

Practice Analysis of the Occupational Therapist Registered

EXECUTIVE SUMMARY

OTR[®]

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

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ID 90 rev 022118

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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. 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 therapist 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 Occupational Therapist Registered (OTR®) 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 therapist.

A number of steps were undertaken for the analysis of the practice requirements for newly certified OTR 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 (OT) 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 OTR certificants. The results were analyzed, reviewed, and finalized into an updated content outline that will guide construction of OTR exams to be administered beginning in 2019.

STUDY PURPOSE

To attain the OTR credential, an individual must hold an accredited/ approved entry-level master's or doctoral 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 OTR certification exam.

The OTR exam focuses on entry-level areas of professional practice that are critical to ensuring that OTR 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 OTR. To ensure that the exam meets this goal, NBCOT conducts a periodic review of OT practice to determine the areas of professional practice critical for an entry-level practitioner. In 2017, NBCOT completed 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 the NBCOT staff reviewed the existing OTR exam content outline, which included four content domains and nine 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 OT practice. This outline formed the basis for development of a large-scale validation survey.

SUBJECT MATTER EXPERT PANEL MEETINGS

In December 2016, an 11-member panel of SME was assembled to receive training on the practice analysis studies NBCOT was conducting, and to review the revised “straw man” outline of the areas of practice required for competent performance as a newly certified OTR. The panel members were either certified within the past three years, or worked with or supervised recently certified OTR 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 15 tasks, 58 knowledge statements, and four 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 3,335 OTR certificants who had been certified for less than three years. This group represented OTR certificants who were likely to be familiar with the requirements and demands for entry-level OTR 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 3,335 certificants, 1,956 responded to the survey, representing a response rate of 59%. A response rate of 59% is excellent for a survey of this type and length. Of responses received, 1,744 (52%) 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 1,744 respondents were representative of the entry-level OTR 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 59% 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, 91.8% reported as female, 8.1% reported as male, and 0.2% 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, 96.2% reported completing an entry-level master's degree, 2.8% reported an entry-level doctoral degree, and 1.0% reported completing the Occupational Therapist Eligibility Determination (OTED®) process (including internationally educated). The majority of respondents reported graduating between 2014 and 2016.

Table 1: Ethnicity of OTR survey respondents

Ethnicity	Percentage	Count
American Indian or Alaska Native	0.2%	4
Asian	8.0%	139
Black or African American	2.9%	50
Hispanic/Latino of any race	3.9%	67
Multi-racial	2.1%	36
Native Hawaiian or Other Pacific Islander	0.3%	6
White	80.1%	1390
Prefer not to answer	2.5%	44
Answered question		1736
Skipped question		8

EMPLOYMENT

Of the respondents who completed the question on current employment, 96.1% indicated they were actively working in a position that requires an occupational therapist (**Table 2**). A majority of respondents indicated they were either hourly (49.7%) or salaried (39.5%) employees (**Table 3**).

Table 2: Employment status of OTR respondents

Status	Percentage	Count
Providing direct OT services to clients	96.1%	1667
Working in OT education or research	0.6%	11
Working in a field other than OT	0.4%	7
Not currently working	1.0%	17
Other	1.8%	32
Answered question		1734
Skipped question		10

