

June 29, 2017
Board Room 4
1:00 p.m.

Agenda

Virginia Board of Physical Therapy Legislative/Regulatory Committee

Call to Order – Melissa Wolff-Burke, PT, Ed.D., Committee Chair

- Welcome and Introductions
- Emergency Egress Procedures - Corie E. Tillman Wolf

Approval of Agenda

Public Comment

Discussion

- Consideration of the Virginia Occupational Therapy Association (VOTA) and the American Occupational Therapy Association (AOTA) as Type 1 CE coursework providers for renewal of a Physical Therapy License

Next Steps

Meeting Adjournment

Attached Materials

- Petition for Rulemaking & Public Comment Received
- Regulations Governing the Practice of Physical Therapy - 18 VAC 112-20-131
- AOTA CE information (website)
- VOTA CE information (website)

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

Petition for Rulemaking & Public Comment Received



COMMONWEALTH OF VIRGINIA Board of Physical Therapy

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4674 (Tel)
(804) 527-4413 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)

Belmont Peggy H, P.T. for Virginia Physical Therapy Association Pediatric Special Interest Group (PSIG)

Street Address

9909 Shady Slope Court

Area Code and Telephone Number

703-455-5644

City

Fairfax Station

State

Virginia

Zip Code

22039

Email Address (optional)

pbelmont@cox.net

Fax (optional)

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

118 VAC 112-20-131 B-1; Continued Competency Requirements for Renewal of an Active License

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

Under B-1, add: "(i) The Virginia Occupational Therapy Association, and, (j) The American Occupational Therapy Association".

The proposed change would expand the list of authorized Type I Continued Competency coursework providers for PTs/PTAs providing early intervention and special education services to children under the IDEA Law. The VOTA/AOTA Coursework is uniquely relevant to the special education and early intervention regulations and environment in which PTs/PTAs work. None of the providers currently listed offer coursework specific to this setting.

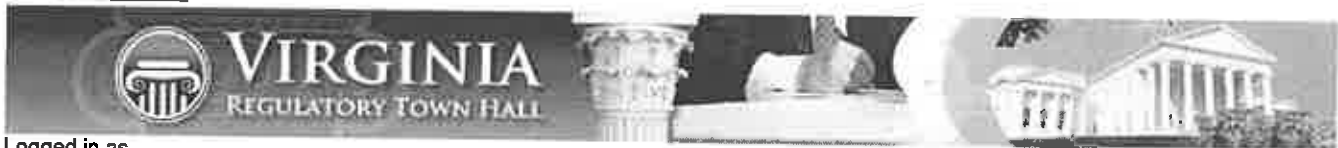
3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

Section 54.1-2400

Signature:

Date:

Virginia.gov Agencies | Governor



Logged in as

Corie Tillman Wolf

Agency

Department of Health Professions

Board

Board of Physical Therapy

Chapter

Regulations Governing the Practice of Physical Therapy [18 VAC 112 – 20]

[Back to List of Comments](#)**Commenter:** Joshua Bailey, VPTA President

1/20/17 3:25 pm

VPTA and VOTA are opposed to AOTA or VOTA as being type I CEU approved providers

After consultation with the VOTA President, Erin Clements, the VPTA would oppose having the AOTA or VOTA as approved providers of type I CEUs. Ms. Clements, of the VOTA, advises that the AOTA and VOTA are currently employing a lobbyist to assist in legislation to align the AOTA and NCBOT for type I CEU requirements (volume and quality). These credentialing bodies are currently not in sync and subsequently the quality of the CEU requirements could and likely will be altered. Allowing the AOTA or VOTA to approve course at this time would not be in the best interests of Physical Therapists at this time.

I have spoken to Peggy Belmont and she is in agreement and will request to withdraw her petition.

Thank you for your time and consideration.

Josh Bailey, PT, DPT, OCS, CSCS, CPed

President, Virginia Physical Therapy Association.

Regulations Governing the Practice of Physical Therapy

**18VAC112-20-131. Continued Competency requirements for Renewal
of an Active License.**

18VAC112-20-131. Continued Competency Requirements for Renewal of an Active License.

A. In order to renew an active license biennially, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the licensee shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of 20 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants shall be in Type 1 courses. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by one of the following organizations or any of its components:

a. The Virginia Physical Therapy Association;

b. The American Physical Therapy Association;

c. Local, state or federal government agencies;

d. Regionally accredited colleges and universities;

e. Health care organizations accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation;

f. The American Medical Association - Category I Continuing Medical Education course; and

g. The National Athletic Trainers' Association.

2. No more than 10 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. Type 2 activities may include but not be limited to consultation with colleagues, independent study, and research or writing on subjects related to practice. Up to two of the Type 2 continuing education hours may be satisfied through delivery of physical therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services.

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.
 4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.
 5. A physical therapist who can document that he has taken the PRT may receive 10 hours of Type 1 credit for the biennium in which the assessment tool was taken. A physical therapist who can document that he has met the standard of the PRT may receive 20 hours of Type 1 credit for the biennium in which the assessment tool was taken.
- C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.
- D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.
- E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.
- F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.
- G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.
- H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 19, Issue 01, eff. October 23, 2002; amended, Virginia Register Volume 25, Issue 18, eff. June 10, 2009; Volume 25, Issue 26, eff. September 30, 2009; Volume 29, Issue 21, eff. July 17, 2013; Volume 29, Issue 25, eff. September 26, 2013; Volume 32, Issue 03, eff. November 4, 2015; Volume 33, Issue 15, eff. May 5, 2017.

AOTA Information on Continuing Education (Website Materials)



EDUCATION & CAREERS

Continuing Education

AOTA is proud to offer practical, high quality professional continuing education (CE) to occupational therapy practitioners. CE products offered by AOTA undergo a stringent qualification process to ensure excellence. AOTA products offer CEUs that are recognized by NBCOT, state licensure boards, specialty certification providers, and employers.

Once you have made a commitment to advance your career and engage in meaningful professional learning activities, AOTA has resources for your success. Please use the links below to view **AOTA CE** products or courses offered by **AOTA Approved Providers**. The AOTA Approved Provider Program is awarded to organizations and individuals offering CE opportunities that meet established guidelines and criteria.

Have a question or technical issue? **Get contact information for CE-related questions here.**

- **View the AOTA Publications & CE Catalog - pdf**
- **Download the CE Recording Form (pdf)**, which was created to assist practitioners while reflecting upon the content presented in continuing education courses and workshops. Several state licensure boards are now requiring that practitioners explain the relevance of their learning to their area of practice. Please use this form to document your thoughts immediately after the course or workshop and then submit to your state licensure board as applicable for re-licensure.

AOTA's Continuing Education Department will no longer accept requests for course certificates, duplicate copies of course certificates or submissions for manual grading of Self-Paced Clinical Course (SPCC) examination sheets (Scantron). You can access your course certificate(s) and SPCC examination(s) by

logging into AOTA Learn with your AOTA user name and password to reach your dashboard. To access AOTA Learn click the link on the right side of this page. When you reach your dashboard, select "My CE Courses" for access to either a SPCC exam or duplicate copy of a certificate ("My Transcript" tab). Thank you for your support!



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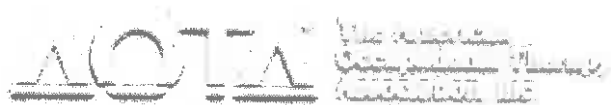
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[VIEW ALL CE PRODUCTS IN THE AOTA STORE](#)

Children and Youth



- **Sensory Processing Concepts and Applications in Practice**
- **Early Childhood: Occupational Therapy Services for Children Birth to Five SPCC**

Health and Wellness



- **Let's Think Big About Wellness**
- **The Short Child Occupational Profile (SCOPE)**

Mental Health



- **Occupational Therapy in Mental Health: Considerations for Advanced Practice SPCC**
- **Mental Health Promotion, Prevention, and Intervention With Children and Youth: A Guiding Framework for Occupational Therapy SPCC**

Productive Aging



- **Using the Occupational Therapy Practice Guidelines for Adults with Alzheimer's Disease and Related Disorders (ADRD) to Enhance Your Practice**
- **Driving and Community Mobility for Older Adults: Occupational Therapy Roles, Revision**

Rehabilitation and Disability



- **Low Vision in Older Adults: Foundations for Rehabilitation, 2nd Edition**
- **Stroke Help-Functional Treatment Ideas & Strategies in Adult Hemiplegia**
- **Occupational Therapy's Unique Contribution to Cancer Rehabilitation**

Work and Industry



- **Strategic Evidence-Based Interviewing in Occupational Therapy**
- **Occupational Therapy and Home Modifications: Promoting Safety and Supporting Participation SPCC**

