

Practice Analysis of the Certified Occupational Therapy Assistant

EXECUTIVE SUMMARY

COTA[®]

The executive summary is based on the results of the 2017 Practice Analysis.

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About NBCOT

The National Board for Certification in Occupational Therapy, Inc. (NBCOT®) is the national certification body for occupational therapy professionals in the United States.

The mission of 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.

Currently, 50 states, Guam, Puerto Rico, and the District of Columbia require NBCOT initial certification for occupational therapy state regulation (i.e., licensing).

NBCOT certification programs are accredited by the American National Standards Institute (ANSI) and the National Commission for Certifying Agencies (NCCA). NBCOT is a member of the Institute for Credentialing Excellence (ICE).



Overview

The National Board for Certification in Occupational Therapy (NBCOT®) is a not-for-profit certifying body for individuals with education and experience in the practice of occupational therapy (OT). As with other certification programs, NBCOT's program aims to establish that individuals have the knowledge necessary to perform tasks critical for safe and competent practice as an entry-level occupational therapy assistant practicing under U.S. jurisdiction.

NBCOT is committed to maintaining an exam that is a fair, valid, and reliable assessment. NBCOT follows well-established processes for determining the content of the exam, including the completion of a practice analysis study. Toward the end of 2016, NBCOT began the process of reviewing the exam content outline for the Certified Occupational Therapy Assistant (COTA®) exam. NBCOT worked with Castle Worldwide, Inc., a full-service certification and licensure company, to ensure that its certification exams meet guidelines and standards for exam development (e.g., *Standards for Educational and Psychological Testing*, American Educational Research Association, American Psychological Association, & National Council on Measurement and Education, 2014; *Uniform Guidelines on Employee Selection Procedures*, Equal Employment Opportunity Commission, 1978).

NBCOT's program aims to establish that individuals have the knowledge necessary to perform tasks critical for safe and competent practice as an entry-level occupational therapy assistant.

A number of steps were undertaken for the analysis of the practice requirements for newly certified COTA certificants. First, review and feedback were obtained from members of the NBCOT Board of Directors and NBCOT OTR staff. A panel of subject matter experts (SME) was then assembled to review the existing material and provide feedback. The panel established a revised exam content outline that consisted of core occupational therapy assistant (OTA) job tasks and essential knowledge. The updated content outline was developed into a large-scale validation survey that was sent to a sample of entry-level COTA certificants. The results were analyzed, reviewed, and finalized into an updated content outline that will guide construction of COTA exams to be administered beginning in 2019.

STUDY PURPOSE

To attain the COTA credential, an individual must hold an accredited/ approved associate degree in occupational therapy, submit an official final transcript, demonstrate minimal proficiency in the English language, agree to abide by the NBCOT Code of Conduct, and attain a passing score on the NBCOT COTA certification exam.

The COTA exam focuses on entry-level areas of professional practice that are critical to ensuring that COTA practitioners, their clients, their employers, their fellow employees, and the profession are not physically, financially, or emotionally harmed through actions or services provided by the COTA. To ensure that the exam meets this goal, NBCOT conducts a periodic review of OTA practice to determine the areas of professional practice critical for an entry-level practitioner. In 2017, NBCOT began its latest practice analysis study. This report provides an executive summary of the process.

For certification purposes, a practice analysis study is used to establish a clearly delineated set of domains, tasks, and associated knowledge statements necessary to carry out the responsibilities of the job to the standards required for certification.

DEFINITIONS

Some important definitions are required for understanding the material presented in this report.

Task Statements

The task statement is considered the single most important element of the practice analysis study because it provides a standardized, concise format to describe an individual's actions. Task statements describe the action being performed, to whom, with what, and the expected output.

Domains

Domains are the major responsibilities or duties that characterize the practice of a specialty. They represent the logical groupings of task statements. Domains are denoted as major headings in an outline format.

Knowledge Statements

Knowledge statements include critical information that an individual must possess to perform a task competently. Lack of this knowledge would result in the inability to perform the task, resulting in negative consequences for the recipient of the service.

Practice Analysis Study

A practice analysis study is one of the methods used to identify and prioritize the important tasks of a job or profession, and the essential competencies an individual should possess to perform the required functions satisfactorily. For certification purposes, a practice analysis study is used to establish a clearly delineated set of domains, tasks, and associated knowledge statements necessary to carry out the responsibilities of the job to the standards required for certification.

