

THE REGISTERED APPRENTICESHIP OCCUPATIONS AND STANDARDS CENTER OF EXCELLENCE (AOSC)

Occupational Therapy Assistant National Occupational Framework

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Introduction to Using This Document

Under the Registered Apprenticeship Technical Assistance Centers of Excellence award, the Urban Institute leads the Occupations and Standards work. One of the main objectives of Urban's project is to create high-quality, well-researched, consensus-based work process schedules that are nonproprietary and widely available. This document is a product of that work and contains three sections: the occupational overview, the work process schedule, and the related technical instruction.

The **occupational overview** is a general introduction, including alternative job titles, any prerequisites, and, if applicable, the total number of hours needed to complete a time-based or hybrid program.

The **work process schedule** outlines the major job functions, competencies, and/or hours an apprentice completes in a registered apprenticeship program. It outlines what apprentices are expected to learn on the job with the support of a mentor or journeyworker (a worker mastering the competencies of an occupation in a particular industry), including both core competencies and those deemed optional by experts in the field. The work process schedule is the foundational document guiding a program.

Urban works with numerous experts to ensure the content is thoroughly researched and vetted to reflect the expectations of industry, educators, labor unions, employers, and others involved in apprenticeship for this occupation. Sponsors and employers can use the work process schedule as their program standards with assurances it has been approved by experts in the field.

The **related technical instruction** presents considerations for the coursework that apprentices will undertake to supplement on-the-job learning. It is intended to serve as a reference to sponsors exploring their options for the accompanying classroom, virtual, or hybrid training.

How to Use the Work Process Schedule

Sponsors can adapt the work process schedule to accommodate their needs for competency- or time-based or hybrid programs. In a **competency-based** apprenticeship, sponsors assess apprentices' progress across core and optional competencies listed in the work process schedule. In a **time-based** apprenticeship, apprentices complete a predetermined number of hours across major job functions and the program overall. In a **hybrid** apprenticeship, sponsors monitor apprentices' hours spent on major job functions and assess their proficiency across competencies.

Each program type has a different method of assessment:

- **For a competency-based program**, apprentices engage in activities and make progress toward proficiency in the identified competencies. Sponsors overseeing apprentices' work assess their mastery of the outlined competencies using the following rating scale:

4—Competent/proficient (able to perform all elements of the task successfully and independently)

3—Satisfactory performance (able to perform elements of the task with minimal assistance)

2—Completed the task with significant assistance

1—Unsuccessfully attempted the task

0—No exposure (note the reason—absence, skill isn't covered, etc.)

The competencies may be completed in any order. Apprentices must perform at a level 4 or 3 in all competencies listed as “core” to complete the apprenticeship program successfully.

- **For a time-based program**, sponsors monitor apprentices' completion of hours in training across major job functions. The total number of hours recommended for this occupation is listed in the occupational overview and is based on guidance from the US Department of Labor. Generally, apprentices must have at least 2,000 hours overall for on-the-job learning, but occupations of greater complexity may require more hours. Sponsors will provide apprentices with supervised work experience and allocate the total number of hours across the major job functions to adequately train their apprentices.
- **The hybrid approach** blends both competency- and time-based strategies. Sponsors measure apprentices' skills acquisition through a combination of completing the minimum number of hours of on-the-job learning successfully demonstrating identified competencies. Sponsors will assess apprentices' proficiencies as described for competency-based programs with a rating scale of 0–4 for every core competency. Generally, apprentices have at least 2,000 hours overall for on-the-job learning, but occupations of greater complexity may require more hours. Sponsors will document apprentices' completion within a minimum and maximum range of hours assigned for each major job function.

Occupational Therapy Assistant Occupational Overview

Occupational Purpose and Context

Occupational therapy assistants (OTAs) work with individuals and groups whose work performance abilities are limited due to impaired physiological and psychological processes. Occupational therapy assistants support patients' performance of "occupations," which can comprise an individual's routines, how they spend their time, and how they engage with their environment. An occupational therapy assistant must practice under the supervision of an occupational therapist.

Occupational therapy assistants employ client-centered approaches to restore, enhance, and develop individuals' abilities to participate in activities of daily living. Such approaches include remediation of skills and abilities compromised by injury, illness, or other factors. Approaches also include the teaching of compensatory techniques, health promotion strategies, and disability prevention techniques for clients to safely perform skills. In addition, Occupational therapy assistants can help design adaptive processes and environments for patients to enhance their performance.

An occupational therapy assistant must practice under the supervision of an occupational therapist. As occupational therapy assistants move from beginning to intermediate and advanced status, they may perform an increasing number of therapeutic activities and nondiscretionary evaluation activities and perform those activities under more general and less close supervision, subject to the discretion of their supervising occupational therapists, and also subject to state standards for what tasks may be delegated.