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AOTA Approved Providers



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- [American Occupational Therapy Association - AOTA](#)
- [Abilities OT Services and Seminars, Inc.](#)
- [ABOARD's Autism Connection of PA](#)
- [Academy of Lymphatic Studies](#)
- [Academy of Spinal Cord Injury Professions \(ASCIP\)](#)
- [Access 7 Services, Inc](#)
- [Achieve Beyond](#)
- [Adams Brothers Communications](#)
- [Adaptive Design Association](#)
- [Adaptive Mobility Services, Inc.](#)
- [ADED: The Association for Driver Rehabilitation Specialists](#)
- [Advanced Arm Dynamics](#)
- [Advanced Brain Technologies, LLC](#)
- [Advances in Clinical Education](#)
- [Advantageceus.com](#)
- [Aegis Therapies](#)
- [Alabama Occupational Therapy Association](#)
- [ALLEGRA Learning Solutions, LLC](#)
- [Allied Health Education, LLC](#)
- [Amerisys, Inc.](#)
- [American Academy for Cerebral Palsy and Developmental Medicine \(AACPDM\)](#)
- [American Bowen Academy](#)
- [American Congress of Rehabilitation Medicine \(ACRM\)](#)
- [American Medical Rehabilitation Providers Association \(AMRPA\)](#)
- [American Society Of Hand Therapists \(asht\)](#)
- [American Society on Aging \(ASA\)](#)
- [Assistive Technology Industry Association \(ATIA\)](#)
- [ATrain Education, Inc](#)
- [Austill's Rehabilitation Services, Inc.](#)
- [Back School of Atlanta](#)
- [Barrow Neurological Institute](#)
- [Beckman & Associates](#)
- [Brookdale Senior Living](#)
- [Brooks Institute of Higher Learning](#)
- [Buffalo Hearing & Speech Center](#)
- [Bureau of Education & Research](#)
- [Burrell Behavioral Health](#)
- [California Education Connection](#)
- [California State University Dominguez Hills](#)
- [CareOne Management LLC](#)
- [Carle Foundation Hospital](#)
- [Catholic Health System](#)
- [Cedars-Sinai Medical Center](#)
- [Center For Disability Services, Inc.](#)
- [CHI Health at Home](#)
- [Children's Hospital Los Angeles](#)
- [Children's Hospital of Philadelphia](#)
- [Children's Hospital of The King's Daughters, Inc. \(CHKD, Inc.\)](#)
- [Ciao Seminars](#)
- [Clarkson University Department of Occupational Therapy](#)
- [Clinical Education Concepts](#)
- [Clinical Specialty Education](#)
- [Clinician's View](#)
- [Coast Allied Health Consulting and Education, Inc.](#)
- [Collaborative for Leadership in Avres Sensory Integration \(CLASI\)](#)
- [Columbia St. Mary's](#)
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- [Comprehensive Network, Inc.](#)

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- [Columbia St. Mary's](#)
- [Columbia University](#)
- [Comprehensive Network, Inc.](#)
- [Consonus Healthcare Services](#)
- [Core Seminars, LLC](#)
- [Dementia Care Specialists - A Cpi Specialized Offering](#)
- [Department of Mental Health Central Massachusetts Area](#)
- [DIYAbility, LLC](#)
- [Doctors Demystify](#)
- [Drive Medical](#)
- [East Carolina University](#)
- [Easter Seals DuPage and the Fox Valley Region](#)
- [EBS Healthcare](#)
- [Ed4Online](#)
- [Edlantis Seminars](#)
- [Educata](#)
- [Education Resources, Inc.](#)
- [EITTOC \(Early Intervention Therapist & Teacher Online College\)](#)
- [Emerald Education Systems, A Division of Emerald Events](#)
- [Envision University](#)
- [ETPS Education \(Acumed Medical\)](#)
- [Fairview Rehabilitation Services](#)
- [Fox Rehabilitation](#)
- [Future Horizons](#)
- [Genesis Rehab Services](#)
- [Great Seminars and Books](#)
- [Hand in Mind](#)
- [Handlab](#)
- [Hands Full Inc](#)
- [Hands On Approaches, Inc.](#)
- [Handwriting Without Tears](#)
- [Handy Learning Seminars, Inc.](#)
- [Hanger Clinic](#)
- [Harmony Healthcare International](#)
- [HCR Manor Care Rehabilitation Services](#)
- [Healing of Magic](#)
- [Health.edu - TTUHSC](#)
- [Healthcare Academy](#)
- [Healthe, LLC dba Healthe Habits for Living](#)
- [HEALTHSOUTH - Inpatient Division](#)
- [HealthSouth Rehab Hospital in Mechanicsburg](#)
- [Helen Hayes Hospital](#)
- [Homeceuconnection.com](#)
- [Human Services Management Corporation, Inc.](#)
- [Idaho Occupational Therapy Association \(iota\)](#)
- [Impact Applications, Inc.](#)
- [Infant Massage Usa](#)
- [Informed](#)

- [Innovative Educational Services](#)
- [Institute For Brain Potential \(ibp\)](#)
- [Institute for Natural Resources \(INR\)](#)
- [Integrated Listening Systems, LLC](#)
- [Interactive Metronome, Inc.](#)
- [Interdisciplinary Council On Developmental And Learning Disorders \(ICDL\)](#)
- [International Lymphedema & Wound Care Training Institute \(ILWTI\)](#)
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- [Little Kidz Foundation](#)
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- [Marianjoy Rehabilitation Hospital](#)
- [Matheson Education and Training Solutions](#)
- [Mayo Clinic - Rochester Campus](#)
- [Med2000](#)
- [Medbridge](#)
- [Medcom, Inc](#)
- [Medical Minds In Motion](#)
- [Memorial Hermann Health System](#)
- [Metro U, Inc.](#)
- [Miami Children's Hospital](#)
- [Miami Valley Hospital, Rehabilitation Institute of Ohio](#)
- [Milestone Continuing Education](#)
- [Minds on the Move](#)
- [Minnesota Occupational Therapy Association](#)
- [MossRehab](#)
- [Motivations, Inc.](#)
- [Motorika](#)
- [Move Play Thrive](#)
- [Miyomo, Inc.](#)
- [National Association of Home Builders \(NAHB\)](#)
- [National Association of Neonatal Therapists \(NANT\)](#)
- [National Association of Rehab Providers and Agencies \(NARA\)](#)
- [National Mobility Equipment Dealers Association \(NMEDA\)](#)
- [Neuro-Developmental Treatment Association \(NDTA\)](#)
- [Neuro-Optometric Rehabilitation Association \(NORA\)](#)
- [Neuronet Learning](#)

- [Neurorecovery Unlimited Llc](#)
- [Neurovascular Institute, Inc.](#)
- [New York State Occupational Therapy Association \(NYSOTA\)](#)
- [New York Therapy Placement Services Inc.](#)
- [North American Seminars, Inc.](#)
- [North Shore Pediatric Therapy](#)
- [Northeast Hospitals](#)
- [Northern Speech Services, Inc./National Rehabilitation Services, Inc.](#)
- [Norton School of Lymphatic Therapy](#)
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- [Occupationaltherapy.com](#)
- [Occupro](#)
- [OnCourse Learning](#)
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- [Orfit Industries America](#)
- [OTcourses.com](#)
- [Ottobock](#)
- [P.E.D.S. - ECMC](#)
- [PDH Academy](#)
- [Pediatric Advanced Therapy](#)
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- [Physical Agent Modalities Practitioner Credentialing Agency, LLC \(PAMPCA\)](#)
- [Physiotherapy Associates](#)
- [Postural Restoration Institute](#)
- [Preferred Systems, Inc.](#)
- [Premere Rehab, LLC dba Infinity Rehab](#)
- [Presencelearning](#)
- [Prime Rehabilitation Services, Inc.](#)
- [Professional Child Development Associates \(PCDA\)](#)
- [Professional Development Resources, Inc.](#)
- [Professional Therapy Seminars LLC](#)
- [Progressive Therapy Education Inc.](#)
- [Progressus Therapy](#)
- [Psychiatric Rehabilitation Association \(PRA\)](#)
- [Quantum Rehab/Pride Mobility Products Corporation](#)
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- [Real OT Solutions](#)
- [Region 4 Education Service Center](#)
- [Rehab Education, LLC](#)
- [Rehab Seminars](#)
- [RehabCare](#)
- [Rehabilitation Institute Of Chicago \(RIC\) DbA Shirley Ryan Ability Lab](#)
- [Reliant Rehabilitation](#)
- [Relias Learning, LLC](#)
- [Restore Therapy Services](#)
- [Results Matter Seminars](#)
- [Richter Active Integration Resources \(RAIR\)](#)
- [Saebo, Inc.](#)
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- [TheraPeeds, Inc.](#)
- [Therapeutic Consulting Service](#)
- [Therapeutic Media](#)
- [Therapeutic Resources](#)
- [Therapeutic Services, Inc. \(TSI\)](#)
- [Therapy Network, Inc.](#)
- [Therapyworks](#)
- [Total Motion Release Seminars](#)
- [Touch Bionics](#)
- [Treatment2go D/b/a Exploring Hand Therapy](#)
- [UC Irvine Health](#)
- [Uniform Data System for Medical Rehabilitation](#)
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- [University of Florida Occupational Therapy Department](#)
- [University of Illinois at Chicago ENGAGE- IL](#)
- [University Of Minnesota-program In OT](#)
- [University of Texas Medical Branch \(UTMB\)](#)
- [University of Virginia Health System - Therapy Services](#)
- [University of Wisconsin-Milwaukee](#)
- [USC Andrus Gerontology Center](#)
- [USC Mrs. T.H. Chan Division of Occupational Science and Occupational Therapy](#)
- [Veterans Health Admin, Dept of Veterans Affairs, Employee Education System](#)
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- [Vyne Education, Llc. \(formerly Cross Country Education\)](#)
- [Washington Occupational Therapy Association \(WOTA\)](#)

- Washington University School of Medicine, Program in OT
- Western Psychological Services (WPS)
- Western Schools
- Wild Iris Medical Education
- World Instructor Training Schools (W.I.T.S.)
- Zone'in Programs Inc.

