

Standards of Practice for Occupational Therapy

This document defines minimum standards for the practice of occupational therapy. According to the *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; *OTPF-4*),

occupational therapy is defined as the therapeutic use of everyday life occupations with persons, groups, or populations (i.e., the client) for the purpose of enhancing or enabling participation. . . . Occupational therapy services are provided for habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non-disability-related needs. These services include acquisition and preservation of occupational identity for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. ([American Occupational Therapy Association \[AOTA\], 2020c](#), p. 1)

Occupational therapy practice addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of clients' performance in a variety of contexts to support their engagement in occupations that affect physical and mental health, well-being, and quality of life ([AOTA, 2011](#), p. 1).

The *Standards of Practice for Occupational Therapy* are requirements for occupational therapists and occupational therapy assistants for the delivery of occupational therapy services. The *Reference Manual of the Official Documents of the American Occupational Therapy Association, Inc.* ([AOTA, 2018b](#)), contains documents that clarify and support occupational therapy practice, as do various issues and supplements of the *American Journal of Occupational Therapy*. These documents are reviewed and updated on an ongoing basis for their applicability.

Education, Examination, and Licensure Requirements

All occupational therapists and occupational therapy assistants must practice within compliance with federal and

state laws ([AOTA, 2020a](#)). 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 \(2019\)](#) supports licensure of qualified occupational therapists and occupational therapy assistants. 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.

Definitions

The following definitions are used in this document:

- **Activities:** Actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement ([AOTA, 2020c](#), p. 74).
- **Assessment:** “A specific tool, instrument, or systematic interaction . . . used to understand a client’s occupational profile, client factors, performance skills, performance patterns, and contextual and environmental factors, as well as activity demands that influence occupational performance” (Hinojosa et al., 2014, as quoted in [AOTA, 2020c](#), p. 74).
- **Client:** Person (including one involved in the care of a client), group (collection of individuals having shared characteristics or common or shared purpose, e.g., family members, workers, students, and those with similar interests or occupational challenges), or population (aggregate of people with common attributes such as contexts, characteristics, or concerns, including health risks; Scaffa & Reitz, 2014, as cited in [AOTA, 2020c](#), p. 75).
- **Discontinuation of services:** Occurs when the client ends services after meeting short- and long-term goals or chooses to no longer receive services ([AOTA, 2020c](#), p. 28).
- **Evaluation:** “The comprehensive process of obtaining and interpreting the data necessary to understand the person, system, or situation. . . . Evaluation requires synthesis of all data obtained, analytic interpretation of that data, reflective clinical reasoning, and consideration of occupational performance and contextual factors” (Hinojosa et al., 2014, as quoted in [AOTA, 2020c](#), p. 76).
- **Intervention:** Process and skilled actions taken by occupational therapy practitioners in collaboration with the client to facilitate engagement in occupation related to health and participation. The intervention process includes the plan, implementation, and review ([AOTA, 2020c](#), p. 78, Table 12).
- **Occupation:** Everyday personalized activities that people do as individuals, in families, and with communities to occupy time and bring meaning and purpose to life. Occupations can involve the execution of multiple activities for completion and can result in various outcomes. The broad range of occupations is categorized as activities of daily living, instrumental activities of daily living, health management, rest and sleep, education, work, play, leisure, and social participation ([AOTA, 2020c](#), p. 79, Table 2).
- **Outcome:** Result clients can achieve through occupational therapy intervention ([AOTA, 2020c](#), p. 80, Table 14).
- **Reevaluation:** Reappraisal of the client’s performance and goals to determine the type and amount of change that has taken place ([AOTA, 2020c](#), p. 82).
- **Screening:** “Process of reviewing available data, observing a client, or administering screening instruments to identify a person’s (or a population’s) potential strengths and limitations and the need for further assessment” (Hinojosa et al., 2014, as quoted in [AOTA, 2020c](#), p. 83).

- *Transition:* Movement from one life role or experience to another. In occupational therapy, transitions are actions coordinated to prepare for or facilitate a change, such as from one functional level to another, from one life stage to another, from one program to another, or from one environment to another.