Most standards for the accreditation of certification programs (e.g., American National Standards Institute [ANSI], Buros Institute for Assessment Consultation and Outreach [BAICO], Institute for Credentialing Excellence [ICE]) require demonstrable linkage between the exam content outline and the data collected through a practice analysis study.

DEFINITIONS (CONT.)

Validity

Validity refers to the degree to which theory and evidence support the inferences that are made on the basis of test scores. The validity evidence for certification exams is primarily content-related evidence, generally in the form of judgments that the exam content adequately samples the content domain associated with the job or role being assessed (*Standards for Educational & Psychological Testing*, AERA, APA, & NCME, 2014). Practice analysis studies provide this content validity evidence by establishing and documenting the linkage between the exam and current practice.

Methodology

INITIAL CONTENT OUTLINE REVIEW

Members of the NBCOT Board of Directors and NBCOT staff reviewed the existing COTA exam content outline, which included three content domains and eight task statements. They considered external (e.g., practice trends) and internal (e.g., testable knowledge) factors influencing the content of the current outline. Based on their review, a revised “straw man” exam content outline was prepared for review by the SME panel.

In January 2017, the same panelists reconvened to perform additional review and revision of the draft exam content outline, focusing on the knowledge statements. Their work culminated in an exam content outline that consisted of core tasks and knowledge statements considered essential for competent and safe OTA practice. This outline formed the basis for development of a large-scale validation survey.

SUBJECT MATTER EXPERT PANEL MEETINGS

In December 2016, a 10-member panel of SME was assembled to receive training on the practice analysis studies NBCOT was conducting, and to review the “straw man” outline of the areas of practice required for competent performance as a newly certified COTA. The panel members were either certified within the past three years, or worked with or supervised recently certified COTA certificants. Panelists represented varied practice settings and geographic areas in the United States, and the ethnicity and gender composition of the panel was representative of the larger certificant population.

Survey Development

SURVEY DESIGN AND DISTRIBUTION

The survey consisted of two parts. The first part asked respondents to rate the 14 tasks, 55 knowledge statements, and three domains, in that order. Survey respondents also were asked to identify any critical elements of practice missing from the respective task and knowledge statements. The second part, the demographics section, consisted of a series of questions that asked respondents to provide information about their place of work and working conditions. The survey content was reviewed by members of the NBCOT Board of Directors, NBCOT OTR staff, Castle psychometric staff, and the SME panel to ensure fidelity of the panel's work and appropriate survey design. The entire survey was conducted online.

NBCOT provided Castle with a purposeful sample of 2,646 COTA certificants who had been certified for less than three years. This group represented COTA certificants who were likely to be familiar with the requirements and demands for entry-level OTA practice. After an initial invitation email, three reminder emails were sent during the survey period to those who had not responded, or who had started but had not completed the survey.

RESPONSE RATES

Of those 2,646 certificants, 1,521 responded to the survey, representing a response rate of 57%. A response rate of 57% is excellent for a survey of this type and length. Of responses received, 1,359 (51%) were deemed sufficiently complete to warrant inclusion in the survey analyses. A response was considered complete if the respondent completed at least 90% of each of the four sections of the survey, or if the respondent completed 70% of the overall survey. The 1,359 respondents were representative of the entry-level COTA certificant population across the United States, with the vast majority reporting that they currently provide direct occupational therapy services to clients.

A response rate of 57% is excellent for a survey of this type and length.

Demographics

GENDER AND ETHNICITY

Respondents were asked to report their gender. Of the respondents who reported their gender, 89.5% reported as female, 10.1% reported as male, and 0.4% reported as other. Respondents were also asked to report ethnicity by selecting all applicable categories. **Table 1** provides a breakdown of the proportion and numbers who selected the ethnicity options.

EDUCATION

Of the respondents who reported their education, 98.3% reported completing an associate degree and 1.7% reported a bachelor's degree. The majority of respondents reported graduating between 2014 and 2016.

