

# Executive Summary for the Practice Analysis Study

OCCUPATIONAL THERAPIST REGISTERED OTR®



*Serving the Public Interest*

NBCOT® 2008  
PRACTICE ANALYSIS



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The National Board for Certification in Occupational Therapy, Inc. (NBCOT®) is a not-for-profit credentialing agency that provides certification for the occupational therapy profession. The aim of the NBCOT OCCUPATIONAL THERAPIST REGISTERED OTR® certification is to establish that individuals have the knowledge necessary to create and implement safe and effective programs.

NBCOT worked with CASTLE Worldwide, Inc., a certification and licensure design, development, and administrative service company, to ensure that the OTR examinations met guidelines and standards for examination development (e.g., Standards for Educational and Psychological Testing, American Educational Research Association, 1999; Uniform Guidelines on Employee Selection Procedures, EEOC, 1978).

### Why Conduct a Practice Analysis?

A practice analysis is the critical foundation for developing a psychometrically sound and legally defensible credentialing examination. The analysis aims to ensure that an examination is content valid, that it appropriately evaluates what is required to function as a competent practitioner in the field. Information from the practice analysis is used at all stages of examination development, including the creation of test specifications, item writing, and examination construction.

Accreditation agencies require systematic re-evaluation of the content standards to ensure that an examination remains appropriate. How often content standards are reviewed depends on how often the job or professional responsibilities change. Many agencies suggest at least a yearly review of the content standards, with a complete practice analysis conducted every five to seven years.

While there is no one specific methodology, a typical practice analysis consists of several critical elements; discussions with a representative group of subject matter experts to construct a detailed description of practice, and validation of their work.

### How Was The Analysis Conducted?

The practice analysis study conducted for the OTR certification examination consisted of four phases that meet the aims noted above:

#### I. Initial Development and Validation

- A focus group of subject matter experts examined current practice and literature and identified trends and changes since the last practice analysis. The panel also provided guidance on the validation ratings to be used and important demographic questions.
- A separate 13-member panel of subject matter experts identified the domains, tasks, and knowledge essential to the performance of a competent OTR practitioner. The panel outlined:
  - Four performance domains: Major responsibilities that define the role of the OTR practitioner
  - 17 Tasks: Individual functions required to carry out certain aspects of the job
  - 114 Knowledge Statements: Information or other learnable aspects that an OTR must possess in order to perform a specific task.

#### II. Pilot Study

- An online survey was developed and tested to refine the panel's recommendations and assess the survey delivery mechanism.
- The survey consisted of two parts:
  - A demographics section to provide information on place of work and working conditions (i.e., the type of facility they work in);
  - A section for respondents to rate each domain, task, and knowledge statement, in that order.

- Each domain and task was rated based on criticality and frequency,
    - Criticality: the degree to which a member of the public or other stakeholder would be physically, emotionally, or financially harmed if the certificant failed to perform the task competently.
    - Frequency: the time that a competent practitioner spends performing duties within each domain and task
  - Each knowledge statement was rated on criticality only. Thus, eliminating the influence of statements that could potentially be rated as highly critical but of low frequency.
- 98 certificants were contacted through e-mail to participate in the pilot survey.
    - The response rate for the pilot survey was 75%.
  - From results of the pilot survey, knowledge statements were reduced from 114 to 100; eliminating those that did not meet a minimal threshold for criticality. No domains or task statements were altered.

### III. Full Validation Study: Section One - Survey Respondent Characteristics

- A representative sample of professionals in the field reviewed and validated the work of the panel through an online and paper-and-pencil survey.
- Respondents had to be OTR<sup>®</sup> certificants who had been certified from 0 to 36 months, and were currently working, or had worked as an OTR<sup>®</sup> practitioner.
- A total of 1,283 requests for participation were sent to OTR<sup>®</sup> practitioners across all jurisdictions.
- 1,156 respondents completed the survey, a response rate of 90%.
- 96% of the respondents were currently working as an OTR<sup>®</sup> practitioner.
- The respondents represented a broad section of the practice community both in terms of where they resided and in their work settings.
- For degrees earned to meet NBCOT certification, 35% reported a bachelor's degree, 61% reported a master's degree, 2% listed an OTD, and 2% listed "Other," typically a combined bachelor's and master's degree.
- The largest number of respondents reported completing their level II fieldwork in a rehabilitation facility setting (33%), followed by acute care (21%), and school systems (11%).