AOTA Classification Codes for Continuing Education Activities

Category 1: DOMAIN OF OT	
TOPIC	
Occupations	<ul style="list-style-type: none"> • Activities of Daily Living (ADL) • Instrumental Activities of Daily Living (IADL) • Rest and Sleep • Education • Work • Play • Leisure • Social Participation
Client Factors	<ul style="list-style-type: none"> • Values, Beliefs, and Spirituality • Body Functions • Body Structures
Performance Skills	<ul style="list-style-type: none"> • Motor Skills • Process Skills • Social Interaction Skills
Performance Patterns	<ul style="list-style-type: none"> • Person • Group or Population • Contexts • Environments
Context and Environment	<ul style="list-style-type: none"> • Cultural • Personal • Temporal • Virtual • Physical • Social
Category 2: OCCUPATIONAL THERAPY PROCESS	
TOPIC	
Intervention	<ul style="list-style-type: none"> • Occupations and Activities • Preparatory Methods and Tasks • Education and Training • Advocacy • Group Interventions
Activity Demands	<ul style="list-style-type: none"> • Relevance and importance to client • Objects used and their properties • Space demands • Social demands • Sequencing and timing • Required actions and performance skills • Required body functions • Required body structures
Approaches to Intervention	<ul style="list-style-type: none"> • Create, promote • Establish, restore • Maintain • Modify compensation • Prevent
Outcomes	<ul style="list-style-type: none"> • Occupational performance • Improvement • Enhancement • Prevention • Health and wellness • Quality of Life • Participation • Role competence • Well being • Occupational justice

Category 3 PROFESSIONAL ISSUES	
TOPIC	
Administration & Management	<ul style="list-style-type: none"> • Accreditation • Budgeting • Funding approaches/issues • Outcomes evaluation • Productivity • Program development • Promotion/public relations/marketing • Recruitment/retention
Legal, Legislative, Regulatory, & Reimbursement Issues	<ul style="list-style-type: none"> • Coding & reimbursement systems • Documentation issues • Licensure/practice issues • Testifying/expert witness
OT Education	<ul style="list-style-type: none"> • ACOTE Accreditation Standards • Curriculum design & development • Educational outcomes • Fieldwork education • Recruitment/retention of students • Teaching theory & methods
OT Research	<ul style="list-style-type: none"> • Funding resources & grants/grant writing • Program evaluation • Research methodology • Research outcomes • Recruitment/retention of students
Supervision	<ul style="list-style-type: none"> • Communication • Competence • Cultural issues • Role delineation
Contemporary Issues and Trends	<ul style="list-style-type: none"> • Ethics • Evidence-based practice • Globalization of the profession/international affairs • Professional development & continuing competence • Professional standards & guidelines of the Association
Other	Includes activities that cannot be defined using the previous categories and topics. In order to use this topic, a provider must first contact AOTA for review of appropriateness and approval.

Categories 1 and 2 adapted in part from: American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy*, 62, 625–683.

For more detailed information about each topic area see the *Companion to the AOTA Classification Codes*.

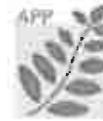


The American Occupational Therapy Association, Inc.
APPROVED PROVIDER PROGRAM

Companion to the

AOTA Classification Codes

for Continuing Education Activities



**The American Occupational
Therapy Association, Inc.**

**APPROVED PROVIDER
PROGRAM**

This companion document provides additional information and more detailed descriptions for the AOTA Classification Codes so that AOTA Approved Providers can more effectively communicate with occupational therapists and occupational therapy assistants about the content of their continuing education activities.

The practice of occupational therapy is not a linear process. Therefore, it is anticipated that the continuing education developed to support practitioners will likewise be a rich integration of concepts, theories, and applications. Providers are encouraged to consider the content of their activities relative to the expected learning outcome(s) when selecting between category/topic combinations, and identify between one and three categories and topics that most accurately reflect the primary focus of the activity.

Providers who feel they would like initial guidance in this process should contact the AOTA APP Program Manager in advance of the intended posting date of a course to which AOTA CEU are assigned.

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TABLE 1. OCCUPATIONS

Occupations are various kinds of life activities in which individuals, groups, or populations engage, including activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation.

Category	Description
<p>ACTIVITIES OF DAILY LIVING (ADLs)—Activities oriented toward taking care of one's own body (adapted from Rogers & Holm, 1994). ADLs also are referred to as <i>basic activities of daily living (BADLs)</i> and <i>personal activities of daily living (PADLs)</i>. These activities are "fundamental to living in a social world; they enable basic survival and well-being" (Christiansen & Hammecker, 2001, p. 156).</p>	
Bathing, showering	Obtaining and using supplies; soaping, rinsing, and drying body parts; maintaining bathing position; and transferring to and from bathing positions
Toileting and toilet hygiene	Obtaining and using toileting supplies, managing clothing, maintaining toileting position, transferring to and from toileting position, cleaning body, and caring for menstrual and continence needs (including catheter, colostomy, and suppository management), as well as completing intentional control of bowel movements and urination and, if necessary, using equipment or agents for bladder control (Uniform Data System for Medical Rehabilitation, 1996, pp. III-20, III-24)
Dressing	Selecting clothing and accessories appropriate to time of day, weather, and occasion; obtaining clothing from storage area; dressing and undressing in a sequential fashion; fastening and adjusting clothing and shoes; and applying and removing personal devices, prosthetic devices, or splints
Swallowing/eating	Keeping and manipulating food or fluid in the mouth and swallowing it; <i>swallowing</i> is moving food from the mouth to the stomach
Feeding	Setting up, arranging, and bringing food [or fluid] from the plate or cup to the mouth; some- times called <i>self-feeding</i>
Functional mobility	Moving from one position or place to another (during performance of everyday activities), such as in-bed mobility, wheelchair mobility, and transfers (e.g., wheelchair, bed, car, shower, tub, toilet, chair). Includes functional ambulation and transportation of objects.
Personal device care	Using, cleaning, and maintaining personal care items, such as hearing aids, contact lenses, glasses, orthotics, prosthetics, adaptive equipment, glucometers, and contraceptive and sexual devices
Personal hygiene and grooming	Obtaining and using supplies; removing body hair (e.g., using razor, tweezers, lotion); applying and removing cosmetics; washing, drying, combing, styling, brushing, and trimming hair; caring for nails (hands and feet); caring for skin, ears, eyes, and nose; applying deodorant; cleaning mouth; brushing and flossing teeth; and removing, cleaning, and reinserting dental orthotics and prosthetics
Sexual activity	Engaging in activities that result in sexual satisfaction and/or meet relational or reproductive needs
<p>INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)—Activities to support daily life within the home and community that often require more complex interactions than those used in ADLs.</p>	
Care of others (including selecting and supervising caregivers)	Arranging, supervising, or providing care for others
Care of pets	Arranging, supervising, or providing care for pets and service animals
Child rearing	Providing care and supervision to support the developmental needs of a child
Communication management	Sending, receiving, and interpreting information using a variety of systems and equipment, including writing tools, telephones (cell phones or smartphones), keyboards, audiovisual recorders, computers or tablets, communication boards, call lights, emergency systems, Braille writers, telecommunication devices for deaf people, augmentative communication systems, and personal digital assistants
Driving and community mobility	Planning and moving around in the community and using public or private transportation, such as driving, walking, bicycling, or accessing and riding in buses, taxi cabs, or other transportation systems
Financial management	Using fiscal resources, including alternate methods of financial transaction, and planning and using finances with long-term and short-term goals

Health management and maintenance	Developing, managing, and maintaining routines for health and wellness promotion, such as physical fitness, nutrition, decreased health risk behaviors, and medication routines
Home establishment and management	Obtaining and maintaining personal and household possessions and environment (e.g., home, yard, garden, appliances, vehicles), including maintaining and repairing personal possessions (e.g., clothing, household items) and knowing how to seek help or whom to contact
Meal preparation and cleanup	Planning, preparing, and serving well-balanced, nutritious meals and cleaning up food and utensils after meals
Religious and spiritual activities and expression	Participating in <i>religion</i> , "an organized system of beliefs, practices, rituals, and symbols designed to facilitate closeness to the sacred or transcendent" (Moreira-Almeida & Koenig, 2006, p. 844), and engaging in activities that allow a sense of connectedness to something larger than oneself or that are especially meaningful, such as taking time out to play with a child, engaging in activities in nature, and helping others in need (Spencer, Davidson, & White, 1997)
Safety and emergency maintenance	Knowing and performing preventive procedures to maintain a safe environment; recognizing sudden, unexpected hazardous situations; and initiating emergency action to reduce the threat to health and safety; examples include ensuring safety when entering and exiting the home, identifying emergency contact numbers, and replacing items such as batteries in smoke alarms and light bulbs
Shopping	Preparing shopping lists (grocery and other); selecting, purchasing, and transporting items; selecting method of payment; and completing money transactions; included are Internet shopping and related use of electronic devices such as computers, cell phones, and tablets
☛ REST AND SLEEP —Activities related to obtaining restorative rest and sleep to support healthy, active engagement in other occupations.	
Rest	Engaging in quiet and effortless actions that interrupt physical and mental activity, resulting in a relaxed state (Nurit & Michal, 2003, p. 227); included are identifying the need to relax; reducing involvement in taxing physical, mental, or social activities; and engaging in relaxation or other endeavors that restore energy and calm and renew interest in engagement
Sleep preparation	(1) Engaging in routines that prepare the self for a comfortable rest, such as grooming and undressing, reading or listening to music to fall asleep, saying goodnight to others, and engaging in meditation or prayers; determining the time of day and length of time desired for sleeping and the time needed to wake; and establishing sleep patterns that support growth and health (patterns are often personally and culturally determined). (2) Preparing the physical environment for periods of unconsciousness, such as making the bed or space on which to sleep; ensuring warmth or coolness and protection; setting an alarm clock; securing the home, such as locking doors or closing windows or curtains; and turning off electronics or lights.
Sleep participation	Taking care of personal needs for sleep, such as ceasing activities to ensure onset of sleep, napping, and dreaming; sustaining a sleep state without disruption; and performing nighttime care of toileting needs and hydration; also includes negotiating the needs and requirements of and interacting with others within the social environment such as children or partners, including providing nighttime caregiving such as breastfeeding and monitoring the comfort and safety of others who are sleeping
☛ EDUCATION —Activities needed for learning and participating in the educational environment.	
Formal educational participation	Participating in academic (e.g., math, reading, degree coursework), nonacademic (e.g., recess, lunchroom, hallway), extracurricular (e.g., sports, band, cheerleading, dances), and vocational (prevocational and vocational) educational
Informal personal educational needs or interests exploration (beyond formal education)	Identifying topics and methods for obtaining topic-related information or skills
Informal personal education participation	Participating in informal classes, programs, and activities that provide instruction or training in identified areas of interest