Table 1. Ethnicity of COTA survey respondents

Ethnicity	Percentage	Count
American Indian or Alaska Native	0.4%	5
Asian	4.2%	56
Black or African American	7.6%	102
Hispanic/Latino of any race	7.7%	104
Multi-racial	2.6%	35
Native Hawaiian or Other Pacific Islander	0.7%	10
White	73.0%	983
Prefer not to answer	3.8%	51
Answered question		1346
Skipped question		13

EMPLOYMENT

Of the respondents who completed the question on current employment, 91.2% indicated they were actively working in a position that requires an occupational therapy assistant (**Table 2**). Most respondents (73.5%) indicated they were hourly employees (**Table 3**).

Table 2: Employment status of COTA respondents

Status	Percentage	Count
Providing direct OT services to clients	91.2%	1227
Working in OT education or research	0.4%	6
Working in a field other than OT	2.7%	37
Not currently working	2.1%	28
Other	3.6%	48
Answered question		1346
Skipped question		13

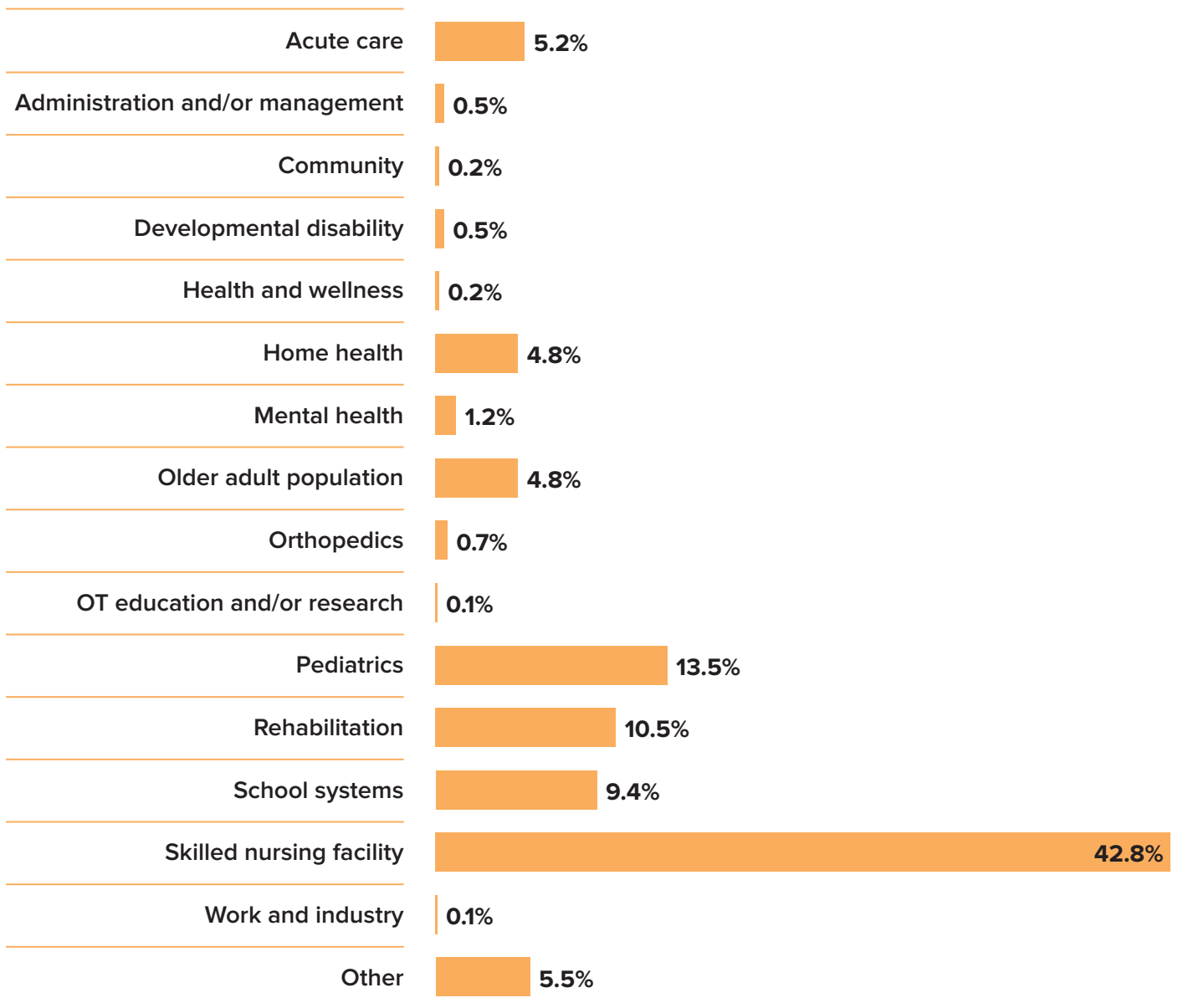
Table 3. Employment status of COTA respondents at their primary OT practice location

