

The Practice of Occupational Therapy in Feeding, Eating, and Swallowing

Feeding, eating, and swallowing are valued occupations across the lifespan—activities of daily living (ADLs) that are “fundamental to living in a social world; they enable basic survival and well-being” (Christiansen & Hammecker, 2001, p. 156). Occupational therapy’s longstanding expertise in ADLs includes involvement in the feeding, eating, and swallowing performance of people across the lifespan (American Occupational Therapy Association [AOTA], 2014b). Both occupational therapists and occupational therapy assistants¹ provide essential services in the comprehensive management of feeding, eating, and swallowing problems. Occupational therapy practitioners² have the education, knowledge, and skills necessary for the evaluation of and intervention with feeding, eating, and swallowing problems.

Purpose

The purpose of this document is to clarify the role and describe the distinct perspective of occupational therapy practitioners (occupational therapists and occupational therapy assistants) in the delivery of occupational therapy services for persons with feeding, eating, and swallowing impairments and performance limitations. Occupational therapy practitioners are uniquely positioned to assess and treat the difficulties associated with feeding, eating, and swallowing because of the profession’s holistic perspective of recognizing and assessing not only the physiological factors but also the psychosocial, cultural, and environmental factors involved with these aspects of daily performance. Problems addressed can be wide ranging and may include difficulty with physically bringing food to the mouth and orally managing the bolus, impairment of the pharyngeal swallow, psychologically based eating disorders, and dysfunction related to cognitive impairments.

¹ *Occupational therapists* are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of the occupational therapy service delivery process. *Occupational therapy assistants* deliver occupational therapy services under the supervision of and in partnership with an occupational therapist (AOTA, 2014a).

² When the term *occupational therapy practitioner* is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2015a).

Occupation-centered intervention focuses on the components that enhance the person's ability to participate in eating and feeding ADLs that are valued and fulfilling to that person, such as eating independently, joining friends for lunch, and feeding a child. Occupational therapy practitioners include the family and others involved with the client in the intervention process. Interventions can include environmental modifications, positioning, use of adaptive equipment, feeding and swallowing strategies and remediation techniques, and client and caregiver education.

Definitions

For the purposes of this document, broad definitions are noted. *Feeding* is the term used to describe the process of bringing food to the mouth, “sometimes called *self-feeding*” (AOTA, 2014b, p. S19). *Eating* is defined as “keeping and manipulating food or liquid in the mouth and swallowing it. *Swallowing* is moving food from the mouth to the stomach” (AOTA, 2014b, p. S19). Feeding and eating, which are essential to human functioning for nourishment of the body, are forms of social interaction and are influenced by a person's culture—including food choices, rituals around eating, and the social meaning of eating. Thus, feeding, eating, and swallowing are strongly influenced by physiological, psychosocial, cultural, and environmental factors.

Education, Training, and Service Delivery

The academic curriculum includes the biological and physical sciences (e.g., anatomy, physiology, neuroanatomy, kinesiology) related to the structure and function of feeding, eating, and swallowing and the behavioral and social sciences (e.g., human development through the lifespan and human behavior; Accreditation Council for Occupational Therapy Education [ACOTE[®]], 2012). This curriculum provides the foundational skills for understanding impairments in feeding, eating, and swallowing. Practitioners develop clinical reasoning skills to consider the interplay of physical, cognitive, emotional, environmental, and sociocultural factors in providing effective services for feeding, eating, and swallowing dysfunction. Third party payers, including Medicare, have varying policies regarding the coverage of feeding, eating and swallowing services when provided by occupational therapy practitioners ranging from full

coverage to non-coverage. It is critical to challenge denials by third party payers and demonstrate the advanced level skills acquired and set forth in Appendix B.

Both occupational therapists and occupational therapy assistants have a role in advancing independence in feeding, eating, and swallowing. Occupational therapists are trained to conduct comprehensive evaluations, which include selecting, administering, and interpreting assessment measures, and to develop specific intervention plans and provide therapeutic interventions for integration of feeding, eating, and swallowing into the context of one's daily routines. Occupational therapy assistants may gather data and administer selected assessment tools or measures for which they have demonstrated competence (AOTA, 2014a, 2015b). Both occupational therapists and occupational therapy assistants select, administer, and adapt activities that support the intervention plan.