<p>WORK—“Labor or exertion; to make, construct, manufacture, form, fashion, or shape objects; to organize, plan, or evaluate services or processes of living or governing; committed occupations that are performed with or without financial reward” (Christiansen & Townsend, 2010, p. 423).</p>	
Employment interests and pursuits	Identifying and selecting work opportunities based on assets, limitations, likes, and dislikes relative to work (adapted from Mosey, 1996, p. 342)
Employment seeking and acquisition	Advocating for oneself; completing, submitting, and reviewing appropriate application materials; preparing for interviews; participating in interviews and following up afterward; discussing job benefits; and finalizing negotiations
Job performance	Performing the requirements of a job, including work skills and patterns; time management; relationships with coworkers, managers, and customers; leadership and supervision; creation, production, and distribution of products and services; initiation, sustainment, and completion of work; and compliance with work norms and procedures
Retirement preparation and adjustment	Determining aptitudes, developing interests and skills, selecting appropriate avocational pursuits, and adjusting lifestyle in the absence of the worker role
Volunteer exploration	Determining community causes, organizations, or opportunities for unpaid work in relation to personal skills, interests, location, and time available
Volunteer participation	Performing unpaid work activities for the benefit of selected causes, organizations, or
<p>PLAY—“Any spontaneous or organized activity that provides enjoyment, entertainment, amusement, or diversion” (Parham & Fazio, 1997, p.252)</p>	
Play exploration	Identifying appropriate play activities, including exploration play, practice play, pretend play, games with rules, constructive play, and symbolic play (adapted from Bergen, 1988, pp. 64–65)
Play participation	Participating in play; maintaining a balance of play with other occupations; and obtaining, using, and maintaining toys, equipment, and supplies appropriately
<p>LEISURE—“Nonobligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or sleep” (Parham & Fazio, 1997, p. 250).</p>	
Leisure exploration	Identifying interests, skills, opportunities, and appropriate leisure activities
Leisure participation	Planning and participating in appropriate leisure activities; maintaining a balance of leisure activities with other occupations; and obtaining, using, and maintaining equipment and supplies as appropriate
<p>SOCIAL PARTICIPATION—“The interweaving of occupations to support desired engagement in community and family activities as well as those involving peers and friends” (Gillen & Boyt Schell, 2014, p. 607); involvement in a subset of activities that involve social situations with others (Bedell, 2012) and that support social interdependence (Magasi & Hammel, 2004). Social participation can occur in person or through remote technologies such as telephone calls, computer interaction, and video conferencing.</p>	
Community	Engaging in activities that result in successful interaction at the community level (e.g., neighborhood, organization, workplace, school, religious or spiritual group)
Family	Engaging in activities that result in “successful interaction in specific required and/or desired familial roles” (Mosey, 1996, p. 340)
Peer, friend	Engaging in activities at different levels of interaction and intimacy, including engaging in desired sexual activity

TABLE 2. CLIENT FACTORS

Client factors include (1) values, beliefs, and spirituality; (2) body functions; and (3) body structures that reside within the client that influence the client's performance in occupations.

<p>▣ VALUES, BELIEFS, AND SPIRITUALITY—Clients' perceptions, motivations, and related meaning that influence or are influenced by engagement in occupations.</p>	
Category	Definition
<p>Values—Acquired beliefs and commitments, derived from culture, about what is good, right and important to do (Kielhofner, 2008)</p>	
<p>Beliefs—Cognitive content held as true by or about the client</p>	
<p>Spirituality—“The aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred” (Puchalski et al., 2009, p. 887)</p>	
<p>▣ BODY FUNCTIONS—“The physiological functions of body systems (including psychological functions)” (WHO, 2001, p. 10). This section of the table is organized according to the classifications of the <i>International Classification of Functioning, Disability and Health (ICF)</i>; for fuller descriptions and definitions, refer to WHO (2001).</p>	
Category	Description (not an all-inclusive list)
<p>Mental functions (affective, cognitive, perceptual)</p>	
<p>Specific mental functions</p>	
Higher-level cognitive	Judgment, concept formation, metacognition, executive functions, praxis, cognitive flexibility, insight
Attention	Sustained shifting and divided attention, concentration, distractibility
Memory	Short-term, long-term, and working memory
Perception	Discrimination of sensations (e.g., auditory, tactile, visual, olfactory, gustatory, vestibular, proprioceptive)
Thought	Control and content of thought, awareness of reality vs. delusions, logical and coherent thought
Mental functions of sequencing complex movement	Mental functions that regulate the speed, response, quality, and time of motor production, such as restlessness, toe tapping, or hand wringing, in response to inner tension
Emotional	Regulation and range of emotions; appropriateness of emotions, including anger, love, tension, and anxiety; stability of emotions
Experience of self and time	Awareness of one's identity, body, and position in the reality of one's environment and of time
<p>Global mental functions</p>	
Consciousness	State of awareness and alertness, including the clarity and continuity of the wakeful state
Orientation	Orientation to person, place, time, self, and others
Temperament and personality	Extroversion, introversion, agreeableness, conscientiousness, emotional stability, openness to experience, self-control, self-expression, confidence, motivation, impulse control, appetite
Energy and drive	Energy level, motivation, appetite, craving, impulse control
Sleep	Physiological process, quality of sleep
<p>Sensory functions</p>	
Visual functions	Quality of vision, visual acuity, visual stability, and visual field functions to promote visual awareness of environment at various distances for functioning

Hearing functions	Sound detection and discrimination; awareness of location and distance of sounds
Vestibular functions	Sensation related to position, balance, and secure movement against
Taste functions	Association of taste qualities of bitterness, sweetness, sourness, and
Smell functions	Sensing odors and smells
Proprioceptive functions	Awareness of body position and space
Touch functions	Feeling of being touched by others or touching various textures, such as those of food; presence of numbness, paresthesia, hyperesthesia
Pain (e.g., diffuse, dull, sharp, phantom)	Unpleasant feeling indicating potential or actual damage to some body structure; sensations of generalized or localized pain (e.g., diffuse, dull, sharp, phantom)
Sensitivity to temperature and pressure	Thermal awareness (hot and cold), sense of force applied to skin
Neuromusculoskeletal and movement-related functions	
Functions of joints and bones	
Joint mobility	Joint range of motion
Joint stability	Maintenance of structural integrity of joints throughout the body;
Muscle functions	
Muscle power	Strength
Muscle tone	Degree of muscle tension (e.g., flaccidity, spasticity, fluctuation)
Muscle endurance	Sustaining muscle contraction
Movement functions	
Motor reflexes	Involuntary contraction of muscles automatically induced by specific stimuli (e.g., stretch, asymmetrical tonic neck, symmetrical tonic neck)
Involuntary movement reactions	Postural reactions, body adjustment reactions, supporting reactions
Control of voluntary movement	Eye-hand and eye-foot coordination, bilateral integration, crossing of the mid-line, fine and gross motor control, and oculomotor function (e.g., saccades, pursuits, accommodation, binocularity)
Gait patterns	Gait and mobility considered in relation to how they affect ability to engage in occupations in daily life activities; for example, walking patterns and impairments, asymmetric gait, stiff gait
Cardiovascular, hematological, immunological, and respiratory system functions (Note. Occupational therapy practitioners have knowledge of these body functions and understand broadly the interaction that occurs among these functions to support health, well-being, and participation in life through engagement in occupation.)	
Cardiovascular system functions Hematological and immunological system functions	Maintenance of blood pressure functions (hypertension, hypotension, postural hypotension), heart rate and rhythm
Respiratory system functions	Rate, rhythm, and depth of respiration
Additional functions and sensations of the cardiovascular and respiratory systems	Physical endurance, aerobic capacity, stamina, fatigability
Voice and speech functions; digestive, metabolic, and endocrine system functions; genitourinary and reproductive functions (Note. Occupational therapy practitioners have knowledge of these body functions and understand broadly the interaction that occurs among these functions to support health, well-being, and participation in life through engagement in occupation.)	
Voice and speech functions	Fluency and rhythm, alternative vocalization functions
Digestive, metabolic, and endocrine system functions	Digestive system functions, metabolic system and endocrine system
Genitourinary and reproductive functions	Urinary functions, genital and reproductive functions
Skin and related structure functions (Note. Occupational therapy practitioners have knowledge of these body functions and understand broadly the interaction that occurs among these functions to support health, well-being, and participation in life through engagement in occupation.)	
Skin functions Hair and nail functions	Protection (presence or absence of wounds, cuts, or abrasions), repair (wound healing)