Status	Percentage	Count
Self-employed	4.3%	56
Salaried	9.5%	124
Hourly employee	73.5%	963
Temporary contract	3.9%	51
Other	8.9%	116
Answered question		1310
Skipped question		49

PRIMARY AREA OF PRACTICE

Respondents were asked to provide information about their primary area of practice. The most represented areas of occupational therapy assistant employment included skilled nursing facility (42.8%), pediatrics (13.5%), rehabilitation (10.5%), and school systems (9.4%). Further breakdowns are provided in **Figure 1**.

Figure 1. Proportion of respondents by areas of practice for primary OT employment



DIAGNOSTIC CATEGORIES

Respondents were asked to reflect on their caseload and indicate the top three diagnoses from each of six diagnostic categories. **Table 4** details the number and percentage of respondents who reported providing services across different disorder classifications.

Table 4: Number and percentage of COTA respondents providing services across diagnostic categories

Disorders	Percentage	Count
Neurological		
I do not provide services to this diagnostic category.	13.7%	182
Amyotrophic lateral sclerosis	0.7%	9
Cerebral palsy	15.7%	208
Complex regional pain syndrome	2.3%	30
Dysphagia	7.6%	101
Low vision	19.1%	253
Multiple sclerosis	5.5%	73
Neurocognitive disorder/dementia	42.3%	562
Neurogenic back pain	3.8%	51
Parkinson's disease	28.6%	380
Peripheral nerve lesion	0.6%	8
Peripheral neuropathy	8.7%	115
Spina bifida	2.6%	34
Spinal cord injury	8.4%	111
Stroke	62.9%	835
Traumatic brain injury	15.6%	207
Other (please specify)	6.8%	90
Answered question		1328
Skipped question		31

Table 4: Number and percentage of COTA respondents providing services across diagnostic categories

Disorders	Percentage	Count
Developmental		
I do not provide services to this diagnostic category.	47.2%	635
Congenital anomalies	4.3%	58
Developmental delay	29.8%	401
Fetal alcohol syndrome	1.6%	22
Genetic disorders	9.4%	126
Intellectual disability	23.8%	320
Learning disorder	12.6%	169
Malnutrition	6.2%	83
Sensory processing/sensory integrative disorder	33.6%	451
Visual processing deficit	15.3%	205
Other (please specify)	1.0%	13
Answered question		1344
Skipped question		15
Cardiopulmonary		
I do not provide services to this diagnostic category.	31.0%	413
Chronic obstructive pulmonary disease	60.3%	805
Congestive heart failure	59.8%	798
Myocardial infarction	29.8%	398
Pneumonia	42.2%	563
Other (please specify)	1.4%	19
Answered question		1334
Skipped question		25

Table 4: Number and percentage of COTA respondents providing services across diagnostic categories

Disorders	Percentage	Count
Musculoskeletal/Orthopedic		
I do not provide services to this diagnostic category.	27.2%	362
Fractures	59.1%	787
Joint replacements	60.4%	804
Osteoarthritis	45.6%	608
Sprains/strains	4.7%	63
Tendinopathy	1.4%	18
Upper and/or lower extremity amputations	31.2%	415
Other (please specify)	1.9%	25
Answered question		1332
Skipped question		27
Psychosocial		
I do not provide services to this diagnostic category.	22.6%	303
Anxiety disorders	46.4%	622
Attention deficit hyperactivity disorders	23.6%	317
Autism spectrum disorders	27.4%	368
Behavior disorders	37.1%	497
Eating disorders	1.6%	21
Mood disorders	17.4%	234
Personality disorders	10.1%	135
Schizophrenia	15.0%	201
Substance abuse	19.8%	265
Other (please specify)	2.0%	27
Answered question		1341
Skipped question		18

