

2011 Mississippi Curriculum Framework

Postsecondary Occupational Therapy Assistant

(Program CIP: 51.0803 – Occupational Therapist Assistant)

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Standards in this document are based on information from the following organizations:

Standards for an Accredited Educational Program for the Occupational Therapy Assistant	Reprinted with permission by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association, Inc.
Related Academic Standards	CTB/McGraw-Hill LLC. (2005). <i>Tests of adult basic education, Forms 9 and 10</i> . Monterey, CA: Author. Reproduced with permission of CTB/McGraw-Hill LLC. TABE is a registered trademark of The McGraw-Hill Companies, Inc. Copyright © 2005 by CTB/McGraw-Hill LLC. Reproduction of this material is permitted for educational purposes only.
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Preface

Occupational Therapy Assistant Research Synopsis

Articles, books, Web sites, and other materials listed at the end of each course were considered during the revision process. The *American Occupational Therapy Assistant Association* and the *National Board for Certification in Occupational Therapy* were especially useful in providing insight into trends and issues in the field. These references are suggested for use by instructors and students during the study of the topics outlined.

Industry advisory team members from colleges throughout the state were asked to give input related to changes to be made to the curriculum framework. Instructors from colleges throughout the state were also asked to give input on changes to be made to the curriculum framework.

Needs of the Future Workforce

Occupational therapy assisting is projected to grow much faster than average in Mississippi, 33 percent, and the United States, 25 percent, over the projection decade (EMSI, 2011). Job prospects will be good as demand for therapists and assistants increase with the rising number of elderly and disabled individuals. The employment of assistants will significantly increase as organizations seek to reduce costs of occupational therapy services (US Bureau of Labor Statistics, 2011). Occupational assistants with prior experience will have the best job opportunities. However, prospects will be good for all occupational therapy assistants as organizations need to replace assistants leaving the occupation permanently.

Region	2010 Jobs	2020 Jobs	Change	% Change	Openings	2010 Median Hourly Earnings
Regional Total	333	444	111	33%	160	\$17.61
National Total	38,481	48,197	9,716	25%	15,364	\$20.70

Source: EMSI Complete Employment - 1st Quarter 2011

Curriculum

The following national standards were referenced in each course of the curriculum:

- CTB/McGraw-Hill LLC *Tests of Adult Basic Education, Forms 9 and 10* Academic Standards
- *21st Century Skills*
- *Standards for an Accredited Educational Program for the Occupational Therapy Assistant*

Industry and instructor comments, along with current research, were considered by the curriculum revision team during the revision process, and changes were made as needed and appropriate. Many of the skills and topics noted in the research were already included in the curriculum framework. Specific changes made to the curriculum for the 2011 curriculum revision meeting included:

- Competencies and objectives were reviewed to ensure accuracy and appropriateness.
- The Recommended Tools and Equipment list was updated.

Assessment

This program is assessed using the National Board for Certification in Occupational Therapy Exam for Occupational Therapy Assistants (NBCOT). <http://www.nbcot.org/>

Alternate Assessments

No alternate assessment has been approved at this time.

Professional Learning

It is suggested that instructors participate in professional learning related to the following concepts:

- How to use the program Blackboard site
- Differentiated instruction – To learn more about differentiated instruction, please go to http://www.paec.org/teacher2teacher/additional_subjects.html and click on Differentiated Instruction. Work through this online course and review the additional resources.

Program Exceptions

- The Occupational Therapy Assistant program does not offer less than an associate's degree based on the following statement from the accrediting body, The American Occupational Therapy Association, Inc.:

At its April 2008 meeting, AOTA's Representative Assembly (RA) established that the official position of AOTA is one that supports the associate degree as the requirement for entry to the field as an occupational therapy assistant. The RA further recommended that ACOTE implement a 5-year timeline for the existing 3 certificate-level programs to transition to the associate degree level. This transition period may be extended for good cause.

In response to the RA's action, ACOTE adopted a policy at its April 2008 meeting that effective July 1, 2013, all occupational therapy assistant educational programs must be offered at the associate degree level in order to retain ACOTE accreditation. In addition, ACOTE voted that effective May 10, 2008, ACOTE will only accept applications for new occupational therapy assistant (OTA) programs that are offered at the associate degree level.

- Alignment to industry standards is only indicated at the end of each course, rather than following each competency due to the fact that all OTA programs are required to show alignment to the accrediting body in OTA Form C. Form C requires each program to indicate which courses satisfy each of the national accreditation standards and how that respective standard is assessed.

Foreword

As the world economy continues to evolve, businesses and industries must adopt new practices and processes in order to survive. Quality and cost control, work teams and participatory management, and an infusion of technology are transforming the way people work and do business. Employees are now expected to read, write, and communicate effectively; think creatively, solve problems, and make decisions; and interact with each other and the technologies in the workplace. Career–technical programs must also adopt these practices in order to provide graduates who can enter and advance in the changing work world.

The curriculum framework in this document reflects these changes in the workplace and a number of other factors that impact local career–technical programs. Federal and state legislation calls for articulation between high school and community college programs, integration of academic and career skills, and the development of sequential courses of study that provide students with the optimum educational path for achieving successful employment. National skills standards, developed by industry groups and sponsored by the U.S. Department of Education and Labor, provide career and technical educators with the expectations of employers across the United States. All of these factors are reflected in the framework found in this document.

Referenced throughout the courses of the curriculum are the 21st Century Skills, which were developed by the Partnership for 21st Century Skills, a group of business and education organizations concerned about the gap between the knowledge and skills learned in school and those needed in communities and the workplace. A portion of the 21st Century Skills addresses learning skills needed in the 21st century, including information and communication skills, thinking and problem-solving skills, and interpersonal and self-directional skills. Another important aspect of learning and working in the 21st century involves technology skills. The International Society for Technology in Education, developer of the National Educational Technology Standards (NETS), was a strategic partner in the Partnership for 21st Century Skills. Each postsecondary program of instruction consists of a program description and a suggested sequence of courses that focus on the development of occupational competencies. The MS-CPAS2 blueprints are based upon the suggested course sequences to allow for year 1 and year 2 assessments for all exit options. Please refer to the blueprint online. Each career–technical course in this sequence has been written using a common format, which includes the following components:

- Course Name – A common name that will be used by all community and junior colleges in reporting students
- Course Abbreviation – A common abbreviation that will be used by all community and junior colleges in reporting students
- Classification – Courses may be classified as the following:
 - Career–technical core – A required career–technical course for all students
 - Area of concentration (AOC) core – A course required in an area of concentration of a cluster of programs
 - Career–technical elective – An elective career–technical course
 - Related academic course – An academic course that provides academic skills and knowledge directly related to the program area

- Academic core – An academic course that is required as part of the requirements for an associate’s degree
- Description – A short narrative that includes the major purpose(s) of the course and the recommended number of hours of lecture and laboratory activities to be conducted each week during a regular semester
- Prerequisites – A listing of any courses that must be taken prior to or on enrollment in the course
- Corequisites – A listing of courses that may be taken while enrolled in the course
- Competencies and Suggested Objectives – A listing of the competencies (major concepts and performances) and the suggested student objectives that will enable students to demonstrate mastery of these competencies

The following guidelines were used in developing the program(s) in this document and should be considered in compiling and revising course syllabi and daily lesson plans at the local level:

- The content of the courses in this document reflects approximately 75% of the time allocated to each course. The remaining 25% of each course should be developed at the local district level and may reflect the following:
 - Additional competencies and objectives within the course related to topics not found in the state framework, including activities related to specific needs of industries in the community college district
 - Activities that develop a higher level of mastery on the existing competencies and suggested objectives
 - Activities and instruction related to new technologies and concepts that were not prevalent at the time the current framework was developed or revised
 - Activities that include integration of academic and career–technical skills and course work, school-to-work transition activities, and articulation of secondary and postsecondary career–technical programs
 - Individualized learning activities, including work-site learning activities, to better prepare individuals in the courses for their chosen occupational areas
- Sequencing of the course within a program is left to the discretion of the local district. Naturally, foundation courses related to topics such as safety, tool and equipment usage, and other fundamental skills should be taught first. Other courses related to specific skill areas and related academics, however, may be sequenced to take advantage of seasonal and climatic conditions, resources located outside of the school, and other factors.
- Programs that offer an Associate of Applied Science degree must include a minimum 15-semester-credit-hour academic core. Specific courses to be taken within this core are to be determined by the local district. Minimum academic core courses are as follows:
 - 3 semester credit hours (sch) Math/Science Elective
 - 3 semester credit hours Written Communications Elective
 - 3 semester credit hours Oral Communications Elective
 - 3 semester credit hours Humanities/Fine Arts Elective

- 3 semester credit hours Social/Behavioral Science Elective

It is recommended that courses in the academic core be spaced out over the entire length of the program, so that students complete some academic and career–technical courses each semester. Each community or junior college has the discretion to select the actual courses that are required to meet this academic core requirement.