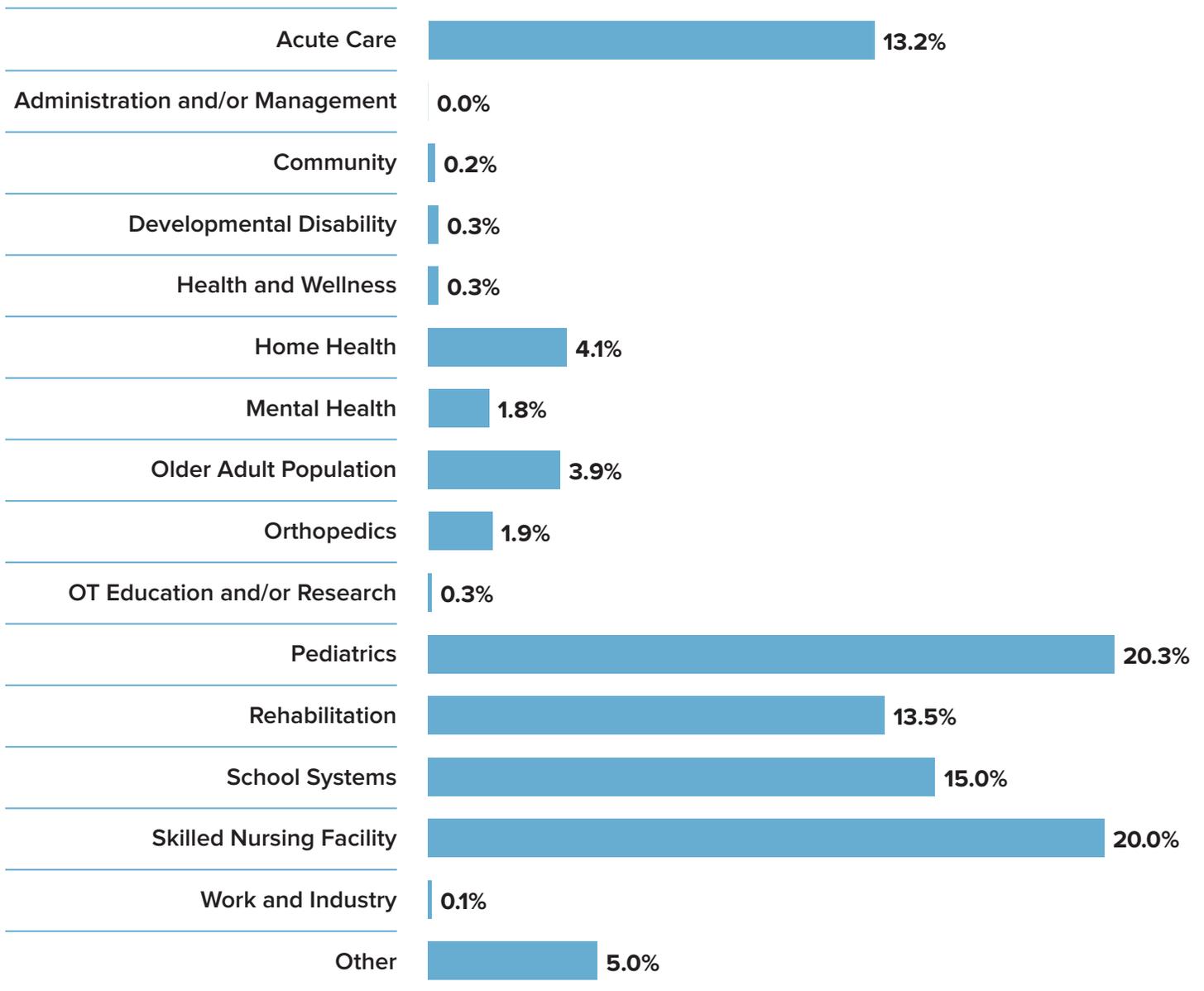
Table 3: Employment status of OTR respondents at their primary OT practice location

Status	Percentage	Count
Self-employed	2.4%	41
Salaried	39.5%	679
Hourly employee	49.7%	854
Temporary contract	4.3%	74
Other	4.0%	69
Answered question		1717
Skipped question		27

PRIMARY AREA OF PRACTICE

Respondents were asked to provide information about their primary area of practice. The most represented areas of occupational therapy employment included pediatrics (20.3%), skilled nursing facility (20.0%), school systems (15.0%), rehabilitation (13.5%), and acute care (13.2%). 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 OTR respondents providing services across diagnostic categories

Disorders	Percentage	Count
Neurological		
I do not provide services to this diagnostic category.	14.1%	241
Amyotrophic lateral sclerosis	0.4%	7
Cerebral palsy	23.0%	394
Complex regional pain syndrome	2.0%	35
Dysphagia	5.4%	93
Low vision	12.6%	215
Multiple sclerosis	4.2%	72
Neurocognitive disorder/dementia	35.2%	602
Neurogenic back pain	5.5%	94
Parkinson's disease	21.3%	364
Peripheral nerve lesion	1.5%	25
Peripheral neuropathy	13.3%	227
Spina bifida	3.9%	67
Spinal cord injury	9.3%	159
Stroke	57.8%	990
Traumatic brain injury	23.8%	407
Other (please specify)	7.1%	121
Answered question		1712
Skipped question		32

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

Disorders	Percentage	Count
Developmental		
I do not provide services to this diagnostic category.	42.3%	733
Congenital anomalies	5.1%	88
Developmental delay	40.6%	702
Fetal alcohol syndrome	1.2%	21
Genetic disorders	12.0%	208
Intellectual disability	25.5%	441
Learning disorder	15.1%	262
Malnutrition	3.8%	65
Sensory processing/sensory integrative disorder	36.2%	627
Visual processing deficit	11.5%	199
Other (please specify)	1.7%	30
Answered question		1731
Skipped question		13
Cardiopulmonary		
I do not provide services to this diagnostic category.	41.0%	704
Chronic obstructive pulmonary disease	53.6%	921
Congestive heart failure	52.0%	894
Myocardial infarction	24.4%	420
Pneumonia	35.5%	610
Other (please specify)	2.6%	44
Answered question		1719
Skipped question		25