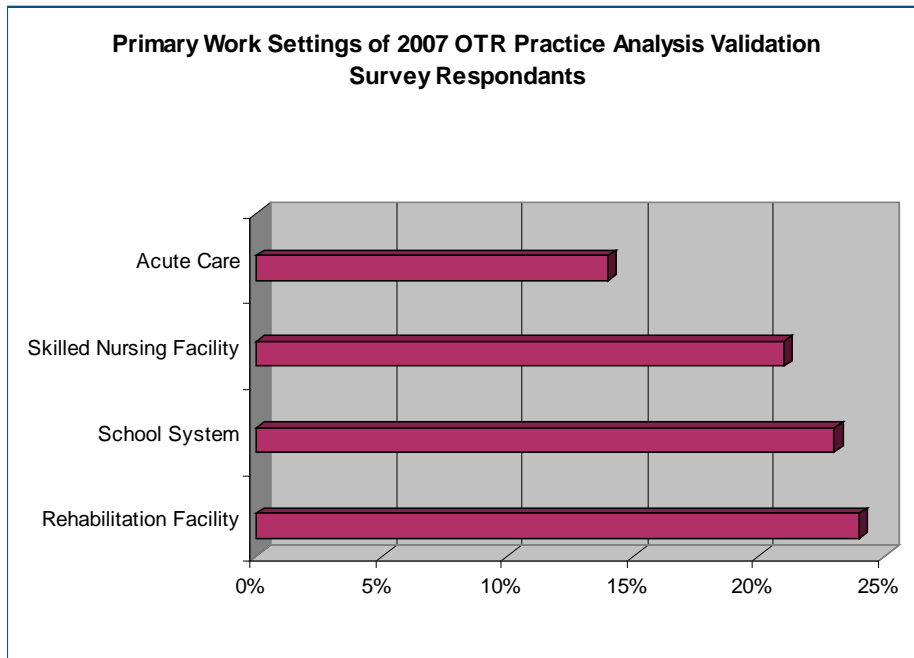
Level II Fieldwork Placements of OTR<sup>®</sup> Validation Survey Respondents, 2007

Setting	1st Level II Percent*	2nd Level II Percent	3rd Level II Percent*
School System	10.9%	15.5%	11.9%
Skilled nursing facility	9.0%	6.9%	4.1%
Acute care setting	21.1%	16.7%	11.7%
Rehabilitation facility	32.9%	36.2%	18.9%
Community	6.3%	6.7%	6.2%
Patient's home	2.0%	2.5%	1.9%
Patient's work site	0.1%	0.2%	0.5%
NA	0.4%	0.0%	31.5%
Other	17.4%	15.3%	13.4%

\*Percentages may not sum exactly to 100% because of rounding

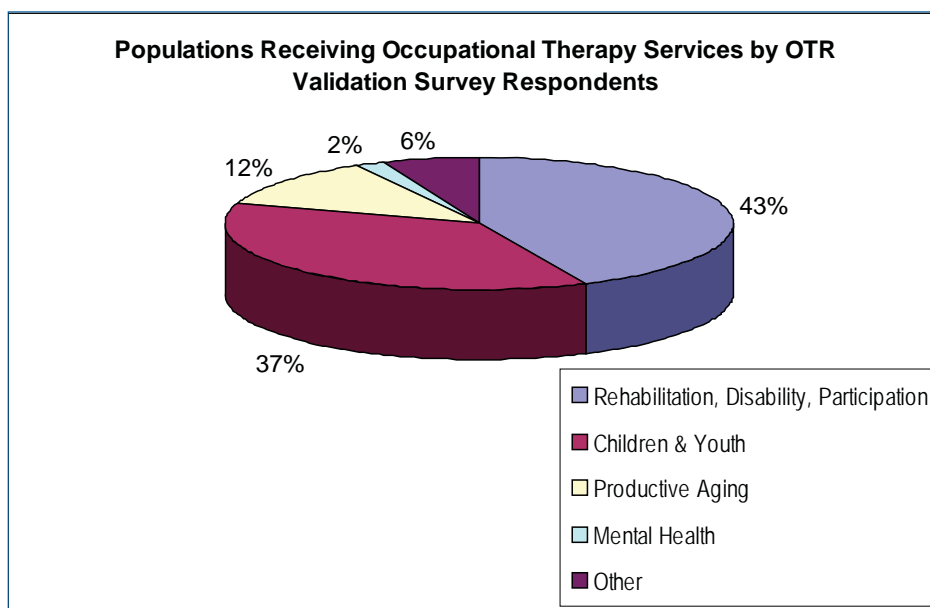
- The largest number of respondents reported working in rehabilitation settings (24%) followed by schools (23%) and skilled nursing facilities (21%).

Primary Work Settings of OTR® Validation Survey Respondents, 2007



- Populations receiving occupational therapy services by respondents include: rehabilitation, disability, participation (43%); children and youth (37%); and productive aging (12%).

Primary Populations Receiving Occupational Therapy Services by OTR® Validation Survey Respondents, 2007



- Respondents were asked to indicate their top three diagnoses for six different client condition categories: neurological; developmental; musculoskeletal/orthopedic; cardiopulmonary; and psychosocial conditions.