- Career–technical elective courses have been included to allow community colleges and students to customize programs to meet the needs of industries and employers in their area.

In order to provide flexibility within the districts, individual courses within a framework may be customized by doing the following:

- Adding new competencies and suggested objectives
- Revising or extending the suggested objectives for individual competencies
- Adjusting the semester credit hours of a course to be up 1 hour or down 1 hour (after informing the Mississippi Community College Board [MCCB] of the change)

In addition, the curriculum framework as a whole may be customized by doing the following:

- Resequencing courses within the suggested course sequence reflecting the new assessment format
- Developing and adding a new course that meets specific needs of industries and other clients in the community or junior college district (with MCCB approval)
- Utilizing the career technical elective options in many of the curricula to customize programs

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Program Description

The Occupational Therapy Assistant curriculum is a two-year program of study that prepares an individual to work under the direction of a certified Occupational Therapist to administer treatment pertinent to restorative, preventive, and maintenance programs. The focus is on the development and maintenance of capacity to perform those tasks essential to productive living and to the mastery of self and the environment. This program prepares the graduate to practice in a variety of health care and community settings as a member of a professional team.

Opportunities for employment are varied and extensive. Admission to the program is selective and competitive. An associate's degree is granted upon successful completion of the program.

Industry standards referenced are based on the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association, Inc.'s *Standards for an Accredited Educational Program for the Occupational Therapy Assistant*.

Suggested Course Sequence**
Occupational Therapy Assistant
Associate of Applied Science Degree

Anatomy and Physiology I and II (BIO 1514/1524 or 2514/2524) are required prerequisites for the program.

FIRST YEAR

FALL SEMESTER

3 sch* Foundations of Occupational Therapy (OTA 1113)
 3 sch Pathology of Psychiatric Conditions (OTA 1213)
 1 sch Medical Terminology (OTA 1121) or other approved medical terminology course
 2 sch Therapeutic Anatomy (OTA 1132)
 3 sch Group Process (OTA 1513)
 3 sch Occupational Therapy Skills I (OTA 1423)
 3 sch Social/Behavioral Science Elective

18 sch

SPRING SEMESTER

3 sch Pathology of Physical Disability Conditions (OTA 1223)
 5 sch Kinesiology (OTA 1315)
 3 sch Therapeutic Media (OTA 1413)
 3 sch Occupational Therapy Skills II (OTA 1433)
 4 sch Math/Science Elective***

18 sch

SUMMER SEMESTER

2 sch Healthcare Systems (OTA 2812)
 3 sch Pathology of Developmental Conditions (OTA 1233)
 2 sch Pathology of Orthopedic Conditions (OTA 1242)
 3 sch Fieldwork IA (OTA 1913)
 3 sch Written Communications Elective

13 sch

* sch = semester credit hour

** Students who lack entry level skills in math, English, science, etc. will be provided related studies.

*** Anatomy and Physiology II (BIO 1524 or 2524) is required and should be taken prior to entrance into the program.

SECOND YEAR

FALL SEMESTER

- 3 sch Occupational Therapy Skills III
(OTA 2443)
- 4 sch Concepts in Occupational Therapy
(OTA 2714)
- 5 sch Fieldwork IB (OTA 2935)
- 1 sch Occupational Therapy Transitions I
(OTA 2961)
- 3 sch Fine Arts/Humanities Elective
- 3 sch Oral Communications Elective

19 sch

SPRING SEMESTER

- 6 sch Fieldwork IIA (OTA 2946)
- 6 sch Fieldwork IIB (OTA 2956)
- 1 sch Occupational Therapy Transitions II
(OTA 2971)

13 sch

Occupational Therapy Assistant Technology Courses

Course Name: Foundations of Occupational Therapy

Course Abbreviation: OTA 1113

Classification: Career-Technical Core

Description: This intake course is an introduction to the field of occupational therapy including history, role orientation, professional organizational structure, legal and ethical implications, legislation, practice arenas, and the process of service delivery. (3 sch: 3 hr. lecture)

Prerequisite: Admission to Occupational Therapy Assistant Program

Competencies and Suggested Objectives	
1.	Articulate understanding of the history of occupational therapy, philosophical base of the profession, and the heritage of the certified Occupational Therapy Assistant. <ol style="list-style-type: none"> a. Identify significant events and dates in the development of the profession. b. Identify significant individuals who influenced the development of the profession and the Certified Occupational Therapy Assistant (COTA) heritage.
2.	Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process. <ol style="list-style-type: none"> a. Identify the roles and responsibilities of the occupational therapist, the occupational therapy assistant, and the occupational therapy aide in the profession according to the American Occupational Therapy Association (AOTA) roles document. b. Discuss the professional relationships among the roles. c. Discuss responsible participation in a supervisory relationship, including service competency. d. Explain the importance of professional development and formal continuing education. e. Describe the role of consultation in occupational therapy practice.
3.	Demonstrate knowledge of the occupational therapy philosophy. <ol style="list-style-type: none"> a. Define the holistic approach to patient care. b. Discuss the relationship of the biopsychosocial components to the holistic approach.
4.	Demonstrate a knowledge and understanding of the role of occupational therapy professional organizations, the American Occupational Therapy Association (AOTA) Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice, and AOTA Standards of Practice and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings. <ol style="list-style-type: none"> a. Identify the functions and influence of national, state, and local occupational therapy associations and other related professional associations. b. Identify the methods of promoting occupational therapy by educating other professionals, consumers, third-party payers, and the public. c. Identify basic concepts presented in the American Occupational Therapy Association (AOTA) Code of Ethics, Core Values and Attitudes of Occupational Therapy, and

<p>AOTA Standards of Practice.</p> <p>d. Explain applicable state and federal laws to include the Americans with Disabilities Act and the Vulnerable Adult Act.</p> <p>e. Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.</p> <p>f. Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.</p>
<p>5. Describe theories, models, and frames of reference inherent to occupational therapy practice.</p> <p>a. Identify the basis for selected theoretical frameworks.</p> <p>b. Identify the individuals responsible for selected theoretical frameworks.</p> <p>c. Describe models of practice and frames of reference that are used in occupational therapy.</p>
<p>6. Differentiate among occupation, activity, and purposeful activity as viewed by the profession of occupational therapy.</p> <p>a. Define the terms occupation, activity, and purposeful activity.</p> <p>b. Describe the dynamics of occupation and purposeful activity, including the interaction of performance areas, performance components, and performance contexts.</p> <p>c. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.</p> <p>d. Articulate the importance of balancing areas of occupation with the achievement of health and wellness.</p>
<p>7. Explain areas of occupational performance.</p> <p>a. Define activities of daily living.</p> <p>b. Define play and leisure activities.</p> <p>c. Define work and production activities.</p> <p>d. Discuss the relationship of each performance area to each other.</p> <p>e. Discuss the balance of performance areas to the achievement of health and wellness.</p> <p>f. Discuss assistive and adaptive equipment.</p>
<p>8. Demonstrate basic therapeutic communication skills.</p> <p>a. Identify nonverbal and verbal components of active listening.</p> <p>b. Explain the dynamics of feedback in interpersonal skills.</p>
<p>9. Explain the individualization of occupational therapy.</p> <p>a. Describe the environment and sociocultural considerations that impact individual intervention.</p> <p>b. Discuss the role of occupation in the promotion of wellness for the individual, family, and society.</p> <p>c. Analyze the effects of health, disability, disease processes, and traumatic injury to the individual within the context of family and society.</p> <p>d. Discuss individual perceptions of quality of life, well being, and occupation to promote wellness.</p>
<p>10. Demonstrate competence in basic computer use, including the ability to use databases and search engines to access information, word processing for writing, and presentation software (i.e., PowerPoint).</p>
<p>11. Articulate the influence of social conditions and the ethical context in which humans</p>

choose and engage in occupations.
12. Articulate the importance of using statistics, tests, and measurements.
13. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
14. Articulate the importance of professional research and literature and the continued development of the profession.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.1. Demonstrate oral and written communication skills.
- B.1.3. Demonstrate competence in basic computer use, including the ability to use databases and search engines to access information, word processing for writing, and presentation software (i.e., PowerPoint).
- B.1.9. Demonstrate knowledge of global social issues and prevailing health and welfare needs.
- B.1.10. Articulate the importance of using statistics, tests, and measurements.
- B.2.1. Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy.
- B.2.2. Describe the meaning and dynamics of occupation and activity including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors.
- B.2.3. Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support participation in context(s) for the client.
- B.2.4. Articulate the importance of balancing areas of occupation with the achievement of health and wellness.
- B.2.5. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.
- B.2.6. Understand the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.
- B.2.11. Apply models of occupational performance and theories of occupation.
- B.3.1. Describe basic features of the theories that underlie the practice of occupational therapy.
- B.3.2. Describe models of practice and frames of reference that are used in occupational therapy.
- B.3.3. Analyze and discuss how history, theory, and the sociopolitical climate influence practice.
- B.4.4. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
- B.4.5. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.