Occupational therapists work in many settings, including the neonatal intensive care unit, inpatient acute care and rehabilitation hospitals, outpatient departments and clinics, skilled nursing facilities, mental health facilities, community centers, hospices, and schools. Practitioners address feeding across the lifespan. Occupational therapy practitioners work with infants and parents with breastfeeding and bottle feeding, moving them through the developmental stages into solid foods and thin liquids. For people who receive nutrition via enteral feeding, occupational therapists work with the treatment team to help clients transition from tube feeding if medically appropriate or help them to incorporate their tube feedings into their daily lives and social interactions. Occupational therapists work with older adult clients who may lose ability to eat solid foods and thin liquids safely because of a variety of conditions related to aging, dementia, or other medical issues. Interventions with this population include providing adaptive equipment, techniques, and strategies to help the person continue to safely eat and drink.

Role of the Entry-Level Occupational Therapist

The occupational therapist with entry-level practice skills has the basic knowledge and skills to provide occupational therapy services to clients with eating and feeding dysfunction. Entry-level knowledge and skills for occupational therapy practitioners, as supported by the 2011 ACOTE Standards (ACOTE, 2012), include providing feeding, eating, and swallowing interventions to

enable performance (including the process of bringing food or liquids from the plate or cup to the mouth, the ability to keep and manipulate food or liquids in the mouth, and swallowing assessment and management) and training others in precautions and techniques while considering client and contextual factors. During their education and training, occupational therapists develop specialized skills in activity analysis and synthesis, allowing them to consider the interplay of physical, environmental, and sociocultural factors in providing effective services to people with eating and feeding dysfunction. As part of a comprehensive evaluation, occupational therapists select, administer, and interpret assessment measures; develop an intervention plan; and provide therapeutic intervention. Specifics related to evaluation and intervention can be found in the Appendix.

Role of the Advanced –Level Occupational Therapist

The occupational therapist with advanced-level practice skills in feeding, eating, and swallowing has expanded depth and specificity of knowledge related to evaluation and intervention. This knowledge includes administering more complex assessments and providing interventions for clients who are medically fragile or who have complicated diagnoses or conditions resulting in feeding and eating or swallowing problems. In populations with complicated feeding and swallowing problems, such as postsurgical cancer patients, patients in intensive care units, or young infants, the interplay of medical and developmental factors is complex and requires specialized knowledge to provide safe and effective service. Specifics related to evaluation and intervention can be found in Appendix B.

Occupational therapists with advanced-level practice skills contribute to the development of new and innovative approaches to evaluation and intervention. They may develop skills for instrumental evaluations relevant to their area of practice. These skills may include, but are not limited to, videofluoroscopy, cervical auscultation, ultrasonography, fiberoptic endoscopy, scintigraphy, manometry, electromyography, and other instrumental evaluations.

Role of the Entry-Level Occupational Therapy Assistant

During the evaluation process, occupational therapy assistants may gather data and administer selected assessment tools or measures for which they have demonstrated competence (AOTA,

2014a). During intervention, occupational therapy assistants select, administer, and adapt activities that support the intervention plan developed by the occupational therapist. These activities are consistent with the occupational therapy assistant's demonstrated competency and delegated responsibilities (AOTA, 2014a,). Specifics related to evaluation and intervention can be found in the Appendix.

Role of the Advanced-Level Occupational Therapy Assistant

The occupational therapy assistant with advanced-level knowledge and skills has built on foundational education and training of the eating process for the purpose of providing more comprehensive interventions. The occupational therapy assistant with advanced-level practice skills has gained extensive knowledge and experience in the feeding, eating, and swallowing needs of specific client populations or clients in specific settings. The increased depth of knowledge allows the occupational therapy assistant to provide services to clients who are more medically fragile or whose problems or needs are more complex than those addressed by the occupational therapy assistant with entry-level practice skills. The occupational therapy assistant with advanced-level knowledge may assist the occupational therapist in carrying out instrumental swallowing evaluations. Specifics related to evaluation and intervention can be found in Appendix B.

Supervision Considerations

Occupational therapists and occupational therapy assistants with entry-level practice skills or who have had limited opportunities for hands-on experience with feeding, eating, and swallowing management should seek supervision and mentoring from a more experienced occupational therapist. The amount of supervision provided to an occupational therapist or occupational therapy assistant in the area of feeding, eating, and swallowing should directly relate to his or her training and experience and state practice acts. The occupational therapist and occupational therapy assistant may also supervise other nonlicensed health care aides providing feeding and eating assistance to clients (AOTA, 2014a).