Potential Job Titles

Certified occupational assistant, certified occupational therapy assistant, occupational therapy assistant, acute care occupational therapy assistant

Apprenticeship Prerequisites

An occupational therapy assistant must have an associate or bachelor's degree from a nationally accredited program that generally includes at least 16 weeks' full-time Level II fieldwork. To obtain status as a certified occupational therapy assistant, one must pass a test to maintain active certification by the National Board for Certification in Occupational Therapy (NBCOT). Even in states that do not require NBCOT certification, employers or insurers may require it. In this context, the term "apprenticeship" refers to methods employers

can use to support newly certified and employed occupational therapy assistants as they transition from beginning to intermediate and advanced status.

Recommended Length of Apprenticeship (Time-Based/Hybrid Programs Only)

The recommended length of time for on-the-job learning in an occupational therapy assistant apprenticeship is 2,000 (intermediate-level) to 2,500 hours (advanced-level).

Work Process Schedule

Occupational Therapy Assistant

ONET Code: 31-2011.00

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Instructions for Use:

Competency-based programs: In the “performance level achieved” column of the work process schedule (see examples starting on the next page), assess apprentices’ performances on each competency with the scale below. No monitoring of hours is required for this approach. See “Guidelines for Competency-Based, Hybrid and Time-Based Apprenticeship Training Approaches,” US Department of Labor, Employment and Training Administration, Office of Apprenticeship, October 20, 2015,

<https://www.apprenticeship.gov/sites/default/files/bulletins/Cir2016-01.pdf>.

- 4—Competent/proficient (able to perform all elements of the task successfully and independently)
- 3—Satisfactory performance (able to perform elements of the task with minimal assistance)
- 2—Completed the task with significant assistance
- 1—Unsuccessfully attempted the task
- 0—No exposure (note the reason—absence, skill isn’t covered, etc.)

Time-based programs: In the “hours” row, specify the number of hours apprentices will fulfill for each job function. No assessment of competencies is required for this approach.

Hybrid programs: In the “performance level achieved” column, assess apprentices’ performances on each competency using the 0–4 scale above. In the “hours” row, identify a range of hours apprentices should spend working on each major job function.

Job Function 1: Assessment and evaluation—supporting the supervising occupational therapist in evaluating clients		
Hours (time-based and hybrid programs only):		
Competencies	Core or optional	Performance level achieved (0–4) (competency-based and hybrid programs only)
A. Assesses, evaluates, and works with clients with adherence to federal, state, local, and facility’s ethical codes of conduct	Core	
B. Gathers relevant information regarding a client’s occupation, self-care, productivity, leisure, and the factors that support and hinder occupational performance* ¹	Core	
C. Administers assessments using a variety of assessment methods, including but not limited to interviews, assessment tools, and chart reviews within the context of the service-delivery setting*	Core	
D. Gathers background information (such as prior living status, and daily living skills) of physically, developmentally, or emotionally disabled clients*	Core	
E. Assists educational specialists or clinical psychologists in administering situational or diagnostic tests to measure clients’ abilities	Optional	
F. Assists the supervising the occupational therapist with interpreting assessments in relation to the client’s performance and goals	Core	
G. Develops client-centered and occupation-based goals in coordination with the supervising occupational therapist	Core	

¹ Competencies labeled with an asterisk (*) indicate work tasks of occupational therapy assistants that are always performed under supervision and/or with direction of an occupational therapist.

Job Function 2: Intervention planning and revision—supporting the supervising occupational therapist in developing and revising a formal plan of program interventions

Hours (time-based and hybrid programs only):

Competencies	Core or optional	Performance level achieved (0–4) (competency-based and hybrid programs only)
A. Provides information requested by the supervising occupational therapist to select measurable occupation-based goals and related time frames to establish plan of care	Core	
B. Assists the occupational therapist in selecting methods for service delivery of the plan of care, including which interventions will be provided, who will provide the interventions, and what service delivery approaches will meet billing standards	Core	
C. Monitors the intervention plan and progress toward goals by using clinical reasoning, therapeutic use of self, activity analysis, and cultural humility	Core	
D. Provides information gathered during the intervention to the supervising occupational therapist, who will then choose to sustain or modify the intervention plan	Core	
E. Communicates with the occupational therapist when questions or concerns arise related to the plan of care prior to taking action	Core	

Job Function 3: Implementation of planned interventions in collaboration with the supervising occupational therapist

Hours (time-based and hybrid programs only):

Competencies	Core or optional	Performance level achieved (0–4) (competency-based and hybrid programs only)
A. Implements and plans intervention activities in collaboration with supervising occupational therapist with special attention to socioeconomic and cultural considerations for home environments	Core	
B. Supports the client in therapeutic use of a wide range of occupations and Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs)	Core	