- B.5.21. Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist.
- B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
- B.5.25. Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes.
- B.7.4. Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.
- B.7.9. Identify strategies for effective, competency-based legal and ethical supervision of non-professional personnel.
- B.7.10. Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.
- B.8.1. Articulate the importance of professional research and literature and the continued development of the profession.
- B.9.1. Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice, and AOTA Standards of Practice and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.
- B.9.2. Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
- B.9.4. Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.
- B.9.7. Identify and appreciate the varied roles of the occupational therapy assistant as a practitioner, educator, and research assistant.
- B.9.8. Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.
- B.9.9. Identify professional responsibilities and issues when providing service on a contractual basis.
- B.9.10. Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.
- B.9.11. Identify the variety of informal and formal ethical dispute-resolution systems that have jurisdiction over occupational therapy practice.
- B.9.12. Identify strategies to assist the consumer in gaining access to occupational therapy services.
- B.9.13. Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, advocacy organizations).

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)

- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS11 ICT Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

- The American Occupational Therapy Association. (2008). *Occupational therapy practice framework: Domain and process* (2nd ed.). Bethesda, MD: Author.
- The American Occupational Therapy Association, Inc. (2004). *Voices for the future* [Video]. (Available from <http://www.aota.org>).
- Crepeau, E., Cohn, E., & Boyt-Schell, B.A. (2008). *Willard & Spackman's occupational therapy* (11th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Sladyk, K. (1997). *OT student primer: A guide to college success*. Thorofare, NJ: Slack.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.
- Slater, D. Y. (2006). *Reference guide to the occupational therapy code of ethics*. Bethesda, MD: American Occupational Therapy Association.

Course Name: Medical Terminology

Course Abbreviation: OTA 1121

Classification: Career-Technical Core

Description: This intake course is a study of medical language relating to body systems including diseases, physical conditions, abbreviations, and symbols as applied to occupational therapy. Professional language for occupational therapy will be included. (1 sch: 1 hr. lecture)

Prerequisite: Admission to Occupational Therapy Assistant Program

Competencies and Suggested Objectives
1. Discuss word components, terms, procedures, abbreviations, and symbols related to body systems. <ol style="list-style-type: none"> Identify combining forms, suffixes, and prefixes related to the various body systems. Use medical terminology correctly including spelling and pronunciation. Utilize abbreviations and symbols related to the body systems and physical conditions related to occupational therapy.
2. Communicate information using medical terms in a clear, concise manner. <ol style="list-style-type: none"> Comprehend medical terminology as viewed in medical charts. Discuss medical terminology used in medical charts.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

None

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations

- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS8 Communication and Collaboration

SUGGESTED REFERENCES

- Chabner, D.E. (2008). *Medical terminology: A short course* (5th ed.). St. Louis, MO: Saunders.
- Crepeau, E., Cohn, E., & Boyt-Schell, B.A. (2008). *Willard & Spackman's occupational therapy* (11th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Ehrlich, A., & Schroeder, C. (2007). *Medical terminology for health professions* (6th ed.). Clifton Park, NY: Thomson Delmar Learning.
- Thomson Delmar. (2005). Thomson Delmar Learning's medical terminology audio library. [Computer software]. Clifton Park, NY: Author.

Course Name: Therapeutic Anatomy

Course Abbreviation: OTA 1132

Classification: Career-Technical Core

Description: This intake course will focus upon the structures of the human body and their respective functions. Emphasis will be placed upon the muscular, skeletal, and nervous systems (2 sch: 2 hr. lecture)

Prerequisite: Approved Anatomy and Physiology course

Competencies and Suggested Objectives	
1.	Identify the anatomical position and major planes of the body. <ol style="list-style-type: none"> Identify descriptive terms including midline, proximal, distal, medial, lateral, ipsilateral, and contralateral. Identify sagittal, coronal, and transverse planes. Describe the three normal curves of the spine.
2.	Discuss the structure and basic functional implications of the skeletal system. <ol style="list-style-type: none"> Identify selected bones, joints, and other skeletal structures. Describe bone composition and long bone structure. Describe various functions and disorders of the skeletal system.
3.	Discuss the structure and basic functional implications of the muscular system. <ol style="list-style-type: none"> Describe the structures of an individual muscle. Describe the molecular events that result in muscle contraction and relaxation. Define terms related to the muscular system including origin and insertion. Explain how muscles work in controlled opposition to produce coordinated movements. Identify selected muscles.
4.	Discuss the structure and basic functional implications of the nervous system. <ol style="list-style-type: none"> List the divisions of the central and peripheral nervous systems. Describe the types, structures, and functions of neurons. Define action potential, nerve fiber transmission, synapse, grey matter, and white matter. Identify distinctive brain areas and their corresponding functions. Describe the spinal cord, including vertebral distributions and ascending/descending tracts. Differentiate between clinical differences between upper and lower motor neuron lesions. Identify major peripheral nerves including dermatomes, myotomes, and plexus formations. Describe the reflex arc and its function. Differentiate between efferent and afferent impulses. List the twelve cranial nerves and their functions. Identify selected nerve segments, muscle innervations, sensory distributions, and motor features of paralysis.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.4. Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, anatomy, physiology, and biomechanics.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

CS4 Health Literacy

SUGGESTED REFERENCES

Clemente, C.D. (2010). *Anatomy: A regional atlas of the human body* (6th ed.). Baltimore, MD: Lippincott Williams & Wilkins.

Gutman, S.A. (2007). *Quick reference neuroscience for rehabilitation professionals* (2nd ed.). Thorofare, NJ: Slack.

Herlihy, B. (2010). *The human body in health and illness* (4th ed.). St. Louis, MO: Saunders.

Netter, F. (2010). *Atlas of human anatomy* (5th ed.). Teterboro, NJ: Saunders.

Scanlon, V., & Sanders, T. (2010). *Essentials of anatomy and physiology* (6th ed.). Philadelphia, PA: F.A. Davis.

Course Name: Pathology of Psychiatric Conditions

Course Abbreviation: OTA 1213

Classification: Career-Technical Core

Description: This intake course provides a basic knowledge of psychiatric disorders encountered in occupation therapy practice. Emphasis is on etiology, prognosis, and management of various psychiatric conditions. The role and function of the OTA in the treatment process is also emphasized. (3 sch: 3 hr. lecture)

Prerequisite: None

Competencies and Suggested Objectives	
1.	Identify selected models of psychosocial occupational therapy (OT). <ol style="list-style-type: none"> Compare selected models. Identify terminologies. Explain Maslow's hierarchy of needs.
2.	Explain the occupational therapy process as it relates to psychosocial dysfunction. <ol style="list-style-type: none"> Discuss the steps involved in the occupational therapy process. Identify the patient's strengths and weaknesses within the OT process. Identify the patient's strengths and weaknesses related to environmental and community factors affecting the individual. Establish a treatment plan based on the patient's strengths and weaknesses. Discuss the importance of documentation throughout the OT process.
3.	Describe the OTA role in treating persons with psychosocial disabilities. <ol style="list-style-type: none"> Discuss roles of occupational therapy practitioners in treating patients with psychosocial disabilities. Explain appropriateness of OT interventions as related to psychosocial dysfunction.
4.	Describe psychosocial disabilities commonly referred to the profession of occupational therapy. <ol style="list-style-type: none"> Describe various selected psychosocial disability conditions. Identify etiologies of selected psychosocial conditions. Identify the signs and symptoms of selected conditions. Discuss precautions and contraindications associated with selected conditions. Define the implications for early interventions. Define general occupational therapy treatment considerations associated with selected conditions.
5.	Explain principles of mental health throughout the lifespan.
6.	Identify concepts related to introductory psychology, introductory sociology, and abnormal psychology.
7.	Understand the effects of mental illness within the cultural context of family and society on occupational performance.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.5. Demonstrate knowledge and understanding of human development throughout the life span (infants, children, adolescents, adults, and the elderly). Course content must include, but is not limited to, developmental psychology.
- B.1.6. Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences (e.g., principles of psychology, sociology, and abnormal psychology).
- B.1.7. Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society (e.g., principles of psychology, sociology, and abnormal psychology).
- B.2.1. Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy.
- B.2.2. Describe the meaning and dynamics of occupation and activity including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors.
- B.2.5. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.
- B.2.6. Understand the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.
- B.2.9. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).
- B.3.1. Describe basic features of the theories that underlie the practice of occupational therapy.
- B.3.2. Describe models of practice and frames of reference that are used in occupational therapy.
- B.3.3. Analyze and discuss how history, theory, and the sociopolitical climate influence practice.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)

- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS11 ICT Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

- Bonder, B. (2010). *Psychopathology and function* (4th ed.). Thorofare, NJ: Slack.
- Cara, E., & MacRae, A. (2004). *Psychosocial occupational therapy: A clinical practice* (2nd ed.). Clifton Park, NY: Thomson Delmar Learning.
- Crepeau, E., Cohn, E., & Boyt-Schell, B.A. (2008). *Willard & Spackman's occupational therapy* (11th ed.). Baltimore, MD: Lippincott Williams & Wilkins.