Top Diagnoses Related to Neurological Conditions Receiving Occupational Therapy Services  
from Survey Respondents, OTR® Validation Survey, 2007

<b>Neurological Conditions</b>	<b>Percent of Responses*</b>
Cerebral vascular accident	23.5%
Traumatic brain injury	11.8%
Spinal cord injury	3.3%
Multiple sclerosis	2.3%
ALS	0.2%
Parkinson's	8.7%
Dementia	15.6%
Spina bifida	2.5%
Cerebral palsy	12.2%
Low vision	5.4%
Neurogenic back pain	1.6%
Complex regional pain syndrome	1.1%
Peripheral nerve lesion	0.8%
Peripheral neuropathy	5.0%
Do not provide service	3.3%
Other	2.6%

\*Percentages may not sum exactly to 100% because of rounding

Top Diagnoses Related to Developmental Conditions Receiving Occupational Therapy Services  
from Survey Respondents, OTR® Validation Survey, 2007

<b>Developmental Conditions</b>	<b>Percent of Responses*</b>
Congenital anomalies	5.1%
Developmental delay	22.6%
Visual processing deficit	6.1%
Fetal alcohol syndrome	0.7%
Malnutrition	1.6%
Mental retardation	12.1%
Learning disorder	11.1%
Sensory integrative disorder	18.5%
Do not provide service	21.7%
Other	0.7%

\*Percentages may not sum exactly to 100% because of rounding

Top Diagnoses Related to Cardiopulmonary Conditions Receiving Occupational Therapy Services  
from Survey Respondents, OTR® Validation Survey, 2007

Cardiopulmonary Conditions	Percent of Responses*
Myocardial infarction	25.6%
Chronic obstructive pulmonary disease	25.7%
Congestive heart failure	26.1%
Tuberculosis	0.2%
Do not provide service	20.8%
Other	1.5%

\*Percentages may not sum exactly to 100% because of rounding

Top Diagnoses Related to Musculoskeletal/Orthopedic Conditions Receiving Occupational Therapy Services  
from Survey Respondents, OTR® Validation Survey, 2007

Musculoskeletal/Orthopedic Conditions	Percent of Responses*
Fractures	25.8%
Upper and/or lower extremity amputations	11.8%
Osteoarthritis	17.2%
Tendinopathy	2.4%
Joint replacements	22.3%
Sprains/strains	2.7%
Do not provide service	15.0%
Other	2.7%

\*Percentages may not sum exactly to 100% because of rounding

Top Diagnoses Related to Psychosocial Conditions Receiving Occupational Therapy Services from Survey  
Respondents, OTR® Validation Survey, 2007

Psychosocial Conditions	Percent of Responses*
Schizophrenia	7.1%
Mood disorders	8.4%
Anxiety disorders	13.9%
Substance abuse	7.2%
Autism spectrum disorders	16.8%
Attention deficit hyperactivity disorders	15.8%
Behavior disorders	17.0%
Personality disorders	3.4%
Do not provide	9.8%
Other	0.7%

\*Percentages may not sum exactly to 100% because of rounding

Top Diagnoses Related to General Medical/Systemic Conditions Receiving Occupational Therapy Services from Survey Respondents, OTR® Validation Survey, 2007

General Medical/Systemic Conditions	Percent of Responses*
HIV/AIDS	1.2%
Cancer	16.4%
Diabetes	20.0%
Rheumatoid arthritis	14.9%
Fibromyalgia	1.9%
General deconditioning/debilitation	22.8%
Burns	1.7%
Lymphadema	1.9%
Open wounds/decubitis	3.8%
Do not provide	14.6%
Other	0.8%

\*Percentages may not sum exactly to 100% because of rounding

IV. Full Validation Study: Part Two - Survey Contents and Respondent Ratings

- The full OTR® validation survey consisted of 4 performance domains, 17 task statements across the 4 domains, and 100 knowledge statements relating to specific tasks.
- As with the pilot survey, OTR survey respondents for the full validation survey were asked to rate each performance domain and task based on criticality and frequency.
- Knowledge statements were only rated for criticality.
- Criticality was rated using the following four-point scale:

No Harm	0	Inability to perform tasks in this domain would lead to error with no consequences.
Minimal Harm	1	Inability to perform tasks in this domain would lead to error with minimal adverse consequences.
Moderate Harm	2	Inability to perform tasks in this domain would lead to error with moderate adverse consequences.
Serious Harm	3	Inability to perform tasks in this domain would definitely lead to error with severe consequences.

- Frequency was rated using the following four-point scale:

Never	0	The entry-level OTR® practitioner does not perform this task at all.
Infrequently	1	The entry-level OTR® practitioner performs this task once a month.
Frequently	2	The entry-level OTR® practitioner performs this task once a week.
Repetitively	3	The entry-level OTR® practitioner performs this task daily or several times a week.

- For each respondent, a third variable, weight, was calculated by multiplying each respondent's criticality by two, and adding their rating of frequency (criticality\*2+frequency). By emphasizing criticality, the weight formulation used supports NBCOT's mission of protecting the public from harm. A weight that emphasizes criticality ensures that less critical but frequent tasks do not dominate the test blueprint.