C. Applies Physical Agent Modalities (PAMs), mechanical devices, and techniques within state, local, and facility guidelines*	Optional	
D. Supports use of (or even constructs) orthotic and prosthetic devices to mobilize, immobilize, or support body structures to enhance participation in occupations	Optional	
E. Supports clients who use assistive technology, by assessment, selection, provision, and training in such technology	Core	
F. Facilitates client mobility and positioning through mobility and other assistive devices	Core	
G. Facilitates client performance skills and supports psychosocial needs	Core	
H. Educates client and groups about behaviors, habits, and routines that facilitate occupations, health, well-being, and participation	Core	
I. Instructs clients and groups with measurable skills for meeting specific goals of the plan of care	Core	
J. Advocates for resources to empower and support clients and promote occupational justice	Core	
K. Supports self-advocacy efforts undertaken by clients	Core	
L. Engages in various group interventions to support learning and skill acquisition over the lifespan	Core	
M. Engages in virtual interventions using simulated and other technologies for service delivery absent physical contact, such as telehealth and video conferencing	Optional	

Job Function 4: Communication with clients, relevant others, supervising occupational therapists, other staff, and aides		
Hours (time-based and hybrid programs only):		
Competencies	Core or optional	Performance level achieved (0–4) (competency-based and hybrid programs only)
A. Exercises socioeconomic and cultural sensitivity, and genuine rapport building with client in verbal and nonverbal communication	Core	
B. Clearly communicates the values and beliefs of occupational therapy, highlighting the use of occupation to clients, families, significant others, and service providers	Core	

C. Clearly communicates the description and purpose of each activity to the client	Core	
D. Applies understanding of cultural, gender, aging, and family dynamics to discussions with clients, families and others, groups, and populations	Core	
E. Communicates data gathered and relevant information about interventions and outcomes to the supervising occupational therapist	Core	
F. Communicates professionally and clearly with other support staff, including assigned supervisory activities with occupational therapy aides, nursing staff, clinical students, and volunteers	Core	
G. Adheres to standards for client privacy such as Health Insurance Portability and Accountability Act (HIPAA) or Family Educational Rights and Privacy Act (FERPA)	Core	

Job Function 5: Documenting activities at all stages of assessment, intervention, outcome measurement, transition, and discontinuation		
Hours (time-based and hybrid programs only):		
Competencies	Core or optional	Performance level achieved (0–4) (competency-based and hybrid programs only)
A. Collects information for screening reports, including referral data, identifying information specific to client and case, and reason and purpose for screening*	Optional	
B. Collects information for evaluation and reevaluation reports, including assessments used, assessment results, identifying information relevant to client and case, and summary data for recommendations	Core	
C. Organizes information for the Intervention Plan, including anticipated objectives, interventions to be used, anticipated outcomes, and frequency of therapy as allowed by client's insurance plan*	Core	
D. Reports and organizes data on interventions, including dates and professionals involved, services provided, therapy logs, outcome measures, and client and case identifying information	Core	
E. Collects information for Outcome Reports and related reports, including summaries of intervention process,	Core	

client and case information, transition plans and recommendations, and discharge reports		
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Job Function 6: Following protocols for the safety of clients and care providers

Hours (time-based and hybrid programs only):

Competencies	Core or optional	Performance level achieved (0-4) (competency-based and hybrid programs only)
A. Maintains training in emergency techniques such as airway clearance and cardiopulmonary resuscitation	Core	
B. Practices infection control using handwashing and other transmission-based precautions, isolation techniques, and disinfecting agents	Core	
C. Employs universal precautions through appropriate use of personal protective equipment (PPE), such as masks, bonnets, gowns, gloves, and goggles	Core	
D. Appropriately handles needles and sharps	Core	
E. Practices safe posture and body mechanics in any client setting	Core	
F. Adheres consistently to the American Occupational Therapy Association's Code of Ethics and its policies and procedures	Core	
G. Anticipates potentially hazardous situations and takes steps to prevent accidents and injury	Core	
H. Watches for signs of abuse and identifies and follows reporting procedures for indications of abuse	Core	

Job Function 7: Assisting with administrative and nonclient activities

Hours (time-based and hybrid programs only):

Competencies	Core or optional	Performance level achieved (0-4) (competency-based and hybrid programs only)
A. Prepares instruments and occupational therapy equipment for use	Core	

B. Monitors occupational therapy equipment to ensure proper functioning	Core	
C. Maintains inventories of equipment and supplies, reports need for reordering supplies when appropriate	Core	
D. Prepares client treatment and activity areas for use	Core	
E. Designs, fabricates, or repairs assistive devices and makes adaptive changes or modifications to environments	Core	
F. Applies knowledge of state and federal laws, professional values, standards of practice, and standards of ethical conduct to experiences in various client settings	Core	
G. Prepares and responds appropriately to facility and environmental emergencies	Core	
H. Adheres to OSHA (Occupational Safety and Health Administration) guidelines	Core	

Related Technical Instruction

Occupational Therapy Assistant

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Instructions for Use:

Registered apprenticeships must include at least 144 hours of related technical instruction (RTI). Courses offered by accredited colleges and universities may be assigned a credit hour determination rather than a contact hour determination. In general, an academic credit unit is the equivalent of 15 clock hours of instruction.