Table 4: Number and percentage of COTA respondents providing services across diagnostic categories

Disorders	Percentage	Count
General Medical/Systemic		
I do not provide services to this diagnostic category.	30.0%	403
Bariatric	19.4%	260
Burns	1.2%	16
Cancer	25.8%	346
Diabetes	42.5%	570
Fibromyalgia, chronic fatigue syndrome	4.6%	62
General deconditioning/debilitation	37.4%	502
HIV/Aids	2.2%	29
Lymphedema	9.1%	122
Open wounds/pressure ulcers	18.0%	242
Organ transplantation	0.7%	9
Rheumatoid arthritis	24.7%	332
Trauma/polytrauma	7.2%	97
Other (please specify)	1.1%	15
Answered question		1342
Skipped question		17

LANGUAGE

More than 30% of respondents indicated that they communicated in languages other than English in their primary occupational therapy employment setting. Of the 419 respondents who indicated that they communicated in languages other than English, over 75% specified Spanish.

More than 30% of respondents indicated that they communicated in languages other than English in their primary occupational therapy employment setting.

Validation of Domains, Tasks, and Knowledge Statements

The survey respondents were asked to evaluate each performance domain, task, and knowledge statement. Domains were rated based on the appropriate amount of emphasis. Tasks were rated on frequency and importance, and knowledge statements were rated on a separate importance scale. From the frequency and importance ratings, a relative importance weight for each task and domain was constructed to assess the validity of the construct for the exam content outline.

Task Frequency

For the respondents to the survey, task frequency was defined by the following question:

How frequently would an entry-level COTA be expected to perform this task?

Respondents were asked to rate their response on a 5-point scale from 1 (Never) to 5 (Daily).

Task Importance

For the respondents to the survey, task importance was defined by the question:

How important is this task for safe and competent practice as an entry-level COTA?

Respondents were asked to rate their response on a 5-point scale from 1 (Not at all important) to 5 (Critically important).

Knowledge Importance

For the respondents to the survey, knowledge importance was defined by the question:

Is this knowledge essential for safe and competent performance of this task as an entry-level COTA?

Respondents were asked to rate their response as either 1 (No, it is not essential) or 2 (Yes, it is essential).

Domain Weight

For the respondents to the survey, domain weight was defined by the following question:

How much emphasis should be placed on each of the COTA performance domains?

Respondents were instructed to enter the percentage of the COTA exam that should be devoted to each domain.

RELIABILITY OF IMPORTANCE AND FREQUENCY TASK RATINGS

Reliability estimates using Cronbach's alpha were made for the task importance and frequency measures, with each measure consisting of the 14 task statements. As a general rule, reliability of 0.70 or higher is desirable (Nunnally and Bernstein, 1994). The reliability estimate for the task importance scale was 0.86 and the reliability estimate for the task frequency scale was 0.81. Both scales had observed reliability estimates above the minimum threshold. For both frequency and importance, respondent ratings were provided on a scale of 1 to 5, which enabled the development of a metric for weighting the domains and tasks.

IMPORTANCE RATINGS FOR KNOWLEDGE

Survey respondents were asked to rate each of the 52 knowledge statements by indicating whether the statement is essential for the safe and competent performance of the associated task by an entry-level COTA. For each knowledge statement, the proportion of yes/no answers was examined. Following the review of these survey results, 52 knowledge statements were determined for inclusion in the revised content outline.

The reliability estimate for the task importance scale was 0.86 and the reliability estimate for the task frequency scale was 0.81.

Following the review of these survey results, 52 knowledge statements were determined for inclusion in the revised content outline.

Methodology for Weighting Domains

The next step in the development of the content outline was to assign appropriate proportions to each of the exam content areas. NBCOT considered several information sources, including results from the surveys using top-down and bottom-up approaches, and results from the SME panel input. See **Table 5** for results.

