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What Life Care Planners Need to Know About the Professional Discipline of Occupational Therapist

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Abstract

Occupational therapy evaluations provide important information to address many key areas required in the formulation of a life care plan. The purpose of this article is to educate life care planners about the professional competencies of occupational therapists by reviewing the educational and licensing requirements of occupational therapists, their scope of practice, and clinical areas of expertise.

Keywords: occupational therapy, occupational therapist, life care planning, scope of practice

History and development of this profession

The occupational therapy profession originated during the first World War (1914-1918) when soldiers with disabilities were provided with vocational training in military hospitals to help return them to a useful, independent life (American Association of Occupational Therapists [AOTA] 2018). The profession of occupational therapy was officially named in 1921 in both the United States and Canada (AOTA, 2019; Ontario Society of Occupational Therapists [OSOT], 2018). Challenging the views of the mainstream medical model, occupational therapy was founded on the belief that that dysfunction was caused by complex interactions of biological, psychological and social factors and that participation in "occupations" had remedial properties (OSOT, 2018). The National Society for the Promotion of Occupational Therapy, now the American Occupational Therapy Association (AOTA) was established in 1917 in the United States. The national association, the Canadian Association of Occupational Therapy (later Therapists - CAOT), was founded in 1926 to support the profession and ensure occupational therapy is valued and accessible to Canadians. Similar to CAOT, AOTA works to advance the profession through standard setting and advocacy (AOTA, 2018).

After two decades of combined training, the 1970s ushered in the separation of occupational and physical therapy programs and led to the replacement of the diploma with the baccalaureate degree in Canada (OSOT, 2018). A bachelor's degree in occupational therapy was the expected credential for entry-level occupational therapy education in Canada until 2008. Since 2008, CAOT accredits only occupational therapy educational programs that lead to a professional master's degree in occupational therapy as the entry-level credential (CAOT, 2018). Successful applicants entering into the master's degree programs come from diverse educational backgrounds not limited to bachelor's degrees in the basic sciences, psychology, kinesiology, or social work.

In the U.S., occupational therapy is also a regulated healthcare profession and since 2007, the minimum educational level is also a master's degree. Currently, the Accreditation Council for Occupational Therapy Education (ACOTE) is exploring a change for the entry-level degree requirement for occupational therapy to the doctoral level by July 1, 2027 (AOTA, 2018).

Other names by which this profession may be known

In Canada and the U.S., there are no other names by which occupational therapy is known.

Education to enter the profession

Curricula may vary slightly across accredited programs in the U.S. and Canada, however foundational training includes courses in a) assessment and evaluation, b) professional practice, c) occupational therapy theory, d) mental health conditions, e) assistive technology, f) evidence-based practice, g) knowledge translation, h) return to work, i) occupational therapy across the lifespan, j) neurology, k) program evaluation, l) human anatomy and physiology, m) interprofessional teams and n) psycho-social influences on occupation and research (Association of Canadian Occupational Therapy University Programs, 2018; University of Florida, Department of Occupational Therapy, 2018).

In addition to the in-class educational curriculum, supervised fieldwork experiences are required. In the U.S., students are required to complete 24 weeks of full-time supervised on-the- job training (AOTA, 2018). Canadian-trained occupational therapists complete a minimum of 1000 hours of supervised fieldwork experience (CAOT, 2012). These are often done in a variety of settings (i.e., inpatient, outpatient or community) to give a better understanding of the role of occupational therapy in various practice areas such as pediatrics, orthopaedics, neurology, and/or psychiatry.

Licensing or mandated certification requirements and authorizing entity that permits someone to practice in this profession

The title 'occupational therapist' is protected under provincial Health Professions Acts in Canada and by state

licensure in the U.S (AOTA, 2018). These regulations provide a regulatory framework for governance of the occupational therapy professions and provide accountability to the public. For example, the British Columbia Health Regulators (2018) cite that requirements of a regulated health professional include but are not limited to:

- Only people who can use the professional title
- Meet educational requirement
- Maintain a code of ethics
- Subject to criminal record checks
- Complete and pass national and/or provincial exam(s) to test their skills and abilities; and review legal, professional, and ethical practice
- Publicly register within their regulatory college and renew their registration annually
- Keep their skills up to date
- Undertake scope of practice within their professional limits
- Meet professional and practice standards
- Subjected to a complaints process if standards are not met
- Recognized under the appropriate Health Professions Act.