## V. Development of Test Blueprint Specifications for the OTR® Examination

- Appendix 1 contains a complete listing of the OTR validated domain, task and knowledge statements based on the survey results. This appendix also contains skill statements distinct to each task. Although not validated as part of the survey, these statements provide an additional resource for examination item writers. Educators, regulators, and employers can also use them as a tool to guide decisions regarding competence or readiness to practice occupational therapy.
- Examination test blueprints are designed by assessing the weight given by respondents to the domains and tasks. Knowledge statements do not form part of the test blueprint but act as guides for item classification and item development.
- Based on the ratings gathered from the full validation study, blueprint specifications for the OTR certification examination were developed.
- Consistent with previous practice analysis studies, a “bottom-up” approach to blueprint development was used. This approach:
  - focuses on building a blueprint based on the calculated weights for each task, and
  - recognizes the unequal number of tasks across domains.

## VI. A Summary of the Test Blueprint Developed for the OTR Examination

- An OTR test blueprint was constructed that reflects the proportion of the examination assigned to each domain and task based on the practice analysis validation survey results.
- The test blueprint described in this document identifies the percentage of the OTR examination at the domain level.
- These blueprint specifications will guide examination development for the NBCOT® OTR certification examinations beginning January 2009.

### OTR Certification Examination Blueprint Specifications Based on Outcomes of the 2007 NBCOT Practice Analysis

Domain	Description	Percent of Exam
01	Gather information regarding factors that influence occupational performance.	13.3%
02	Formulate conclusions regarding the client’s needs and priorities to develop a client-centered intervention plan.	28.0%
03	Select and implement evidence-based interventions to support participation in areas of occupation (e.g., ADL, education, work, play, leisure, social participation) throughout the continuum of care.	38.7%
04	Uphold professional standards and responsibilities to promote quality in practice.	20.0%

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**DOMAIN, TASK, KNOWLEDGE AND SKILL STATEMENTS**

Throughout this document the use of the term client is intended to include individuals and groups such as patients, consumers, workers, students, and others who receive occupational therapy services.

**Definition of the Occupational Therapist Registered**

The Occupational Therapist Registered (OTR) is a professional who works with clients whose occupational performance is impaired or at risk of impairment to facilitate engagement in meaningful occupations across the lifespan. The OTR uses collaborative, client-centered strategies to obtain information regarding personal and environmental factors that impact occupational performance and formulates conclusions to develop an intervention plan. The OTR selects and implements interventions to support participation in basic and instrumental activities of daily living, education, work, play, leisure, and social participation. The OTR engages in professional development activities to maintain competence and uphold standards of practice.

**Statement of the Target Audience**

NBCOT has determined that the entry level OTR certificant has from zero to three years of professional experience. The focus of the practice analysis is directed to the entry level OTR certificant.

**DOMAIN:**

**01 GATHER INFORMATION REGARDING FACTORS THAT INFLUENCE OCCUPATIONAL PERFORMANCE**

**TASK:**

**01.01 Evaluate the client on an ongoing basis using appropriate tools, procedures, and protocols in order to determine factors that impact participation in occupation.**

Knowledge of:

- 01.01.01 Information gathering processes and procedures (e.g., observation, interview, client records)
- 01.01.02 Administration and scoring of standardized/non-standardized screening and assessment instruments
- 01.01.03 Normal development and function across the lifespan
- 01.01.04 Expected patterns/progressions associated with conditions that limit occupational performance
- 01.01.05 Client contexts (cultural, physical, social, personal, spiritual, temporal, and virtual)
- 01.01.06 Activity demands
- 01.01.07 Methods for responding appropriately to unexpected occurrences during the data gathering process

Skill in:

- 1 Conducting oneself in a therapeutic manner to gather essential data
- 2 Identifying client needs, problems, concerns, and priorities about occupations and daily life activity performance
- 3 Identifying factors that support or hinder occupational performance
- 4 Gathering client history as a reference to activities and engagement in occupations
- 5 Selecting, administering, and scoring appropriate screening and/or assessment instruments
- 6 Modifying assessments based on client needs and/or performance
- 7 Recognizing and responding to unexpected client responses

**TASK:**

**01.02 Identify environments and contexts using appropriate theoretical approaches or models of practice in order to determine facilitators and/or barriers that impact the client's participation in occupation.**

Knowledge of:

- 01.02.01 Theoretical approaches and models of practice
- 01.02.02 Facilitators and/or barriers to participation in occupation
- 01.02.03 Site assessment processes and procedures (e.g., work, home, school, community)
- 01.02.04 Impact of environments on development and occupational performance
- 01.02.05 Resources and support systems currently available to the client

Skill in:

- 1 Using appropriate theoretical approaches or models of practice to identify environmental and contextual factors that support or hinder occupational performance
- 2 Obtaining information in accordance with regulatory, funding requirements and levels of service provision