200 BODY STRUCTURES: "Anatomical parts of the body, such as organs, limbs, and their components" that support body function (WHO, 2001, p. 10). The "Body Structures" section of the table is organized according to the <i>ICF</i> classifications; for fuller descriptions and definitions, refer to WHO (2001).	
Category	Examples not delineated in the "Body Structure" section of this table
Structure of the nervous system Eyes, ear, and related structures Structures involved in voice and speech Structures of the cardiovascular, immunological, and respiratory systems Structures related to the digestive, metabolic, and endocrine systems Structures related to the genitourinary and reproductive systems Structures related to movement Skin and related structures	<i>(Note. Occupational therapy practitioners have knowledge of body structures and understand broadly the interaction that occurs between these structures to support health, well-being, and participation in life through engagement in occupation.)</i>
<i>Note. The categorization of body function and body structure client factors outlined in Table 2 is based on the ICF proposed by WHO (2001). The classification was selected because it has received wide exposure and presents a language that is understood by external audience. WHO = World Health Organization.</i>	

TABLE 3. PERFORMANCE SKILLS

Performance skills are observable elements of action that have an implicit functional purpose; skills are considered a classification of actions, encompassing multiple capacities (body functions and body structures) and, when combined, underlie the ability to participate in desired occupations and activities. This list is not all inclusive and may not include all possible skills addressed during occupational therapy interventions.

Skill	Definition
201 MOTOR SKILLS— "Occupational performance skills observed as the person interacts with and moves task objects and self around the task environment" (e.g., activity of daily living [ADL] motor skills, school motor skills; Boyt Schell, Gillen, & Scaffa, 2014a, p. 1237).	
Aligns	Interacts with task objects without evidence of persistent propping or persistent leaning
Stabilizes	Moves through task environment and interacts with task objects without momentary propping or loss of balance
Positions	Positions self an effective distance from task objects and without evidence of awkward body positioning
Reaches	Effectively extends the arm and, when appropriate, bends the trunk to effectively grasp or place task objects that are out
Bends	Flexes or rotates the trunk as appropriate to the task to grasp or place task objects out of reach or when sitting down
Grips	Effectively pinches or grasps task objects such that the objects do not slip (e.g., from the person's fingers, between teeth)
Manipulates	Uses dexterous finger movements, without evidence of fumbling, when manipulating task objects (e.g., manipulating buttons when buttoning)
Coordinates	Uses two or more body parts together to manipulate, hold, and/or stabilize task objects without evidence of fumbling task objects or slipping from one's grasp
Moves	Effectively pushes or pulls task objects along a supporting surface, pulls to open or pushes to close doors and drawers, or pushes on wheels to propel a wheelchair
Lifts	Effectively raises or lifts task objects without evidence of increased effort
Walks	During task performance, ambulates on level surfaces without shuffling the feet, becoming unstable, propping, or using assistive devices
Transports	Carries task objects from one place to another while walking or moving in a wheelchair
Calibrates	Uses movements of appropriate force, speed, or extent when interacting with task objects (e.g., not crushing objects, pushing a door with enough force that it closes)
Flows	Uses smooth and fluid arm and wrist movements when interacting with task objects
Endures	Persists and completes the task without showing obvious evidence of physical fatigue, pausing to rest, or stopping to catch one's breath
Paces	Maintains a consistent and effective rate or tempo of performance throughout the entire task

xxii PROCESS SKILLS —"Occupational performance skills [e.g., ADL process skills, school process skills] observed as a person (1) selects, interacts with, and uses task tools and materials; (2) carries out individual actions and steps; and (3) modifies performance when problems are encountered" (Boyt Schell et al., 2014a, p. 1239).	
Paces	Maintains a consistent and effective rate or tempo of performance throughout the entire task
Attends	Does not look away from what he or she is doing, interrupting the ongoing task progression
Heeds	Carries out and completes the task originally agreed on or specified by another
Chooses	Selects necessary and appropriate type and number of tools and materials for the task, including the tools and materials that the person was directed to use or specified he or she would use
Uses	Applies tools and materials as they are intended (e.g., uses a pencil sharpener to sharpen a pencil but not to sharpen a crayon) and in a hygienic fashion
Handles	Supports or stabilizes tools and materials in an appropriate manner, protecting them from being damaged, slipping, moving, and falling
Inquires	(1) Seeks needed verbal or written information by asking questions or reading directions or labels and (2) does not ask for information when he or she was fully oriented to the task and environment and had immediate prior
Initiates	Starts or begins the next action or step without hesitation
Continues	Performs single actions or steps without interruptions such that once an action or task is initiated, the person continues without pauses or delays until the action or step is completed
Sequences	Performs steps in an effective or logical order and with an absence of (1) randomness or lack of logic in the ordering and (2) inappropriate repetition of steps
Terminates	Brings to completion single actions or single steps without inappropriate persistence or premature cessation
Searches/locates	Looks for and locates tools and materials in a logical manner, both within and beyond the immediate environment
Gathers	Collects related tools and materials into the same work space and regathers tools or materials that have spilled, fallen, or been
Organizes	Logically positions or spatially arranges tools and materials in an orderly fashion within a single work space and between multiple appropriate work spaces such that the work space is not too spread out or too crowded
Restores	Puts away tools and materials in appropriate places and ensures that the immediate work space is restored to its original
Navigates	Moves the arm, body, or wheelchair without bumping into obstacles when moving in the task environment or interacting with task
Notices/responds	Responds appropriately to (1) nonverbal task-related cues (e.g., heat, movement), (2) the spatial arrangement and alignment of task objects to one another, and (3) cupboard doors and drawers that have been left open during task
Adjusts	Effectively (1) goes to new work spaces; (2) moves tools and materials out of the current work space; and (3) adjusts knobs, dials, or water taps to overcome problems with ongoing task performance
Accommodates	Prevents ineffective task performance
Benefits	Prevents problems with task performance from recurring or persisting
xxiii SOCIAL INTERACTION SKILLS —"Occupational performance skills observed during the ongoing stream of a social exchange" (Boyt Schell et al., 2014a, p. 1241).	
Approaches/starts	Approaches or initiates interaction with the social partner in a manner that is socially appropriate
Concludes/disengages	Effectively terminates the conversation or social interaction, brings to closure the topic under discussion, and disengages or says good-bye
Produces speech	Produces spoken, signed, or augmentative (i.e., computer-generated) messages that are audible and clearly articulated
Gesticulates	Uses socially appropriate gestures to communicate or support a message
Speaks fluently	Speaks in a fluent and continuous manner, with an even pace (not too fast, not too slow) and without pauses or delays during the message being sent
Turns toward	Actively positions or turns the body and face toward the social partner or person who is speaking
Looks	Makes eye contact with the social partner
Places self	Positions self at an appropriate distance from the social partner during the social interaction
Touches	Responds to and uses touch or bodily contact with the social partner in a manner that is socially appropriate
Regulates	Does not demonstrate irrelevant, repetitive, or impulsive behaviors that are not part of social interaction
Questions	Requests relevant facts and information and asks questions that support the intended purpose of the social interaction
Replies	Keeps conversation going by replying appropriately to question and comments
Discloses	Reveals opinions, feelings, and private information about self or others in a manner that is socially appropriate
Expresses emotion	Displays affect and emotions in a way that is socially appropriate
Disagrees	Expresses differences of opinion in a socially appropriate manner

Thanks	Uses appropriate words and gestures to acknowledge receipt of services, gifts, or compliments
Transitions	Handles transitions in the conversation smoothly or changes the topic without disrupting the ongoing conversation
Times response	Replies to social messages without delay or hesitation and without interrupting the social partner
Times duration	Speaks for reasonable periods given the complexity of the message sent
Takes turns	Takes his or her turn and gives the social partner the freedom to take his or her turn
Matches language	Uses a tone of voice, dialect, and level of language that are socially appropriate and matched to the social partner's abilities and level of understanding
Clarifies	Responds to gestures or verbal messages signaling that the social partner does not comprehend or understand a message and ensures that the social partner is following the conversation
Acknowledges and encourages	Acknowledges receipt of messages, encourages the social partner to continue interaction, and encourages all social partners to participate in social interaction
Empathizes	Expresses a supportive attitude toward the social partner by agreeing with, empathizing with, or expressing understanding of the social partner's feelings and experiences
Heeds	Uses goal-directed social interactions focused on carrying out and completing the intended purpose of the social
Accommodates	Prevents ineffective or socially inappropriate social interaction
Benefits	Prevents problems with ineffective or socially inappropriate social interaction from recurring or persisting
<p>Source. From "Performance Skills: Implementing Performance Analyses to Evaluate Quality of Occupational Performance," by A.G. Fisher and L.A. Griswold, in <i>Willard and Spackman's Occupational Therapy</i> (12th ed., pp. 252–254), by B. A.B. Schell, G. Gillen, M.E. Scaffa, and E.S. Cohn (Eds.), 2014, Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins; http://lww.com. Copyright © 2014 by Wolters Kluwer/Lippincott Williams & Wilkins. Adapted with permission.</p>	

TABLE 4. PERFORMANCE PATTERNS

Performance patterns are the habits, routines, roles, and rituals used in the process of engaging in occupations or activities; these patterns can support or hinder occupational performance.