Development and Use of This RTI Outline: Employers and academic institutions may approach RTI in markedly different ways. Our goal was not to identify the single best way to provide RTI or to identify a single provider whose content we deemed to be superior. Instead, our goal was to survey numerous education providers, including employers, institutions of higher education, high schools, private continuing education providers, labor organizations, professional associations and, in some cases, municipalities that provide worker training, to identify topics or courses common among those providers that align with the job functions included in this work process schedule. Those common topics or courses are reflected in the RTI outline provided below, which may be useful in developing your RTI program or communicating your needs to an educational partner.

Licensure or certification requirements: Licensure and certification in OTA are different qualifications, with certification conferred by a national occupational association and licensure conferred by each state. Many states require an OTA to have passed the national certification exam prior to applying for an OTA license. Some states issue temporary licenses to individuals that have completed an accredited OTA program but haven't yet received their certification exam scores. An individual who fails their certification exam is generally unable to extend their temporary license while they retake the exam.

Degree requirements for licensure or certification, if applicable: To become licensed or certified in OTA, an individual must complete an associate or baccalaureate degree program in OTA that is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE).

Accreditation requirements of instructional provider for licensure or certification, if applicable: The OTA academic program must be accredited by ACOTE.

Anticipated changes in licensure or certification requirements, if known: In 2017, AOTA mandated that by 2027, all entering OTAs would be required to complete a baccalaureate level OTA program and all OTs would be required to complete a doctoral degree. Two years later, after considerable resistance among the occupational therapy community and debate among AOTA and ACOTE, the trade association reversed the mandate, stating that OTA programs could be at the associate degree or

baccalaureate and OT programs could be at the master's or practice at the doctorate level. It is possible that AOTA could reaffirm that mandate in the future; however, typically when new credential requirements are instituted, those who already hold licensure or certification are not subjected to the new requirements. Currently there are 222 OTA-A (associate degree programs) and 3 OTA-B (baccalaureate degree programs) accredited by ACOTE, with 17 new OTA-B programs and 16 new OTA-A programs currently in the accreditation pipeline.

Examples of state licensure or certification requirements:

In addition to completing an ACOTE-accredited OTA associate or baccalaureate degree program and passing the national board exam administered by the National Board for Certification in Occupational Therapy (NBCOT), many states require candidates seeking OTA licensure to undergo a background check, provide information about their past criminal record (if any) and undergo drug testing. Some states also require OTAs to complete a short course and pass a test focused on the practice laws and regulations in the state. Apprenticeship sponsors and apprentices are encouraged to consult with their state occupational therapy licensure board to determine current licensure eligibility requirements.

Examples of RTI providers for this occupation

Professional associations and labor organizations: Organizations such as the AOTA offer courses that may be counted toward the continuing education credits a licensed OTA must complete to maintain their license; however, these courses are not typically available for credit (directly or in transfer) for those in prelicensure OTA programs.

Military: The US Army employs occupational therapy specialists and the US Navy employs occupational therapy assistants who perform work equivalent to a civilian OTA. Individuals in the Army, Army Reserves, and Navy receive training to become an OTA at the Medical Education and Training Campus at Ft. Sam Houston.

States/municipalities: Some states offer in-person or online courses on state regulations pertaining to occupational therapy practice which may be required for state licensure. However, these courses generally do not result in academic credit toward an accredited OTA degree program.

Colleges and universities: Colleges and universities that offer OTA programs must be institutionally accredited by an accrediting agency recognized by the US Department of Education or the Council on Higher Education Accreditation as well as the ACOTE.

No-cost online providers: Students may be able to meet prerequisite requirements, such as biology, mathematics, and humanities requirements, by completing coursework offered by accredited colleges and universities through EdX, Udacity, and Coursera. However, to receive college credit for these courses, students are typically required to pay tuition and fees to the sponsoring institution and not all OTA programs will accept those credits in transfer. Some OTA courses advertised on no-cost platforms as being accredited may not be accredited by ACOTE, which means that completing those courses will not count toward state licensure to practice occupational therapy assisting.

Continuing education or specialty education providers: There are a number of private education providers that offer continuing education credit opportunities to working OTAs; however, these courses are generally not part of an accredited prelicensure program and will generally not result in transfer credit in an accredited prelicensure program.