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

Disorders	Percentage	Count
Musculoskeletal/Orthopedic		
I do not provide services to this diagnostic category.	33.5%	570
Fractures	55.4%	943
Joint replacements	52.7%	898
Osteoarthritis	43.5%	741
Sprains/strains	3.9%	67
Tendinopathy	3.7%	63
Upper and/or lower extremity amputations	24.4%	416
Other (please specify)	3.9%	67
Answered question		1703
Skipped question		41
Psychosocial		
I do not provide services to this diagnostic category.	16.2%	280
Anxiety disorders	46.8%	808
Attention deficit hyperactivity disorders	33.2%	574
Autism spectrum disorders	36.9%	637
Behavior disorders	36.5%	631
Eating disorders	1.3%	23
Mood disorders	20.3%	350
Personality disorders	6.5%	113
Schizophrenia	13.4%	232
Substance abuse	23.6%	407
Other (please specify)	2.8%	48
Answered question		1727
Skipped question		17

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

Disorders	Percentage	Count
General Medical/Systemic		
I do not provide services to this diagnostic category.	34.5%	598
Bariatric	18.1%	314
Burns	2.5%	44
Cancer	20.7%	359
Diabetes	38.9%	673
Fibromyalgia, chronic fatigue syndrome	5.2%	90
General deconditioning/debilitation	44.7%	774
HIV/Aids	0.6%	11
Lymphedema	3.6%	63
Open wounds/pressure ulcers	13.5%	234
Organ transplantation	1.9%	33
Rheumatoid arthritis	14.1%	244
Trauma/polytrauma	14.0%	242
Other (please specify)	1.0%	17
Answered question		1731
Skipped question		13

LANGUAGE

More than 40% of respondents indicated that they communicated in languages other than English in their primary occupational therapy employment setting. Of the 753 respondents who indicated that they communicated in languages other than English, nearly 85% specified Spanish. Other languages included Arabic, Russian, Mandarin, American Sign Language, Polish, Vietnamese, Cantonese, and Korean.

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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 OTR 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 OTR?

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 OTR?

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 OTR performance domains?

Respondents were instructed to enter the percentage of the OTR 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 15 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 0.82 and the reliability estimate for the task frequency scale was 0.77. 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 58 knowledge statements by indicating whether the statement is essential for the safe and competent performance of the associated task by an entry-level OTR. For each knowledge statement, the proportion of yes/no answers was examined. Following the review of these survey results, 55 knowledge statements were determined for inclusion in the revised content outline.

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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 OTR Domains

OTR DOMAIN DESCRIPTIONS		% OF EXAM
DOMAIN	EVALUATION AND ASSESSMENT	
01	Acquire information regarding factors that influence occupational performance on an ongoing basis throughout the occupational therapy process.	25%
DOMAIN	ANALYSIS AND INTERPRETATION	
02	Formulate conclusions regarding client needs and priorities to develop and monitor an intervention plan throughout the occupational therapy process.	23%
DOMAIN	INTERVENTION MANAGEMENT	
03	Select interventions for managing a client-centered plan throughout the occupational therapy process.	37%
DOMAIN	COMPETENCY AND PRACTICE MANAGEMENT	
04	Manage professional activities of self and relevant others as guided by evidence, regulatory compliance, and standards of practice to promote quality care.	15%

Summary

The 2017 OTR practice analysis study used well-established methods consistent with best practice and accreditation standards to describe and validate the practice of the newly certified OTR. 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 OTR. The representativeness of the sample and reliability of the survey instrument were very good.

The revised content outline consists of 15 tasks in four areas of domain practice, with 55 associated knowledge statements—see **Appendix 1** for details. The proportion of items assigned to each domain was established for the OTR exam. Based on evidence, the findings of this study can be used to evaluate and support an entry-level occupational therapist certification exam. This exam content outline will guide construction of OTR 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 therapist certification exam.

References

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (2014). *Standards for educational and psychological testing*. Washington, DC: American Educational Research Association.

Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika*, *16*, p. 297-334.

Equal Employment Opportunity Commission (EEOC), U.S. Civil Service Commission, U.S. Department of Labor, and U.S. Department of Justice. (1978). Uniform guidelines on employee selection procedures. *Federal Register*, *43* (166), p. 38290-38315.