Category	Description
PERSON	
Habits	"Acquired tendencies to respond and perform in certain consistent ways in familiar environments or situations; specific, automatic behaviors performed repeatedly, relatively automatically, and with little variation" (Boyt Schell, Gillen, & Scaffa, 2014a, p. 1234). Habits can be useful, dominating, or impoverished and can either support or interfere with performance in occupations (Dunn, 2000).
Routines	Patterns of behavior that are observable, regular, and repetitive and that provide structure for daily life. They can be satisfying, promoting, or damaging. Routines require momentary time commitment and are embedded in cultural and ecological contexts (Fiese, 2007; Segal, 2004).
Rituals	Symbolic actions with spiritual, cultural, or social meaning contributing to the client's identity and reinforcing values and beliefs. Rituals have a strong affective component and consist of a collection of events (Fiese, 2007; Fiese et al., 2002; Segal, 2004).
Roles	Sets of behaviors expected by society and shaped by culture and context that may be further conceptualized and defined by the client.
GROUP OR POPULATION	
Routines	Patterns of behavior that are observable, regular, and repetitive and that provide structure for daily life. They can be satisfying, promoting, or damaging. Routines require momentary time commitment and are embedded in cultural and ecological contexts (Segal, 2004).
Rituals	Shared social actions with traditional, emotional, purposive, and technological meaning contributing to values and beliefs within the group or population.
Roles	Sets of behaviors by the group or population expected by society and shaped by culture and context that may be further conceptualized and defined by the group or population.

TABLE 5. CONTEXT AND ENVIRONMENT

Context refers to a variety of interrelated conditions that are within and surrounding the client. Contexts include cultural, personal, temporal, and virtual. The term environment refers to the external physical and social conditions that surround the client and in which the client's daily life occupations occur.

Category	Definition
CONTEXTS	
Cultural	Customs, beliefs, activity patterns, behavioral standards, and expectations accepted by the society of which a client is a member. The cultural context influences the client's identity and activity choices.
Personal	"Features of the individual that are not part of a health condition or health status" (WHO, 2001, p. 17). The personal context includes age, gender, socioeconomic status, and educational status and can also include group membership (e.g., volunteers, employees) and population membership (e.g., members of society).
Temporal	The experience of time as shaped by engagement in occupations; the temporal aspects of occupation that "contribute to the patterns of daily occupations" include "rhythm . . . tempo . . . synchronization . . . duration . . . and sequence" (Larson & Zemke, 2003, p. 82; Zemke, 2004, p. 610). The temporal context includes stage of life, time of day or year, duration and rhythm of activity, and history.
Virtual	Environment in which communication occurs by means of airwaves or computers and in the absence of physical contact. The virtual context includes simulated, real-time, or near-time environments such as chat rooms, email, video conferencing, or radio transmissions; remote monitoring via wireless sensors; or computer-based data collection.
ENVIRONMENTS	
Physical	Natural and built nonhuman surroundings and the objects in them. The natural environment includes geographic terrain, plants, and animals, as well as the sensory qualities of the surroundings. The built environment includes buildings, furniture, tools, and devices.
Social	Presence of, relationships with, and expectations of persons, groups, or populations with whom clients have contact. The social environment includes availability and expectations of significant individuals, such as spouse, friends, and caregivers; relationships with individuals, groups, or populations; and relationships with systems (e.g., political, legal, economic, institutional) that influence norms, role expectations, and social routines.

Note. WHO = World Health Organization.

CATEGORY 2: OCCUPATIONAL THERAPY PROCESS

TABLE 6. TYPES OF OCCUPATIONAL THERAPY INTERVENTIONS

Occupational therapy interventions include the use of occupations and activities, preparatory methods and tasks, education and training, advocacy, and group interventions to facilitate engagement in occupations to promote health and participation. The examples provided illustrate the types of interventions occupational therapy practitioners provide and are not intended to be all inclusive.

Category	Description
■ OCCUPATIONS AND ACTIVITIES —Occupations and activities selected as interventions for specific clients and designed to meet therapeutic goals and address the underlying needs of the mind, body, and spirit of the client. To use occupations and activities therapeutically, the practitioner considers activity demands and client factors in relation to the client's therapeutic goals, contexts, and environments.	
Occupations	Client-directed daily life activities that match and support or address identified participation goals.
Activities	Actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement. Activities often are components of occupations and always hold meaning, relevance, and perceived utility for clients at their level of interest and motivation.
■ PREPARATORY METHODS AND TASKS —Methods and tasks that prepare the client for occupational performance, used as part of a treatment session in preparation for or concurrently with occupations and activities or provided to a client as a home-based engagement to support daily occupational performance.	
Preparatory methods	Modalities, devices, and techniques to prepare the client for occupational performance. Often preparatory methods are interventions that are "done to" the client without the client's active participation.
Splints	Construction and use of devices to mobilize, immobilize, and support body structures to enhance participation in occupations.
Assistive technology and environmental modifications	Identification and use of assistive technologies (high and low tech), application of universal design principles, and recommends changes to the environment or activity to support the client's ability to engage in occupations. This preparatory method includes assessment, selection, provision, and education and training in use of devices.
Wheeled mobility	Use of products and technologies that facilitate a client's ability to maneuver through space, including seating and positioning, and that improve mobility, enhance participation in desired daily occupations, and reduce risk for complications such as skin breakdown or limb contractures.
Preparatory tasks	Actions selected and provided to the client to target specific client factors or performance skills. Tasks involve active participation of the client and sometimes comprise engagements that use various materials to simulate activities or components of occupations. Preparatory tasks themselves may not hold inherent meaning, relevance, or perceived utility as stand-alone entities.
■ EDUCATION AND TRAINING	
Education	Imparting of knowledge and information about occupation, health, well-being, and participation that enables the client to acquire helpful behaviors, habits, and routines that may or may not require application at the time of the intervention session.
Training	Facilitation of the acquisition of concrete skills for meeting specific goals in a real-life, applied situation. In this case, <i>skills</i> refer to measurable components of function that enable mastery. Training is differentiated from education by its goal of enhanced performance as opposed to enhanced understanding, although these goals often go hand in hand (Collins & O'Brien, 2003).
■ ADVOCACY —Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in daily life occupations. The outcomes of advocacy and self-advocacy support health, well-being, and occupational participation at the individual or systems level.	
Advocacy	Advocacy efforts undertaken by the practitioner.
Self-advocacy	Advocacy efforts undertaken by the client, which the practitioner can promote and support.

GROUP INTERVENTIONS —Use of distinct knowledge and leadership techniques to facilitate learning and skill acquisition across the lifespan through the dynamics of group and social interaction. Groups may also be used as a method of service delivery.	
Groups	Functional groups, activity groups, task groups, social groups, and other groups used on inpatient units, within the community, or in schools that allow clients to explore and develop skills for participation, including basic social interaction skills, tools for self-regulation, goal setting, and positive choice making.

TABLE 7. ACTIVITY AND OCCUPATIONAL DEMANDS

Activity and occupational demands are the components of activities and occupations that occupational therapy practitioners consider during the clinical reasoning process. Depending on the context and needs of the client, these demands can be deemed barriers to or supports for participation. Specific knowledge about the demands of activities and occupations assists practitioners in selecting activities for therapeutic purposes. Demands of the activity or occupation include the relevance and importance to the client, objects used and their properties, space demands, social demands, sequencing and timing, required actions and performance skills, and required underlying body functions and body structures.

Type of Demand	Description
Relevance and importance to client	Alignment with the client's goals, values, beliefs, and needs and perceived utility
Objects used and their properties	Tools, supplies, and equipment required in the process of carrying out the activity
Space demands (related to the physical environment)	Physical environmental requirements of the activity (e.g., size, arrangement, surface, lighting, temperature, noise, humidity, ventilation)
Social demands (related to the social environment and virtual and cultural contexts)	Elements of the social environment and virtual and cultural contexts that may be required by the activity
Sequencing and timing	Process required to carry out the activity (e.g., specific steps, sequence of steps, timing requirements)
Required actions and performance skills	Actions (performance skills—motor, process, and social interaction) required by the client that are an inherent part of the activity
Required body functions	"Physiological functions of body systems (including psychological functions)" (WHO, 2001, p. 10) required to support the actions used to perform the activity
Required body structures	"Anatomical parts of the body such as organs, limbs, and their components" that support body functions (WHO, 2001, p. 10) and are required to perform the activity

TABLE 8. APPROACHES TO INTERVENTION

Approaches to intervention are specific strategies selected to direct the process of evaluation and intervention planning, selection, and implementation on the basis of the client's desired outcomes, evaluation data, and evidence. Approaches inform the selection of practice models, frames of references, or treatment theories.

Approach	Description
Create, promote (health promotion)	An intervention approach that does not assume a disability is present or that any aspect would interfere with performance. This approach is designed to provide enriched contextual and activity experiences that will enhance performance for all people in the natural contexts of life (adapted from Dunn, McClain, Brown, & Youngstrom, 1998, p.534).
Establish, restore (remediation, restoration)	An intervention approach designed to change client variables to establish a skill or ability that has not yet developed or to restore a skill or ability that has been impaired (adapted from Dunn et al., 1998, p. 533).
Maintain	An intervention approach designed to provide the supports that will allow clients to preserve the performance capabilities they have regained, that continue to meet their occupational needs, or both. The assumption is that without continued maintenance intervention, performance would decrease, occupational needs would not be met, or both, thereby affecting health, well-being, and quality of life.
Modify compensation, adaptation)	An intervention approach directed at "finding ways to re- vise the current context or activity demands to support performance in the natural setting, [including] compensatory techniques . . . [such as] enhancing some features to provide cues or reducing other features to reduce distractibility" (Dunn et al., 1998, p. 533).