The occupational therapist has the primary role in evaluation and intervention planning; the occupational therapy assistant collaborates with the occupational therapist in the provision of specific interventions (AOTA, 2014a, 2015b). Occupational therapy assistants who hold an AOTA specialty certification in feeding, eating, and swallowing may have a more active role in collaborating in the evaluation process and in making intervention decisions. However, it is understood that services are carried out under the supervision of an occupational therapist.

Summary

Occupational therapy practitioners have the education, knowledge, and skills to work with people across the lifespan with feeding, eating, and swallowing challenges. Occupational therapists assess clients with a feeding, eating, or swallowing problem from a unique, holistic perspective, taking into account physiological, psychosocial, cultural, and environmental factors that support or interfere with this crucial ADL. Feeding and eating are carefully examined within the context and culture in which the activity typically takes place. In addition to individual intervention aimed directly at the specific feeding, eating, or swallowing problem, occupational therapy practitioners also adapt the environment to support safe eating habits, provide adaptive equipment, and educate families and others in the community.

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Adopted by the Representative Assembly Coordinating Council (RACC) for the Representative Assembly 2017

Revised by the Commission on Practice 2016

Note. This revision replaces the 2007 document *Specialized Knowledge and Skills in Feeding, Eating, and Swallowing for Occupational Therapy Practice*, previously published and copyrighted in 2007 by the *American Occupational Therapy Association in the American Journal of Occupational Therapy*, 6, 686–700. <https://doi.org/10.5014/ajot.61.6.686>

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A copy-edited version is being prepared for publication.

Citation. American Occupational Therapy Association. (in press). The practice of occupational therapy in feeding, eating, and swallowing. *American Journal of Occupational Therapy*, 71(Suppl. 2)

Appendix A. Occupational Therapy Service Delivery in the Area of Feeding, Eating, and Swallowing

Assessment—Entry-Level Education Prepares Occupational Therapy Practitioners to Assess:	Occupational Therapist	Occupational Therapy Assistant (Based on the Establishment of Service Competency and Supervision by an Occupational Therapist)
Context		
Cultural components that affect feeding: utensils, food types, meanings/symbolism of food, mealtime practices and rituals, dietary restrictions	✓	✓
Attitudes and values of client, family or caregivers, and friends toward feeding and mealtime	✓	✓
Settings where feeding/eating takes place	✓	✓
Social opportunities during mealtime that support or interfere with eating/feeding	✓	✓
Aspects of the client's developmental status/life phase that support or interfere with eating/feeding	✓	—
Effect of medical condition/disability status on feeding performance	✓	—
Factors in the environment that support or interfere with feeding/eating (available: e.g., foods, seating, time, feeders)	✓	—
Preoral Phase		
Role of appetite and hunger sensation	✓	✓
Tactile and proprioceptive qualities of food and equipment in both the hands and the mouth	✓	✓
Ability to see/locate food/drink/utensils	✓	✓
Ability to appreciate smell—pleasant/noxious	✓	✓
Need for use of auditory cues (verbal cues, utensils, hitting plate)	✓	✓
Ability to achieve a position of proximal postural control that allows upper-extremity and oral function for eating	✓	✓
Nature of communication during feeding/mealtime	✓	✓
Feeding experience as satisfactory to self	✓	✓
Ability to bring food to mouth as supported or prevented by factors such as figure-ground, depth perception, spatial relations, and motor planning	✓	—
Neuromotor components that support or interfere with adequate positioning	✓	—
Upper-extremity function and hand-mouth manipulation adequate for self-feeding	✓	—
Influence of motor activity involved in bringing food to mouth	✓	—
Ability to orient mouth to receive food (timing, positioning of structures)	✓	—
Initiation of eating as supported/prevented by level of alertness/arousal, orientation to task, recognition, and memory	✓	—
Persistence with feeding that is supported/prevented by level of arousal, attention span, initiation of activity, memory, and sequencing	✓	—
Carryover of skill to future feeding tasks is supported/prevented by level of memory, learning, and generalization	✓	—