In Canada, occupational therapy is a regulated health profession in ten provinces. The accreditation standards are set by CAOT. Graduates from Canadian occupational therapy programs must become registered in the province in which they intend to practice. In addition to meeting education and practice standards, applicants must also successfully complete the National Occupational Therapy Certification Exam (NOTCE). Each province has a regulatory organization with its own unique registration requirements that is responsible for ensuring that occupational therapists maintain their competency to ensure public safety. In the three Canadian territories, (i.e., Yukon, Northwest Territories and Nunavut), occupational therapy is not currently regulated.

The path to registration is different for internationally educated occupational therapists (IEOTs) who wish to practice in Canada. More information about IEOTs can be found at www.acotro-acore.org. In Canada, information about the knowledge, skills and attitudes required for occupational therapists to demonstrate that they are competent for occupational therapy practice for both clinical and nonclinical work is outlined by The Association of Canadian Occupational Therapy Regulatory Organizations [ACOTRO] in the *Essential Competencies for Practice for Occupational Therapists in Canada* (ACOTRO, 2011).

Credentialing of occupational therapists in the United States is provided through the National Board for Certification in Occupational Therapy (NBCOT). Each state also regulates the practice of occupational therapy by licensure (AOTA, 2018). The standards of practice for occupational therapy are developed and maintained by the American Occupational Therapy Association as well as the National Board for Certification in Occupational Therapy (AOTA, 2019; Delany et al., 2010; National Board of Certification in Occupational Therapy, 2018).

After completion of fieldwork, U.S. practitioners must pass a national board certification exam. They can then obtain state licensure. This process varies by state but often requires one to pass a background check and prove completion of the national board exam as well as completion of the required master's degree or clinical doctoral degree.

License renewal frequency depends upon the state. Each state requires proof of continuing education and requires disclosure if a practitioner is convicted of a crime or is disciplined by another public agency. Each state also has its own ethical standards of practice and disciplinary guidelines. An occupational therapist must be licensed in the state in which they practice.

Occupational therapists can delegate or assign components of an occupational therapy service to an occupational therapy assistant. An occupational therapy evaluation must be completed by a registered occupational therapist but follow-up treatment can be completed by an assistant under supervision of the registered therapist (McCracken & Winistorfer, 2016). Whether practicing in Canada or in the U.S., occupational therapists need to be mindful of the licensing restrictions in each province or state, as it may limit their ability to perform an evaluation or life care plan in a state where they do not hold a license.

Common specialty areas, roles, and credentials that can expand expertise and scope of contribution to life care plans

Occupational therapists can obtain additional certifications in a variety of areas, some of which also require a specific number of practice hours in the field or a certification exam. For example, occupational therapists can take advanced training to become a Certified Hand therapist (CHT), Assistive Technology Professional (ATP), Seating and Mobility Specialist (ATP/SMS), Certified Brain Injury Specialist (CBIS) or Certified Industrial Ergonomic Evaluator (CIEE) . In addition, occupational therapists who conduct medical-legal assessments may take additional training or certifications to conduct functional capacity evaluations, functional cognitive assessments, ergonomic assessments/interventions, and/or work conditioning/ hardening to build expertise. The American Occupational Therapy Association also offers board certifications in Gerontology (BCG), Mental Health (BCG), Pediatrics (BCP), and Physical Rehabilitation (BCPR) (AOTA, 2018).

Occupational therapists have been establishing their role in the field of personal injury litigation for decades (Brangam, 1987; DeMaio-Feldman, 1987; Harris, Henry, Green and Dodson, 1994). In Canada, occupational therapists have been accepted as experts in cost of future health care since the early 1990s (Harris et al., 1994).