**DOMAIN:**

**02 FORMULATE CONCLUSIONS REGARDING THE CLIENT'S NEEDS AND PRIORITIES TO DEVELOP A CLIENT-CENTERED INTERVENTION PLAN**

**TASK:**

**02.01 *Interpret the evaluation results and available evidence regarding the impact of current condition(s) and context(s) on the client's occupational performance in order to determine the need for occupational therapy services and support intervention planning (includes interpreting and measuring client outcomes based on reevaluation results).***

Knowledge of:

- 02.01.01 Clinical decision-making and critical reasoning
- 02.01.02 Tools and techniques for interpreting data
- 02.01.03 Internal and external influences on occupational performance (e.g., disability, environment, context, medication)
- 02.01.04 Activities that can enhance occupational performance

Skill in:

- 1 Using evidence to support clinical decision-making
- 2 Interpreting quantitative and qualitative evaluation data accurately
- 3 Using critical reasoning to formulate conclusions about factors that impact occupational performance.
- 4 Identifying activities to enhance the client's occupational performance

**TASK:**

**02.02 *Collaborate with the client and relevant others using a team approach in order to prioritize client-centered goals throughout the continuum of care, guided by evidence and the principles of best practice.***

Knowledge of:

- 02.02.01 Team roles, responsibilities and care coordination
- 02.02.02 Collaborative client-centered strategies
- 02.02.03 Goal formulation based on expected outcomes of intervention
- 02.02.04 Discharge planning procedures
- 02.02.05 Transitional services

Skill in:

- 1 Identifying a variety of team roles and responsibilities
- 2 Communicating with the client and team members about client goals and outcomes
- 3 Facilitating client participation to prioritize needs and identify goals
- 4 Developing measurable and culturally relevant goals
- 5 Using appropriate criteria to formulate a discharge plan
- 6 Formulating and implementing a discharge plan
- 7 Communicating the recommended discharge plan to the client and relevant others
- 8 Identifying appropriate transitional services

**TASK:**

**02.03 *Develop an occupation-based intervention plan by selecting intervention strategies and approaches consistent with prioritized needs and best practice in order to facilitate client outcomes.***

Knowledge of:

- 02.03.01 Activity analysis methods related to client roles, habits and routines, and current abilities
- 02.03.02 Environments and contexts that maximize participation within areas of occupation
- 02.03.03 Components of an intervention plan
- 02.03.04 Methods and techniques for promoting carry-over of intervention within the transitional environment, home, work, school, or community
- 02.03.05 Life skills relevant to culture, roles, habits, and routines, and current abilities (e.g., home management, social skills, vocational skills)
- 02.03.06 Frequency and duration of intervention needed to reach goals based on expected outcomes

Skill in:

- 1 Selecting the appropriate frame of reference
- 2 Using occupation in a therapeutic manner to promote function based on client roles, habits and routines and current abilities
- 3 Analyzing activities for the selection of occupation-based interventions consistent with client roles, habits, routines, and current abilities
- 4 Selecting the intervention environment to support participation in occupation
- 5 Identifying appropriate interventions using best practice as a guide
- 6 Implementing methods and techniques to promote carry-over of interventions within the transitional environment, home, work, school and/or community
- 7 Determining frequency and duration of intervention based on expected outcomes

**TASK:**

**02.04 Determine the need for referral to other professionals or services using evaluation results in order to facilitate comprehensive, quality care.**

Knowledge of:

02.04.01 Referral sources and processes

02.04.02 Roles and contributions of other service providers

02.04.03 Community resources, funding, reimbursement, and/or payment source

Skill in:

1 Identifying parameters of other service delivery models (e.g., criteria, least restrictive environment, acuity)

2 Identifying the roles of other service providers to determine appropriate referral and community resources

3 Locating and communicating with other service providers and community organizations

**DOMAIN**

**03 SELECT AND IMPLEMENT EVIDENCE-BASED INTERVENTIONS TO SUPPORT PARTICIPATION IN AREAS OF OCCUPATION (e.g., ADL, education, work, play, leisure, social participation) THROUGHOUT THE CONTINUUM OF CARE**

**TASK:**

**03.01 Use critical reasoning to select and implement interventions and approaches consistent with general medical, neurological, and musculoskeletal conditions and client needs in order to achieve functional outcomes within areas of occupation**

Knowledge of:

03.01.01 Impact of general medical, neurological, and musculoskeletal conditions on areas of occupation (e.g., ADL, work, leisure, social participation, education, play)

03.01.02 Activities to enhance performance within areas of occupation

03.01.03 Compensatory strategies and techniques for minimizing the impact of disease process and/or condition on occupational performance (e.g., joint protection, work simplification, and energy conservation, occupational modification)

03.01.04 Biomechanical strategies and techniques related to body functions and structures (e.g., ROM and strengthening exercises, joint mobilization, wound care, edema control principles and techniques)

03.01.05 Remedial and preventive strategies and techniques specific to general medical conditions (e.g., scar management, pressure-relief techniques, positioning, infection control, standard precautions) for developing or restoring a skill or ability