Factors that influence the willingness or unwillingness to eat (self-image, self-esteem, caregiver, family, feeder interaction, eating history, dying)	✓	—
Oral Phase		
Behaviors or reports that indicate pain or discomfort in the oral area	✓	✓
Behaviors that interfere with oral phase (spitting foods, pocketing foods, refusing to swallow)	✓	✓
Level of awareness/sensation in the oral-motor area	✓	—
Level of reception and perception of tactile (texture), temperature, proprioception, and gustatory qualities of food and utensils	✓	—
Factors supporting/interfering with secretion management	✓	—
Respiratory control factors that permit safe and efficient bolus manipulation (mouth breathing, adult respiratory distress syndrome, bronchopulmonary dysplasia), chronic obstructive pulmonary disease, cardiopulmonary compromise	✓	—
Structural or neuromotor factors (reflexes, range of motion, muscle tone, strength, endurance) that support or interfere with oral-motor function	✓	—
Level of coordinated movements (praxis) of oral structures (cheeks, lips, jaw, tongue, palate, teeth) with or without food	✓	—
Oral structures' ability to work together to contain, form, and propel the bolus	✓	—
Bolus manipulation supported/compromised by memory, attention span, orientation, or problem solving	✓	—
Speed of the oral phase adequate to support sufficient oral intake	✓	—
Pharyngeal Phase		
Behaviors, reports, or symptoms that indicate pain or discomfort localized in the pharyngeal area	✓	—
Presence of signs and symptoms indicating possible pharyngeal dysfunction or clinical signs indicating possible aspiration (e.g., coughing, choking, tachypnea)	✓	—
Esophageal Phase		
Behaviors, reports, or symptoms that indicate pain or discomfort in the esophageal area	✓	—
Presence of refluxed material from the stomach into the esophagus, pharynx, or oral cavity	✓	—
Instrumentation		
Understand formal instrumentation used by therapists or other professionals to evaluate the oral, pharyngeal, and esophageal phase of the swallow, including, but not limited to, videofluoroscopy, ultrasonography, fiberoptic endoscopy, scintigraphy, and manometry	✓	—
Discharge Planning (Addressed Throughout the Intervention Process)		
Collaborate with the client, family, caregivers, and team members to formulate discharge needs	✓	—
Provide appropriate referrals, follow-up plans, and reevaluation related to discharge needs	✓	—
Develop and document discharge and follow-up programs and resources in accordance with discharge environment	✓	—
Provide for educational needs related to feeding, eating, and swallowing management and establishment of proficiency of recommendations with client and family	✓	—

Implement discharge and follow-up plan with client, family, caregivers, and team members to promote transition to discharge environment and integration of intervention management techniques	✓	—
Terminate intervention when client has achieved optimal benefit from services	✓	—

Intervention—Entry-Level Education Prepares Occupational Therapists to Use the Following Interventions:	Occupational Therapist	Occupational Therapy Assistant (Based on the Establishment of Service Competency and Supervision by an Occupational Therapist)
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Context

Consider cultural practices in selecting foods/liquids, utensils, foods/liquids presentation, and mealtime setting	✓	✓
Provide environmental modifications to promote appetite and feeding/eating/drinking performance (e.g., location, timing, seating, lighting)	✓	✓
Use eating/feeding/swallowing activities appropriate for developmental status/life phase	✓	✓
Facilitate social interactions that support feeding performance	✓	✓
Plan intervention within the context of person's medical condition, particularly considering specific restrictions and limitations, expected progression, and outcome	✓	—

Preoral Phase

Facilitate olfactory stimulation	✓	✓
Provide verbal and/or physical cues	✓	✓
Use sensitization and desensitization techniques	✓	✓
Facilitate oral hygiene	✓	✓
Facilitate visual perceptual activity and body schema awareness	✓	✓
Increase awareness on affected/neglected side	✓	✓
Facilitate strategies to minimize visual field deficits and enhance acuity	✓	✓
Modify environment to enhance attention	✓	✓
Help client/caregiver to develop problem-solving methods	✓	✓
Use communicative strategies to increase participation in feeding	✓	✓
Use techniques to attain and maintain optimal level of arousal	✓	✓
Provide appropriate positioning and seating equipment	✓	✓
Provide non-nutritive oral stimulation, techniques, and/or exercise	✓	✓
Facilitate upper-extremity control and hand function (dexterity, strength, coordination)	✓	✓
Facilitate oral-motor control through exercises, play, and games	✓	✓
Improve self-esteem to increase engagement in self-feeding	✓	✓
Structure mealtime habits, routines, and rituals	✓	✓
Implement nutritional recommendations	✓	✓
Manipulate feeding schedule to facilitate hunger	✓	—