Prevent (disability prevention)	An intervention approach designed to address the needs of clients with or without a disability who are at risk for occupational performance problems. This approach is designed to prevent the occurrence or evolution of barriers to performance in context. Interventions may be directed at client, context, or activity variables (adapted from Dunn et al, 1998, p.534).
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TABLE 9. OUTCOMES

Outcomes are the end result of the occupational therapy process; they describe what clients can achieve through occupational therapy intervention. The outcomes of occupational therapy can be described in two ways. Some outcomes are measurable and are used for intervention planning, monitoring, and discharge planning.

These outcomes reflect the attainment of treatment goals that relate to engagement in occupation. Other outcomes are experienced by clients when they have realized the effects of engagement in occupation and are able to return to desired habits, routines, roles, and rituals. The examples listed specify how the broad outcome of health and participation in life may be operationalized and are not intended to be all inclusive.

Category	Description
Occupational performance	Act of doing and accomplishing a selected action (performance skill), activity, or occupation (Fisher, 2009; Fisher & Griswold, 2014; Kielhofner, 2008) and results from the dynamic transaction among the client, the context, and the activity. Improving or enabling skills and patterns in occupational performance leads to engagement in occupations or activities (adapted in part from Law et al, 1996, p. 16).
Improvement	Outcomes targeted when a performance limitation is present. These outcomes reflect increased occupational performance for the person, group, or population.
Enhancement	Outcomes targeted when a performance limitation is not currently present. These outcomes reflect the development of performance skills and performance patterns that augment existing performance in life occupations.
Prevention	Education or health promotion efforts designed to identify, reduce, or prevent the onset and reduce the incidence of unhealthy conditions, risk factors, diseases, or injuries (OTA, 2013b). Occupational Therapy promotes a healthy lifestyle at the individual, group, community (societal), and governmental or policy level (adapted from OTA, 2001).
Health and wellness	Resources for everyday life, not the objective of living. For individuals, <i>health</i> is a state of physical, mental, and social well-being, as well as a positive concept emphasizing social and personal resources and physical capacities (WHO, 1986). Health for groups and populations includes these individual aspects but also includes social responsibility of members to the group or population as a whole. <i>Wellness</i> is "an active process through which individuals [or groups or populations] become aware of and make choices toward a more successful existence" (Hettler, 1984, p. 1117). Wellness is more than a lack of disease symptoms; it is a state of mental and physical balance and fitness (adapted from <i>Taber's Cyclopedic Medical Dictionary</i> , 1997, p.2110).
Category	Description
Quality of life	Dynamic appraisal of the client's life satisfaction (perceptions of progress toward goals), hope (real or perceived belief that one can move toward a goal through selected pathways), self-concept (the composite of beliefs and feelings about oneself), health and functioning (e.g. health status, self-care capabilities), and socioeconomic factors (e.g., vocation, education, income; adapted from Radomski, 1995).
Participation	Engagement in desired occupations in ways that are personally satisfying and congruent with expectations within the culture.
Role competence	Ability to effectively meet the demands of roles in which the client engages.
Well Being	Contentment with one's health, self-esteem, sense of belonging, security, and opportunities for self-determination, meaning, roles, and helping others (Hammell, 2009). <i>Well-being</i> is "a general term encompassing the total universe of human life domains, including physical, mental, and social aspects" (WHO, 2006, p.211).
Occupational justice	Access to and participation in the full range of meaningful and enriching occupations afforded to others, including opportunities for social inclusion and the resources to participate in occupations to satisfy personal, health, and societal needs (adapted from Townsend & Wilcock, 2004).

CATEGORY 3: PROFESSIONAL ISSUES

ADMINISTRATION & MANAGEMENT	
Planning, organizing, controlling, and directing the activities of an organization to achieve desired outcomes (AOTA, 1996, p.213)	
Accreditation	A process by which an institution or an educational organization seeks to demonstrate to an accrediting agency that it complies with identified and accepted standards set forth by appropriate professional or governmental organizations; also, a kind of status awarded to an organization that demonstrates compliance with standards (adapted from AOTA, 1996, p. 459).
Budgeting	A process of planning for the coordination of resources and expenditures available for, required for, or assigned to a particular purpose.
Funding approaches/issues	Relates to the acquisition of fiscal resources by one organization from another organization or government group to support the development, delivery, and/or evaluation of occupational therapy education, services, or products.
Outcomes evaluation	A process of assessing the effectiveness of identified measures of success or benefit for a specific client or activity.
Productivity	Relating to the quantity (and inherently acceptable quality) of work that a given employee can be expected to produce
Program development	The process of identifying a need; developing a strategy to meet the need; implementing a specific action plan that addresses fiscal and human resources, standards & guidelines, and legal and other issues; and evaluation of outcomes associated with a program to meet an identified need. Includes new and evolving areas of practice.
Promotion/public relations/marketing	The process of informing or educating a target audience or market about a specific service or product.
Recruitment/retention	The process of identifying and meeting initial and ongoing occupational therapy staffing needs through hiring, coaching, and retention strategies. Retention includes issues such as employee morale, staff development & training, benefits, and overall job satisfaction.

AOTA. (1996). *The Occupational Therapy Manager*. Bethesda, MD: AOTA.

LEGAL, LEGISLATIVE, REGULATORY, & REIMBURSEMENT ISSUES	
The practice of health care is highly regulated at the federal and state levels, as well as by reimbursement sources. It is the professional responsibility of the occupational therapy practitioner to understand the federal and state legislative issues that shape the practice of occupational therapy, how this legislation is implemented at various levels, and the legal ramifications of not adhering to these statutes and regulations.	
Coding & reimbursement Systems	The process of identifying and meeting initial and ongoing occupational therapy staffing needs through hiring, coaching, and retention strategies. Retention includes issues such as employee morale, staff development & training, benefits, and overall job satisfaction.
Documentation issues	Might include key elements of documentation, the target audience, documentation approaches, styles, types, legal ramifications of the medical record and its contents, specific documentation requirements of certain reimbursement systems, abbreviations, symbols, and electronic documentation.
Licensure/practice issues	A review of the statutes and regulations which dictate the practice of occupational therapy in a particular jurisdiction, the regulatory Board which oversees the statutes and regulations, the prime mission of the regulatory Boards, make-up of the Boards, and the process of developing legislation leading to a practice act.
Testifying/expert witness	Review of the legal process in this country, the law and the health care practitioner, legal terms, health care malpractice, liability for intentional conduct, the role of the witness, legal ramifications of being an expert witness, and health care ethics and the law.

Companion to the AOTA APP *Occupational Therapy Classification Codes for Continuing Education Activities*. Copyright AOTA, Inc. 2014.

OT EDUCATION

Of or relating to the development, delivery, or administration of occupational therapy education at the associate, baccalaureate, or post-baccalaureate levels.

ACOTE accreditation Standards	The Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA) accredits educational programs for the occupational therapist. These Standards comply with the United States Department of Education (USDE) criteria for recognition of accrediting agencies. These Standards are the requirements used in accrediting educational programs that prepare individuals to enter the occupational therapy profession. The extent to which a program complies with these Standards determines its accreditation status (AJOT, 1999, ACOTE Standards for an Accredited Educational Program, for the occupational therapist and the occupational therapy assistant, 53, 590-591).
Curriculum design & development	An overarching set of assumptions that explain how the curriculum is planned, implemented, and evaluated. Typically, a curriculum design includes educational goals and provides a clear rationale for the selection of content, the determination of scope of content, and the sequence of the content. A curriculum design is expected to be consistent with the mission and philosophy of the sponsoring institution and the program (AJOT, 1999, ACOTE Standards for Accreditation, 53, 590-591).
Educational outcomes	Explicit statements or descriptions of what the student is expected to know (cognitive), think (affective), or do (behavioral) upon completion of the educational program as evidence that learning has been achieved. Program goals and objectives will reflect educational philosophy, institutional mission statement and curriculum design. Educational outcomes will be driven by student centered, result oriented statements expressed in measurable, observable, time-bound increments, as evidence based learning.
Fieldwork education	A crucial part of professional preparation and is best integrated as a component of the curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision and for professional role modeling (AJOT, 1999, ACOTE, 53).
Recruitment/retention of students	The process of identifying and meeting initial and ongoing needs of student recruitment and retention through a variety of methods to ensure the viability of an academic program in occupational therapy.
Program development	The process of identifying a need; developing a strategy to meet the need; implementing a specific action plan that addresses fiscal and human resources, standards & guidelines, and legal and other issues; and evaluation of outcomes associated with a program to meet an identified need. Includes new and evolving areas of practice.
Teaching theory & methods	The process of using theoretical perspectives, models of practice and frames of reference that facilitate development of the performance (AJOT, 1999, ACOTE Accreditation, 53, 590-591). The instructional method or process guided by a theoretical approach such as Problem Based Learning (PBL), Developmental or Adult Learning Model, used to enhance the teaching learning process including the use of various instructional techniques including lectures, debates, discussion, demonstrations, visuals, simulations, hands-on practical experiences, skits, and virtual reality (adapted from IACET).