Prerequisite knowledge, skills or experience typically required by RTI providers for this occupation

Many academic programs require applicants to have completed several prerequisite courses in mathematics, science, and general education prior to applying for admission to the OTA program. Admission to these programs is generally quite competitive. Some OTA programs also require applicants to have worked in the health care setting, including as a volunteer, before applying for admission to the program. ACOTE often limits the enrollment in OTA programs, which means that the number of new students admitted each year can be quite small. Employers seeking to initiate OTA apprenticeship programs should consult with partner institutions in advance to ensure that sufficient enrollment slots would be available to apprentices and to determine how a student's on-the-job clinical training hours would coordinate with a student's required clinical fieldwork hours. It is possible that some portion of the OJT clinical training hours could be applied toward the apprentice's clinical fieldwork requirement, but it is also possible that an accredited OTA program would require an apprentice to complete some portion of their clinical fieldwork hours at another facility unrelated to the apprenticeship sponsor's facility.

Many colleges and universities require OTA applicants to score at or above a certain level on a general test of college readiness, such as the SAT, ACT, or Accuplacer assessment.

Differences in coursework: N/A

Introduction to Psychology

Hours: 40–60

Sample learning objectives

- Describe the history and origins of the study of psychology.
- Describe key stages in human development and cognition.
- Describe the biology of psychology, including the central nervous system and brain function.
- Explain personality theory and using case studies, identify how different types of personalities react to stressors, perceive the world around them, and engage in consciousness and self-visualization.
- Describe the types of physiological disorders often seen in human populations as well as the various treatment modalities used to help individuals cope with these disorders.
- Explain the purpose of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) and demonstrate the ability to use the manual to understand the signs and symptoms of various mental health disorders and diagnoses.
- Explain how individuals can recover from or develop skills to cope with mental health disorders or crises.

- Discuss the etiology of various developmental disorders, including those that result from genetic abnormalities, accidents, injuries, or drug and alcohol abuse (including fetal exposure).

Developmental Psychology

Hours: 45

Sample learning objectives

- Identify the milestones of human development from the fetal period, through childhood, adolescence, adulthood, and the geriatric years.
- Differentiate between and explain the major milestones of physical, cognitive, social, and emotional development and explain how disruptions in one aspect of development may impact development in other aspects.
- Explain the impact of gender, socioeconomic status, race, geographic location, nutrition, parental engagement, education, and substance abuse can impact various aspects of human development.
- Describe common biological or genetic influences on human development, including the impact of common genetic disorders.
- Explain the link between human development and behavior.
- Explain historical theories of human development, including those later proven to be unsupported by scientific evidence.
- Differentiate between valid and questionable psychosocial research techniques and identify examples of correlation versus causality.

Medical Terminology (optional)

Hours: 15

Sample learning objectives

- Explain the meaning of common root terms, including those based in Latin.
- Explain how prefixes and suffixes are used to change or expand the use of root terms.
- Interpret commonly used medical terms and symbols.
- Correctly define and select commonly used medical terms.

First Aid and Emergency Medical Response

Hours: 10-20

Sample learning objectives

- Describe the signs and symptoms of medical emergencies, such as heart attack, stroke, syncope, or seizure and the appropriate emergency response to each to protect the health and safety or save the life of the individual suffering a medical emergency.
- Describe the appropriate treatments that can be used to sustain life and reduce further injury in the event of a burn, laceration, accidental amputation, drug overdose, choking, bone fracture, compound fracture, potential head injury, or potential spinal injury.
- List the four main categories and seven types of shock, including potential causes for each and the emergency medical response appropriate for individuals experiencing shock.
- Demonstrate the ability to determine when to use and how to appropriately use automated external defibrillators.
- Describe the modifications needed in administering first aid and emergency care to infants and children and demonstrate the ability to appropriately administer first aid or CPR to an infant or child.

Introduction to Occupational Therapy Assisting

Hours: 30–50

Sample learning objectives

- Explain the historical origins of the profession of occupational therapy and major developments in the field since its inception.
- Define occupation in the context of occupational therapy and explain the ways in which occupation is important to the psychosocial development, health, and well-being of individuals.
- Differentiate between the role of the OTA and the OT.
- Explain the importance of professional ethics and the role of the occupational therapy assistant as part of the patient care team.
- Describe the settings in which occupational therapists commonly work, as well as the advantages and disadvantages of various care settings.
- Explain the importance of patient privacy, laws and regulations that protect patient privacy, and the appropriate way to communicate with patients and their family members or significant others to share appropriate information while maintaining appropriate patient privacy.
- Describe the occupations of daily living for children, adolescents, adults, and the elderly.
- Describe the impact of illness and injury on an individual's ability to engage in occupation.
- Describe the importance of evaluation, implementation, and review in providing effective occupational therapy.

Anatomy and Physiology I and II

(Many colleges require students to complete General Biology and pass a mathematics competency exam prior to enrolling in Anatomy and Physiology.)