Select, modify, and establish set-up of mealtime equipment	✓	—
Facilitate postural control	✓	—
Fabricate upper-extremity orthotics	✓	—
Use behavior modification or other behavior-based approaches	✓	—
Oral Phase		
Provide non-nutritive oral stimulation and exercises (jaw, lip, cheeks, tongue)	✓	✓
Use desensitization techniques	✓	✓
Maintain appropriate position during mealtime (facilitate stability or movement)	✓	✓
Time the introduction of food to facilitate coordinated respiration	✓	✓
Facilitate placement of food in mouth and use of utensils	✓	✓
Use verbal, written, or tactile cues to initiate, maintain, and follow through (chew, swallow) with feeding/eating task	✓	✓
Provide an environmental modification program	✓	✓
Facilitate oral compensatory strategies for altered sensation, structure, or function	✓	—
Grade or alter qualities of bolus (e.g., texture, taste, temperature)	✓	—
Provide a behavior modification program	✓	—
Pharyngeal Phase		
Facilitate head and neck positioning for swallowing (e.g., chin tuck, head turns)	✓	✓
Facilitate compensatory swallowing techniques	✓	✓
Use neuromuscular electrical stimulation	✓	—
Use other intervention techniques such as laryngeal elevation and other pharyngeal strengthening techniques and maneuvers	✓	—
Esophageal Phase		
Modify position before, during, and after feeding task	✓	—
Refer to other services when appropriate such as gastrointestinal physician; ear, nose, and throat specialist; dietitian; or allergist	✓	—

Appendix B: Advanced Level Occupational Therapy Practice

Occupational Therapist

- I. *Eating Function* – The occupational therapist with advanced-level knowledge and skills has built upon the foundational knowledge of the eating process, thus enhancing the depth and specificity of evaluation and intervention. The occupational therapist has developed:
 - A. Extensive knowledge of anatomy and physiology and the phases of eating for the purpose of assessing structural, neuromotor, and sensory factors that support or interfere with function and of determining intervention strategies
 - 1. Pre-oral phase
 - 2. Oral Phase
 - 3. Pharyngeal phase
 - 4. Esophageal phase
 - B. Extensive knowledge of airway functions, including protective responses and respiratory control factors that affect swallowing and eating.
- II. *Specialized client populations and settings* – The occupational therapist with advanced-level knowledge and skills has gained extensive knowledge and experience in the feeding, eating, and swallowing needs of specific client populations or clients in specific settings. The increased depth of knowledge allows the occupational therapist to provide services to clients who are more medically fragile or whose problems/needs are more complex than those addressed by entry-level therapists. By developing expertise with specific client populations, occupational therapists with advanced-level knowledge and skills not only provide services that represent “best practice”, but also contribute to the development of new and innovative approaches to evaluation and intervention for that population. Areas of expertise that may be developed include:
 - A. Specific medical diagnoses
 - 1. In-depth knowledge of diagnosis, including potential impact on feeding, eating, and swallowing
 - 2. Common medications used and their interaction with the feeding, eating, and swallowing process; advising regarding oral administration of medications (e.g. crushing meds, through nasogastric tube, or changing to liquid suspension)
 - 3. Dietary needs or restrictions
 - 4. Specialized equipment that may be used and can affect feeding, eating, and swallowing

Occupational Therapy Assistant

- I. *Eating Function* – The occupational therapy assistant with advanced-level knowledge and skills has built upon the foundational knowledge of the eating process for the purpose of providing more comprehensive intervention. The occupational therapy assistant has developed
 - A. Advanced knowledge of anatomy and physiology and the phases of eating
 - 1. Pre-oral phase
 - 2. Oral Phase
 - 3. Pharyngeal phase
 - 4. Esophageal phase
 - B. Advanced knowledge of airway functions, including protective responses and respiratory control factors that affect swallowing and eating.
- II. *Specialized client populations and settings* – The occupational therapy assistant with advanced-level knowledge and skills has gained extensive knowledge and experience in the feeding, eating, and swallowing needs of specific client populations or clients in specific settings. The increased depth of knowledge allows the occupational therapy assistant with advanced-level knowledge and skills to provide services to clients who are more medically fragile or whose problems/needs are more complex than those addressed by the occupational therapy assistant with entry-level knowledge and skills. Areas of expertise that may be developed include:
 - A. Specific medical diagnoses
 - 1. In-depth knowledge of diagnosis, including potential impact on feeding, eating, and swallowing
 - 2. Common medications used and their interaction with the feeding, eating, and swallowing process
 - 3. Dietary needs or restrictions
 - 4. Specialized equipment that may be used and can affect feeding, eating, and swallowing (e.g. tracheostomy tubes, ventilators, feeding tubes)
 - B. Specialized settings such as intensive care units (AOTA, 1993)