Table 5. Weights for COTA Domains

	COTA DOMAIN DESCRIPTIONS	% OF EXAM
DOMAIN	COLLABORATING AND GATHERING INFORMATION	
01	Assist the OTR to acquire information regarding factors that influence occupational performance on an ongoing basis throughout the occupational therapy process.	28%
DOMAIN	SELECTING AND IMPLEMENTING INTERVENTIONS	
02	Implement interventions under the supervision of the OTR in accordance with the intervention plan and level of service competence to support client participation in areas of occupation throughout the occupational therapy process.	55%
DOMAIN	UPHOLDING PROFESSIONAL STANDARDS AND RESPONSIBILITIES	
03	Uphold professional standards and responsibilities by achieving service competence and applying evidence-based interventions to promote quality in practice.	17%

Summary

The 2017 COTA practice analysis study used well-established methods consistent with best practice and accreditation standards to describe and validate the practice of the newly certified COTA. The study included three phases: internal review of the exam content outline, SME review and revision, and a large-scale validation survey.

Respondents to the practice analysis survey validated that the tasks, knowledge, and domains were appropriate for inclusion on a competency exam for the entry-level COTA. The representativeness of the sample and reliability of the survey instrument were very good.

The revised content outline consists of 14 tasks in three areas of domain practice, with 52 associated knowledge statements—see **Appendix 1** for details. The proportion of items assigned to each domain was established for the COTA exam. Based on evidence, the findings of this study can be used to evaluate and support an entry-level occupational therapy assistant certification exam. This exam content outline will guide the NBCOT exam construction for the COTA exams to be administered beginning in 2019.

Based on evidence, the findings of this study can be used to evaluate and support an entry-level occupational therapy assistant certification exam.

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Appendix 1

COTA VALIDATED DOMAINS, TASKS, KNOWLEDGE STATEMENTS

Domains are specified in bold with a two-digit number, tasks are grouped under each domain (four-digit number), and the associated knowledge statements are listed with a six-digit number.

DOMAIN	
01	<p>COLLABORATING AND GATHERING INFORMATION</p> <p>Assist the OTR to acquire information regarding factors that influence occupational performance on an ongoing basis throughout the occupational therapy process.</p>

Task 0101	<p>Recognize the influence of development; body functions and body structures; and values, beliefs, and spirituality on a client’s occupational performance.</p>	
	KNOWLEDGE OF:	
	010101	Impact of typical development and aging on occupational performance, health, and wellness across the life span
	010102	Expected patterns, progressions, and prognoses associated with conditions that limit occupational performance
	010103	Impact of body functions, body structures, and values, beliefs, and spirituality on occupational performance

Task 0102	<p>Acquire information by using available resources about a client’s functional skills, roles, culture, performance context, and prioritized needs in order to contribute to the development and update of an occupational profile.</p>	
	KNOWLEDGE OF:	
	010201	Resources for acquiring information about the client’s current condition and occupational performance
	010202	Purpose, advantages, limitations, and service competency needs related to the administration of commonly used standardized assessments and non-standardized screening as a means of acquiring client information
	010203	Internal and external factors influencing a client’s meaningful engagement in occupation related to typical habits, roles, routines, and rituals, and the level and type of assistance required

<p>Task 0103</p>	<p>Provide information regarding the influence of current conditions, contexts, and task demands on occupational performance in order to assist the OTR in planning interventions and monitoring progress as guided by the practice setting and theoretical construct.</p>
<p>KNOWLEDGE OF:</p>	
<p>010301</p>	<p>Influence of theoretical approaches, models of practice, and frames of reference on information-gathering and the intervention process</p>
<p>010302</p>	<p>Task analysis in relation to a client's performance skills, the occupational profile, practice setting, stage of occupational therapy process, areas of occupation, and activity demands</p>

<p>Task 0104</p>	<p>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 provide quality services guided by evidence, scope of practice, service competence, and principles of best practice.</p>
<p>KNOWLEDGE OF:</p>	
<p>010401</p>	<p>Characteristics and functions of interprofessional teams for coordinating client care and providing efficient and effective services consistent with specific core competencies, expertise, unique contributions, team roles, and context of the organization</p>
<p>010402</p>	<p>Coordination of occupational therapy services related to collaborative client-centered intervention plans, Individualized Education Program plans, and transition plans based on client skills, abilities, and expected outcomes in relation to available resources, level of service delivery, and frequency and duration of intervention</p>
<p>010403</p>	<p>Collaborative processes and procedures for prioritizing intervention goals and activities based on client needs, wants, developmental skills, abilities, progress, and expected outcomes in relation to level of service delivery as well as frequency and duration of intervention</p>
<p>010404</p>	<p>Fundamental strategies used for addressing health literacy to enhance non-verbal and verbal interactions with a client and relevant others in order to promote positive health behaviors, enable informed decisions, maximize safety of care, and promote carry-over of the intervention to support positive outcomes</p>