Hours: 6 credit hours of classroom instruction plus 2 credit hours of laboratory instruction (or 90 classroom hours plus 90 hours of laboratory study), typically divided into two terms or semesters

Sample learning objectives

- Explain the importance of maintaining homeostasis in the body and describe the various mechanisms used by the body's systems to do so.
- Name, identify, and describe the function of the components of the body's systems (integumentary, cardiovascular, nervous, respiratory, endocrine, digestive, lymphatic, urinary, reproductive, circulatory, and pulmonary).
- Explain the chemistry of living systems, including the structure of atoms and molecules; the importance of maintaining the appropriate pH or acid–base balance; the structure and function of cells; intercellular and intracellular movement, including by osmosis and diffusion; the chemistry of water, carbon, and oxygen; the structure and function of deoxyribonucleic

acid and ribonucleic acid and the processes of transcription and translation; and cellular systems for the production and consumption of energy.

- Identify the key components of cells, tissues, organs, and organ systems.
- Explain the components and processes involved in cellular metabolism.
- Describe the most common sources of anatomical or physiological pathology and the impact of pathology on each of the body's systems.
- Demonstrate the use of basic laboratory equipment, including microscopes, dissection tools, spirometers, sphygmomanometers, hydrometers, blood typing and analysis, and centrifuges.

Kinesiology

Hours: 50–60

Sample learning objectives

- Name the bones and muscles in the body, including points of muscle origin and insertion.
- Describe the types of movements facilitated by the muscles and the accommodations made by the human brain and body to compensate for limitations in motion or muscle injury or dysfunction.
- Describe common conditions and illnesses that limit mobility and explain the role that exercise therapy and rehabilitation therapy can play in restoring movement.
- Evaluate gait, range of motion, strength, and flexibility for a variety of individuals and identify muscles or muscle groups that are inhibiting optimal movement, strength, and stability.
- Develop an exercise plan to improve movement, strength, stability, and flexibility.
- Perform movement, fitness, and body fat analysis.
- Describe pulmonary, cardiovascular, metabolic, and musculoskeletal disorders that may interfere with exercise, fitness, stability, strength, and stamina and describe exercise strategies and components designed to accommodate these disorders or reverse/improve them, when possible.

Occupational Therapy Practice Standards and Techniques

Hours: 30–50

Sample learning objectives

- Define occupation and describe the importance of occupation to an individual's psychosocial health, independence, and financial well-being.
- Describe the importance of professional ethics and the code of conduct observed by occupational therapy professionals.
- Articulate the state and federal laws and regulations that apply to occupational therapy practice and the limits on assessments and treatments performed by OTAs.

- Describe the process for writing patient treatment plans.
- Demonstrate the ability to evaluate patient's occupational status using medical history, medical records, treatment plans, consultations with other care providers and conversations with family members.
- Describe the various theories of occupational therapy that guide the development and implementation of occupational therapy treatment plans.
- Discuss and demonstrate the use of safety protocols, techniques, and equipment to protect patients, self, and other care providers.
- Discuss the importance of appropriate cleaning and disinfection to prevent the spread of disease among patients in a clinical setting.
- Describe and demonstrate the ability to maintain, store, and repair equipment typically used in an occupational therapy setting.
- Describe the importance of maintaining accurate and complete treatment notes and discuss the link between treatment plan, delivery of care, documentation of care, and medical billing.
- Describe the types of assessments used to evaluate a person's occupational status.
- Describe the types of assistive devices commonly used by occupational therapists to improve a person's occupational ability.
- Describe the impact of Medicaid and Medicare reimbursement rules on occupational therapy practice in clinical and outpatient settings as well as in schools, rehabilitation facilities, and home health care.

Gerontological Occupational Therapy

Hours: 30–50

Sample learning objectives

- Describe the anatomical, physiological, sensory, and cognitive changes that take place as individuals age and discuss the impact of those changes on a person's occupational abilities.
- Discuss the importance of occupation in maintaining and improving the health of older individuals.
- Analyze the effects of heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual.
- Explain the ways in which an individual's cultural, religious, and ethnic backgrounds may influence an individual's response to aging, quality of life, community and/or family engagement, treatment expectations, and commitment to occupational therapy treatments.
- Explain how lifestyle choices, socioeconomic factors, geography, living situations or conditions, education, and community engagement impact aging and the ability for occupational therapy to improve quality of life.
- Demonstrate the ability to use specific screening tools, assessments, skilled observations, occupational histories, consultations with other professionals, and interviews with the client,

their family, significant others, and community to determine an individual's occupational health status and needs and to develop an appropriate treatment plan.