Henry, A. (2005). The needs of parents with mental illness and their families. *American Occupational Therapy Association OT Practice*, 10(20), 8-12.

The Mental Illness Education Project, Inc. (n.d.). Retrieved June 3, 2011, from <http://www.miepvideos.org/index.html>

Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.

Course Name: Pathology of Physical Disability Conditions

Course Abbreviation: OTA 1223

Classification: Career-Technical Core

Description: This intake course provides a basic knowledge of selected diseases and conditions encountered in occupational therapy practice. Emphasis is on etiology, prognosis, and management of various pathological physical conditions. The role and function of the OTA in the treatment process is also emphasized. (3 sch: 3 hr. lecture)

Prerequisite: None

Competencies and Suggested Objectives	
1.	Identify selected models of occupational therapy for physical dysfunction. <ol style="list-style-type: none"> a. Compare selected models. b. Identify terminologies.
2.	Explain the occupational therapy (OT) process as it relates to physical dysfunction. <ol style="list-style-type: none"> a. Discuss the steps involved in the OT process. b. Identify within the OT process the patient's strengths and weaknesses. c. Establish a treatment plan based on the patient's strengths and weaknesses. d. Discuss the importance of documentation throughout the OT process.
3.	Discuss psychosocial aspects of physical dysfunction. <ol style="list-style-type: none"> a. Identify adaptations required by the patient to cope with the physical disability. b. Discuss the impact of physical disabilities on sexuality, work, family, and school. c. Discuss the influence of age, gender, and culture of individuals with physical disabilities.
4.	Demonstrate knowledge of physical disabilities referred to the profession of occupational therapy. <ol style="list-style-type: none"> a. Describe selected physical disability conditions. b. Identify the etiology of selected conditions. c. Identify the signs and symptoms of selected conditions. d. Discuss precautions and contraindications associated with selected conditions. e. Explain the implications for early interventions. f. Describe general occupational therapy treatment considerations associated with the condition.
5.	Describe the occupational therapy assistant's role in treating individuals with physical disabilities. <ol style="list-style-type: none"> a. Discuss roles of occupational therapy practitioners. b. Explain selected interventions as related to physical dysfunction.
6.	Understand the effects of physical disability within the cultural context of family and society on occupational performance.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.2.6. Understand the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.
- B.2.9. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).
- B.3.2. Describe models of practice and frames of reference that are used in occupational therapy.
- B.5.7. Describe the role of the occupational therapy assistant in care coordination, case management, and transition services in traditional and emerging practice environments.
- B.5.8. Modify environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles.
- B.5.15. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
- B.5.20. Demonstrate skills of collaboration with occupational therapists on therapeutic interventions.
- B.8.2. Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist that are supported by research.
- B.9.7. Identify and appreciate the varied roles of the occupational therapy assistant as a practitioner, educator, and research assistant.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)

- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS6 Creativity and Innovation
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

- Anderson, L. (2002). *Adult physical disabilities: Case studies for learning*. Thorofare, NJ: Slack.
- Crepeau, E., Cohn, E., & Boyt-Schell, B.A. (2008). *Willard & Spackman's occupational therapy* (11th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Early, M.B. (Ed.). (2006). *Physical dysfunction practice skills for the occupational therapy assistant* (2nd ed.). St. Louis, MO: Mosby.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.
- Trombly, C., & Radomski, M. (2007). *Occupational therapy for physical dysfunction* (6th ed.). Baltimore, MD: Lippincott Williams & Wilkins.

Course Name: Pathology of Developmental Conditions

Course Abbreviation: OTA 1233

Classification: Career-Technical Core

Description: This intake course provides a basic knowledge of selected diseases and conditions encountered in occupational therapy practice. Emphasis is on etiology, prognosis, and management of various pathological developmental conditions. The student will compare and contrast normal and abnormal developmental patterns. The role and function of the occupational therapy assistant (OTA) in the treatment process is also emphasized. (3 sch: 3 hr. lecture)

Prerequisite: None

Competencies and Suggested Objectives
1. Identify selected models of occupational therapy specific to developmental conditions. <ol style="list-style-type: none"> Compare selected models. Identify terminologies.
2. Explain human development and incorporate theories and principles of human development to patient care across the lifespan. <ol style="list-style-type: none"> Identify milestones in gross and fine motor development. Explain stages of cognitive development. Explain stages of psychosocial development. Demonstrate knowledge and understanding of pediatric human development.
3. Describe selected developmental conditions commonly referred to occupational therapy. <ol style="list-style-type: none"> Identify etiologies of selected developmental conditions. Identify the signs and symptoms of selected developmental conditions. Discuss the precautions and contraindications associated with selected developmental conditions. Explain the implications for early interventions. Discuss environmental and community factors affecting the individual. Describe basic influences contributing to health. Describe general occupational therapy treatment considerations associated with a specific developmental condition.
4. Explain the occupational therapy (OT) process as it relates to developmental conditions. <ol style="list-style-type: none"> Discuss the steps involved in the OT process. Identify the patient's strengths and weaknesses within the OT process. Discuss a treatment plan based on the patient's strengths and weaknesses. Discuss the importance of documentation throughout the OT process.
5. Describe the OTA role in treating persons with developmental conditions. <ol style="list-style-type: none"> Discuss roles of occupational therapy practitioners in treating patients with developmental disabilities. Explain appropriateness of OT interventions as related to developmental dysfunction.
6. Understand the effects of physical disability within the cultural context of family and society on occupational performance.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.5. Demonstrate knowledge and understanding of human development throughout the life span (infants, children, adolescents, adults, and the elderly).
- B.1.6. Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences (e.g., principles of psychology, sociology, and abnormal psychology).
- B.1.8. Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations.
- B.2.6. Understand the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.
- B.4.1. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.
- B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.
- B.4.4. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
- B.4.5. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
- B.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
- B.5.9. Articulate principles of and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating systems) used to enhance occupational performance.
- B.5.12. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors.
- B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
- B.7.3. Identify the systems and structures that create federal and state legislation and regulation and their implications and effects on practice.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)

- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

- Bundy, A.C., Lane, S.J., & Murray, E.A. (2002). *Sensory integration: Theory and practice* (2nd ed.). Philadelphia, PA: F.A. Davis.
- Case-Smith, J. & O'Brien, J.C. (2009). *Occupational therapy for children* (6th ed.). St. Louis, MO: Mosby.
- Kinnealey, M., Oliver, B., & Wilbarger, P. (1995). A phenomenological study of sensory defensiveness in adults. *American Journal of Occupational Therapy*, 49, 444-451.
- Solomon, J.W., & O'Brien, J.C. (2010). *Pediatric skills for occupational therapy assistants* (3rd ed.). St. Louis, MO: Mosby.
- Wagenfeld, A., & Kaldenberg, J. (2005). *Foundations of pediatric practice for the occupational therapy assistant*. Thorofare, NJ: Slack.

Course Name: Pathology of Orthopedic Conditions

Course Abbreviation: OTA 1242

Classification: Career-Technical Core

Description: This intake course provides a basic knowledge of selected orthopedic conditions encountered in occupational therapy practice. Emphasis is placed upon mechanisms of pathology and basic treatment approaches. The role and function of the occupational therapy assistant (OTA) in the treatment process is also emphasized. (2 sch: 2 hr. lecture)

Prerequisites: Therapeutic Anatomy (OTA 1132) and Kinesiology (OTA 1315)

Competencies and Suggested Objectives	
1.	Demonstrate knowledge of orthopedic conditions related to the profession of occupational therapy. <ol style="list-style-type: none"> a. Describe selected orthopedic conditions. b. Identify the etiology of selected conditions. c. Identify the signs and symptoms of selected conditions. d. Discuss precautions and contraindications associated with selected conditions. e. Discuss psychosocial aspects of selected orthopedic conditions.
2.	Explain the occupational therapy (OT) process as it relates to orthopedic conditions. <ol style="list-style-type: none"> a. Discuss the steps involved in the OT process. b. Identify within the OT process the patient's strengths and weaknesses. c. Establish a treatment plan based on the patient's strengths and weaknesses. d. Discuss the importance of documentation throughout the OT process. e. Describe general occupational therapy treatment associated with selected conditions.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.2.6. Understand the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.
- B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)

- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS6 Creativity and Innovation
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

American Society for Surgery of the Hand. (1983). *The hand*. Aurora, CO: Churchill Livingstone.

