
NBCOT[®]

Professional Practice Standards



For

OTR[®]

Occupational Therapist
Registered (OTR[®])
and Candidates Seeking
the OTR Designation




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Our Mission

The mission of the National Board for Certification in Occupational Therapy, Inc. (NBCOT) is to serve the public interest by advancing client care and professional practice through evidence-based certification standards and the validation of knowledge essential for effective practice in occupational therapy.



Our Vision

Certified occupational therapy professionals providing effective evidence-based services across all areas of practice worldwide.



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Introduction

NBCOT offers an initial certification program for the entry-level OCCUPATIONAL THERAPIST REGISTERED (OTR®) that confers the OTR credential and has established the requirements for maintaining status as an OTR with NBCOT through a certification renewal program.

Currently all 50 states, Guam, Puerto Rico and the District of Columbia require NBCOT initial certification for occupational therapy state regulation (e.g., licensing). NBCOT certification programs have received and maintained organizational accreditation from the National Commission for Certifying Agencies (NCCA) and American National Standards Institute (ANSI) to ISO Standard 17024. NBCOT is a member of the Institute for Credentialing Excellence (ICE).

Standards of Practice in Occupational Therapy (OT) are the baseline for quality occupational therapy care—holding OTR certificants accountable for delivering consistent, high quality health care services. The Standards provide guidelines that can be used to determine what the OTR should and should not do when providing services to clients. These Standards represent the expectations of NBCOT and may be used to evaluate performance for ongoing professional development and/or disciplinary action.

The NBCOT Standards of Practice consist of four sections:

- Practice Domains;
- Code of Professional Conduct;
- Supervision; and
- Documentation

NBCOT Professional Practice Standards (PPS)

PPS 1. The Standards are intended to assist the:

- Client in understanding what to expect from an OTR certificant;
- OTR in evaluating the quality of client care; and
- OTR in understanding the professional expectations of being certified by NBCOT.

PPS 2. The Standards are not intended to:

- Prescribe services, including treatment plans or procedures; and
- Assure specific client outcomes.

NBCOT does not express an opinion on the competence or warrant the job performance of OTR certificants; however, all OTR certificants and candidates with the OTR designation must agree to comply with the Standards at all times.



NBCOT Occupational Therapy Practice Domains

A **Practice Analysis Study in 2017** identified **Practice Domains**, which are distinct areas of work that have associated tasks; **Tasks** (things practitioners do) are associated with each domain; and the essential **Knowledge** (what a practitioner needs to know) required to complete each Task satisfactorily. The completed OTR Practice Analysis Study—domain, tasks, and knowledge is available for no cost at www.nbcot.org. The Practice Domains establish essential practice expectations for OTR certificants when providing occupational therapy services to clients.

Domain 1 – Evaluation and Assessment

Acquire information regarding factors that influence occupational performance on an ongoing basis throughout the occupational therapy process.

Task 01

Identify the influence of development; body functions and body structures; and values, beliefs, and spirituality on a client's occupational performance.

Task 02

Acquire information specific to a client's functional skills, roles, culture, performance context, and prioritized needs through the use of standardized and non-standardized assessments and other available resources in order to develop and update the occupational profile.

Task 03

Determine the influence of task demands and contexts on occupational performance through the application of theoretical constructs within the practice setting.

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Domain 2 – Analysis and Interpretation

Formulate conclusions regarding client needs and priorities to develop and monitor an intervention plan throughout the occupational therapy process.

Task 01

Synthesize assessment results and information obtained about the client's current condition and context with client needs and priorities to determine eligibility for services consistent with the objectives of the initial referral to develop a client-centered intervention plan.

Task 02

Collaborate with the client, the client's relevant others, occupational therapy colleagues, and other professionals and staff by using a culturally sensitive, client-centered approach and therapeutic use of self to manage occupational therapy services guided by evidence and principles of best practice.

Task 03

Manage the intervention plan by using clinical reasoning, therapeutic use of self, and cultural sensitivity to identify, monitor, and modify the intervention approach, context, or goals based on client needs, priorities, response to intervention, changes in condition, reevaluation results, and targeted outcomes.

Domain 3 – Intervention Management

Select interventions for managing a client-centered plan throughout the occupational therapy process.

Task 01

Incorporate methods and techniques as an adjunct to interventions in order to facilitate healing and enhance engagement in occupation-based activities.

