PRACTICE COMMITTEE UPDATE.

Included are the following:

- Highlights from the October 11, 2024, Committee meeting
- Board Acceptance of August 2, 2024, Committee meeting minutes
- Comparison of Accreditation Council for Occupational Therapy Education (ACOTE) Standards by year relating to hand therapy education
- Excerpt from 2023 ACOTE Standards, effective July 31, 2025
- Excerpt from 2018 ACOTE Standards, effective July 31, 2020
- Excerpt from Business and Professions Code Sections 2570.2 & 2570.3 and California Code of Regulations Section 4150

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
1610 Arden Way, Suite 121, Sacramento, CA 95815
P (916) 263-2294 | cbot@dca.ca.gov | www.bot.ca.gov

DRAFT*

PRACTICE COMMITTEE MEETING HIGHLIGHTS

October 11, 2024

Committee Members Present
Christine Wietlisbach (Chair) (Board Member)
Richard Bookwalter (Board President)
Bob Candari
Ernie Escovedo
Mary Kay Gallagher
Elizabeth Gomes
Heather Kitching
Diane Laszlo
Danielle Meglio
Jeanette Nakamura
Chi-Kwan Shae

Board Staff Present
Heather Martin, Executive Officer
Jody Quesada Novey, Manager
Demetre' Montue, Analyst

Committee Members Absent
Lynne Andonian
Carlin Daley Reaume
Lynna Do

Friday, October 11, 2024
12:00 pm – Committee Meeting

1. Call to order, roll call, establishment of a quorum.

   The meeting was called to order at 12:02 pm, roll was called, and a quorum was established.

2. Chairperson opening remarks.

   Chair Christine Wietlisbach thanked the committee members for their attendance.

3. Public Comment for Items Not on the Agenda.

   Chair Wietlisbach asked the committee to disregard the public comment that was provided to them for review. Ms. Wietlisbach reported that the nature of the complaint was personal in nature, not practice related and should be handled by Board staff.

   There was no additional public comment, as there were no members of the public in attendance.

4. Review and vote on approval of the August 2, 2024, committee meeting minutes.

   Chi-Kwan Shea asked that the spelling of her surname be corrected in the minutes.

   Ms. Shea asked for further clarification regarding a comment made in reference to assistants in the minutes.

   Chair Wietlisbach explained that a correction to the minutes was needed that included that an assistant (OTA) could not be approved for advanced practice(s) but were allowed to work under the license of an advanced practice approved OT as long as the OTA had the skillset.

   - Heather Kitching moved to approve the August 2, 2024, committee meeting minutes with the proposed updates.
   - Diane Laszlo seconded the motion.

   Public Comment
   There were no public comments.

   Committee Member Vote

Lynne Andonian	Absent
Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Bob Candari	Yes
Carlin Daley-Reaume	Absent
Lynna Do	Absent
Ernie Escovedo	Yes
Mary Kay Gallagher	Yes
Elizabeth Gomes	Yes
Heather Kitching	Yes
Diane Laszlo	Yes
Danielle Meglio	Yes
Jeanette Nakamura	Yes
Chi-Kwan Shea	Yes

   The motion carried.

5. Consideration and possible recommendation to the Board on whether the education and training requirements for licensees demonstrating competence in the advanced practice area of hand therapy should be reduced.

   The committee reviewed the California Code of Regulations (regulation) section that pertains to Advanced Practice in Hand Therapy and the Business and Professions Code sections (laws) that reflect the six content areas of education and training required for Hand Therapy approval and compared both to the 2023 (effective 2025) ACOTE standards.

   The purpose was to find evidence within the ACOTE standards that might prove that OT students are gaining satisfactory training in advanced practice content areas, specifically hand therapy.

The six content areas that an OT seeking hand therapy approval must demonstrate education and training to the satisfaction of the board are:

1) Anatomy of the upper extremity and how it is altered by pathology.

(2) Histology as it relates to tissue healing and the effects of immobilization and mobilization on connective tissue.

(3) Muscle, sensory, vascular, and connective tissue physiology.

(4) Kinesiology of the upper extremity, such as biomechanical principles of pulleys, intrinsic and extrinsic muscle function, internal forces of muscles, and the effects of external forces.

(5) The effects of temperature and electrical currents on nerve and connective tissue.

(6) Surgical procedures of the upper extremity and their postoperative course.

Chi-Kwan Shea proposed asking ACOTE directly about the six required areas of training and education pertaining to hand therapy and whether or not they agreed that these areas are being met in the OT programs under the ACOTE standards.

Chair Wietlisbach and Executive Officer Heather Martin thought that Ms. Shea's was a great idea and Ms. Martin agreed to reach out to the ACOTE Director of Accreditation, Teresa Brininger, to invite her to the next committee meeting.

The consensus of the committee included that content areas one through five were being gained in the current OT programs, however there was concern about content area six being met. The hope was to be able to reduce some of the educational and training hours.

Discussion around the use of the term "advanced practice" and the implication that the practitioner has gained an advanced skill level rather than entry level ability is the threshold upon completion of an OT program. The history of why the term was chosen was delivered by Diane Laszlo and discussed among the committee. The consensus of the committee was to revisit the topic after the assigned topics were addressed.

6. Consideration and possible recommendation to the Board on whether the education and training requirements for licensees demonstrating competence in the advanced practice area of swallowing assessment, evaluation, or intervention should be reduced.

   Chair Wietlisbach announced that the committee would not begin their review of swallowing assessment, evaluation, or intervention until they had clarification or a path forward on the hand therapy item.

   Following contact with Ms. Brininger, Board staff would send a Doodle poll.

7. New suggested agenda items for a future meeting.

   There were no suggested agenda items for a future meeting.

Meeting adjournment.
The meeting adjourned at 1:17 p.m.

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
1610 Arden Way, Suite 121, Sacramento, CA 95815
P (916) 263-2294 | cbot@dca.ca.gov | www.bot.ca.gov

PRACTICE COMMITTEE MEETING MINUTES

August 2, 2024

Committee Members Present
Christine Wietlisbach (Chair)
Lynne Andonian
Bob Candari
Ernie Escovedo
Elizabeth Gomes
Heather Kitching
Diane Laszlo
Danielle Meglio
Jeanette Nakamura
Carlin Daley Reaume
Chi-Kwan Shea
Richard Bookwalter

Board Staff Present
Heather Martin, Executive Officer
Jody Quesada Novey, Manager
Demetre' Montue, Analyst

Committee Members Absent
Lynna Do
Mary Kay Gallagher

Friday, August 2, 2024
3:00 pm – Committee Meeting

1. Call to order, roll call, establishment of a quorum.

   The meeting was called to order at 3:06 pm, roll was called, and a quorum was established.

2. Chairperson opening remarks.

   Chair Christine Wietlisbach thanked the committee members for their attendance.

3. Public Comment for Items Not on the Agenda.

   There were no public comments for items not on the agenda.