Brotzman, S., & Wilk, K. (2003). *Clinical orthopedic rehabilitation* (2nd ed.). St. Louis, MO: Mosby.

Crepeau, E., Cohn, E., & Boyt-Schell, B.A. (2008). *Willard & Spackman's occupational therapy* (11th ed.). Baltimore, MD: Lippincott Williams & Wilkins.

Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.

Course Name: Kinesiology

Course Abbreviation: OTA 1315

Classification: Career-Technical Core

Description: This intake course studies individual muscles and muscle functions, biomechanical principles of joint motion, gait patterns, normal movement patterns, and goniometry. (5 sch: 4 hr. lecture, 2 hr. lab)

Prerequisite: Therapeutic Anatomy (OTA 1132)

Competencies and Suggested Objectives	
1.	Describe types of motion and joint movements. <ol style="list-style-type: none"> Describe linear, curvilinear, rotary, and other types of motion. Describe joint movements including flexion, extension, abduction, adduction, internal rotation, external rotation, and circumduction. Perform joint motions.
2.	Identify important landmarks in surface anatomy. <ol style="list-style-type: none"> Palpate bony prominences. Locate muscles, tendons, and ligaments.
3.	Identify selected joints and their structural components. <ol style="list-style-type: none"> Identify the types of joints and joint structures. Identify the forces of motion that act upon joints. Identify planes and axes of joint motion.
4.	Identify the principles and characteristics of muscle. <ol style="list-style-type: none"> Identify origin and insertion of selected muscles. Trace the muscles and/or tendons that act upon selected joints. Identify actions of selected muscles. Identify innervations for selected muscles. Define selected terms related to muscle leverage. Define muscle irritability, contractility, extensibility, and elasticity. Differentiate between concentric and eccentric muscle contractions. Explain the roles of muscle as an agonist, antagonist, stabilizer, or neutralizer.
5.	Demonstrate components of gait. <ol style="list-style-type: none"> Explain the phases of gait. Differentiate possible causes of gait deviation including Trendelenberg gait and hemiplegic gait.
6.	Differentiate between normal posture and postural deviations. <ol style="list-style-type: none"> Identify components of normal posture. Identify postural deviations and causes.
7.	Determine accurate range of motion measurements using goniometry. <ol style="list-style-type: none"> Identify the anatomical position, planes, and axes as points of reference. Define ROM, AROM, PROM, and AAROM. Perform goniometric measurements at selected joints. Document goniometry findings.

<ul style="list-style-type: none"> e. Discuss precautions and contraindications for goniometry testing. f. Utilize computer software programs to enhance goniometric measurements.
<ul style="list-style-type: none"> 8. Perform manual muscle testing for selected muscles. <ul style="list-style-type: none"> a. Discuss manual muscle testing grades. b. Identify the steps in manual muscle testing processes. c. Test selected muscles. d. Document test results. e. Discuss precautions and contraindications for manual muscle testing. f. Utilize computer software programs to enhance manual muscle testing.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.3. Demonstrate competence in basic computer use, including the ability to use databases and search engines to access information, word processing for writing, and presentation software (i.e., PowerPoint).
- B.1.4. Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, anatomy, physiology, and biomechanics.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)

- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS6 Creativity and Innovation
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS11 ICT Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

- Bertoti, D. (2007). *Functional neurorehabilitation through the life span*. Philadelphia, PA: F.A. Davis.
- Biel, A. (2010). *Trail guide to the body* (4th ed.). Upper Saddle River, NJ: Prentice Hall.
- Clemente, C.D. (2010). *Anatomy: A regional atlas of the human body* (6th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Greene, D., & Roberts, S. (2005). *Kinesiology: Movement in the context of activity* (2nd ed.). St. Louis, MO: Mosby.
- Hillman, S. K. (2006). *Interactive Functional Anatomy* (2nd ed.) [Computer software]. London, United Kingdom: Primal Pictures.
- Hislop, H., & Montgomery, J. (2007). *Daniels and Worthington's muscle testing: Techniques of manual examination* (8th ed.). Philadelphia, PA: Saunders.

- Kendall, F., McCreary, E., Provance, P., Rodgers, M., & Romani, W. (2005). *Muscles: Testing and function with posture and pain* (5th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Lippert, L.S. (2006). *Clinical kinesiology and anatomy* (4th ed.). Philadelphia, PA: F.A. Davis.
- Netter, F. (2010). *Atlas of human anatomy* (5th ed.). Teterboro, NJ: Saunders.
- Primal 3D Interactive Series: Complete Human Anatomy [Computer software]. (2004). London, United Kingdom: Primal Pictures.
- Snyder, D., Conner, L., & Lorenz, G. (2007). *Kinesiology foundations for OTAs & PTAs*. Clifton Park, NY: Thomson Delmar Learning.

Course Name: Therapeutic Media

Course Abbreviation: OTA 1413

Classification: Career-Technical Core

Description: This manipulation course provides knowledge and use of tools, equipment, and basic techniques of therapeutic media. Emphasis is given to analysis and instruction of activities frequently used as occupational therapy media in multiple community and clinical settings. (3 sch: 2 hr. lecture, 2 hr. lab)

Prerequisite: Foundations of Occupational Therapy (OTA 1113)

Competencies and Suggested Objectives	
1.	Discuss the use of therapeutic media for various populations in selected settings. <ol style="list-style-type: none"> Discuss the role of the occupational therapy assistant (OTA) as an activity director. Explore the role of the OTA in multiple community-based settings. Employ logical thinking, critical analysis, problem-solving, and creativity.
2.	Identify components of activity analysis. <ol style="list-style-type: none"> Identify the physical and environmental requirements to perform an activity. Identify precautions and contraindications in performing an activity. Determine acceptable criteria for completion of the activity. Identify adaptations and/or modifications of the activity or environment. Perform analysis of selected activities. Analyze performance areas, components, and contexts for selected activities. Demonstrate ability to grade and adapt the environment, tools, materials, occupations, and interventions.
3.	Explain purposeful activity as a means of therapeutic intervention. <ol style="list-style-type: none"> Explain historical roots of purposeful activity including arts and crafts. Define the essential qualities of purposeful activity. Complete individualized arts and crafts project. Explain the therapeutic value of individualized arts and crafts projects. Describe the meaning and dynamics of occupation and activity including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors.
4.	Demonstrate ability to select and adapt appropriate activities for patients and clients in a variety of settings. <ol style="list-style-type: none"> Analyze movement patterns essential for task accomplishment. Select an appropriate activity for the patient/client's needs. Adapt an activity to a patient/client's specific needs. Recognize cultural and ethnic considerations when selecting and adapting an activity. Exhibit the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors.
5.	Demonstrate skill and safety in use of tools for performance of selected tasks. <ol style="list-style-type: none"> List safety precautions related to equipment and hand tools. Demonstrate use of selected equipment and hand tools.

c. Demonstrate care and maintenance of selected equipment and tools.
d. Use sound judgment in regard to safety of self and others, and adhere to safety regulations.
6. Identify the mechanisms, systems, and techniques needed to properly maintain, organize, and prioritize workloads and intervention settings including inventories.
7. Promote occupational therapy by educating other professionals, service providers, consumers, and the public.
8. Demonstrate the ability to participate in the development and marketing of service delivery options.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.2. Employ logical thinking, critical analysis, problem-solving, and creativity.
- B.2.2. Describe the meaning and dynamics of occupation and activity including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors.
- B.2.3. Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support participation in context(s) for the client.
- B.2.7. Exhibit the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors to implement the intervention plan.
- B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- B.5.18. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.
- B.5.19. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.
- B.7.6. Identify the mechanisms, systems, and techniques needed to properly maintain, organize, and prioritize workloads and intervention settings including inventories.
- B.7.7. Demonstrate the ability to participate in the development, marketing, and management of service delivery options.
- B.9.3. Promote occupational therapy by educating other professionals, service providers, consumers, and the public.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)

- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS6 Creativity and Innovation
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

American Occupational Therapy Association. (2008). *Occupational therapy practice framework: domain and process* (2nd ed.). Bethesda, MD: AOTA Press.