03.01.06 Facilitation and handling principles and techniques for improving functional performance consistent with general medical, neurological, and/or musculoskeletal conditions

- 03.01.07 Safe and effective application of superficial and deep thermal, mechanical, and electrotherapeutic physical agent modalities as an adjunct to participation in an activity
- 03.01.08 Methods for selecting, designing, fabricating splints and/or modifying splints and orthotic devices consistent with general medical, neurological, and/or musculoskeletal conditions
- 03.01.09 Methods for selecting, designing, fabricating and/or modifying adaptive equipment or assistive devices consistent with general medical, neurological, and/or musculoskeletal conditions
- 03.01.10 Interventions for facilitating chewing and swallowing specific to general medical conditions
- 03.01.11 Positioning and physical transfer techniques consistent with activity demands, client skills, and abilities
- 03.01.12 Neurobehavioral approaches to skill development (e.g., visual scanning, hand-over-hand techniques, visual cueing, verbal prompting) consistent with general medical, neurological, and/or musculoskeletal conditions

Skill in:

- 1 Conducting oneself in a therapeutic manner to facilitate change based on a client's general medical, neurological, and/or musculoskeletal condition
- 2 Selecting and implementing compensatory, remedial, biomechanical and/or preventive interventions as related to general medical, neurological, and/or musculoskeletal conditions
- 3 Facilitating individual and group occupation-based activities consistent with a client's general medical, neurological, and/or musculoskeletal condition and current abilities
- 4 Using facilitation and handling principles and techniques consistent with general medical, neurological, and/or musculoskeletal condition
- 5 Incorporating physical agent modalities in the intervention as an adjunct to participation in functional activities
- 6 Selecting, designing, fabricating and/or modifying splints and/or modifying splints and orthotic devices consistent with general medical, neurological, and/or musculoskeletal conditions and client needs
- 7 Selecting, designing, fabricating and/or modifying adaptive equipment or assistive devices consistent with general medical, neurological, and/or musculoskeletal conditions and client needs
- 8 Using evidence based interventions to promote chewing and swallowing specific to general medical conditions
- 9 Teaching positioning and physical transfer techniques relative to activity demands, and the client's current abilities Using neurobehavioral approaches and techniques to promote skill development

**TASK:**

**03.02 Use critical reasoning to select and implement interventions and approaches consistent with developmental level, pediatric conditions, and/or congenital anomalies and client needs in order to achieve functional outcomes within areas of occupation.**

Knowledge of:

- 03.02.01 Impact of developmental level, pediatric conditions, and/or congenital anomalies on areas of occupation (e.g., ADL, education, leisure, play, social participation)
- 03.02.02 Normal development for task accomplishment
- 03.02.03 Facilitation and handling principles and techniques consistent with developmental level, pediatric conditions, and/or congenital anomalies
- 03.02.04 Activities to promote development in areas of occupation
- 03.02.05 Factors that impact visual and perceptual skill development
- 03.02.06 Sensory integration and sensory modulation principles and techniques
- 03.02.07 Remedial, compensatory, and preventive techniques specific to developmental level, pediatric conditions, and/or congenital anomalies (e.g., positioning, standard precautions)
- 03.02.08 Methods for selecting, designing, fabricating splints and/or modifying splints and orthotic devices based on developmental level, pediatric conditions, and/or congenital anomalies
- 03.02.09 Methods for selecting, designing, fabricating and/or modifying adaptive equipment or assistive devices based on developmental level, pediatric conditions, and/or congenital anomalies
- 03.02.10 Behavior management principles and techniques appropriate to developmental level
- 03.02.11 Interventions for facilitating chewing and swallowing specific to developmental level, pediatric conditions, and/or congenital anomalies
- 03.02.12 Positioning and physical transfer techniques consistent with developmental level and activity demands
- 03.02.13 Neurobehavioral approaches to skill acquisition consistent with developmental level, pediatric conditions, and/or congenital anomalies (e.g., visual scanning, hand-over-hand techniques, visual cueing, verbal prompting)
- 03.02.14 Prevocational and vocational exploration processes and procedures

Skill in:

- 1 Using occupation in a therapeutic manner to promote developmental skills and abilities
- 2 Conducting oneself in a therapeutic manner to facilitate change consistent with developmental needs
- 3 Selecting and implementing interventions consistent with developmental level, pediatric conditions and/or congenital conditions
- 4 Using developmentally-based methods and techniques to facilitate group activities
- 5 Using facilitation and handling techniques during interventions consistent with developmental level, pediatric conditions, and/or congenital anomalies

- 6 Using sensory integrative interventions and sensory modulation techniques during intervention
- 7 Selecting, designing, fabricating and/or modifying splints and orthotic devices consistent with developmental level, pediatric conditions, and/or congenital anomalies and client needs
- 8 Selecting, designing, fabricating and/or modifying adaptive equipment or assistive devices consistent with developmental level, pediatric conditions, and/or congenital anomalies and client needs
- 9 Using evidence based interventions for facilitating chewing and swallowing specific to developmental level, pediatric conditions, and/or congenital anomalies
- 10 Teaching positioning and physical transfer techniques consistent with developmental level and activity demands
- 11 Using neurobehavioral approaches and techniques for skill acquisition consistent with developmental level, pediatric conditions, and/or congenital anomalies
- 12 Using prevocational and vocational explorations processes and procedures

