

2023 US Occupational Therapy Education Standards (Effective July 31, 2025)

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 demonstrate knowledge of:

B.1.1. Human Body, Development, and Behavior

Demonstrate knowledge of:

- a. The structure and function of the human body that must include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.
- b. Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.
- c. Concepts of human behavior that must include the behavioral sciences, social sciences, and science of occupation.

B.1.2. Sociocultural, Socioeconomic, and Diversity Factors; and Lifestyles

Apply and analyze the role of sociocultural, socioeconomic, and diversity, equity, and inclusion factors, as well as lifestyles in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to introductory psychology, abnormal psychology, introductory sociology or introductory anthropology

B.1.3. Social Determinants of Health

Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions and distinguishes the epidemiological factors that impact the public health and welfare of populations.

B.1.4. Quantitative Statistics and Qualitative Analysis

Demonstrate the ability to use quantitative statistics and qualitative analysis to interpret tests and measurements for the purpose of establishing and delivering evidence-based practice.

B.2.0. THEORETICAL PERSPECTIVES AND TENETS OF OCCUPATIONAL THERAPY

Professional ethics, values, and responsibilities include an understanding and appreciation of the basic tenets and theories of the profession of occupational therapy. Professional identity includes the ability to advocate for social responsibility and equitable services to support health including addressing social determinants; and commitment to engaging in lifelong learning and leadership. Foundational concepts of occupational therapy practice include the distinct nature and value of occupational engagement, the pursuit of health and well-being, and the promotion of safety. Coursework must facilitate development of the performance criteria listed below. The student will be able to:

B.2.1. Scientific Evidence, Theories, Models of Practice, and Frames of Reference

Apply, analyze, and evaluate scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.

B.2.2. OT History, Philosophical Base, Theory, and Sociopolitical Climate

Analyze and evaluate occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and

future occupational needs as well as how these factors influence and are influenced by practice.

B.2.3 Interaction of Occupation and Activity

Apply, analyze, and evaluate the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context, and client factors.

B.2.4. Communicate the Distinct Nature of Occupation

Explain to the community of interest (e.g., consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the public) the distinct nature of occupation and the evidence that occupation supports performance, participation, health, wellness, and well-being.

B.2.5. Role in Promotion of Health, and Prevention

Apply and analyze scientific evidence to explain the importance of balancing areas of occupation. The role of occupation in the promotion of health and wellness. The prevention of disease, illness, and dysfunction for persons, groups, and populations.

B.2.6. Effects of Disease Processes

Analyze occupational performance aspects that are affected by diagnoses including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury.

B.2.7. Activity Analysis

Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context, and client factors to formulate the intervention plan.

B.2.8. Safety of Self and Others

Demonstrate sound judgment regarding safety of self and others and adhere to safety regulations throughout the occupational therapy process as 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.2.9. Personal and Professional Responsibilities

Create and implement a plan to address individualized personal and professional responsibilities that are consistent with current accepted standards and long-term professional goals. The plan must address the following personal well-being, alignment with current accepted norms in occupational therapy practice, advocacy related to clients, occupational therapy, or the role of the occupational therapist or occupational therapy assistant, long-term career objectives and a strategy to evaluate, refine, and update the plan over time

B.2.10. Ethics and Professional Interactions

Demonstrate knowledge of the current published American Occupational Therapy Association (AOTA) Occupational Therapy Code of Ethics and AOTA Standards of Practice and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.

B.2.11. Leadership

Demonstrates knowledge of effective leadership styles. Identify personal and professional strengths and areas for growth to become an effective leader, development of learning objectives, design of material, development of learning assessment, delivery of professional presentation, self-reflection of process

B.3.0. SCREENING, EVALUATION, AND INTERVENTION PLAN

The process of screening and evaluation 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. 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 client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence. The occupational therapy process is enhanced, and outcomes are improved when intraprofessional collaboration takes place. The program must facilitate development of the performance criteria listed below. The student will be able to:

B.3.1. Therapeutic Use of Self

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.3.2. Professional Reasoning

Demonstrate professional reasoning to evaluate, analyze, diagnose, and provide occupation-based interventions that: Address client factors, performance patterns, and performance skills. Focus on creation, promotion, establishment, restoration, maintenance, modification, and prevention

B.3.3. Standardized and Non-Standardized Screening and Assessment Tools

Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client. Identify and appropriately delegate components of the evaluation to an occupational therapy assistant. Demonstrate intraprofessional collaboration to establish and document an occupational therapy assistant's competence regarding screening and assessment tools.

B.3.4. Application of Assessment Tools and Interpretation of Results

Interpret evaluation findings including:

- a. Occupational performance and participation deficits.
- b. Results based on psychometric properties of tests considering factors that might bias assessment results (e.g., culture and disability status related to the person and context).

- c. Criterion-referenced and normreferenced standardized test scores on an understanding of sampling, normative data, standard and criterion scores, reliability, and validity

B.3.5. Reporting Data

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

B.3.6. Provide Interventions and Procedures

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:

- a. Occupations as a therapeutic intervention,
- b. Interventions to support occupations including therapeutic exercise, Interventions to support well-being (e.g., complementary health and integrative health),
- c. Virtual interventions

B.3.7. 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.

B.3.8. Grade and Adapt Processes or Environments

Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, implementing assistive technology or adaptive equipment, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.

B.3.9. Establish, Restore, and Modify

Select, design, and implement occupation-based interventions using the strategies of establish, restore, and modify approaches to address deficits in performance skills.