4. Review and vote on approval of the June 21, 2024, committee meeting minutes.

   Chair Wietlisbach requested the following edits to the June 21, 2024, Practice Committee meeting minutes:

a. That "…the graduate must demonstrate that they can successfully use PAMs." on page 3 paragraph 6 be changed to "…the graduate must demonstrate that they can safely and effectively use PAMs."

b. That "…an argument to remove the AP PAMs requirement could safely include OT graduates that began programs in 2018." on page 3 paragraph 8 be changed to "…an argument to remove the AP PAMs requirement could safely include OT graduates that began programs under the 2018 ACOTE guidelines."

c. That paragraph 3 on page 4, be amended in its entirety to read "Ms. Daley-Reaume stated that ACOTE is the accrediting body that is in charge of academic standards thus they should not be the committee's focus."

d. That "…a graduate who began their program in 2018…" on page 4 paragraph 8 be changed to "…a graduate who began their program under the 2018 ACOTE guidelines…"

e. That "…the choice should include 2020 or 2025 standards." on page 5 paragraph 9 be changed to "…the choice should include 2018 or 2023 ACOTE standards."

f. That "…consideration for accepting the 2020 ACOTE standards for PAMs…" on page 5 bullet-point 1 be changed to "…consideration for accepting the 2018 ACOTE standards for PAMs…"

g. That the motion on page 5 be changed to "… 2018 ACOTE standards for PAMs and use those standards as a basis for reconsidering the advanced practice standards for PAMs.

h. That paragraph six on page 6 beginning "Mr. Bookwalter commented…" be amended in its entirety to read "Mr. Bookwalter commented that a patient that needs a physical agent modality as an adjunct or preparatory part of their treatment would suffer in that they would not receive the full benefit of what an OT can offer."

- Heather Kitching moved to approve the June 21, 2024, Practice Committee meeting minutes with Chair Wietlisbach's suggested edits and directed Board staff to make any non-substantive changes.
- Diane Laszlo seconded the motion.

Public Comment
There was no public comment.

Committee Member Vote

Christine Wietlisbach	Yes
Lynne Andonian	Yes
Richard Bookwalter	Yes
Bob Candari	Yes
Ernie Escovedo	Yes
Elizabeth Gomes	Yes
Heather Kitching	Yes
Diane Laszlo	Yes

Danielle Meglio	Yes
Jeanette Nakamura	Yes
Carlin Daley-Reaume	Yes
Chi-Kwan Shea	Yes

The motion carried.

5. Consideration and possible recommendation to the Board on amending California Code of Regulations (CCR), Title 16, Division 39, Article 9, Section 4152(a)(2), Physical Agent Modalities, to reduce the supervised training hour requirement and CCR Section 4155(a)(2) to update the Application for Advanced Practice Approval in Physical Agent Modalities, incorporated by reference.

   Chair Wietlisbach reminded the committee that they had already discussed this agenda item in the previous meeting, but that the purpose of it being on today's agenda was to review the proposed language for the changes discussed.

   Chair Wietlisbach asked the committee to review the proposed changes to CCR Section 4152(a)(2) and Section 4155(a)(2).

   - Carlin Daley-Reaume moved to recommend to the Board consideration for accepting the proposed changes to CCR Sections 4152(a)(2) and CCR Section 4155(a)(2), incorporated by reference.
   - Ernie Escovedo seconded the motion.

   Public Comment
   There were no public comments.

   Committee Member Vote

Christine Wietlisbach	Yes
Lynne Andonian	Yes
Richard Bookwalter	Yes
Bob Candari	Yes
Ernie Escovedo	Yes
Elizabeth Gomes	Yes
Heather Kitching	Yes
Diane Laszlo	Yes
Danielle Meglio	Yes
Jeanette Nakamura	Yes
Carlin Daley-Reaume	Yes
Chi-Kwan Shea	Yes

   The motion carried.

6. Consideration and possible recommendation to the Board on amending Business and Professions Code Section 2570.3, to provide an exception to the education and training requirement to use Physical Agent Modalities, for licensees who graduated from their qualifying degree program on or after July 31, 2020.

   Chair Wietlisbach asked that Board staff update the agenda item 6 coversheet to read:

Consideration and possible recommendation to the Board on amending Business and Professions Code Section 2570.3, to provide an exception to the education and training requirement to use Physical Agent Modalities, for students who began their qualifying degree program under the 2018 ACOTE Standards.

Discussion among the committee members ensued and they agreed to update the language of BPC Section 2570.3(g).

Proposed language
(g) An occupational therapist having graduated from their qualifying degree program on or after July 31, 2020, shall be deemed to have met the requirements of this section.

Updates from Committee to proposed language.
(g) An occupational therapist ~~having graduated from~~ start~~ed~~ ing their qualifying degree program on or after July 31, 2020, shall be deemed to have met the requirements of this section.

Additionally, the language pertaining to supervision hours in CCR Section 4152(a)(2) would be updated as follows:

4152(a)(2) Training: Completion of ~~240~~ 40 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to physical agent modalities.

7. Consideration and possible recommendation to the Board, following a review of the Accreditation Council for Occupational Therapy Education (ACOTE) Guidelines, to consider reducing or eliminating education and training requirements for students graduating after a certain (TBD) date, to provide hand therapy and swallowing assessment, evaluation, or intervention.

   A robust conversation ensued surrounding the reduction or elimination of additional education and training requirements to provide hand therapy and swallowing assessment, evaluation, or intervention.

   Two committee members expressed their unease to say that all occupational therapy students are qualified to perform these advanced practices upon graduation.

   Chi-Kwan Shea stated that she felt more comfortable that a newly graduated OT would not be able to call themselves hand therapists but only able to claim entry level competence in hand therapy. Ms. Shea stated that she wished to discuss this topic in depth.

   Chair Wietlisbach stated that although assistants were not able to be approved for advanced practice(s), they can provide advanced practice services under the license of an advanced practice approved OT. The OT is responsible for ensuring the skill level of the OTA in the treatment technique.

Further conversation took place regarding the removal of hand therapy as an advanced practice altogether because a new graduate should be able to provide entry level hand therapy and refer if needed.

8. Consideration and possible recommendation to the Board on whether the education and training requirements for licensees demonstrating competence in the advanced practice areas of hand therapy and swallowing assessment, evaluation, or intervention should be reduced.

   The consensus of the committee was to compare the ACOTE standards from the beginning of licensure through current standards to show how the occupational therapy profession has progressed in reference to minimum standards. The resulting data would provide a clearer picture of whether or not entry level competence has been met for hand therapy and swallowing assessment, evaluation or intervention.

   Richard Bookwalter informed the committee that advanced practice requirements were in the statute and that removing an advanced practice would require change to the statute.

   To emphasize his point, Mr. Bookwalter shared that he attended a Department of Consumer Affairs (DCA) leadership meeting as the Board President where DCA clarified their position on changes to scope of practice. DCA's position was that efforts to expand or redefine practice fall outside the mandate of the licensing boards and into the role of the professional associations. The role of the boards is to interpret, define and enforce the statutes.

9. New suggested agenda items for a future meeting.

   There were not any new items suggested.

Meeting adjournment.