Joint Committee on Standards for Educational and Psychological Testing (American Educational Research Association, American Psychological Association, National Council on Measurement in Education) (1999). *Standards for educational and psychological testing*. Washington, D.C.: AERA.

Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric theory* (3rd ed.). New York: McGraw-Hill.

Appendix 1

OTR 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	EVALUATION AND ASSESSMENT
01	Acquire information regarding factors that influence occupational performance on an ongoing basis throughout the occupational therapy process.

Task 0101	Identify the influence of development; body functions and body structures; and values, beliefs, and spirituality on a client’s occupational performance.
	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	Acquire information specific to a client’s functional skills, roles, culture, performance context, and prioritized needs through the use of standardized and non-standardized assessments and other available resources in order to develop and update the occupational profile.
	KNOWLEDGE OF:
010201	Resources for acquiring information about the client’s current condition and occupational performance
010202	Administration, purpose, indications, advantages, and limitations of standardized and non-standardized screening and assessment tools
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>Determine the influence of task demands and contexts on occupational performance through the application of theoretical constructs within the practice setting.</p>	
<p>KNOWLEDGE OF:</p>		
<p>010301</p>	<p>Therapeutic application of theoretical approaches, models of practice, and frames of reference that guide intervention in a variety of practice contexts and environments</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>	

DOMAIN	
02	<p>ANALYSIS AND INTERPRETATION</p> <p>Formulate conclusions regarding client needs and priorities to develop and monitor an intervention plan throughout the occupational therapy process.</p>

Task 0201	<p>Synthesize assessment results and information obtained about the client’s current condition and context with client needs and priorities to determine eligibility for services consistent with the objectives of the initial referral to develop a client-centered intervention plan.</p>
	KNOWLEDGE OF:
020101	Interpretation and analysis of quantitative assessments designed to measure specific client factors and performance skills
020102	Integration of qualitative data collected from interviews, observation, and assessment of the social and physical environments, valued activities, necessary occupations, and priorities
020103	Integration of screening and assessment results with the client occupational profile, client condition, expected outcomes, and level of service delivery to guide critical decision-making for determining eligibility for services, prioritizing needs, and identifying a targeted intervention plan

<p>Task 0202</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 manage occupational therapy services guided by evidence and principles of best practice.</p>	
<p>KNOWLEDGE OF:</p>		
<p>020201</p>	<p>Characteristics and functions of interprofessional teams for coordinating client care and providing efficient and effective programs and services consistent with specific core competencies, expertise, unique contributions, team roles, and context of the organization</p>	
<p>020202</p>	<p>Management of 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>020203</p>	<p>Prioritization of 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>020204</p>	<p>Strategies used for assessing and 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 delivery, and promote carry-over of the intervention to support positive intervention outcomes</p>	

<p>Task 0203</p>	<p>Manage the intervention plan by using clinical reasoning, therapeutic use of self, and cultural sensitivity to identify, monitor, and modify the intervention approach, context, or goals based on client needs, priorities, response to intervention, changes in condition, reevaluation results, and targeted outcomes.</p>	
<p>KNOWLEDGE OF:</p>		
<p>020301</p>	<p>Factors used for determining and managing the context and type of individual and group activities for effectively supporting intervention goals and objectives</p>	
<p>020302</p>	<p>Methods for monitoring the effectiveness of individual and group intervention in order to make decisions about continuation of the intervention or modifications to the intervention approach, context, or goals</p>	
<p>020303</p>	<p>Clinical decision-making for adapting or modifying the intervention plan and prioritizing goals in response to physiological changes, behavioral reaction, emotion regulation, and developmental needs of the client</p>	

DOMAIN	
03	<p>INTERVENTION MANAGEMENT</p> <p>Select interventions for managing a client-centered plan throughout the occupational therapy process</p>

Task 0301	<p>Incorporate methods and techniques as an adjunct to interventions in order to facilitate healing and enhance engagement in occupation-based activities.</p>
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KNOWLEDGE OF:	
030101	Methods and techniques for selecting and preparing the environment to support optimal engagement in the intervention and promote goal achievement
030102	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
030103	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
030104	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

