 24 weeks of fieldwork education. Doctoral-level programs have additional content requirements and an experiential component to provide students with an in-depth experience in one or more of the following: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development.



Licensure, Registration, Certification

All states, Puerto Rico, Guam, and the District of Columbia regulate the practice of occupational therapy. To obtain a license, applicants must graduate from an accredited occupational therapy educational program and pass a national certification examination for occupational therapists. Those who pass the exam are awarded the title "Occupational Therapist Registered (OTR)." Some states have additional requirements for therapists who work in schools or early intervention programs. These requirements may include education-related classes, an education practice certificate, or early intervention certification requirements.



Inquiries

Careers Education

American Occupational Therapy Association
4720 Montgomery Lane
PO Box 31220
Bethesda, MD 20824-1220
301 652-2682
www.aota.org

Certification

National Board for Certification in Occupational Therapy (NBCOT)
12 South Summit Avenue, Suite 100
Gaithersburg, MD 20877-4150
301 990-7979
www.nbcot.org

Program Accreditation

Accreditation Council for Occupational Therapy Education
4720 Montgomery Lane, PO Box 31220
Bethesda, MD 20824-1220
301 652-2682
301 652-1417 Fax
www.acoteonline.org

Note: Adapted in part from the Bureau of Labor Statistics, US Department of Labor, *Occupational Outlook Handbook*, 2008-09 Edition, Occupational Therapists, on the Internet at www.bls.gov/oco/ocos078.htm.