The meeting adjourned at 5:05 pm

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
1610 Arden Way, Suite 121, Sacramento, CA 95815
P (916) 263-2294 | cbot@dca.ca.gov | www.bot.ca.gov

PRACTICE COMMITTEE MEETING MINUTES

August 2, 2024

Committee Members Present
Christine Wietlisbach (Chair)
Lynne Andonian
Bob Candari
Ernie Escovedo
Elizabeth Gomes
Heather Kitching
Diane Laszlo
Danielle Meglio
Jeanette Nakamura
Carlin Daley Reaume
Chi-Kwan Shea
Richard Bookwalter

Committee Members Absent
Lynna Do
Mary Kay Gallagher

Board Staff Present
Heather Martin, Executive Officer
Jody Quesada Novey, Manager
Demetre' Montue, Analyst

Friday, August 2, 2024
3:00 pm – Committee Meeting

1. Call to order, roll call, establishment of a quorum.

   The meeting was called to order at 3:06 pm, roll was called, and a quorum was established.

2. Chairperson opening remarks.

   Chair Christine Wietlisbach thanked the committee members for their attendance.

3. Public Comment for Items Not on the Agenda.

   There were no public comments for items not on the agenda.

4. Review and vote on approval of the June 21, 2024, committee meeting minutes.

   Chair Wietlisbach requested the following edits to the June 21, 2024, Practice Committee meeting minutes:

a. That "…the graduate must demonstrate that they can successfully use PAMs." on page 3 paragraph 6 be changed to "…the graduate must demonstrate that they can safely and effectively use PAMs."

b. That "…an argument to remove the AP PAMs requirement could safely include OT graduates that began programs in 2018." on page 3 paragraph 8 be changed to "…an argument to remove the AP PAMs requirement could safely include OT graduates that began programs under the 2018 ACOTE guidelines."

c. That paragraph 3 on page 4, be amended in its entirety to read "Ms. Daley-Reaume stated that ACOTE is the accrediting body that is in charge of academic standards thus they should not be the committee's focus."

d. That "…a graduate who began their program in 2018…" on page 4 paragraph 8 be changed to "…a graduate who began their program under the 2018 ACOTE guidelines…"

e. That "…the choice should include 2020 or 2025 standards." on page 5 paragraph 9 be changed to "…the choice should include 2018 or 2023 ACOTE standards."

f. That "…consideration for accepting the 2020 ACOTE standards for PAMs…" on page 5 bullet-point 1 be changed to "…consideration for accepting the 2018 ACOTE standards for PAMs…"

g. That the motion on page 5 be changed to "… 2018 ACOTE standards for PAMs and use those standards as a basis for reconsidering the advanced practice standards for PAMs.

h. That paragraph six on page 6 beginning "Mr. Bookwalter commented…" be amended in its entirety to read "Mr. Bookwalter commented that a patient that needs a physical agent modality as an adjunct or preparatory part of their treatment would suffer in that they would not receive the full benefit of what an OT can offer."

- Heather Kitching moved to approve the June 21, 2024, Practice Committee meeting minutes with Chair Wietlisbach's suggested edits and directed Board staff to make any non-substantive changes.
- Diane Laszlo seconded the motion.

Public Comment
There was no public comment.

Committee Member Vote

Christine Wietlisbach	Yes
Lynne Andonian	Yes
Richard Bookwalter	Yes
Bob Candari	Yes
Ernie Escovedo	Yes
Elizabeth Gomes	Yes

Heather Kitching	Yes
Diane Laszlo	Yes
Danielle Meglio	Yes
Jeanette Nakamura	Yes
Carlin Daley-Reaume	Yes
Chi-Kwan Shea	Yes

The motion carried.

5. Consideration and possible recommendation to the Board on amending California Code of Regulations (CCR), Title 16, Division 39, Article 9, Section 4152(a)(2), Physical Agent Modalities, to reduce the supervised training hour requirement and CCR Section 4155(a)(2) to update the Application for Advanced Practice Approval in Physical Agent Modalities, incorporated by reference.

   Chair Wietlisbach reminded the committee that they had already discussed this agenda item in the previous meeting, but that the purpose of it being on today's agenda was to review the proposed language for the changes discussed.

   Chair Wietlisbach asked the committee to review the proposed changes to CCR Section 4152.(a)(2).

   - Carlin Daley-Reaume moved to recommend the Board accept the proposed edits to CCR Sections 4152(a)(2) and 4155(a)(2), incorporated by reference.
   - Ernie Escovedo seconded the motion.

   Public Comment
   There were no public comments.

   Committee Member Vote

Christine Wietlisbach	Yes
Lynne Andonian	Yes
Richard Bookwalter	Yes
Bob Candari	Yes
Ernie Escovedo	Yes
Elizabeth Gomes	Yes
Heather Kitching	Yes
Diane Laszlo	Yes
Danielle Meglio	Yes
Jeanette Nakamura	Yes
Carlin Daley-Reaume	Yes
Chi-Kwan Shea	Yes

   The motion carried.

6. Consideration and possible recommendation to the Board on amending Business and Professions Code Section 2570.3, to provide an exception to the education and training requirement to use Physical Agent Modalities, for licensees who graduated from their qualifying degree program on or after July 31, 2020.

Chair Wietlisbach asked that Board staff update the agenda item 6 coversheet to read:

Consideration and possible recommendation to the Board on amending Business and Professions Code Section 2570.3, to provide an exception to the education and training requirement to use Physical Agent Modalities, for students who began their qualifying degree program under the 2018 ACOTE Standards.

Discussion among the committee members ensued and they agreed to update the language of BPC Section 2570.3(g).

Proposed language
(g) An occupational therapist having graduated from their qualifying degree program on or after July 31, 2020, shall be deemed to have met the requirements of this section.

Updates from Committee to proposed language.
(g) An occupational therapist ~~having graduated from~~ start~~ed~~ ing their qualifying degree program on or after July 31, 2020, shall be deemed to have met the requirements of this section.

Additionally, the language pertaining to supervision hours in CCR Section 4152(a)(2) would be updated as follows:

4152(a)(2) Training: Completion of ~~240~~ 40 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to physical agent modalities.

7. Consideration and possible recommendation to the Board, following a review of the Accreditation Council for Occupational Therapy Education (ACOTE) Guidelines, to consider reducing or eliminating education and training requirements for students graduating after a certain (TBD) date, to provide hand therapy and swallowing assessment, evaluation, or intervention.

   A robust conversation ensued surrounding the reduction or elimination of additional education and training requirements to provide hand therapy and swallowing assessment, evaluation, or intervention.

   Two committee members expressed their unease to say that all occupational therapy students are qualified to perform these advanced practices upon graduation.

   Chi-Kwan Shea stated that she felt more comfortable that a newly graduated OT would not be able to call themselves hand therapists but only able to proclaim

   entry level competence in hand therapy. Ms. Shea stated that she wished to discuss this topic in depth.

Chair Wietlisbach stated that although assistants were not able to be approved for advanced practice(s), they can provide advanced practice services under the

license of an advanced practice approved OT. The OT is responsible for ensuring the skill level of the OTA in the treatment technique.

Further conversation took place regarding the removal of hand therapy as an advanced practice altogether because a new graduate should be able to provide entry level hand therapy and refer if needed.

8. Consideration and possible recommendation to the Board on whether the education and training requirements for licensees demonstrating competence in the advanced practice areas of hand therapy and swallowing assessment, evaluation, or intervention should be reduced.

   The consensus of the committee was to compare the ACOTE standards from the beginning of licensure through current standards to show how the occupational therapy profession has progressed in reference to minimum standards. The resulting data would provide a clearer picture of whether or not entry level competence has been met for hand therapy and swallowing assessment, evaluation or intervention.