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- B. Specialized settings such as general intensive care units and neonatal intensive care units (AOTA, 1993)
- C. Specific developmental, social, or cultural factors
 - 1. In-depth knowledge of age-related expectations, such as feeding processes in infants and children and the effects of aging on feeding
 - 2. Extensive knowledge of particular cultural groups and the influence of their customs on eating, particularly for persons with feeding, eating, and swallowing problems
 - 3. Extensive knowledge of social or emotional factors that can influence feeding
- III. *Instrumental evaluation*- The occupational therapists with advanced-level knowledge and skills may develop the following skills for instrumental evaluations relevant to their area of practice. These assessment techniques require specialized formal training and equipment. They may include, but are not limited to, videofluoroscopy, cervical auscultation, ultrasonography, fiberoptic endoscopy, scintigraphy, manometry, electromyography, and manofluorography.
 - A. Knowledge and application of instrumental techniques, including purpose, indications for use, limitations, reliability, and validity
 - B. Ability to recommend appropriate instrumental evaluation
 - C. Collaboration with other professionals in carrying out the instrumental evaluation and interpretation of data
 - D. Ability to independently carry out the assessment, including interpretation of data and implementation of recommendations
 - E. Ability to use results effectively in evaluation and intervention
- IV. *Specialized interventions* – Occupational therapists with advanced-level knowledge and skills have knowledge and skills of all existing intervention procedures in their specialty area and can provide the clinical judgment and rationale for selection of any procedure being used. They are aware of new interventions and potential applications from other fields. Skills may be developed in using specialized interventions that include, but are not limited to
 - A. Interventions to facilitate oral performance, improve pharyngeal swallow, and potentially reduce the risk of aspiration, if present. Use of these interventions is based on the results of instrumental evaluation of function, with safety

C. Specific developmental, social, or cultural factors

- 1. In-depth knowledge of age-related expectations, such as feeding processes in children and the effects of aging on feeding
- 2. Extensive knowledge of particular cultural groups and the influence of their custom on eating, particularly for persons with feeding, eating, and swallowing problems
- 3. Extensive knowledge of social or emotional factors that can influence feeding
- III. *Instrumental evaluation* – The occupational therapy assistants with advanced-level knowledge and skills may develop the following skills for those instrumental evaluations relevant to their area of practice
 - A. Knowledge of the instrumentation techniques, including purpose, indications for use, limitations, reliability, and validity
 - B. Ability to assist the occupational therapist in carrying out the assessment
- IV. *Specialized interventions* – Occupational therapy assistants who have advanced-level knowledge and skills of specialized intervention procedures in their specialty area are able to implement these intervention recommendations made by the occupational therapist. Skills may be developed in using specialized interventions that include, but are not limited to
 - A. Interventions to facilitate oral performance, improve pharyngeal swallow, and potentially reduce the risk of aspiration, if present. Use of these interventions is based on the results of instrumental evaluation of function, with safety to the client as a primary concern. Examples include
 - 1. Compensatory swallowing techniques/strategies
 - 2. Thermal or tactile stimulation
 - 3. Grading or altering the bolus size/texture
 - 4. Specialized positioning
 - B. Enteral feeding
 - 1. Knowledge of purpose, types, indications, limitations, and precautions
 - C. Oral appliances (prosthodontics)
 - 1. Knowledge of purpose, indications, limitations, and precautions
- V. *Training and education* – Occupational therapy assistants with advanced-level knowledge and skills provide training and education to clients, family, and staff members, in collaboration with an occupational therapist.

to the client as a primary concern. Examples include

1. Compensatory swallowing techniques/strategies
2. Thermal or tactile stimulation
3. Grading or altering the bolus size/texture/changing consistency of liquids/route of administering medications orally
4. Specialized positioning

B. Enteral Feeding

1. Knowledge of purpose, types, indications, limitations, and precautions
2. Ability to integrate enteral feeding systems into occupational therapy intervention plan
3. Ability to make recommendations regarding use of or need for enteral feeding systems

C. Oral appliances (prosthodontics)

1. Knowledge of purpose, indications, limitations, and precautions
2. Ability to fabricate or collaborate on fabrication
3. Client training and education

- V. *Training and education* – Occupational therapists who have advanced-level knowledge and skills that should be disseminated to others. Through formal and informal methods, occupational therapists with advanced-level knowledge and skills should provide training and education to other occupational therapists, occupational therapy assistants, students, staff members, and professionals from other fields.