Task 02

Implement occupation-based strategies to support participation in activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation across the life span.

Task 03

Manage interventions for improving range of motion, strength, activity tolerance, sensation, postural control, and balance based on neuromotor status, cardiopulmonary response, and current stage of recovery or condition in order to support occupational performance.

Task 04

Apply anatomical, physiological, biomechanical, and healing principles to select or fabricate orthotic devices, and provide training in the use of orthotic and prosthetic devices by using critical thinking and problem-solving as related to a specific congenital anomaly or type of injury, current condition, or disease process in order to support functional outcomes.

Task 05

Select assistive technology options, adaptive devices, mobility aids, and other durable medical equipment, considering the client's developmental, physical, functional, cognitive, and mental health status; prioritized needs; task demands; and context to enable participation in meaningful occupation.

Task 06

Recommend environmental modifications guided by an occupation-based model, disability discrimination legislation, and accessibility guidelines and standards to support participation in occupation consistent with a client's physical needs, emotion regulation, cognitive and developmental status, context, and task demands.

Domain 4 – Competency and Practice Management

Manage professional activities of self and relevant others as guided by evidence, regulatory compliance, and standards of practice to promote quality care.

Task 01

Manage professional development activities and competency assessment tasks by using evidence-based strategies and approaches in order to provide safe, effective, and efficient programs and services.

Task 02

Incorporate risk management techniques at an individual and service-setting level to protect clients, self, staff, and others from injury or harm during interventions.

Task 03

Manage occupational therapy service provision in accordance with laws, regulations, state occupational therapy practice acts, and accreditation guidelines in order to protect consumers and meet applicable reimbursement requirements in relation to the service delivery setting.

Code of Professional Conduct

Preamble

The National Board for Certification in Occupational Therapy, Inc. (“NBCOT,” formerly known as “AOTCB”) is a professional organization that supports and promotes occupational therapy practitioner certification. This Candidate/Certificant Code of Conduct enables NBCOT to define and clarify the standards of personal and professional conduct required for eligibility for both initial and continued certification, i.e., OCCUPATIONAL THERAPIST REGISTERED OTR® (OTR) henceforth OTR, and CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA® (COTA) henceforth COTA. Where the term “certificant” is used, the term “applicant or candidate” is included in its scope.

It is vital that NBCOT certifiants conduct their work in a professional manner to earn and maintain the confidence and respect of recipients of occupational therapy, colleagues, employers, students, and the public.

As certified professionals in the field of occupational therapy, NBCOT certifiants will at all times act with integrity and adhere to high standards for personal and professional conduct, accept responsibility for their actions, both personally and professionally, continually seek to enhance their professional capabilities, practice with competence, fairness, and honesty, abide by all federal, state, and local laws and regulations, and encourage others to act in a professional manner consistent with the Practice Standards and responsibilities set forth below.

The logo for Occupational Therapy Registered (OTR) consists of the letters 'OTR' in a large, bold, sans-serif font. The 'O' is significantly larger than the 'T' and 'R'. A registered trademark symbol (®) is located at the top right of the 'R'.

Principle 1

Certificants shall provide accurate, truthful, and timely representations to NBCOT including, but not limited to:

- The submission of information on the exam application, certification renewal applications, or the renewal audit form;
- Answers to character review questions and, once certified, the disclosure of any criminal, legal, or other disciplinary matters within 60 days of any such matter;
- Abiding by all exam related security policies;
- The submission of information requested by NBCOT for alleged violations of NBCOT's policies, requirements and standards or
- The submission of information regarding his/her credential(s), professional license(s) and/or education.

Principle 2

Certificants who are the subject of a qualifications and compliance review shall cooperate with NBCOT concerning investigations and requests for relevant information.

Principle 3

Certificants shall be accurate, truthful, and complete in any and all communications, direct or indirect, with any client, employer, regulatory agency, or other parties as they relate to their professional work, education, professional credentials, research and contributions to the field of occupational therapy.

Principle 4

Certificants shall comply with state and/or federal laws, regulations, and statutes governing the practice of occupational therapy.

Principle 5

Certificants shall not be convicted of a serious crime.