Standard I. Professional Standing and Responsibility

1. An occupational therapy practitioner (occupational therapist or occupational therapy assistant) delivers occupational therapy services that reflect the philosophical base of occupational therapy and are consistent with the established principles and concepts of theory and practice. The cornerstones of occupational therapy practice are as follows: core values rooted in occupation, knowledge of and expertise in the therapeutic use of occupation, professional behaviors and dispositions, and therapeutic use of self (AOTA, 2020c). These cornerstones identify the distinct knowledge and skills of the occupational therapy practitioner.
2. An occupational therapy practitioner is knowledgeable about and delivers occupational therapy services in accordance with AOTA standards, policies, and guidelines and state, federal, and other regulatory and payer requirements relevant to practice and service delivery.
3. An occupational therapy practitioner maintains current licensure, registration, or certification as required by law or regulation.
4. An occupational therapy practitioner abides by the *AOTA 2020 Occupational Therapy Code of Ethics* (AOTA, 2020a).
5. An occupational therapy practitioner abides by the *Standards for Continuing Competence* (AOTA, 2015) by establishing, maintaining, and updating professional performance, knowledge, and skills.
6. An occupational therapist is responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process (AOTA, 2020b).
7. An occupational therapy assistant is responsible for providing safe and effective occupational therapy services under the direct and indirect supervision of and in partnership with the occupational therapist and in accordance with laws or regulations and AOTA official documents (AOTA, 2020b).
8. An occupational therapy practitioner maintains current knowledge of legislative, political, social, cultural, societal, and reimbursement issues that affect clients and the practice of occupational therapy.
9. An occupational therapy practitioner is knowledgeable about evidence-informed practice and applies it ethically and appropriately to provide occupational therapy services consistent with best practice approaches.
10. An occupational therapist demonstrates professional and clinical reasoning 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 (ACOTE, 2018; AOTA, 2020c).
11. An occupational therapy assistant demonstrates professional and clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills (ACOTE, 2018; AOTA, 2020c).
12. An occupational therapy practitioner obtains the client's consent before and throughout the occupational therapy process.
13. An occupational therapy practitioner is an effective advocate for the client's intervention and accommodation needs.
14. An occupational therapy practitioner is an integral member of the interprofessional collaborative team and works to ensure the client-centeredness of the service delivery process.
15. An occupational therapy practitioner providing client-centered services demonstrates cultural humility, recognizes gaps in cultural knowledge and maintains a constant process of learning, understands differentiations between and within cultures, acknowledges implicit and explicit bias, and recognizes power

dynamics in the delivery of services (Agner, 2020; AOTA, 2020d).

Standard II. Service Delivery

1. An occupational therapy practitioner provides skilled occupational therapy services through a direct service delivery approach when interventions are completed in direct contact with clients and families during in-person meetings, group sessions, and telehealth and mHealth interactions (AOTA, 2020c).
2. An occupational therapy practitioner may provide skilled occupational therapy services through an indirect service delivery approach. Such services include consultation to entities such as teachers and school systems, participation on multidisciplinary teams and community planning agencies, and advocacy on behalf of their clients (AOTA, 2020c).
3. An occupational therapy practitioner is responsible for ensuring client safety throughout the occupational therapy process and service delivery.
4. An occupational therapy practitioner is responsible for the continual evaluation of the effectiveness of occupational therapy processes and service delivery within the practice setting.

Standard III. Screening, Evaluation, and Reevaluation

1. An occupational therapist is responsible for all aspects of the screening, evaluation, and reevaluation process.
2. An occupational therapist accepts and responds to referrals in compliance with state or federal laws, other regulatory and payer requirements, and AOTA official documents.
3. An occupational therapist, in collaboration with the client (person, group, or population), completes both an occupational profile and an analysis of occupational performance to evaluate and identify the client's needs, supports, and barriers to occupational performance.