- Evaluate an individual's mobility and demonstrate the ability to use, teach patients to use, and teach family members and other care providers to use appropriate transfer, mobility, and assistance techniques to move elderly patients.
- Identify activities, opportunities, support groups, and services provided to geriatric adults in the local community and describe how these can be effectively integrated into an occupational therapy treatment plan.
- Demonstrate the ability to communicate effectively with elderly adults, including those who have hearing impairments, those experiencing cognitive decline and those who have limited English proficiency.
- Discuss the importance of family, friends, and community services in improving the elderly person's ability to function occupationally and describe appropriate ways to communicate with family members while maintaining appropriate and lawful patient privacy.
- Discuss the role of occupational therapy among terminally ill patients and those enrolled in hospice care.
- Evaluate the ability of the family or other care providers to meet the health needs of geriatric individuals and develop a plan to compensate for gaps in care, provide family education and support, and coordinate care among various providers.
- Discuss the importance of group interactions and activities to geriatric individuals and develop strategies and treatment plans that leverage group opportunities and dynamics.
- Discuss the impact of medications commonly used by geriatric patients on their occupational proficiency, the challenges elderly people may have in managing or paying for their medications, the types of side effects commonly seen among patients using these medications, and the role of engaging family members or other care providers in managing patient medication routines.
- Describe the ethical considerations in geriatric practice and articulate applicable AOTA requirements for ethical and professional practice with this population.
- Describe the typical parameters regarding Medicare payment for occupational therapy among the elderly.
- Discuss signs and symptoms of elder abuse as well as the legal and professional obligation to report suspected cases of elder abuse.

Pediatric Occupational Therapy

Hours: 40–60

Sample learning objectives

- Describe the importance of play as an occupation and discuss the role of play in helping children learn, grow, and socialize.
- Describe the goal of pediatric occupational therapy to emulate play.
- Describe the potential occupational therapy needs of babies born prematurely, those with cognitive or physical disorders, and those who are not exhibiting signs of typical cognitive and physical development.
- Describe the types of digestive disorders common among infants and children and discuss the role of occupational therapy in helping children develop the ability to eat and drink independently or with minimal assistance.
- Discuss the cause, symptoms, and challenges associated with cerebral palsy and describe the ways in which occupational therapy can assist infants and children with cerebral palsy to improve muscle control and mobility, engage socially, develop speech and language skills, and develop the ability to chew effectively and safely, swallow, eat, and drink. Describe to family members the role of occupational therapy in improving quality of life for children with cerebral palsy.
- Demonstrate the ability to develop effective treatment plans and use adaptive technologies to enable those with cerebral palsy to engage in routine hygiene and self-care, to communicate verbally and in writing (including using assistive or adaptive devices), to use scissors, to color, and to use smart devices.
- Discuss the genetic cause of Down's Syndrome, the physical signs and symptoms of Down syndrome and other genetic syndromes, and the impact of Down syndrome on cognitive and physical development.
- Describe occupational therapy strategies for helping children with Down syndrome play, develop strength and motor coordination, engage socially, develop speech and language skills, and engage in community and group activities.
- Discuss the role of occupational therapy in helping children with sensory processing challenges understand the world around them, self-regulate, interact with others, respond to sensory stimulation or lack thereof, develop postural control and stability, and plan and engage in motor actions.
- Describe the signs and symptoms of autism, current research in the cause of autism, and discuss the role of occupational therapy in assisting children with autism to communicate, respond to stimulation or overstimulation, interact with others, play with toys, engage socially with others, resolve conflict, and expand food acceptance.
- Develop and evaluate the effectiveness of occupational therapy plans and communicate to occupational therapists improvements in the patient's occupational engagement, any concerns about ineffective treatments and/or thoughts regarding the need for additional treatments.

- Describe common parameters for medical billing/insurance payment for occupational therapy services in children under private insurance plans as well as Medicaid.
- Identify no-cost or low-cost resources available to children and their parents in their local schools and through community and other organizations.
- Discuss signs and symptoms of abuse as well as the legal and professional obligation to report suspected cases of child abuse.

Group Occupational Therapy Practices

Hours: 30–50

Sample learning objectives

- Describe the advantages and disadvantages of group occupational therapy and describe situations in which group occupational therapy may be counterproductive or pose safety risks or challenges.
- Discuss the considerations an occupational therapist must take into account when recommending group occupational therapy as part of an individual's OT treatment plan.
- Discuss the benefits of group occupational therapy in helping clients develop stronger social skills while developing occupation.
- Differentiate between activity groups, task groups, developmental groups, directed groups, and sensory groups in occupational therapy and list the benefits and intended use of each.
- Describe the role of the OTA in leading or supporting group activities and describe effective techniques for keeping group members on task and for managing members of the group who are unable to stay on task or are detracting from the group activity's effectiveness.
- Develop a plan for conducting a needs assessment to determine if a group is needed and carry out that plan to provide a needs analysis report.
- Describe the process for establishing a group in inpatient, outpatient and community-based practice and explain laws and regulations that impact group activities.
- Describe the process of obtaining specialized equipment, materials, supplies, and facilities to support group occupational therapy activities and work with others to develop a group activity plan of action.
- Describe the structure of various types of group activities, the methods of evaluating each participant's activities within the group, and the methods for evaluating the effectiveness of group occupational therapy for each participant in the group.
- Communicate with the OT and other health professionals about activities, incidents, accomplishments, or problems that occurred in the context of group occupational therapy.
- Describe ways to end a group session when necessary, and to help members of the group transition to other groups in the event once their current group is dissolved.