   Richard Bookwalter informed the committee that advanced practice requirements were in the statute and that removing an advanced practice would require change to the statute.

   To emphasize his point, Mr. Bookwalter shared that he attended a Department of Consumer Affairs (DCA) leadership meeting as the Board President where DCA clarified their position on changes to scope of practice. DCA's position was that efforts to expand or redefine practice fall outside the mandate of the licensing boards and into the role of the professional associations. The role of the boards is to interpret, define and enforce the statutes.

9. New suggested agenda items for a future meeting.

   There were not any new items suggested.

Meeting adjournment.

The meeting adjourned at 5:05 pm

Comparison of ACOTE Standards by year relating to hand therapy education

	2008	2013	2020	2025
	Per ACOTE Standards, the student will be able to:			
Biomechanics	**B.1.4**	**B.1.1**	**B.1.1**	**B.1.1**
	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.	Demonstrate knowledge of the structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.	Demonstrate knowledge of the structure and function of the human body that must include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.
Orthotics	**B.5.10**	**B.5.11**	**B.4.12**	**B.3.16**
	Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.	Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and participation. Train in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.	Assess the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation. Train in the safe and effective use of prosthetic devices.	Assess the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation. Train in the safe and effective use of prosthetic devices used to enhance occupational performance.

	Definitions in ACOTE Standards			
	2008	**2013**	**2020**	**2025**
Body Function	The physiological functions of body systems (including psychological functions).	The physiological functions of body systems (including psychological functions).	“Physiological functions of body systems (including psychological functions)”	Not found
Body Structure	Anatomical parts of the body such as organs, limbs, and their components.	Anatomical parts of the body such as organs, limbs, and their components.	“Anatomical parts of the body, such as organs, limbs, and their components” that support body functions.”	Not found
Evaluations	The physiological functions of body systems (including psychological functions).	The physiological functions of body systems (including psychological functions).	The process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results. (AOTA, 2010, p. S107).	The comprehensive process of obtaining and interpreting the data necessary to understand the person, system, or situation. Requires synthesis of all data obtained, interpretation of data, reflective clinical reasoning, and consideration of occupational performance and contextual factors. **Formative Evaluation:** Evaluation method that includes data collected on an ongoing basis to determine incremental changes in a process or program. **SUMMATIVE EVALUATION:** Evaluation method that occurs less frequently than formative evaluation. Data is typically collected at the end of a process or program.

The ”Additional Terms Searched” below exclude review of the ACOTE Standards effective in 2008. If a term was not found in an ACOTE *Standard* but mentioned in the *Interpretive Guide*, it will be listed as **IG,** include the page number, and may contain the actual text or only a comment. Where “Not Relevant” is used below, it means that the term is included in the Standards but not relevant to the education required by CA to provide hand therapy.

	Additional Terms Searched			
	2008	**2013**	**2020**	**2025**
Disease	**The 2008 Standards were not searched for the additional terms noted**	Term included as “*promotion of health and the **prevention** of disease*” in ‘B’ Standards. Included within definition of ***Population- Based Interventions*** “ (p 42) Not relevant.	Wording similar to 2013 Standards. Not relevant.	Included **in Standards B.2.5 *Role in Promotion of Health and Prevention*** and **B.2.6 *Effects of Disease Processes*** Included within definitions of ***Health*** (p 49), ***Population-Based Interventions*** (p 50) and ***Scope of Practice*** (p 51) Not relevant.
Diagnosis		**Standard B.4.0** (p 21) Included in Doctoral program *but not Master’s* program	**Standard B.4.0** (p 28) Included in *both* Doctoral and Master’s program	**Standard *B.4.3 (***p 28) ***Documentation of Services*** Defined on p 47.
Electrical		**IG** (p 30) *Skill, knowledge, and competencies for entry-level practice include… neuromuscular stimulation, functional electrical stimulation, transcutaneous electrical nerve stimulation, electrical stimulation for tissue repair…”* Included within definition of ***Modalities*** (p 41)	Removed from **IG** but included within definition of ***Physical Agent Modalities*** (p 52)	Included within definition of ***Physical Agent and Mechanical Modalities*** (p 50)

	2008	2013	2020	2025
Healing		Not found	Included within definition of ***Physical Agent Modalities*** (p 52)	Included within definition of ***Physical Agent and Mechanical Modalities*** (p 50)
Injury		Included in ***Basic Tenets of Occupational*** *Therapy,* **Standards *B.2.6*** and ***B.2.9.*** Included in definition of ***Population-Based Interventions*** (p 42) Not relevant.	Included in **Standard B.3.5*. Effects of Disease Processes*** and in the definition of ***Population- Based Interventions*** (p 52) Not relevant.	Included in the definition of ***Population- Based Interventions*** (p 52) Not relevant.
Modalities		Standard **B.5.15** "…*safe and effective application of superficial thermal and mechanical modalities… to manage pain*…" **IG** (p 26) and defined on p 41.	Only included within definitions of ***Physical Agent Modalities*** and ***Preparatory Methods and Tasks*** **(**p 52)	Only included within definition of ***Physical Agent and Mechanical Modalities*** (p 50)
Physi-ology		**Standard B.1.1, "***Course content must include… physiology…*"	Not found.	Included within the definition of ***Physical Agent and Mechanical Modalities*** (p 50)
Physio-logical		Only included within the definition of ***Body Functions*** (p 39)	Only included within the definition of ***Body Functions*** (p 47)	Not found.
Temper-ature		Included in **Standard B.5.6** but not relevant.	Included in **Standard B.3.7** but not relevant.	Included in **Standard B.2.8** but not relevant.