<p>Task 0105</p>	<p>Monitor the intervention plan and progress toward goals in collaboration with the OTR by using clinical reasoning, therapeutic use of self, and cultural sensitivity to make decisions about the intervention approach, context, or goals based on client needs, priorities, response to intervention, status changes, reevaluation results, and targeted outcomes.</p>	
<p>KNOWLEDGE OF:</p>		
<p>010501</p>	<p>Factors related to determining the context and type of individual and group activities for effectively supporting intervention goals and objectives</p>	
<p>010502</p>	<p>Methods for monitoring the effectiveness of individual and group intervention in order to keep the OTR informed about continuation of skilled services or opportunities to modify the intervention, intervention approach, context, or goals based on client needs, responses to intervention, and progress toward goals</p>	
<p>010503</p>	<p>Clinical decision-making for implementing modifications to the intervention plan and prioritization of goals under the supervision of the OTR in response to physiological changes, behavioral reaction, emotion regulation, and developmental needs of the client</p>	

DOMAIN**SELECTING AND IMPLEMENTING INTERVENTIONS****02**

Implement interventions under the supervision of the OTR in accordance with the intervention plan and level of service competence to support client participation in areas of occupation throughout the occupational therapy process.

Task 0201

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

KNOWLEDGE OF:

020101

Methods for selecting, preparing, and adapting the intervention technique and environment to support optimal engagement in the intervention and promote goal achievement

020102

Technical level indications, contraindications, and precautions associated with wound management, considering the characteristics of a wound, the stage of wound healing, and the influence of the wound on engagement in occupation as guided by evidence, best practice standards, scope of practice, and state licensure practice acts in order to support functional outcomes

020103

Technical level indications, contraindications, precautions, and appropriate clinical application of superficial thermal agents as guided by evidence, best practice standards, scope of practice, and state licensure practice acts

020104

Technical level indications, contraindications, precautions, and appropriate clinical application of deep thermal, mechanical, and electrotherapeutic physical agent modalities as guided by evidence, best practice standards, scope of practice, and state licensure practice acts

<p>Task 0202</p>	<p>Implement developmental, remedial, and adaptive 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.</p>	
<p>KNOWLEDGE OF:</p>		
<p>020201</p>		<p>Intervention methods for supporting leisure and play-based exploration and participation consistent with client interests, needs, goals, and context</p>
<p>020202</p>		<p>Methods for grading an activity, task, or technique based on level of development, client status, response to intervention, and client needs</p>
<p>020203</p>		<p>Methods for facilitating individual and group participation in shared tasks or activities consistent with the type, function, format, context, goals, and stage of the group</p>
<p>020204</p>		<p>Intervention methods and activities to support optimal sensory arousal and visual motor, cognitive, or perceptual processing for supporting engagement in occupations based on current level of development, abilities, task characteristics, and environmental demands</p>
<p>020205</p>		<p>Compensatory and remedial interventions for managing cognitive and perceptual deficits or intellectual disabilities</p>
<p>020206</p>		<p>Adaptive and preventive interventions for optimal engagement in occupation consistent with developmental level, neuromotor status, and condition</p>
<p>020207</p>		<p>Technical level intervention strategies and techniques used to facilitate oral motor skills for drinking, eating, and swallowing consistent with developmental level, client condition, caregiver interaction, and mealtime environment and context</p>
<p>020208</p>		<p>Prevocational, vocational, and transitional services, options, and resources for supporting strengths, interests, employment, and lifestyle goals of the adolescent, middle-aged, and older adult client</p>

Task 0203	Implement 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.	
KNOWLEDGE OF:		
020301	Methods for grading various types of therapeutic exercise and conditioning programs consistent with indications and precautions for strengthening muscles, increasing endurance, improving range of motion and coordination, and increasing joint flexibility in relation to task demands	
020302	Technical level techniques for implementing sensory and motor reeducation, desensitization, pain management, edema reduction, and scar management programs	
020303	Technical level techniques and activities for promoting or improving postural stability, facilitating dynamic balance, and teaching proper body mechanics and efficient breathing patterns during functional tasks to support engagement in occupation	