4. An occupational therapist initiates and directs the screening, evaluation, and reevaluation process and analyzes, interprets, and synthesizes the data in accordance with federal and state laws, other regulatory and payer requirements, and AOTA official documents.
5. An occupational therapy assistant contributes to the screening, evaluation, and reevaluation process by administering delegated assessments of occupational performance and by reporting assessment results to the occupational therapist in accordance with federal and state laws, other regulatory and payer requirements, and AOTA official documents.
6. An occupational therapy practitioner uses evidence-based, standardized, and/or structured assessment tools and protocols and conducts needs assessments during the screening, evaluation, and reevaluation process (AOTA, 2018a).
7. An occupational therapist completes, documents, and synthesizes the results of the occupational therapy evaluation. An occupational therapy assistant may contribute to the documentation of evaluation results. An occupational therapy practitioner abides by the time frames, formats, and standards established by practice settings, federal and state laws, other regulatory and payer requirements, external accreditation programs, and AOTA official documents.
8. An occupational therapy practitioner communicates screening, evaluation, and reevaluation results within the boundaries of client confidentiality and privacy regulations.
9. An occupational therapist recommends additional consultations or refers clients to appropriate resources when the needs of the client can best be served by the expertise of other professionals or services.
10. An occupational therapy practitioner educates current and potential referral sources about the scope of occupational therapy services and the process of initiating occupational therapy services.

Standard IV: Intervention Process

1. An occupational therapist has overall responsibility for the development, documentation, and implementation of the occupational therapy intervention plan based on the evaluation, client goals, best available evidence, and professional and clinical reasoning. When delegating aspects of the occupational therapy intervention to the occupational therapy assistant, the occupational therapist is responsible for providing appropriate supervision (AOTA, 2020b).
2. An occupational therapist ensures that the intervention plan is documented within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, state and federal laws, and other regulatory and payer requirements (AOTA, 2018a).
3. An occupational therapy practitioner collaborates with the client to develop and implement the intervention plan to facilitate engagement in occupation on the basis of the client's needs and priorities, safety issues, and relative benefits and potential harms of the interventions and service delivery.
4. An occupational therapy practitioner coordinates the development and implementation of the occupational therapy plan of care with the intervention provided by other professionals, when appropriate.
5. An occupational therapy practitioner uses professional and clinical reasoning, best available evidence, and therapeutic use of self to select and implement the most appropriate types of interventions. Types of interventions implemented may include occupations and activities, interventions to support occupations, education and training, advocacy, group interventions, and virtual interventions (AOTA, 2020c). All interventions are used to facilitate engagement in occupation.
6. An occupational therapy assistant, in collaboration with the occupational therapist, selects, implements, and makes modifications to occupational therapy interventions consistent with demonstrated competence levels, client goals, and the requirements of the practice setting, including payment source requirements (AOTA, 2020b).
7. An occupational therapist modifies the intervention plan throughout the intervention process and documents changes in the client's needs, goals, and performance.
8. An occupational therapy assistant contributes to the modification of the intervention plan by exchanging information with and providing documentation to the occupational therapist about the client's responses to and communications throughout the intervention.
9. An occupational therapy practitioner documents the occupational therapy services provided within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, federal and state laws, other regulatory and payer requirements, and AOTA official documents (AOTA, 2018a).

Standard V. Outcomes, Transition, and Discontinuation

1. An occupational therapist is responsible for determining outcomes of the occupational therapy intervention and selecting appropriate outcome measures to identify the client's ability to engage in their desired occupations.
2. An occupational therapist is responsible for implementing and interpreting outcome measures and documenting progress toward occupational performance, engagement, and participation. An occupational therapy assistant is responsible for implementing delegated outcome measures and reporting results to the occupational therapist.
3. An occupational therapist is responsible for documenting changes in the client's performance and capacities and for transitioning the client to another type or intensity of service or discontinuing services when the client has achieved identified goals, reached maximum benefit, or does not desire to continue services.
4. An occupational therapist prepares and implements a safe and effective transition or discontinuation plan based on the outcomes of the intervention and the client's needs, goals, performance, and appropriate follow-up resources.
5. An occupational therapy assistant contributes to the transition or discontinuation plan by providing information and

- documentation to the occupational therapist related to the client's progress toward goals, needs, performance, and appropriate follow-up resources.
6. An occupational therapy practitioner facilitates the transition or discontinuation process in collaboration with the client, family members, significant others, other professionals (e.g., medical, educational, social services), and community resources, when appropriate.
 7. The occupational therapy practitioner ethically reports outcomes to payers and referring entities as well as to relevant local, regional, and national databases and registries, when appropriate.

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

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