	2008	2013	2020	2025
Tissue		**IG** (p 26) and included within definition of ***Modalities*** (p 41).	Only included within definition of ***Physical Agent Modalities*** (p 52)	Only included within definition of ***Physical Agent and Mechanical Modalities*** (p 50)
Treatment		Included in **Standard A.2.25,** student must have "access to and have the opportunity to use the evaluative and treatment methodologies…" Not relevant.	Included in **Standards A.2.13** ***Equipment, Supplies, and Evaluative & Treatment Methodologies*** (p 13) and ***B.4.29 Reimbursement Systems and Documentation*** (p 34) Included in definition of ***Preparatory Methods and Tasks*** (p 52) Not relevant.	Included in **Standards** ***A.2.11 Equipment, Supplies, and Evaluative & Treatment Methodologies*** and ***B.4.3. Documentation of Services*** Included in definitions of **Behavioral Health** (p 45) **and Justice** (p 49) Not relevant.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
B.3.5. Reporting Data				
B.3.5.	Based on interpretation of evaluation findings, develop occupation-based intervention plans and strategies that must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Report all evaluation findings and intervention plan to the client, interprofessional team, and payors.	Based on interpretation of evaluation findings, develop occupation-based intervention plans and strategies that must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Report all evaluation findings and intervention plan to the client, interprofessional team, and payors.	Collaborating in the development of occupation-based intervention plans and strategies that must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Under the direction of an occupational therapist, report on data for evaluation of client outcomes.	Collaborating in the development of occupation-based intervention plans and strategies that must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Under the direction of an occupational therapist, report on data for evaluation of client outcomes.
B.3.6. Provide Interventions and Procedures				
B.3.6.	Recommend and provide direct interventions and procedures to persons, groups, or populations to enhance safety, health and wellness, chronic condition management, and performance in occupations. This must include the ability to collaborate with the occupational therapy assistant related to interventions and selecting and delivering occupations and activities: • Occupations as a therapeutic intervention • Interventions to support occupations including therapeutic exercise • Interventions to support well-being (e.g., complementary health and integrative health) • Interventions to support self-advocacy related to persons, groups, or populations • Virtual interventions	Recommend and provide direct interventions and procedures to persons, groups, or populations to enhance safety, health and wellness, chronic condition management, and performance in occupations. This must include the ability to collaborate with the occupational therapy assistant related to interventions and selecting and delivering occupations and activities: • Occupations as a therapeutic intervention • Interventions to support occupations including therapeutic exercise • Interventions to support well-being (e.g., complementary health and integrative health) • Interventions to support self-advocacy related to the person, groups, or populations. • Virtual interventions	Provide direct interventions and procedures to persons, groups, or populations to enhance safety, health and wellness, chronic condition management, and performance in occupations. This must include the ability to collaborate with the occupational therapist related to interventions and selecting and delivering occupations and activities: • Occupations as a therapeutic intervention • Interventions to support occupations including therapeutic exercise • Interventions to support well-being (e.g., complementary health and integrative health) • Interventions to support self-advocacy related to the person, groups, or populations • Virtual interventions	Provide direct interventions and procedures to persons, groups, or populations to enhance safety, health and wellness, chronic condition management, and performance in occupations. This must include the ability to collaborate with the occupational therapist related to interventions and selecting and delivering occupations and activities: • Occupations as a therapeutic intervention • Interventions to support occupations including therapeutic exercise • Interventions to support well-being (e.g., complementary health and integrative health) • Interventions to support self-advocacy related to the person, groups, or populations • Virtual interventions
B.3.7. Need for Continued or Modified Intervention				
B.3.7.	Monitor and reevaluate, in collaboration with the client, care partner and occupational therapy assistant, the effect of occupational therapy intervention and the need for continued or modified intervention.	Monitor and reevaluate, in collaboration with the client, care partner, and occupational therapy assistant, the effect of occupational therapy intervention and the need for continued or modified intervention.	Monitor and reassess, in collaboration with the client and care partner, the effect of occupational therapy intervention and the need for continued or modified intervention and communicate the identified needs to the occupational therapist.	Monitor and reassess, in collaboration with the client and care partner, the effect of occupational therapy intervention and the need for continued or modified intervention and communicate the identified needs to the occupational therapist.

DIAGNOSIS: The process of analyzing the cause or nature of a condition, situation, or problem. Diagnosis refers to the occupational therapist's ability to analyze a problem associated with occupational performance and participation.

DIRECT SUPERVISION: The occupational therapy practitioner is immediately available to furnish assistance and direction throughout the performance of the client interaction (Dancza et al., 2022).

DISTANCE EDUCATION: A delivery method used in whole or in part within an academic program regardless of whether face-to-face, on ground, or residential option. Education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the faculty and to support regular and substantive interaction (as informed by the Higher Learning Commission https://www.hlcommission.org/General/glossary.html) between the students and the faculty, either synchronously or asynchronously. Technologies that may be used to offer distance education include:

- the internet
- satellite, or wireless communications
- audio conference
- other media used in a course in conjunction with any of the technologies listed in items 1 through 3 above.

DISTANCE EDUCATION DELIVERY MODEL: There is one curriculum with some (or all) of the students receiving the didactic portion of the program taught via distance education from the primary campus. The didactic portion of the program is delivered to all students (irrespective of whether it is delivered in person or by distance education) by the same instructors. Students may receive the experiential and lab components either at the primary campus or at other locations.

DIVERSE STUDENT POPULATION: Reflective of a variety of cultural, ethnic, racial, socio-economic, identity, linguistic, educational, and gender backgrounds. Race and ethnicity are one way, but not the only way diversity can be reflected within a group. Furthermore, a person cannot be "diverse" (as in "diverse candidate"). A diverse student population is an outcome of justice, equity, and inclusion efforts (AOTA DEI Toolkit, 2021).

DIVERSITY: Broadly defined as the unique attributes, values, and beliefs that make up an individual (Taff & Blash, 2017) when compared with the context of a group or population. Diversity comes in many forms, including, but not limited to, socioeconomic status, race, sex, ethnicity, age, disability, sexual orientation, gender identity, and religious beliefs (Taff & Blash, 2017; as cited in AOTA DEI Toolkit, 2021).

DOCTORAL CAPSTONE: An in-depth exposure to a concentrated area, which is reflective of the program's curriculum design. This in-depth exposure may be in one or more of the following areas: clinical skills; research skills; scholarship; administration; leadership; program development and evaluation; and policy development, advocacy, and education. The doctoral capstone consists of two parts: the capstone experience and the capstone project.

> **CAPSTONE EXPERIENCE:** An in-depth exposure in a concentrated area that includes activities in a mentored practice setting and may also include activities in non-mentored practice setting that meets developed goals/objectives of the doctoral capstone. The mentored practice setting may be in person, virtual, or hybrid and includes learning experiences.
>
> **CAPSTONE PROJECT:** An individual project that is completed by a doctoral-level student that demonstrates the student's ability to relate theory to practice and to synthesize in-depth knowledge in a practice area that relates to the capstone experience.

DRIVER REHABILITATION: Specialized evaluation and training to develop mastery of specific skills and techniques to effectively drive a motor vehicle independently and in accordance with state department of motor vehicles regulations.

DURABLE MEDICAL EQUIPMENT (DME): Equipment that meets these criteria: durable (can withstand repeated use), used for a medical reason, typically only useful to someone who is sick or injured, used in the home, and expected to last at least 3 years. DME commonly used in occupational therapy practice includes mobility aids (e.g., wheelchair, crutches), hospital beds, oxygen equipment, traction devices, continuous passive motion devices, etc. https://www.medicare.gov/coverage/durable-medical-equipment-dme-coverage

DYSPHAGIA: Dysfunction in any stage or process of eating. It includes any difficulty in the passage of food, liquid, or medicine, during any stage of swallowing that impairs the client's ability to swallow independently or safely (AOTA, 2017).

> **EATING AND SWALLOWING:** "…keeping and manipulating food or fluid in the mouth, swallowing it (i.e., moving it from the mouth to the stomach)" (AOTA, 2020b, p. 30).
>
> **FEEDING:** "Setting up, arranging, and bringing food or fluid from the vessel to the mouth (includes self-feeding and feeding others)" (AOTA, 2020b, p. 30).

EDUCATIONAL GOALS: Educational goals "reflect broad abilities of graduates" and include descriptions of students' characteristics upon graduation (AOTA, 2021b).

EDUCATIONAL TECHNOLOGY: The use of instructional technology or a learning management system (LMS) to support delivery of the curriculum. Examples may include educational software, gamification, podcasting, virtual reality, and artificial intelligence to support learning activities and environments.

EMPATHY: Emotional exchange between occupational therapy practitioners and clients that allows more open communication, ensuring that practitioners connect with clients at an emotional level to assist them with their current life situation (AOTA, 2020b).