**TASK:**

**03.03 Use critical reasoning to select and implement interventions and approaches consistent with psychosocial and cognitive abilities, and client needs in order to facilitate outcomes within areas of occupation.**

Knowledge of:

- 03.03.01 Impact of psychosocial and cognitive abilities on areas of occupation (ADL, work, leisure, social participation)
- 03.03.02 Methods and techniques for facilitating groups appropriate to participants' psychosocial and cognitive abilities
- 03.03.03 Activities for enhancing skills within areas of occupation
- 03.03.04 Methods and techniques for responding in a therapeutic manner to the needs of a client and/or caregiver during psychosocial interventions
- 03.03.05 Intervention strategies appropriate for psychosocial and cognitive models of practice (e.g., coping skills, stress management, biofeedback, relaxation, cognitive behavioral therapy)
- 03.03.06 Remedial, compensatory, and preventive techniques consistent with psychosocial and cognitive behavioral status (e.g., problem-solving worksheets, medication management strategies, memory aids, falls prevention)
- 03.03.07 Methods for selecting, designing, fabricating and/or modifying adaptive equipment or assistive devices consistent with psychosocial and/or cognitive abilities

Skill in:

- 1 Using occupation in a therapeutic manner appropriate to psychosocial and/or cognitive abilities, client roles, habits and routines
- 2 Selecting and implementing therapeutic interventions appropriate to psychosocial or cognitive abilities, client roles, habits and routines

- 3 Conducting oneself in a therapeutic manner to facilitate change based on psychosocial and/or cognitive abilities
- 4 Using compensatory, remedial, and/or preventive strategies consistent with psychosocial and/or cognitive abilities, client roles, habits and routines
- 5 Selecting, designing, fabricating and/or modifying adaptive equipment or assistive devices based on psychosocial and/or cognitive abilities
- 6 Designing and facilitating group activities consistent with psychosocial and/or cognitive models of practice
- 7 Responding in a therapeutic manner to the needs of a client or caregiver during psychosocial interventions

**TASK:**

**03.04 Maximize accessibility to and mobility within a client's contexts by identifying and recommending environmental modifications in order to optimize occupational performance and/or enhance quality of life**

Knowledge of:

- 03.04.01 Principles and methods for environmental modification within contexts (e.g., transitional environments, home, work, school, community)
- 03.04.02 Accessibility concerns and barriers (e.g., ADA guidelines)
- 03.04.03 Community transportation alternatives
- 03.04.04 Types and functions of, and indications and contraindications for seating and mobility systems, durable medical equipment, environmental modifications, and/or assistive technology
- 03.04.05 Processes and procedures for assessing seating, mobility, assistive technology, and environmental modification needs
- 03.04.06 Methods for teaching individuals about the safe use and proper care of seating and mobility systems, durable medical equipment, and assistive technology within a variety of contexts
- 03.04.07 Collaboration strategies for communicating with the client and relevant others (e.g., family, team members, employers, vendors, payors) to acquire and use seating and mobility systems, durable medical equipments and/or assistive technology
- 03.04.08 Ergonomic principles and universal design
- 03.04.09 Methods for adapting the home and/or community environment

Skill in:

- 1 Analyzing environment for accessibility and risk
- 2 Assessing mobility, seating, assistive technology, and durable medical equipment needs
- 3 Selecting seating and mobility systems, durable medical equipment, environmental modifications, and/or assistive technology
- 4 Making environmental modifications to support participation in occupation

- 5 Collaborating with the client and/or relevant others regarding the need for environmental modifications, community mobility, mobility device, and/or durable medical equipment needs and options
- 6 Communicating with the client and relevant others (e.g., family, team members, vendors, payors) to acquire devices
- 7 Evaluating the effectiveness of modifications and/or devices within areas of occupation
- 8 Educating and training the client and relevant others about the safe and effective use of environmental modifications, seating and mobility devices, durable medical equipment, and assistive technology
- 9 Identifying and managing adverse reactions to environmental modifications

**TASK:**

**03.05 *Modify interventions based on the client's needs and responses in order to promote occupational performance.***

Knowledge of:

- 03.05.01 Physical, psychological, and social responses requiring modification of the intervention
- 03.05.02 Methods for adjusting intervention techniques in response to variances from anticipated outcomes
- 03.05.03 Methods for adapting the intervention environment based on medical status and behavioral responses that maximize participation within areas of occupation
- 03.05.04 Methods for grading an intervention activity based on expected progress and/or unexpected physical responses
- 03.05.05 Methods for responding appropriately to unexpected occurrences during intervention

Skill in:

- 1 Identifying the need adjust intervention techniques, adapt the intervention environment, and/or grade the intervention activity
- 2 Adjusting the intervention method or technique in response to variances from anticipated outcomes
- 3 Adapting the environment to support participation during the intervention
- 4 Grading the intervention activity based on expected progress and/or unexpected physical responses
- 5 Responding appropriately to unexpected occurrences during intervention

**TASK:**

**03.06 *Apply the principles of health promotion, wellness, prevention and/or educational programming based on client and community needs in order to provide information or serve as a resource consultant for occupation based program activities.***

Knowledge of:

- 03.06.01 Consultation and advocacy principles related to health promotion, wellness, prevention and/or educational programming for at-risk populations
- 03.06.02 Methods for identifying service needs for at-risk populations

Skill in:

- 1 Identifying service needs for various populations
- 2 Advocating for services and resources for various populations
- 3 Designing and implementing programs for at-risk populations
- 4 Designing and conducting individual and group health promotion and wellness activities
- 5 Collaborating with community-based agencies (e.g., senior centers, homeless shelter, service providers, funding agencies)

## **DOMAIN**

### **04 UPHOLD PROFESSIONAL STANDARDS AND RESPONSIBILITIES TO PROMOTE QUALITY IN PRACTICE**

#### **TASK:**

**04.01 *Maintain ongoing competence by participating in professional development activities and appraising evidence-based literature using critical reasoning skills in order to provide effective services and promote quality care.***

Knowledge of:

- 04.01.01 Professional development activities
- 04.01.02 NBCOT certification renewal policies
- 04.01.03 Validity and reliability concepts
- 04.01.04 Methods for analyzing data and interpreting data in literature

Skill in:

- 1 Identifying appropriate professional development activities
- 2 Adapting to changes in practice due to advances in the OT body of knowledge
- 3 Interpreting results and conclusions
- 4 Applying evidence-based knowledge to practice
- 5 Creating a professional development plan

#### **TASK:**

**04.02 *Uphold professional standards by participating in continuous quality improvement activities and complying with safety regulations, laws, ethical codes, facility policies and procedures, and guidelines governing OT practice in order to protect the public interest.***

Knowledge of:

- 04.02.01 Policies, procedures, and guidelines related to service provision
- 04.02.02 Ethical decision-making
- 04.02.03 NBCOT code of conduct
- 04.02.04 Client confidentiality regulations (e.g., HIPAA)
- 04.02.05 State and federal laws governing OT practice
- 04.02.06 Methods for incorporating federally mandated guidelines into intervention plans
- 04.02.07 Safety procedures and risk management techniques
- 04.02.08 Accrediting bodies and their requirements
- 04.02.09 Standards/scope of practice for OT
- 04.02.10 Quality improvement processes and procedures (includes program evaluation and outcomes measures)

Skill in:

- 1 Complying with federal, state, and other types of regulatory laws and rules
- 2 Identifying policies and procedures that are specific to agencies
- 3 Implementing safety and risk management techniques during intervention
- 4 Incorporating federally mandated guidelines into intervention plans
- 5 Designing and implementing safeguards in an environment to promote safety
- 6 Collecting, interpreting, and analyzing outcomes data
- 7 Developing an improvement plan
- 8 Advocating changes that improve quality of care
- 9 Organizing time and services

**TASK:**

**04.03 Document occupational therapy services and outcomes using established guidelines in order to verify accountability and to meet the requirements of practice settings, accrediting bodies, regulatory agencies and/or funding sources.**

Knowledge of:

- 04.03.01 Methods and purposes for documentation
- 04.03.02 Reimbursement systems and regulatory requirements for documentation

Skill in:

- 1 Organizing documentation accurately and in accordance with practice setting, regulatory agencies or funding sources
- 2 Differentiating among financial systems for reimbursement purposes
- 3 Communicating effectively through documentation
- 4 Adhering to applicable regulations and guidelines related to documentation

**TASK:**

**04.04 *Articulate how occupational therapy contributes to beneficial outcomes for clients and relevant others based on evidence in order to promote quality care.***

Knowledge of:

04.04.01 Roles and responsibilities of certified OT practitioners

04.04.02 Effective communication methods and strategies

Skill in:

1 Clarifying the role, responsibilities, and scope of practice for OT practitioners

2 Developing and disseminating information about OT services

**TASK:**

**04.05 *Supervise assistants, paraprofessionals, students, and volunteers in accordance with professional guidelines and applicable regulations in order to support the delivery of appropriate occupational therapy services.***

Knowledge of:

04.05.01 OTR and COTA role delineation

04.05.02 Clinical fieldwork education

04.05.03 Regulatory requirements and professional standards for supervision

Skill in:

1 Delegating tasks and responsibilities to supervisees as appropriate

2 Communicating and collaborating effectively with supervisees

3 Assessing the competence of supervisees

4 Incorporating competency-based learning activities

5 Developing remedial plans





*Serving the Public Interest*

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