Principle 6

Certificants shall not engage in behavior or conduct, lawful or otherwise that causes them to be, or reasonably perceived to be, a threat or potential threat to the health, well-being, or safety of recipients or potential recipients of occupational therapy services.

Principle 7

Certificants shall not engage in the practice of occupational therapy while one's ability to practice is impaired due to chemical (i.e., legal and/or illegal) drug or alcohol abuse.

Principle 8

Certificants shall not electronically post personal health information or anything, including photos, that may reveal a patient's/client's identity or personal or therapeutic relationship. (All statements, regardless of intent, about a patient/client can potentially contain sufficient information for a member of a community to recognize the patient/client thus, violating the state and/or federal law (i.e. Health Insurance Portability and Accountability Act (HIPAA)).

Principle 9

Certificants shall not misuse NBCOT's intellectual property, certification marks, logos, or other copyrighted materials. This includes all NBCOT exam preparation tools, website or exam content. Disclosure of practice test questions or examination material content, including examination questions, is strictly prohibited.



Supervision

The purpose of supervision is to help protect public health, safety, and welfare as it relates to the delivery of occupational therapy services.

Supervision is categorized as direct and indirect supervision. Direct supervision is defined as the supervisor being present when the employee is performing the job and observes performance. Indirect supervision allows the supervisor to gather information about how the job was performed after the performance occurs. Other facets of this definition include providing guidance, direction, and approval for the delivery of occupational therapy services. Methods include communication with the supervisee (via phone, email, or written correspondence) about their performance, looking at written records, or receiving reports from others.

The OTR should understand that each state has supervision requirements, guidelines, and standards that are unique to that state. If questions and/or situations arise regarding supervision it is incumbent upon the OTR to contact the state occupational therapy board for official clarification of the question and/or situation.

Documentation of the state's response should be maintained by the OTR. At all times the OTR should provide occupational therapy services in compliance with their state's occupational therapy practice act and applicable rules and regulations.

Documentation

The OTR and COTA should be aware of the documentation requirements, policies, procedures, criteria, or standards that are delineated in their state's practice act and associated rules, their client's insurance plans, including Medicare and Medicaid, and employment setting.

Listed are some general guidelines that the OTR or COTA should consider when documenting a client's record. Documentation must be: 1) Legible; 2) Relevant; and 3) Sufficient to justify the services billed or to meet regulatory requirements.

Medicare, for example, requires that the services billed be supported by documentation that justifies payment. Documentation must comply with all legal/regulatory requirements applicable to Medicare claims.

The following is an overview of the documentation that is typically included in a client's record:

- Evaluation/Reevaluation results and plan of care;
- General medical status, including any disability issues;
- Approval of the plan by the required professional (i.e., physician);
- Progress reports;
- Treatment notes;
- Dates of documentation.

Documentation should establish the variables that influence the client's condition, especially those factors that influence the OTR or COTA practitioner's decision to provide more services than are typical for the individual's condition. Documentation should establish through objective measurements that the client is making progress toward goals. Note that regression and plateaus can occur during treatment. When regression or plateaus occur, the practitioner should clearly document the medical necessity for continuing treatment and provide a reasonable expectation and timeline for goal attainment.

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Documenting who provided the service, their qualifications and clinical expertise, and for what purpose is an essential component of the record. Documentation should be signed by the qualified professional as indicated by facility policy, third-party payer regulations, and state licensure laws. Additionally, OT services should be provided by qualified professionals who have the expertise, knowledge, clinical judgment, decision making skills, and abilities related to occupational performance. Skilled OT services should be clearly delineated from non-skilled services which are routine maintenance services and can be provided by nonprofessional personnel or caregivers.

OTR or COTA practitioners working in schools under the US Department of Education's Individuals with Disabilities Education Improvement Act of 2004 (IDEA) have similar documentation requirements to that of Medicare.

The IDEA requires occupational therapists to:

1. Write a report of the evaluation the OT conducted;
2. Provide information and recommendations for students' Individualized Education Program (IEP) plans;
3. Write service plans for students, considering: disability, medical diagnosis, contraindications to therapy;
4. Help develop IEP goals and determine equipment and personnel/ assistance needed to meet therapy goals;
5. Prepare periodic status reports; and
6. Write a report when students discontinue therapy.

The law does not specify how long therapists must keep documentation. The OTR or COTA should discuss the documentation retention policy of their supervisor or employer.

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