ENTRY-LEVEL OCCUPATIONAL THERAPIST: The outcome of the occupational therapy educational and certification process; an individual prepared to begin generalist practice as an occupational therapist with less than 1 year of experience.

ENTRY-LEVEL OCCUPATIONAL THERAPY ASSISTANT: The outcome of the occupational therapy educational and certification process; an individual prepared to begin generalist practice as an occupational therapy assistant with less than 1 year of experience.

EVALUATION: "The comprehensive process of obtaining and interpreting the data necessary to understand the person, system, or situation… Evaluation requires synthesis of all data obtained, analytic interpretation of that data, reflective clinical reasoning, and reconsideration of occupational performance and contextual factors" (Hinojosa et al, 2014, as cited in AOTA, 2020b, p. 76).

FORMATIVE EVALUATION: Evaluation method that includes data collected on an ongoing basis to determine incremental changes in a process or program.

SUMMATIVE EVALUATION: Evaluation method that occurs less frequently than formative evaluation. Data is typically collected at the end of a process or program.

EQUITABLE: Showing or characterized by equity; just and fair (AOTA, 2020a).

EQUITY: An approach that ensures everyone is given an equal opportunity; this means that resources may be divided and shared unequally to make sure that each person can access an opportunity. Equity considers that people have different access to resources because of a system of oppression and privilege. Equity seeks to balance that disparity. "Equity is often confused with equality; however, they are significantly different. Equality ensures that everyone receives the same benefit or consequence" (AOTA, 2020a, p. 1).

EXPERIENTIAL LEARNING: Method of educating through first-hand experience. Skills, knowledge, and experience are acquired outside of the traditional academic classroom setting and may include service-learning projects.

FACULTY: A generic term; programs may use any appropriate title for individuals who are appointed to and are employed by the degree-level program, regardless of the position title (e.g., full-time instructional staff; clinical instructors can be considered faculty if supported by institutional policy). Faculty may be considered full-time, part-time, or adjunct as designated by institutional policy and may have specific roles and responsibilities as designated by the program.

FACULTY-LED SITE VISITS: Faculty-facilitated experiences in which students will be able to participate in, observe, and/or study clinical practice first-hand.

FACULTY MENTOR: Person who meets the qualifications to support the objectives of the project and is familiar with the program's curriculum design.

FACULTY PRACTICE: Service provision by a faculty member(s) to persons, groups, and/or populations.

FRAMES OF REFERENCE: A set of interrelated, internally consistent concepts, definitions, postulates, and principles that provide a systematic description of a practitioner's interaction with clients. A frame of reference is intended to link theory to practice.

FIELDWORK EDUCATOR: An individual, typically a clinician, who works collaboratively with the program and is informed of the curriculum and fieldwork program design. This individual supports the fieldwork experience, serves as a role model, and holds the requisite qualifications to provide the student with the opportunity to carry out professional responsibilities during the experiential portion of their education.

FULL-TIME EQUIVALENT (FTE): An equivalent position for a full-time faculty member (as defined by the institution). A full-time equivalent can be made up of no more than three individuals.

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, floor); includes functional ambulation and transportation of objects (AOTA, 2020b).

OCCUPATIONAL THERAPY: The art and science of applying occupation as a means to effect positive, measurable change in the health status and functional outcomes of a client by a qualified occupational therapist and/or occupational therapy assistant (as appropriate).

OCCUPATIONAL THERAPY PRACTITIONER: An individual who is initially credentialed as an occupational therapist or an occupational therapy assistant.

OCCUPATION-BASED INTERVENTION: A client-centered occupational therapy intervention in which the occupational therapy practitioner and client collaboratively select and design activities that have specific relevance or meaning to the client and support the client's interests, needs, health, and participation in daily life.

ORGANIZATION: Entity composed of individuals with a common purpose or enterprise, such as a business, industry, or agency (AOTA, 2020b).
PARTICIPATION: Active engagement in occupations.

PERFORMANCE PATTERNS: Habits, routines, roles, and rituals that may be associated with different lifestyles and used in the processes of engaging in occupations or activities (AOTA, 2020b).

PERFORMANCE SKILLS: Observable, goal-directed actions that consist of motor skills, process skills, and social interaction skills (Fisher & Griswold, 2019, as cited in AOTA, 2020b).

PHILOSOPHY: The underlying belief and value structure for a program that is consistent with the sponsoring institution and that permeates the curriculum and the teaching–learning process.

PHYSICAL AGENT AND MECHANICAL MODALITIES: The systematic application of various forms of energy or force to effect therapeutic changes in the physiology of tissues (AOTA, 2018c). For institutions in states where regulations restrict the use of physical agent modalities, it is recommended that students be exposed to the modalities offered in practice to facilitate their knowledge and expertise with the modalities in preparation for the NBCOT certification examination and for practice outside of the state in which the educational institution resides.

> **DEEP THERMAL AGENTS:** Modalities such as therapeutic ultrasound, phonophoresis, short-wave diathermy, and other commercially available technologies.
>
> **ELECTROTHERAPEUTIC AGENTS:** Modalities that use electrotherapeutic currents and waveforms to facilitate physiologic changes in tissues to increase circulation, facilitate tissue healing, and modulate pain. Examples include, but are not limited to, high-voltage galvanic stimulation for tissue and wound repair (ESTR) and high voltage pulsed current (HVPC). They also facilitate neuromuscular or sensory activity to improve muscle strength, reeducate muscle function, or modulate pain response. Examples include, but are not limited to, neuromuscular electrical stimulation (NMES), functional electrical stimulation (FES), transcutaneous electrical nerve stimulation (TENS), and interferential current (Bracciano, 2019, as cited in AOTA, 2018c).
>
> **MECHANICAL MODALITIES:** The therapeutic use of mechanical devices to apply force, such as compression, distraction, vibration, or controlled mobilization, to modify biomechanical properties and functions of tissues.
>
> **SUPERFICIAL THERMAL AGENTS:** Modalities such as hydrotherapy, whirlpool, cryotherapy (cold packs, ice), fluidotherapy, hot packs, paraffin, water, infrared, and other commercially available superficial heating and cooling technologies.

POPULATION-BASED INTERVENTIONS: Interventions focused on promoting the overall health status of the community by preventing disease, injury, disability, and premature death. A population-based health intervention can include assessment of the community's needs, health promotion and public education, disease and disability prevention, monitoring of services, and media interventions. Most interventions are tailored to reach a subset of a population, although some may be targeted toward the population at large. Populations and subsets may be defined by geography, culture, race and ethnicity, socioeconomic status, age, or other characteristics. Many of these characteristics relate to the health of the described population (Keller et al., 2002).

POPULATION HEALTH: Health outcomes of a group of individuals, including the distribution of such outcomes within the group; an approach to health that aims to improve the health of an entire human population (Gillen & Brown, 2024).

POPULATIONS: Collective of groups of individuals living in a similar locale (e.g., city, state, country) or sharing the same or like characteristics or concerns (AOTA, 2020b).

PREVENTION: Education or health promotion efforts designed to prevent the onset and reduce the incidence of unhealthy conditions, diseases, or injuries (AOTA, 2018b).

PRIMARY CARE: The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (AOTA, 2020c).