An occupational therapist can also develop skills, knowledge and competencies in different areas of practice through work experience. For example, occupational therapists may build expertise by working in either mental health or physical medicine. Within these two areas of practice, individuals may specialize in pediatric or adult populations and/or by where they work, i.e., community-based or in institutions. Within physical medicine, there may be further areas of rehabilitation practices including focusing on diagnoses or conditions such as traumatic brain injury rehabilitation, cardiac rehabilitation, chronic pain management, spinal cord injury, driving rehabilitation, or low-vision rehabilitation. Occupational therapists can also develop expertise in assisting individuals to return to work or stay in work by implementing accommodations and therapy for mental health conditions (e.g., anxiety, depression, PTSD) or physical problems (e.g., chronic pain, wheelchair dependence).

The kinds of patients and problems usually seen and addressed

Grounded in both physical and social sciences, occupational therapists provide a holistic approach to assessment and treatment of individuals who face challenges in meeting their customary roles. Occupational therapists take into account both the individual's mental (cognitive and emotional) and physical functioning when determining the impact of illness or injuries on carrying out activities, including basic activities of daily living (ADLs) such as eating, dressing, grooming, as well as instrumental activities of daily living (IADLs), such as shopping, medication management, household chores, paid or unpaid work, taking care of children or driving. The individual's level of function is also assessed/examined within the context of their social, physical, spiritual and cultural environment.

Utilizing a client-centered approach, occupational therapists enable clients to engage in occupations that people "need to, want to and are expected to do" (World Federation of Occupational Therapists, 2012). Occupational therapists implement evidence-based interventions that may restore, develop, or maintain function or compensate for permanent disabilities by providing adaptive equipment and/or by educating/training individuals to utilize alternate approaches to tasks to facilitate their independence. Additionally, preventative measures are recommended to minimize the risk of complications or development of other conditions in the future.

Regardless of the diagnoses or age of the person, the focus of occupational therapy interventions revolves around helping individuals carry out their daily activities over their lifespan. Recognizing that disabilities can result from cognitive, emotional and/or physical impairment(s) as well as environments, occupational therapists have expertise in the assessment and treatment of these areas. Both ADLs and IADLs, along with any other daily activities that an individual needs to, wants to, or is expected to do constitute "occupations". Occupational therapists provide an in-depth understanding of the impact that specific capacities/deficits can have in the daily occupations of life. Occupational therapists administer a variety of assessments that include assessment of the person (e.g., cognitive function, sensory, perceptual, emotional regulation, physical capacities, spiritual beliefs), their task performance (i.e., ADLs, IADLs) or the environment (ergonomics, home and worksite) (Asher, 1996; Mitchell, Mitchell, & Stetten, 2017). When available, standardized assessments with good reliability and validity are utilized. These assessments are supplemented by functional evaluations of the individual's ability to perform activities required to fulfill their roles (e.g., housekeeping assessment, work simulation, personal care assessment, etc.) to add ecological validity and inform associated practical recommendations for the future. Occupational therapists also have expertise in recommending adaptive equipment, environmental modifications, assistive technology and other strategies that help optimize a person's level of independence.

Misconceptions about Occupational Therapy

One of the most common misconceptions regarding the profession is that occupational therapists are only involved in helping people return to their job or occupation (i.e., competitive employment). Although they may be involved in facilitating an individual's return to work in some situations, occupational therapists define "occupation" more broadly to include "everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life" (WFOT, 2012). This would include engagement in any activity of daily life (occupations). such as bathing, dressing and toileting, community access, leisure and recreational activities, driving, as well as home-making, shopping, childcare and paid or unpaid work.

Another misconception is that occupational therapists are only involved in treating individuals with severe injuries or disabilities. Occupational therapists treat anyone with an injury, illness or disability, regardless of the type or severity. Occupational therapists have the skills and training to address physical injury and disability as well as cognitive and emotional conditions that prevent individuals from engaging in their valued occupations.