Task 0302	Implement occupation-based strategies to support participation in activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation across the life span.	
KNOWLEDGE OF:		
030201	Interventions for supporting leisure and play-based exploration and participation consistent with client interests, needs, goals, and context	
030202	Methods for grading an activity, task, or technique based on level of development, client status, response to intervention, and client needs	
030203	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	
030204	Interventions to support optimal sensory arousal, and visual motor, cognitive, or perceptual processing for supporting engagement in meaningful occupations consistent with developmental level, neuromotor status, mental health, cognitive level, psychosocial skills and abilities, task characteristics, context, and environmental demands	
030205	Compensatory and remedial strategies for managing cognitive and perceptual deficits or intellectual disabilities	
030206	Adaptive and preventive strategies for optimal engagement in occupation consistent with developmental level, neuromotor status, and condition	
030207	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	
030208	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	

Task 0303	Manage interventions for improving range of motion, strength, activity tolerance, sensation, postural control, and balance based on neuromotor status, cardiopulmonary response, and current stage of recovery or condition in order to support occupational performance.	
KNOWLEDGE OF:		
030301	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	
030302	Methods and strategies used to develop, implement, and manage sensory and motor reeducation, pain management, desensitization, edema reduction, and scar management programs	
030303	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 0304	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:		
030401	Types and functions of immobilization, mobilization, restriction, and non-articular orthoses for managing specific conditions	
030402	Influence of anatomical, physiological, biomechanical, and healing principles on orthotic selection, design, fabrication, and modification	
030403	Methods and techniques for training in the safe and effective use of orthotic and prosthetic devices consistent with prioritized needs, goals, and task demands in order to optimize or enhance function	

Task 0305	Select assistive technology options, adaptive devices, mobility aids, and other durable medical equipment, considering the client’s developmental, physical, functional, cognitive, and mental health status; prioritized needs; task demands; and context to enable participation in meaningful occupation.	
KNOWLEDGE OF:		
030501	Factors related to measuring, selecting, monitoring fit of, and recommending modifications to seating systems, positioning devices, and mobility aids	
030502	Characteristics and features of high- and low-tech assistive technology for supporting engagement in meaningful occupation	
030503	Mobility options, vehicle adaptations, and alternative devices for supporting participation in community mobility	
030504	Training methods and other factors influencing successful use and maintenance of commonly used assistive technology options, adaptive devices, and durable medical equipment	

Task 0306	Recommend environmental modifications guided by an occupation-based model, disability discrimination legislation, and accessibility guidelines and standards to support participation in occupation consistent with a client’s physical needs, emotion regulation, cognitive and developmental status, context, and task demands.	
KNOWLEDGE OF:		
030601	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	
030602	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	

DOMAIN	COMPETENCY AND PRACTICE MANAGEMENT
04	Manage professional activities of self and relevant others as guided by evidence, regulatory compliance, and standards of practice to promote quality care.

Task 0401	Manage professional development activities and competency assessment tasks by using evidence-based strategies and approaches in order to provide safe, effective, and efficient programs and services.
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KNOWLEDGE OF:	
040101	Methods for defining a clinical question and performing a critical appraisal to support evidence-based practice
040102	Methods for applying continuous quality improvement processes and procedures to occupational therapy service delivery
040103	Methods for evaluating, monitoring, and documenting service competency and professional development needs of self and assigned personnel based on scope of practice and certification standards for occupational therapy
040104	Methods for developing, analyzing, and applying evidence that supports occupation-based programming to advance positive health outcomes for individuals, groups, and specific populations
040105	Application of ethical decision-making and professional behaviors guided by the NBCOT standards of practice and Code of Conduct

Task 0402	Incorporate risk management techniques at an individual and service-setting level to protect clients, self, staff, and others from injury or harm during interventions.	
KNOWLEDGE OF:		
040201	Precautions or contraindications associated with a client condition or stage of recovery	
040202	Infection control procedures and universal precautions for reducing transmission of contaminants	
040203	Basic first aid in response to minor injuries and adverse reactions	
040204	Safety procedures to implement during interventions	
040205	Preventive measures for minimizing risk in the intervention environment	

Task 0403	Manage occupational therapy service provision in accordance with laws, regulations, state occupational therapy practice acts, and accreditation guidelines in order to protect consumers and meet applicable reimbursement requirements in relation to the service delivery setting.	
KNOWLEDGE OF:		
040301	Methods for identifying, locating, and integrating federal regulations, facility policies, and accreditation guidelines related to service delivery across occupational therapy practice settings	
040302	Influence of reimbursement policies and guidelines on occupational therapy service delivery	
040303	Accountability processes and procedures using relevant practice terminology, abbreviations, information technology, and reporting mechanisms for justifying, tracking, and monitoring sentinel events and outcomes related to occupational therapy service delivery	

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