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.	the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.	the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.	the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.
SECTION B: CONTENT REQUIREMENTS **The content requirements are written as expected student outcomes. Faculty are responsible for developing learning activities and evaluation methods to document that students meet these outcomes. Level II Fieldwork, the Baccalaureate Project, or the Doctoral Capstone Experience and Project syllabi may not be used to document compliance with a section B content Standard.**				
B.1.0. FOUNDATIONAL CONTENT REQUIREMENTS **Program content must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the lifespan. If the content of the Standard is met through prerequisite coursework, the application of foundational content in the sciences must also be evident in professional coursework. The student will be able to:**				
B.1.1. Human Body, Development, and Behavior				
B.1.1.	Demonstrate knowledge of: • The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. • Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. • Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation.	Demonstrate knowledge of: • The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. • Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. • Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation.	Demonstrate knowledge of: • The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. • Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. • Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation.	Demonstrate knowledge of: • The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. • Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. • Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation.
B.1.2. Sociocultural, Socioeconomic, Diversity Factors, and Lifestyle Choices				
B.1.2.	Apply, analyze, and evaluate the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal	Apply and analyze the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal	Apply knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and	Explain the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations (e.g., principles of

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.	appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.	appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.	appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.
B.4.0.	**REFERRAL, SCREENING, EVALUATION, AND INTERVENTION PLAN** **The process of referral, screening, evaluation, and diagnosis as related to occupational performance and participation must be client centered; culturally relevant; and based on theoretical perspectives, models of practice, frames of reference, and available evidence.** **INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION** **The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation must be client centered and culturally relevant; reflective of current and emerging occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference.** **These processes must consider the needs of persons, groups, and populations.** **The program must facilitate development of the performance criteria listed below. The student will be able to:**		**SCREENING, EVALUATION, AND INTERVENTION PLAN** **The process of screening and evaluation as related to occupational performance and participation must be conducted under the supervision of and in cooperation with the occupational therapist and must be client centered; culturally relevant; and based on theoretical perspectives, models of practice, frames of reference, and available evidence. These processes must consider the needs of persons, groups, and populations.** **INTERVENTION AND IMPLEMENTATION** **The process of intervention to facilitate occupational performance and participation must be done under the supervision of and in cooperation with the occupational therapist and must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.** **The program must facilitate development of the performance criteria listed below. The student will be able to:**	
B.4.1. Therapeutic Use of Self				
B.4.1.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.
B.4.2. Clinical Reasoning				
B.4.2.	Demonstrate clinical reasoning to evaluate, analyze, diagnose, and provide occupation-based interventions to address client factors, performance patterns, and performance skills.	Demonstrate clinical reasoning to evaluate, analyze, diagnose, and provide occupation-based interventions to address client factors, performance patterns, and performance skills.	Demonstrate clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills.	Demonstrate clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills.
B.4.3. Occupation-Based Interventions				
B.4.3.	Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.	Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.	Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.	Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.	basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.		
B.4.8. Interpret Evaluation Data				
B.4.8.	Interpret the evaluation data in relation to accepted terminology of the profession and explain the findings to the interprofessional team.	Interpret the evaluation data in relation to accepted terminology of the profession and explain the findings to the interprofessional team.	*(No related Standard)*	*(No related Standard)*
B.4.9. Remediation and Compensation				
B.4.9.	Design and implement intervention strategies to remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.	Design and implement intervention strategies to remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.	Demonstrate an understanding of the intervention strategies that remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.	Demonstrate an understanding of the intervention strategies that remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.
B.4.10. Provide Interventions and Procedures				
B.4.10.	Recommend and provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.	Recommend and provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.	Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.	Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.
B.4.11. Assistive Technologies and Devices				
B.4.11.	Assess the need for and demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.	Assess the need for and demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.	Explain the need for and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.	Explain the need for and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.
B.4.12. Orthoses and Prosthetic Devices				
B.4.12.	Assess the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.	Assess the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.	Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.	Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.

GLOSSARY

Accreditation Standards for a Doctoral-Degree-Level Educational Program for the Occupational Therapist, Master's-Degree-Level Educational Program for the Occupational Therapist, Baccalaureate-Degree-Level Educational Program for the Occupational Therapy Assistant, and Associate-Degree-Level Educational Program for the Occupational Therapy Assistant

Definitions given below are for the purposes of this document.

ABILITY TO BENEFIT: A phrase that refers to a student who does not have a high school diploma or its recognized equivalent, but is eligible to receive funds under the Title IV Higher Education Act programs after taking an independently administered examination and achieving a score, specified by the Secretary of the U.S. Department of Education (USDE), indicating that the student has the ability to benefit from the education being offered.

ACADEMIC CALENDAR: The official institutional document that lists registration dates, semester/quarter stop and start dates, holidays, graduation dates, and other pertinent events. Generally, the academic year is divided into two major semesters, each approximately 14 to 16 weeks long. A smaller number of institutions have quarters rather than semesters. Quarters are approximately 10 weeks long; there are three major quarters and the summer session.

ACTIVITIES: Actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement (American Occupational Therapy Association [AOTA], 2014).

ADVOCACY: Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their daily life occupations. Efforts undertaken by the practitioner are considered advocacy, and those undertaken by the client are considered self-advocacy and can be promoted and supported by the practitioner (AOTA, 2014).

AFFILIATE: An entity that formally cooperates with a sponsoring institution in implementing the occupational therapy educational program.

AREAS OF OCCUPATION: Activities in which people engage: activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation.

ASSESSMENTS: "Specific tools or instruments that are used during the evaluation process" (AOTA, 2010, p. S107).

ASSIST: To aid, help, or hold an auxiliary position.

BACCALAUREATE PROJECT: An in-depth experience in one or more of the following areas: clinical practice skills, administration, leadership, advocacy, and education.

BEHAVIORAL HEALTH: Refers to mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and mental disorders (Substance Abuse and Mental Health Administration, 2014).

BODY FUNCTIONS: "Physiological functions of body systems (including psychological functions)" (World Health Organization [WHO], 2001).

BODY STRUCTURES: "Anatomical parts of the body, such as organs, limbs, and their components" that support body functions (WHO, 2001).

BUSINESS PLANS (DEVELOPMENT OF): The process of putting together a plan for a new endeavor that looks at the product, the marketing plan, the competition, and the personnel in an objective and critical manner.

CAPSTONE COORDINATOR: Faculty member who is specifically responsible for the program's compliance with the capstone requirements of Standards Section D.1.0 and is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE.

CAPSTONE EXPERIENCE: A 14-week full-time in-depth exposure in a concentrated area that may include on-site and off-site activities that meets developed goals/objectives of the doctoral capstone.

CAPSTONE PROJECT: A project that is completed by a doctoral-level student that demonstrates the student's ability to relate theory to practice and to synthesize in-depth knowledge in a practice area that relates to the capstone experience.

EVALUATION: "The process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results" (AOTA, 2010, p. S107).

EQUITY: The absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO, 2017a).

EXPERIENTIAL LEARNING: Method of educating through first-hand experience. Skills, knowledge, and experience are acquired outside of the traditional academic classroom setting and may include service learning projects.

FACULTY:

FACULTY, CORE: Faculty members employed in the occupational therapy educational program whose job responsibilities, at a minimum, include curriculum design, teaching, and student advisement, regardless of the position title.