OT RESEARCH

Clinical and academic activities that support scientific procedures and processes to gather data and generate knowledge that enhance the profession and clinical practice of occupational therapy.

Funding resources & grants/grant writing	U. S. government agencies and foundations that have grant funding available in areas of interest to occupational therapists, such as the Department of Education, the Office of Special Educational Rehabilitative Services, the Rehabilitation Services Administration, the Arthritis Foundation and the American Occupational Therapy Foundation. Grant writing is the process of completing the application process including the proposal that addresses the initiative that the granting agency wishes to sponsor. (Adapted from AOTA website, 2002, Governance, Federal Grant Alert).
Program evaluation	A continuing system for monitoring and reviewing the effectiveness of the educational program, especially as measured by student achievement, faculty performance, and the ability to meet program goals. (American Journal of Occupational Therapy, 1999, Standards for an Accredited Educational Program for the Occupational Therapist and the Occupational Therapy Assistant 53, 590-591).
Research methodology	The scientific method of investigation used by the researcher to collect and report scientific data on a particular phenomenon using a specific population sample.
Research outcomes	Evidence based reports. The results obtained from a scientific investigation or inquiry using scientific methods of data collection, analysis, interpretation, and reporting. Research outcomes link stated outcome goals and objectives, established prior to the research study, with the evidence obtained as a result of the research intervention, usually reported as success, satisfaction, enhanced performance or increased function.
Recruitment/retention of students	The process of identifying and meeting initial and ongoing needs of student recruitment and retention through a variety of methods to ensure the viability of an academic program in occupational therapy.

SUPERVISION

Supervision is a dynamic process involving two or more occupational therapy practitioners. Supervision should involve ongoing relationships promoting growth and development of the skills of occupational therapy practitioners that support consumer safety and promote the quality of occupational therapy services.

Communication	Involves two or more persons, has various levels of verbal and non-verbal communication, is strongly influenced by culture and gender, and may involve persons for whom English is a second language. Communication strategies can involve other things outside of verbal, face to face communication. Pros and cons of these other strategies and their effectiveness with various cultures could be explored.
Competence/competency <i>"Competence refers to an individual's capacity to perform job [professional] responsibilities. Competency focuses on an individual's actual performance in a particular situation" (McConnell, 2001, p. 14).</i>	Defining standards/criteria (competencies) for practice at various skill levels (e.g. entry, intermediate, and advanced) in a particular area. Establishing strategies for measuring and documenting competency. Identification of systems to promote ongoing competence and progressive development of competent practice and individual professional development.
Cultural issues	The importance of this topic in health care today, what is a culturally competent occupational therapy practitioner, how culture influences the use of the health care system, follow through on therapy recommendations, the family dynamics, language, and education.
Role delineation	Define the various levels of practitioners in the profession of occupational therapy, their roles and interactions with one and other, how the roles may change and expand or contract depending upon the patient population, setting, and practice act of a particular jurisdiction.

CONTEMPORARY ISSUES & TRENDS	
Areas of current influence not previously defined that affect the practice of occupational therapy.	
Ethics	<p>1) The study and philosophy of human conduct with emphasis on the determination of right and wrong; 2) The principles of right conduct with reference to a specific profession. Funk & Wagnall's 1983 Standard Dictionary.</p> <p>Examples: Overarching theories of morality; Principles of ethics; Codification of ethical behaviors; Interaction between law and ethics; Ethical issues in clinical settings; Professional responsibilities and relationships.</p>
Evidence-based practice	<p>...the conscientious, explicit, and judicial use of current best evidence in making decisions about the care of individual patients Sackett et al (1996) in Law, (2002), <u>Evidence-Based Rehabilitation</u></p> <p>Theoretical bases for practice; Clinical research - interpretation, design, methodology; Integrating research and clinical practice; Bases for determination of best practice.</p>
Globalization of the profession/international affairs	<p>Recognition of the inter-relatedness of cultures and individuals and both permeability and constraints of politically determined boundaries</p> <p>Public policy and health legislation; Political influences on health and healthcare; Environmental influences on health and healthcare; Cultural influences on health and healthcare; International laws and occupational therapy practice; Global epidemiology; Contextual influences on practice.</p>
Professional development & continuing competence <i>"The nature of competence...is not just an attribute of individuals, but a characteristic of professionalism that acknowledges change as the norm, and that leads ultimately to personal, professional, organizational and societal growth" (Alsop, p. 128).</i>	<p>An ongoing process that includes identification of abilities and learning needs and the pursuit of activities and learning experiences to meet those needs and ultimately increase one's knowledge base and develop more sophisticated clinical/professional judgment as well as skill level.</p>
Professional standards & guidelines of the Association	<p>Definitions and descriptions of ideal professional behaviors.</p> <p>Roles and responsibilities of professional organizations; Professional roles; Official documents of professional organizations; Interaction of professional standards, legal requirements, and ethical demands</p>

Alsop, A. (2001). Competence unfurled: Developing portfolio practice. *Occupational Therapy International*, 8(2), 126-131.

OTHER

Includes activities that cannot be defined using the previous categories and topics. In order to use this topic, a provider must first contact AOTA for review of appropriateness and approval

Adapted in part from: American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy*, 62, 625-683.

VOTA Information on Continuing Education (Website Materials)



Virginia Occupational
Therapy Association

[Home](#) > [Education](#) > [Continuing Education](#)

How do I become a continuing education provider?

In order to process an application, the following documentation should be attached:

- Outline of program content including course objectives
- Program schedule including meals and breaks
- Annotated bibliography to support course content
- Presenter(s) bio outlining qualifications
- Sample course evaluation form

(Please do not staple documentation.)

Failure to provide these items will result in the application being incomplete and the approval process will thus be delayed or application rejected. Timeline and application fees are assessed from the date that the fully completed application is received.

Please note that CE activities approved by VOTA will most likely meet regulations set forth by the OT Advisory Board to the Board of Medicine and/or NBCOT. However VOTA's approval will not protect you in the case of a hearing should you become negligent in meeting CE requirements for either aforementioned party.

Please mail your application, materials, fees, and all attachments to:
Virginia Occupational Therapy Association
ATTN: Continuing Education Committee
6200 Lakeside Avenue
Richmond, VA 23228

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Contracture Management
Electrode Application and Safety
Fall Prevention
Group Therapy
Head and Neck PENS
Hemiplegic Gait
Herpes Zoster & Postherpetic Neuralgia
Lower Quadrant Patterned Electrical Muscular Stimulation
Lower Quadrant Patterned Electrical Neuromuscular
Orthotic Therapy
Osteoarthritis of the Knee
Pain Management
PAMS in Subacute Rehab
Physical Agent Modality Basics-Electrotherapy
Physical Agent Modality Basics-Shortwave Diathermy
Physical Agent Modality Basics-Ultrasound
Physical Agent Modality Documentation Recommendations

Post-Operative Hip and Knee Therapy
Progressive Resistance Exercises with Elastic Bands
Residual Limb Therapy
Rheumatoid Arthritis of the Wrist and Hand
Stroke Hand Edema
Stroke Recovery
Therapy Tests and Measures 1 Hour
Therapy Tests and measures 2 Hour
Upper Quadrant Patterned Electrical Neuromuscular Stimulation
Virtual Reality Augmented Therapy
Wound Healing

Endurance Acute Care Services:

Introduction to Kinesio Taping
Lymphedema Management and Treatment
Management of Person With Neuro Impairment
Physical Agent Modalities

Fall Prevention Trainer, LLC:

Fall Prevention Workshop

Gina Mazure, PT, DPT:

Clinical Documentation and Procedure-Based Treatment Planning

Institute of Advanced Musculoskeletal Treatments:

Dynamic Taping

Jenerations Health Education:

Ethical Challenges of Serving a Self-Neglecting Older Client

LHC Group Education and Leadership Development:

The Balance System: Evidence-Based Evaluation & Intervention of Balance Impairment and Dizziness (OS)
Understanding Balance

Marting Rehab Educations Services:

Trigger Point in Motion. Increasing Function, Decreasing Pain.

Medical Facilities of America:

Functional Anatomy
Neurological Rehabilitation: It's Not the Same Old Thing Anymore
Pharmacology for Rehab Therapists
SNF Education Symposium
Taping in Rehab Basic Concepts Instruction

National Multiple Sclerosis Society:

Rehabilitation in Multiple Sclerosis: Strategies for Physical and Occupational Therapists

Neurorecovery Unlimited, LLC:

Certified Stroke Rehabilitation Specialist

Organization of Home Care Professionals:

Neurorehabilitation: Evidence Based Tools for the Home Health Practitioner

Sentara:

Basic Splinting for an Inpatient Setting
Beyond Basic Splinting
Diagnosis and Treatment of Movement Impairment Syndroms
Electrotherapy: Improving Clinical Outcomes
Taping and Bracing: A Comprehensive Review: Session II
Upper Extremity Kinesiotaping: A Review of Taping Principles and Practical Applications: Session 1

Shelly Mesure-OTG Seminars:

Documenting Medical Necessity

Ultraflex Systems Inc.:

Emerging Orthotic Management Concepts in Neuro-Rehab

Virginia Geriatric Education Center (VGEC):
VGEC Scholars Faculty Development Plan

Virginia Vision Therapy Center:
Vision Related Learning Problems: What OT's Need to Know

William Calautti:
Assessment and Treatment of the Elderly Patient at Risk for Fall



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