- Describe intrapersonal and interpersonal skills important for effective group occupational therapy.
- Describe the role of the OTA in forming a group, establishing its purpose, advocating for patient needs, collaborating with others, empathizing with and encouraging group participants, providing or facilitating instruction to the group, and effectively engaging in group or team-based problem solving on behalf of the group.
- Explain and demonstrate effective methods to demonstrate awareness and acceptance of others.
- Describe effective methods to develop effective verbal communication in group settings.
- Describe how asking questions can be an effective strategy for engaging groups in appropriate discussions or activities.
- Demonstrate the ability to work as part of a team, to provide and accept constructive criticism, and to use the skills of self-reflection to improve one's contribution to a group activity.

Psychosocial Rehabilitation

Hours: 30–50

Sample learning objectives

- Describe the types of mental illness observed in children, adolescents, and adults and the types of behaviors exhibited by individuals with those illnesses.
- Describe the negative impact of mental illness on occupation and the role of occupational therapy in helping patients with mental illness engage in activities of daily life, in group or social activities and in work activities.
- Describe safety precautions and protocols commonly used in mental healthcare facilities to protect patients, care providers, and visitors.
- List the psychotropic medications commonly used among those with mental illness and describe the limitations or side effects of those medications that impact the patient's ability to engage in occupation.
- Describe the role of trauma in triggering psychosocial disorders and the ways in which occupational therapy can assist affected individuals in resuming occupation.
- Describe the role of physical injuries in precipitating psychosocial disorders and discuss ways in which occupational therapy can assist affected individuals in rehabilitation, including through the use of adaptive and assistive technologies.
- Discuss the role of individual occupational therapy versus group occupational therapy and explain situations in which group therapy might be contraindicated or harmful to the patient or others.
- Discuss the impact of drug and alcohol use/abuse on psychosocial behavior and health and discuss precautions the occupational therapy assistant should take when concerned that a patient has engaged in drug or alcohol use/abuse.

- Explain the importance of maintaining patient privacy, especially when working with patients in group settings.
- Identify resources for individuals who are experiencing psychosocial disorders and their family members.
- Discuss the important distinctions between occupational therapy and psychotherapy and explain strategies for ensuring that occupational therapy assistants do not practice beyond their legal scope of practice when working with patients who have psychosocial disorders.
- Accurately describe the effectiveness of occupational therapy treatments on achieving desired results.
- Discuss ways to report suspected abuse to the appropriate authorities.

Relevant military experience

The US Army trains and employs occupational therapy specialists (68L10) and the US Navy trains and employs occupational therapy assistants (HM L21A). The Army and Navy rely on the Medical Education and Training Campus at Ft. Sam Houston to provide education and fieldwork in OTA. The OTA program offered by the Medical Education and Training Campus is accredited by ACOTE and program graduates are eligible to sit the national board exam for occupational therapy assisting.

Diversity, equity, and inclusion

There are currently 41,815 occupational therapy assistants currently employed in the US, of which 83 percent are female; 70.8 percent are white, 8.9 percent are Black, 8.6 percent are Hispanic/Latino, and 5.2 percent are Asian; and 8 percent are LGBT (<https://www.zipppia.com/occupational-therapy-assistant-jobs/demographics/>). Recruiting more men into the field of occupational therapy has been a challenge, and some have attributed the disparity in male participation to societal expectations for careers that are appropriate for men as well as the historical origin of the occupation (which grew out of the arts and crafts movement and was limited to women until 1955) (Newton 2007). Similarly, it has been challenging for the occupation to achieve greater participation by individuals from underrepresented minority groups, which may be the result of admissions practices that stem from the early days of the field, when highly educated women from families of economic means were recruited to the occupation. Another admissions practice that may limit participation by underrepresented minorities is the reliance on performance in science and mathematics prerequisite courses to screen applicants who have applied for admission to prelicensure programs, which may disadvantage students who did not receive rigorous science and math education in high school, and the requirement in many programs that applicants volunteer in an occupational therapy office or clinic prior to applying for admission, which may be challenging for those who need to earn income from work or who lack connections to professionals in the field who can facilitate volunteer activities. Accreditation practices that limit program size and require schools to engage in competitive admissions may be a significant contributing factor to the participation gap between women and men and between white and racial minority populations in the US.

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