- Crepeau, E., Cohn, E., & Boyt-Schell, B.A. (2008). *Willard & Spackman's occupational therapy* (11th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Drake, M. (1998). *Crafts in therapy and rehabilitation* (2nd ed.). Thorofare, NJ: Slack.
- Hersch, G.I., Kamport, N.K., & Coffey, M.S. (2005). *Activity analysis application to occupation* (5th ed.). Thorofare, NJ: Slack.
- Trombly, C.A., & Radomski, M.V. (2007). *Occupational therapy for physical dysfunction* (6th ed.). New York, NY: Lippincott Williams & Wilkins.
- Watson, D., & Wilson, S. (2003). *Task analysis: An individual and population approach* (2nd ed.). Bethesda, MD: The American Occupational Therapy Association, Inc.

Course Name: Occupational Therapy Skills I

Course Abbreviation: OTA 1423

Classification: Career-Technical Core

Description: This manipulative course provides fundamental knowledge of practice skills used with patients/clients across the life span and with various diagnoses. Observation and documentation techniques will be introduced. (3 sch: 2 hr. lecture, 2 hr. lab)

Corequisites: Foundations of Occupational Therapy (OTA 1113) and Medical Terminology (OTA 1121)

Competencies and Suggested Objectives	
1.	Discuss appropriate communication in health care relationships. <ol style="list-style-type: none"> Explain appropriate communication in professional settings including consumers, family, and other professionals. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety. Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public; collaborate with the occupational therapist and learner to identify appropriate educational methods. Provide therapeutic use of self, including one’s personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
2.	Explain the use of occupation therapy terminology as it relates to practice. <ol style="list-style-type: none"> Identify terminology described in the occupational therapy practice framework. Identify occupational therapy uniform terminology.
3.	Demonstrate selected practice skills, using sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process. <ol style="list-style-type: none"> Demonstrate principles and concepts of body mechanics. Demonstrate principles and concepts of basic positioning. Demonstrate principles and concepts of transfers. Demonstrate use of ambulation aids including associated ambulation patterns. Demonstrate principles and concepts of basic wheelchair features and mobility. Demonstrate principles and concepts of measuring vital signs. Demonstrate principles and concepts of infection control including standard precautions. Explore environmental modifications including wheelchair accessibility. Explore occupational therapy assessments related to relevant practice areas. Demonstrate appropriate treatment interventions for feeding. Explain the application of sling use with selected diagnoses including precautions.
4.	Explain adaptations relating to activities of daily living. <ol style="list-style-type: none"> Identify the need for assistive/adaptive equipment. Identify assistive/adaptive equipment appropriate for individual treatment. Construct assistive/adaptive equipment.

d. Present assistive/adaptive equipment.
5. Articulate the importance of using statistics, tests, and measurements.
6. Articulate the importance of professional research and literature and the continued development of the profession.
7. Simulate articulation of the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support participation in context(s) for the client. <ul style="list-style-type: none"> a. Describe how the professional would adapt the presentation for consumers. b. Describe how the professional would adapt the presentation for potential employers. c. Describe how the professional would adapt the presentation for colleagues. d. Describe how the professional would adapt the presentation for third-party payers. e. Describe how the professional would adapt the presentation for regulatory boards. f. Describe how the professional would adapt the presentation for policymakers. g. Describe how the professional would adapt the presentation for other audiences. h. Describe how the professional would adapt the presentation for the general public.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.3. Demonstrate competence in basic computer use, including the ability to use databases and search engines to access information, word processing for writing, and presentation software (i.e., PowerPoint).
- B.1.10. Articulate the importance of using statistics, tests, and measurements.
- B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- B.5.6. Provide therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
- B.5.11. Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and participate in addressing issues related to driving.
- B.5.15. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
- B.5.16. Use the teaching-learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
- B.7.6. Identify the mechanisms, systems, and techniques needed to properly maintain, organize, and prioritize workloads and intervention settings including inventories.
- B.9.12. Identify strategies to assist the consumer in gaining access to occupational therapy services.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)

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- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS6 Creativity and Innovation
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS11 ICT Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

Early, M.B. (2006). *Physical dysfunction practice skills for the occupational therapy assistant* (2nd ed.). St. Louis, MO: Mosby.

Pedretti, L. W., & Early, M. B. (2006). *Occupational therapy practice skills for physical dysfunction* (6th ed.). St. Louis, MO: Mosby.

Saidoff, D.C., & McDonough, A.L. (2002). *Critical pathways in therapeutic intervention: Extremities and spine*. St. Louis, MO: Mosby.

Shankar, K., & Randall, K. (2002). *Therapeutic physical modalities*. Philadelphia, PA: Hanley & Belfus.

Course Name: Occupational Therapy Skills II

Course Abbreviation: OTA 1433

Classification: Career-Technical Core

Description: This manipulative course provides intermediate practice skills used with patients/clients across the lifespan and with various diagnoses. (3 sch: 2 hr. lecture, 2 hr. lab)

Prerequisite: Occupational Therapy Skills I (OTA 1423)

Competencies and Suggested Objectives
1. Continue to use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
2. Review the use of occupation therapy terminology as it relates to practice. <ol style="list-style-type: none"> Identify terminology described in the occupational therapy practice framework. Identify occupational therapy uniform terminology.
3. Demonstrate selected practice skills. <ol style="list-style-type: none"> Demonstrate principles and concepts of physical agent modalities. Demonstrate principles and concepts of static orthotics. Demonstrate principles and concepts of therapeutic exercise to address range of motion, strength, and/or endurance. Discuss precautions and adaptations for the implementation of therapeutic exercise. Demonstrate appropriate treatment interventions for dysphagia. Demonstrate principles and concepts of balance training. Demonstrate principles and concepts of advanced positioning techniques.
4. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed.
5. Provide training in self-care, self-management, home management, and community and work integration.
6. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
7. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors.
8. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- B.2.10. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed.
- B.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
- B.5.4. Provide training in self-care, self-management, home management, and community and work integration.
- B.5.5. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
- B.5.9. Articulate principles of and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating systems) used to enhance occupational performance.
- B.5.10. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
- B.5.12. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors.
- B.5.13. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents

- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
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21st Century Skills

- CS4 Health Literacy
- CS6 Creativity and Innovation
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS11 ICT Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

- Crepeau, E., Cohn, E., & Boyt-Schell, B.A. (2008). *Willard & Spackman's occupational therapy* (11th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Fess, E., Gettle, K., Philips, C., & Janson, R. (2005). *Hand and upper extremity splinting principles and methods* (3rd ed.). St Louis, MO: Elsevier & Mosby.
- Pedretti, L. W., & Early, M. B. (2006). *Occupational therapy practice skills for physical dysfunction* (6th ed.). St. Louis, MO: Mosby.

Saidoff, D.C., & McDonough, A.L. (2002). *Critical pathways in therapeutic intervention: Extremities and spine*. St. Louis, MO: Mosby.

Shankar, K., & Randall, K. (2002). *Therapeutic physical modalities*. Philadelphia, PA: Hanley & Belfus.

Trombly, C.A., & Radomski, M.V. (2007). *Occupational therapy for physical dysfunction* (6th ed.). New York, NY: Lippincott Williams & Wilkins.

Course Name: Group Process

Course Abbreviation: OTA 1513

Classification: Career-Technical Core

Description: This manipulative course introduces theory and research findings explaining group dynamics. The course teaches the student how to facilitate group effectiveness and the skills to apply that knowledge in practical situations. Methods and skills necessary to plan, write, lead, and evaluate an occupational therapy group will be taught. The course focuses on the importance of group activity intervention primarily with the psychiatric population. (3 sch: 2 hr. lecture, 2 hr. lab)

Prerequisites: None

Competencies and Suggested Objectives	
1.	Discuss concepts of group process. <ol style="list-style-type: none"> a. Define groups including parallel, project, egocentric, cooperative, and mature. b. Define group dynamics. c. Explain the importance of groups. d. Identify effective group skills. e. Discuss group process as applied to psychosocial settings. f. Identify the steps of a therapeutic group plan. g. Describe basic features of the theories that underlie the practice of occupational therapy. h. Describe selected theories of group development. i. Demonstrate oral and written communication skills. j. Employ logical thinking, critical analysis, problem-solving, and creativity. k. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner. l. Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.
2.	Identify components of effective group leadership. <ol style="list-style-type: none"> a. Demonstrate the ability to set limits and provide appropriate structure. b. Describe different leadership approaches. c. Describe the general principles of therapy group leadership.
3.	Describe group norms and roles. <ol style="list-style-type: none"> a. Explain group roles. b. Explain group norms. c. Contrast individual roles with group roles.
4.	Differentiate between process and content as related to group functioning. <ol style="list-style-type: none"> a. Define group process. b. Define group content. c. Discuss the impact of motivation on groups.
5.	Explore specific group activities for skilled intervention with persons with psychiatric