B.3.10. Plan for Discharge

Develop a plan for discharge from occupational therapy services in collaboration with the client and members of the intraprofessional and interprofessional teams by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.

B.3.11. Community Mobility

Evaluate the needs of persons, groups, or populations to design programs that enhance community mobility, and determine alternative means of transportation in community settings, including driver rehabilitation and other community access options.

B.3.12. Functional Mobility

Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.

B.3.13. Dysphagia and Feeding

Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors

B.3.14. Superficial Thermal, Deep Thermal, and Electrotherapeutic Agents and Mechanical Devices

Demonstrate use and knowledge of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.

B.3.15. Assistive Technologies and Devices

Apply the principles of assessment to identify appropriate features of assistive technologies and durable medical equipment to support the client's participation. Demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., aids for communication, mobility, sensory loss, computer access, seating, and positioning systems) used to enhance occupational performance. Document a justification to secure funding.

B.3.16. Orthoses and 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.

B.3.17. Referral to Specialists

Evaluate and discuss mechanisms for referring clients to specialists both internal and external to the profession, including community agencies.

B.3.18. Technology in Practice

Demonstrate knowledge of the use of technology in practice, which must include:

- a. Electronic documentation systems
- b. Virtual environments
- c. Telehealth technology

B.3.19. Teaching – Learning Process and Health Literacy

Demonstrate and evaluate the principles of the teaching–learning process using educational methods and health literacy education approaches:

- a. To design activities and clinical training for persons, groups, and populations.
- b. To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.

B.3.20. Community and Primary Care Programs

Evaluate access to community resources, and design community or primary care programs to support occupational performance for persons, groups, or populations.

B.3.21. Effective Communication

Demonstrate effective communication with clients, care partners, communities, and members of the intraprofessional and interprofessional teams in a responsive and responsible manner that supports a team approach to promote client outcomes.

B.3.22. Principles of Interprofessional Team Dynamics

Demonstrate knowledge of the principles of intraprofessional and interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable

B.4.0. CONTEXT OF SERVICE DELIVERY AND MANAGEMENT OF OT SERVICES

Context of service delivery includes knowledge and understanding of the various contexts, such as professional, social, cultural, governmental, economical, and ecological, in which occupational therapy services are provided. Management skills of occupational therapy services include the application of principles of management and systems in the provision of occupational therapy services to persons, groups, populations, and organizations. The program must facilitate development of the performance criteria listed below. The student will:

B.4.1. Factors, Policy Issues, and Social Systems

Identify, analyze, and evaluate the influence of contextual factors and current federal, state, and local policy issues and structures on the delivery of occupational therapy services for persons, groups, or populations to promote and advocate for policy development and social systems as they relate to the practice of occupational therapy.

B.4.2. Advocacy

Identify and analyze evolving service delivery models; changing federal, state, and local laws and regulations; and payment reform to advocate for occupational therapy. Articulate the distinct knowledge and skills of occupational therapy practitioners to the community of interest.

B.4.3. Documentation of Services

Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, local, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and durable medical equipment coding (e.g., HCPCS) and documentation requirements (e.g., equipment justifications) that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.

B.4.4. Business Aspects of Practice

Demonstrate knowledge of and evaluate the business aspects of practice including, but not limited to, the development of business plans, financial management, reimbursement, program evaluation models, strategic planning, and liability issues under current models of service provision including providing services on a contractual basis.

B.4.5. Requirements for Credentialing and Licensure

Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.

B.4.6. Care Coordination, Case Management and Consultation

Demonstrate knowledge of: Care coordination, case management, and transition services in traditional and emerging practice environments. The consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues.

B.4.7. Evolving Service Delivery Models

Demonstrate the ability to plan, develop, organize, promote, and support the delivery of services to include the determination of programmatic needs and service delivery options, and the formulation and management of staffing for effective service provision. Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for evolving service delivery models, professional development, and practice.

B.4.8. Quality Management and Improvement

Identify the need for and evaluate ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and develop program changes as needed to demonstrate quality of services and direct administrative changes.

B.4.9. Supervision of Personnel

Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy practitioners and non-occupational therapy personnel.

B.5.0. EVIDENCE-BASED PRACTICE

Promotion of evidence-based practice will serve to develop occupational therapy practitioners who are advanced consumers of research. The program must facilitate development of professional reasoning, including evidence-based decision-making skills to support practice and scholarly endeavors, describe and interpret the scope of the profession, and build research capacity. The student will be able to:

B.5.1. Evidence Synthesis / Professional Literature and Scholarly Activities

Locate, select, and critique quantitative and qualitative research to analyze and evaluate scholarly activities that contribute to the development of a body of knowledge and evidence-based decision making. This includes the:

- (i) Level of evidence
- (ii) Validity of research studies
- (iii) Strength of the methodology
- (iv) Relevance to the profession of occupational therapy

B.5.2. Scholarly Study

Participate in scholarly activities that align with current research priorities and advance knowledge translation, professional practice, service delivery, or professional issues (e.g., scholarship of discovery, scholarship of integration, scholarship of application, scholarship of teaching and learning). At a minimum, this could include a literature review that requires analysis and synthesis of data.

B.5.3. Quantitative and Qualitative Methods

Demonstrate the use of quantitative and qualitative methods for analyzing evidence to inform occupational therapy practice.

B.5.4. Ethical Policies and Procedures for Research

Demonstrate an understanding of the ethical policies and procedures necessary to conduct human-subject research, educational research, or research related to population health.