Another common misconception about occupational therapists is that their interventions are not as critical or essential in the recovery of a patient compared to that of doctors, nurses or other health professionals. On the surface, occupational therapy interventions may appear simple because everyday activities are simple and easy to perform. However, for the individual who is struggling with either their mental or physical health, they may experience significant challenges when they try to bathe, cook or access public transportation independently. Occupational therapists are skilled at activity analysis and may break down these

activities into more manageable steps and/or recommend adaptive equipment for the individual to engage in necessary and meaningful activities in their lives. Successful occupational therapy interventions can make the difference in an individual resuming life independently in the community or requiring long-term care. These interventions, therefore, may have significant implications for the current and future needs outlined in a life care plan.

Information a life care planner who comes from the profession should include in a resume or CV to support the ability to make future care recommendations and information to understand the scope of practice, independence, or limitations of the profession

A curriculum vitae or resume should include not only the credentials of the occupational therapist, but also a history of areas worked, and tasks/duties performed at each job. Additional certifications and areas of expertise including professional development courses should be included to demonstrate advanced training, knowledge and currency in specific areas of practice.

Occupational therapists' scope of practice domains are similar to the information required in the formulation of a life care plan; thus, an occupational therapist's assessment of, and recommendations for an individual's functional capacities at home, work and leisure contribute to key areas required in a life care plan (Klinger, Baptiste, Adams, 2004; Mitchell & Mitchell, 2018). Since the 1980s, there has been a growing demand for occupational therapists to provide opinions regarding the functional implications that injuries have on independent living and work capacity for litigation, insurance, compensation and life care plans (Allen, Carlson, Ownsworth, Strong, 2010). Occupational therapists' opinions provide valuable information upon which decisions are made pertaining to the functional losses a person has experienced and for which the person receives compensation.

Life care planning methodology (Weed & Berens, 2018) emphasizes collaboration with the treating healthcare professionals (International Association of Rehabilitation Professionals, 2015). Within the scope of practice of occupational therapy, occupational therapists rely on their knowledge and skills to provide recommendations for activities of daily living including, but not limited to assistance with housekeeping, personal care, adaptive equipment and supplies, indoor and outdoor home maintenance, child care, and community access. Recommendations may be included for assistive devices/equipment to enhance independence and for ergonomic modifications/adaptive equipment for the home and workplace. As well, occupational therapists can identify the need for involvement of other professionals such as those in mental health treatment and/or exercise physiology to maximize health and wellness. Recommendations for exercise, relaxation/stress management training, pain management, graduated return to work, or further vocational planning are also within the scope of occupational therapy practice. Occupational therapists also often assume a case management role, and their ability to "see the whole picture" and assist clients when managing the various professionals involved in rehabilitation over the lifespan also provides a solid foundation developing a life care plan.

In contrast, occupational therapists are not independently able to prescribe medications, nor should they provide commentary on any medication management over the lifespan without reference or consultation with a qualified healthcare professional. Similarly, occupational therapists cannot independently provide recommendations on future events such as degeneration of a condition or surgery, in the absence of any reference in the medical documentation. However, if future surgery is postulated by a qualified healthcare professional, an occupational therapist can comment on the temporary or permanent needs post-surgery in relation to the individual's activities of daily living. Finally, occupational therapists do not independently diagnose but rather rely on diagnoses provided in the medical documentation when developing a life care plan.

Conclusion

The scope of practice of occupational therapy, and the findings of occupational therapy evaluations and associated recommendations with respect to daily functioning address many key areas required in the formulation of the life care plan. The profession has continued to mature since it was established in the early 1920s with the refinement of assessment tools and treatment recommendations that integrate the biological, psychological and social factors affecting functional performance. The holistic approach that is foundational to the field of occupational therapy provides an in-depth understanding of the impact that different factors can have on an individual's ability to carry out their daily activities and fulfill their customary roles and provides valuable information for the formulation of life care plan.

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