<p>conditions.</p> <ol style="list-style-type: none"> Identify problem behaviors common in psychiatric populations and their impact on groups. Describe attention-getting behaviors of group members. Apply appropriate intervention for psychotic patient behavior. Identify the need for adaptation, modification, and gradation of group activities for individuals with psychiatric conditions.
<p>6. Describe practice theories/frames of reference guiding group development.</p> <ol style="list-style-type: none"> Identify selected approaches for group development. Describe selected approaches for group development. Select appropriate approaches for individual needs of groups. Apply models of occupational performance and theories of occupation.
<p>7. Lead selected activity groups.</p> <ol style="list-style-type: none"> Develop a group treatment protocol. Identify precautions and contraindications for safety. Identify the impact of contexts on functional and cognitive performance. Apply therapeutic use of self in relation to responding to patients' symptoms and behaviors. Demonstrate effective group leadership using an appropriate format for activity groups.
<p>8. Provide therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.</p>

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.1. Demonstrate oral and written communication skills.
- B.1.2. Employ logical thinking, critical analysis, problem-solving, and creativity.
- B.1.6. Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences (e.g., principles of psychology, sociology, and abnormal psychology).
- B.2.3. Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support participation in context(s) for the client.
- B.2.4. Articulate the importance of balancing areas of occupation with the achievement of health and wellness.
- B.2.10. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed.
- B.2.11. Apply models of occupational performance and theories of occupation.
- B.3.1. Describe basic features of the theories that underlie the practice of occupational therapy.
- B.3.2. Describe models of practice and frames of reference that are used in occupational therapy.
- B.5.2. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.

- B.5.6. Provide therapeutic use of self including one’s personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
- B.5.15. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
- B.5.16. Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
- B.5.23. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.
- B.5.27. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.
- B.7.7. Demonstrate the ability to participate in the development, marketing, and management of service delivery options.
- B.9.3. Promote occupational therapy by educating other professionals, service providers, consumers, and the public.
- B.9.10. Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)

- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS6 Creativity and Innovation
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

- Cole, M.B. (2005). *Group dynamics in occupational therapy* (3rd ed.). Thorofare, NJ: Slack.
- Crepeau, E., Cohn, E., & Boyt-Schell, B.A. (2008). *Willard & Spackman's occupational therapy* (11th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Royeen, M., & Crabtree, J. (2006). *Culture in rehabilitation: From competency to proficiency*. Saddle River, NJ: Pearson/Prentice Hall.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.

Course Name: Fieldwork IA

Course Abbreviation: OTA 1913

Classification: Career-Technical Core

Description: This course is designed to provide the student with an opportunity to observe and participate in clinical fieldwork. The student will also begin to develop professional work habits. Students are expected to function as participant observers in the assigned clinical setting. (3 sch: 1 hr. lecture, 6 hr. clinical)

Prerequisite: Occupational Therapy Skills I (OTA 1423)

Competencies and Suggested Objectives
<ol style="list-style-type: none"> 1. Demonstrate a beginning ability to participate in a clinical setting as a participant observer. <ol style="list-style-type: none"> a. Demonstrate ability to use the holistic concept when observing, evaluating, and treating patients/clients in a variety of settings. b. Employ logical thinking, critical analysis, problem-solving, and creativity. c. Integrate academic learning with clinical practice, and use appropriate oral and written communication skills. d. Demonstrate effective written and verbal reporting skills. e. Differentiate between personal and professional feelings associated with the client/therapist relationship and staff/institution relationship. f. Identify various evaluation tools, as well as their administration, scoring, and interpretation. g. Demonstrate ability to formulate treatment goals and implement treatment plans. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Select occupationally based goals and methods to achieve them in the scope of the occupational therapy practice framework. h. Identify community resources for discharge planning and follow-up. i. Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society (e.g., principles of psychology, sociology, and abnormal psychology). j. Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations. k. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society. l. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process. m. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual). 2. Demonstrate professional work behavior.

<ul style="list-style-type: none"> a. Adhere to professional code of ethics and confidentiality. b. Adhere to policies and procedures of the clinical setting. c. Adhere to the dress code policy of the particular clinical setting. d. Demonstrate effective time management skills by structuring time while in clinical settings and completing assignments in a timely fashion. e. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
<p>3. Demonstrate awareness of roles and interaction between health professionals and patients.</p> <ul style="list-style-type: none"> a. Establish professional rapport with supervising clinical instructor. b. Describe appropriate patient/therapist interaction. c. Identify the various roles in which an occupational therapist does, or could, function in the setting to which the student is assigned. d. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process. e. Provide therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction. f. Describe the role of the occupational therapy assistant in care coordination, case management, and transition services in traditional and emerging practice environments. g. Describe the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.
<p>4. Demonstrate documentation within the treatment setting.</p> <ul style="list-style-type: none"> a. Use proper terminology and grammar in documentation. b. Identify specific documentation formats within the treatment setting. c. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
<p>5. Apply models of occupational performance and theories of occupation.</p>

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.7. Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society (e.g., principles of psychology, sociology, and abnormal psychology).
- B.1.8. Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations.
- B.2.5. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.
- B.2.9. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and

- disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).
- B.4.6. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
- B.5.1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:
- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.5.7. Describe the role of the occupational therapy assistant in care coordination, case management, and transition services in traditional and emerging practice environments.
- B.5.14. Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.
- B.5.17. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
- B.5.24. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.
- B.5.27. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.
- B.7.2. Identify the impact of contextual factors on the management and delivery of occupational therapy services.

- B.7.5. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy.
- B.7.8. Participate in the documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services.
- B.9.5. Identify professional responsibilities related to liability issues under current models of service provision.
- B.9.6. Identify personal and professional abilities and competencies as they relate to job responsibilities.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
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- L5 Punctuation (comma, semicolon)
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21st Century Skills

- CS4 Health Literacy
- CS6 Creativity and Innovation
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS11 ICT Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

- The American Occupational Therapy Association. (2008). *Occupational therapy practice framework: Domain and process* (2nd ed.). Bethesda, MD: Author.
- Crepeau, E., Cohn, E., & Boyt-Schell, B.A. (2008). *Willard & Spackman's occupational therapy* (11th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Kasar, J. & Clark, E.N. (2000). *Developing professional behaviors*. Thorofare, NJ: Slack.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.
- Sladyk, K. (2002). *Successful occupational therapy fieldwork student*. Thorofare, NJ: Slack.
- Slater, D. Y. (2006). *Reference guide to the occupational therapy code of ethics*. Bethesda, MD: American Occupational Therapy Association.

Course Name: Occupational Therapy Skills III

Course Abbreviation: OTA 2443

Classification: Career-Technical Core

Description: This manipulative course provides intermediate practice skills used with patients/clients across the lifespan and with various diagnoses. (3 sch: 2 hr. lecture, 2 hr. lab)

Prerequisite: Occupational Therapy Skills I (OTA 1423)

Competencies and Suggested Objectives
1. Continue to use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
2. Demonstrate selected practice skills. <ol style="list-style-type: none"> a. Explain the principles and concepts of joint protection, energy conservation, and work simplification. b. Demonstrate principles and concepts of soft tissue and joint mobilization. c. Demonstrate techniques of edema reduction. d. Explain the role that technology plays within the occupational therapy profession. e. Explain principles and concepts of driving with a disability. f. Discuss basic principles and concepts of dynamic splinting. g. Explain basic principles and concepts of industrial therapy.
3. Demonstrate selected assessments in occupational therapy. <ol style="list-style-type: none"> a. Obtain necessary intake information before assessing the patient. b. Select relevant areas of assessment. c. Select appropriate assessment instrument based on intake information. d. Demonstrate ability to administer assessment procedures according to standardized or recommended techniques. e. Report results of assessment and reassessment.
4. Explore alternative and emerging treatment approaches in the practice of occupational therapy. <ol style="list-style-type: none"> a. Explain the concept of hippotherapy, aquatic therapy, and pet therapy. b. Discuss an emerging treatment approach of occupational therapy.
5. Describe evaluation techniques for activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including evaluation of occupational performance listed below. <ol style="list-style-type: none"> a. The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. b. Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems). c. Performance patterns (e.g., habits, routines, roles) and behavior patterns. d. Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance. e. Performance skills, including motor (e.g., posture, mobility, coordination, strength,

energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).
6. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
7. Describe modification of environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles.
8. Articulate principles of and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating systems) used to enhance occupational performance.
9. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.
10. Identify strategies for effective, competency-based legal and ethical supervision of non-professional personnel.
11. Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.4.1. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.
- B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.
- B.4.3. Gather and share data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes
- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).