FACULTY, ADJUNCT: Persons who are responsible for teaching or instruction on a part-time basis. These faculty are considered nonsalaried, non-tenure-track faculty members who are paid for each class they teach.

FACULTY-LED SITE VISITS: Faculty-facilitated experiences in which students will be able to participate in, observe, and/or study clinical practice first-hand.

FACULTY PRACTICE: Service provision by a faculty member(s) to persons, groups, and/or populations.

FIELDWORK COORDINATOR: Faculty member who is responsible for the development, implementation, management, and evaluation of fieldwork education.

FIELDWORK EDUCATOR: An individual, typically a clinician, who works collaboratively with the program and is informed of the curriculum and fieldwork program design. This individual supports the fieldwork experience, serves as a role model, and holds the requisite qualifications to provide the student with the opportunity to carry out professional responsibilities during the experiential portion of their education.

FRAME OF REFERENCE: A set of interrelated, internally consistent concepts, definitions, postulates, and principles that provide a systematic description of a practitioner's interaction with clients. A frame of reference is intended to link theory to practice.

FULL-TIME EQUIVALENT (FTE): An equivalent position for a full-time faculty member (as defined by the institution). A full-time equivalent can be made up of no more than three individuals.

GRADUATION RATE: The total number of students who graduated from a program within 150% of the published length of the program, divided by the number of students on the roster who started in the program.

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 et al., 2014, p. 1234).

HEALTH: "State of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity" (WHO, 2006).

HEALTH INEQUITIES: Health inequities involve more than inequality with respect to health determinants and access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms (WHO, 2017a).

HEALTH LITERACY: Degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. (National Network of Libraries of Medicine, 2011).

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 (AOTA, 2014).

HEALTH PROMOTION: The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior toward a wide range of social and environmental interventions (WHO, 2017a).

HEALTH/PUBLIC POLICY: The basic policy or set of policies forming the foundation of public laws; health policy refers to specific policies as they relate to health and health care.

PERFORMANCE PATTERNS: Habits, routines, roles, and rituals used in the process of engaging in occupations or activities; these patterns can support or hinder occupational performance (AOTA, 2014).

PERFORMANCE SKILLS: Goal-directed actions that are observable as small units of engagement in daily life occupations. They are learned and developed over time and are situated in specific contexts and environments (Fisher & Griswold, 2014).

PHILOSOPHY: The underlying belief and value structure for a program that is consistent with the sponsoring institution and that permeates the curriculum and the teaching learning process.

PHYSICAL AGENT MODALITIES: Procedures and interventions that are systematically applied to modify specific client factors when neurological, musculoskeletal, or skin conditions are present that may limit occupational performance (AOTA, 2012).

> **DEEP THERMAL AGENTS:** Modalities such as therapeutic ultrasound, phonophoresis, short-wave diathermy, and other commercially available technologies.
>
> **ELECTROTHERAPEUTIC AGENTS:** Modalities that use electricity and the electromagnetic spectrum to facilitate tissue healing, improve muscle strength and endurance, decrease edema, modulate pain, decrease the inflammatory process, and modify the healing process. Electrotherapeutic agents include but are not limited to neuromuscular electrical stimulation (NMES), functional electrical stimulation (FES), transcutaneous electrical nerve stimulation (TENS), high-voltage galvanic stimulation for tissue and wound repair (ESTR), high-voltage pulsed current (HVPC), direct current (DC), iontophoresis, and other commercially available technologies (Bracciano, 2008).
>
> **MECHANICAL DEVICES:** Modalities such as vasopneumatic devices and continuous passive motion.
>
> **SUPERFICIAL THERMAL AGENTS:** Modalities such as hydrotherapy, whirlpool, cryotherapy (cold packs, ice), fluidotherapy, hot packs, paraffin, water, infrared, and other commercially available superficial heating and cooling technologies.
>
> (Skills, knowledge, and competencies for entry-level practice are derived from AOTA practice documents. For institutions in states where regulations restrict the use of physical agent modalities, it is recommended that students be exposed to the modalities offered in practice to allow students' knowledge and expertise with the modalities in preparation for the NBCOT examination and for practice outside of the state in which the educational institution resides.)

POPULATION-BASED INTERVENTIONS: Interventions focused on promoting the overall health status of the community by preventing disease, injury, disability, and premature death. A population-based health intervention can include assessment of the community's needs, health promotion and public education, disease and disability prevention, monitoring of services, and media interventions. Most interventions are tailored to reach a subset of a population, although some may be targeted toward the population at large. Populations and subsets may be defined by geography, culture, race and ethnicity, socioeconomic status, age, or other characteristics. Many of these characteristics relate to the health of the described population (Keller et al., 2002).

POPULATION HEALTH: "The health outcomes of a group of individuals including the distribution of such outcomes within the group" (Kindig & Stoddart, 2003, p. 381). "Population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, and environmental factors" (Institute of Medicine [IOM], 2015, para. 4).

POPULATIONS: Collective of groups of individuals living in a similar locale (e.g., city, state, country) or sharing the same or like characteristics or concerns (AOTA, 2014).

POST-PROFESSIONAL DOCTORATE: "The highest award a student can earn for graduate study" (IPEDS, 2016) and that is conferred upon completion of a program providing the knowledge and skills beyond the basic entry level for persons who are already occupational therapy practitioners (AOTA, 2016).

PREPARATORY METHODS AND TASKS: Methods and tasks that prepare the client for occupational performance, used either as part of a treatment session in preparation for or concurrently with occupations and activities or as a home-based engagement to support daily occupational performance. Often preparatory methods are interventions that are done to clients without their active participation and involve modalities, devices, or techniques (AOTA, 2014).

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 (AOTA, 2013a).

PRIMARY CARE PROGRAMS: The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (IOM, 1994; Patient Protection and Affordable Care Act of 2010, 2012)

BPC 2570.2

(m) “Hand therapy” is the art and science of rehabilitation of the hand, wrist, and forearm requiring comprehensive knowledge of the upper extremity and specialized skills in assessment and treatment to prevent dysfunction, restore function, or reverse the advancement of pathology. This definition is not intended to prevent an occupational therapist practicing hand therapy from providing other occupational therapy services authorized under this act in conjunction with hand therapy.

BPC 2570.3

(e) An occupational therapist providing hand therapy services shall demonstrate to the satisfaction of the board that the occupational therapist has completed education and training in all of the following areas:

(1) Anatomy of the upper extremity and how it is altered by pathology. *(**diagnoses?**)*

(2) Histology as it relates to tissue healing and the effects of immobilization and mobilization on connective tissue.

(3) Muscle, sensory, vascular, and connective tissue physiology.

(4) Kinesiology of the upper extremity, such as biomechanical principles of pulleys, intrinsic and extrinsic muscle function, internal forces of muscles, and the effects of external forces. *(**kinesiology & biomechanics p22**)*

(5) The effects of temperature and electrical currents on nerve and connective tissue. *(**PAMs**)*

(6) Surgical procedures of the upper extremity and their postoperative course.

CCR 4150. Definitions

(f) "**Rehabilitation of the hand, wrist, and forearm**" as used in Code section 2570.2(l) refers to occupational therapy services performed as a result of **surgery or injury to the hand, wrist, or forearm.**