Task 0204	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.	
KNOWLEDGE OF:		
020401	Types and functions of immobilization, mobilization, restriction, and non-articular orthoses for managing specific conditions	
020402	Influence of general anatomical, physiological, biomechanical, and healing principles on orthotic selection, design, fabrication, and modification	
020403	Training methods regarding the safe and effective use of orthotic and prosthetic devices consistent with the client's prioritized needs, goals, and task demands in order to optimize or enhance function	

<p>Task 0205</p>	<p>Integrate assistive technology options, adaptive devices, mobility aids, and other durable medical equipment into the intervention, considering the client’s developmental, physical, functional, cognitive, and mental health status; prioritized needs; task demands; and context to enable participation in meaningful occupation.</p>	
<p>KNOWLEDGE OF:</p>		
<p>020501</p>	<p>Factors related to measuring, selecting, monitoring fit of, and recommending modifications to seating systems, positioning devices, and mobility aids</p>	
<p>020502</p>	<p>Characteristics and features of commonly used high- and low-tech assistive technology for supporting engagement in meaningful occupation</p>	
<p>020503</p>	<p>Types of commonly used mobility options, vehicle adaptations, and alternative devices for supporting participation in community mobility</p>	
<p>020504</p>	<p>Training methods and other factors influencing successful use and maintenance of commonly used assistive technology options, adaptive devices, and durable medical equipment</p>	

<p>Task 0206</p>	<p>Implement 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; cognitive, mental health, and developmental status; context; and task demands.</p>	
<p>KNOWLEDGE OF:</p>		
<p>020601</p>	<p>Fundamental principles of ergonomics and universal design for identifying, recommending, and implementing reasonable accommodations and features in the workplace, home, and public spaces in order to optimize accessibility and usability</p>	
<p>020602</p>	<p>Processes and procedures for identifying, recommending, and implementing modifications in the workplace, home, and public spaces, considering the interaction among client factors, contexts, roles, task demands, and resources</p>	

DOMAIN**03****UPHOLDING PROFESSIONAL STANDARDS AND RESPONSIBILITIES**

Uphold professional standards and responsibilities by achieving service competence and applying evidence-based interventions to promote quality in practice.

Task 0301

Engage in professional development and competency assessment activities by using evidence-based strategies and approaches to provide safe, effective, and efficient services relevant to the job role, practice setting, scope of practice, and professional certification standards.

KNOWLEDGE OF:

030101

Methods for locating, reviewing, and interpreting scholarly research in occupational therapy to guide and support professional competence and practice-relevant decision-making

030102

Methods for contributing to continuous quality improvement processes and procedures related to occupational therapy service delivery

030103

Methods for identifying, documenting, and monitoring service competency and professional development needs based on scope of practice and certification standards for occupational therapy

030104

Types of evidence-based programming for advancing positive population health outcomes

030105

Application of ethical decision-making and professional behaviors guided by the NBCOT standards of practice and Code of Conduct

Task 0302	Incorporate risk management techniques at an individual and practice-setting level by using standard operating procedures, safety principles, best practice guidelines, and relevant compliance trainings to protect clients, self, and staff from injury or harm during interventions.	
KNOWLEDGE OF:		
030201	Precautions or contraindications associated with a client condition or stage of recovery	
030202	Standard infection control procedures and universal precautions for reducing transmission of contaminants	
030203	Basic first aid in response to minor injuries and adverse reactions	
030204	Essential safety procedures to integrate into the intervention activities	
030205	Preventive measures for minimizing risk in the intervention environment	

Task 0303	Provide occupational therapy service 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.	
KNOWLEDGE OF:		
030301	Methods for identifying, locating, and integrating federal regulations, facility policies, and accreditation guidelines related to service delivery across occupational therapy practice settings	
030302	Influence of reimbursement policies and guidelines related to skilled and medically necessary occupational therapy service delivery	
030303	Accountability processes and procedures using relevant practice terminology, abbreviations, and information technology for justifying, tracking, and monitoring outcomes related to occupational therapy service delivery	

