

The new rules adopted in 2007 defining the scope of practice for Occupational Therapists taken from the AOTA Model practice act with minor amendments in (6) (c) 12 and 13 found in red.

OAR 339-010-005 (6) “Occupational Therapy scope of practice” is further defined by the practice of “occupational therapy” meaning the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life.

(a) Occupational Therapists use selected methods or strategies to direct the process of interventions such as:

1. Establish, remediate or restore skill or ability that has not yet developed or is impaired
2. Compensate, modify, or adapt activity or environment to enhance performance
3. Maintain and enhance capabilities without which performance in everyday life activities would decline
4. Promote health and wellness to enable or enhance performance in everyday life activities
5. Prevent barriers to performance, including disability prevention

(b) Occupational Therapists evaluate factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:

1. Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive) and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems)
2. Habits, routines, roles and behavior patterns
3. Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance
4. Performance skills, including motor, process, and [communication/] interaction skills

(c) Occupational Therapists use the following interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:

1. Therapeutic use of occupations, exercise, and activities
2. Training in self-care, self-management, home management and community/work reintegration
3. Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavior skills
4. Therapeutic use of self, including one’s personality, insights, perceptions, and judgments, as part of the therapeutic process
5. Education and training of individuals, including family members, caregivers, and others
6. Care coordination, case management, and transition services
7. Consultative services to groups, programs, organizations, or communications
8. Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles
9. Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devise, and orthotic devices, and training in the use of prosthetic devices
10. Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management
11. Driver rehabilitation and community mobility
12. Management of feeding and eating to enable swallowing performance.
13. Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management; techniques to enhance sensory, perceptual, and cognitive processing, manual therapy techniques) to enhance performance skills as they relate to occupational therapy services.