- B.4.6. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
- B.5.4. Provide training in self-care, self-management, home management, and community and work integration.
- B.5.5. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
- B.5.8. Modify environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles.
- B.5.9. Articulate principles of and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating systems) used to enhance occupational performance.
- B.5.10. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
- B.5.11. Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and participate in addressing issues related to driving.
- B.5.13. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.
- B.5.19. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.
- B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
- B.5.25. Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes.
- B.5.26. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.
- B.6.3. Identify the role and responsibility of the practitioner to address changes in service delivery policies, to affect changes in the system, and to recognize opportunities in emerging practice areas.
- B.7.9. Identify strategies for effective, competency-based legal and ethical supervision of nonprofessional personnel.
- B.7.10. Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.
- B.8.1. Articulate the importance of professional research and literature and the continued development of the profession.
- B.8.2. Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist that are supported by research.

- B.8.3. Identify the skills necessary to follow a research protocol including accurate and confidential collection of data and related documentation.
- B.9.4. Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
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- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
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21st Century Skills

- CS4 Health Literacy
- CS6 Creativity and Innovation
- CS7 Critical Thinking and Problem Solving

- CS8 Communication and Collaboration
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- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

- Crepeau, E., Cohn, E., & Boyt-Schell, B.A. (2008). *Willard & Spackman's occupational therapy* (11th ed.). Baltimore: Lippincott Williams & Wilkins.
- Early, M.B. (2006). *Physical dysfunction practice skills for the occupational therapy assistant* (2nd ed.). St. Louis, MO: Mosby.
- Fess, E., Gettle, K., Philips, C., & Janson, R. (2005). *Hand and upper extremity splinting principles and methods* (3rd ed.). St Louis, MO: Mosby.
- Gutman, S.A. & Schonfeld, A.B. (2009). *Screening adult neurologic populations: A step-by-step instruction manual* (2nd ed.). Bethesda, MD: AOTA Press.
- Padilla, R.L., Byers-Connon, S., & Lohman, H. (2010). *Occupational therapy with elders: Strategies for the COTA* (3rd ed.). St. Louis, MO: Mosby.
- Pedretti, L. W., & Early, M. B. (2006). *Occupational therapy practice skills for physical dysfunction* (6th ed.). St. Louis, MO: Mosby.
- Pellerito, J. (2006). *Driver rehabilitation and community mobility principles and practice*. St Louis, MO: Elsevier Mosby.
- Saidoff, D.C., & McDonough, A.L. (2002). *Critical pathways in therapeutic intervention: Extremities and spine*. St. Louis, MO: Mosby.
- Shankar, K., & Randall, K. (2002). *Therapeutic physical modalities*. Philadelphia, PA: Hanley & Belfus.
- Trombly, C.A., & Radomski, M.V. (2007). *Occupational therapy for physical dysfunction* (6th ed.). New York, NY: Lippincott Williams & Wilkins.

Course Name: Concepts in Occupational Therapy

Course Abbreviation: OTA 2714

Classification: Career-Technical Core

Description: This manipulative course studies occupational therapy treatment techniques for a variety of diagnoses while incorporating theoretical concepts. (4 sch: 3 hr. lecture, 2 hr. lab)

Prerequisites: Pathology of Physical Disability Conditions (OTA 1223), Occupational Therapy Skills I (OTA 1423), and Pathology of Orthopedic Conditions (OTA 1242)

Competencies and Suggested Objectives	
1.	<p>Explain selected therapeutic techniques for treatment.</p> <ul style="list-style-type: none"> a. Demonstrate selected techniques from ROOD approach. b. Demonstrate selected techniques from Neuro-Developmental Treatment. c. Demonstrate selected techniques from Movement Therapy. d. Demonstrate selected techniques from Proprioceptive Neuromuscular Facilitation. e. Demonstrate selected sensory integration techniques. f. Demonstrate selected tactile desensitization techniques. g. Demonstrate selected treatment interventions for remediating perceptual and cognitive impairments.
2.	<p>Explain specialized techniques for selected diagnoses.</p> <ul style="list-style-type: none"> a. Discuss appropriate treatment interventions for orthopedic conditions. b. Describe appropriate treatment interventions for amputations, including use of prosthetics. c. Describe appropriate treatment interventions for degenerative diseases. d. Describe appropriate treatment interventions for cardiopulmonary diseases (MI, CHF, COPD, etc.). e. Describe appropriate treatment interventions for burns. f. Describe appropriate treatment interventions for spinal cord injuries.
3.	<p>Explain factors that influence selection of treatment techniques and activities.</p> <ul style="list-style-type: none"> a. Identify the influence of performance contexts on the selection of treatment techniques and activities. b. Discuss adaptation, modification, and gradation of treatment techniques and activities. c. Employ logical thinking, critical analysis, problem-solving, and creativity. d. Articulate the importance of using statistics, tests, and measurements. e. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society. f. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods). g. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context. h. Discuss discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This

<p>includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.</p> <p>i. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.</p> <p>j. Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist that are supported by research.</p>
<p>4. Participate in the documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services.</p>

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.2. Employ logical thinking, critical analysis, problem-solving, and creativity.
- B.1.10. Articulate the importance of using statistics, tests, and measurements.
- B.2.4. Articulate the importance of balancing areas of occupation with the achievement of health and wellness.
- B.2.7. Exhibit the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors to implement the intervention plan.
- B.2.11. Apply models of occupational performance and theories of occupation.
- B.4.1. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.
- B.4.3. Gather and share data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes
 - The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.4.4. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for

- supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
- B.4.5. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
- B.5.1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:
- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.5.2. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.
- B.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
- B.5.4. Provide training in self-care, self-management, home management, and community and work integration.
- B.5.5. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
- B.5.18. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.
- B.5.21. Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist.
- B.5.23. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.
- B.5.24. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes,

- but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.
- B.5.26. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.
 - B.7.1. Identify how the various practice settings (i.e., medical institutions, community practice, school systems, etc.) affect the delivery of occupational therapy services.
 - B.7.8. Participate in the documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services.
 - B.8.1. Articulate the importance of professional research and literature and the continued development of the profession.
 - B.8.2. Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist that are supported by research.
 - B.8.3. Identify the skills necessary to follow a research protocol including accurate and confidential collection of data and related documentation.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)

- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS6 Creativity and Innovation
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

- Bertoti, D.B. (2003). *Functional neurorehabilitation through the life span*. Philadelphia, PA: F.A. Davis.
- Boylstein, C., Rittman, J., Behrmann, A., & Davis, S. (2005). The social organization in constrained-induced movement therapy. *Journal of Rehabilitation Research and Development*, 42(3), 263-276.
- Cronin, A. (2001). Traumatic brain injury: issues in community function. *American Journal of Occupational Therapy*, 55(4), 337-383.
- Davis, J. (2001). *Functional treatment ideas and strategies in adult hemiplegia*. Port Townsend, WA: International Clinical Educators.
- Davis, J. (2001). *Teaching independence: A therapeutic approach*. Port Townsend, WA: International Clinical Educators.
- Early, M.B. (2006). *Physical dysfunction practice skills for the occupational therapy assistant* (2nd ed.). St. Louis, MO: Mosby.
- Gillen, G. (2010). *Stroke rehabilitation: A function-based approach* (3rd ed.). St. Louis, MO: Mosby.
- Gutman, S.A. (2007). *Quick reference neuroscience for rehabilitation professionals* (2nd ed.). Thorofare, NJ: Slack.

Halloran, P. & Lowenstein, N. (2000). *Case studies through the healthcare continuum: A workbook for the occupational therapy student*. Thorofare, NJ: Slack.

Reed, K.L. (2003). *Quick reference to occupational therapy* (2nd ed.). Austin, TX: PRO-ED.

Sames, K.M. (2009). *Documenting occupational therapy practice* (2nd ed.). Upper Saddle River, NJ: Pearson.

Shumway-Cook, A., & Woollacot, M. (2011). *Motor control: Translating research into clinical practice* (4th ed.). Baltimore, MD: Lippincott Williams & Wilkins.

Velickovic, M., & Velickovic T. D. (2005). Basic principles of the neurodevelopmental treatment. *Medicina*, 42(41), 112-120.

Course Name: Healthcare Systems

Course Abbreviation: OTA 2812

Classification: Career-Technical Core

Description: This intake course is designed to examine the context of service delivery for occupational therapy. Various models of health care, education, community, and social systems will be examined. (2 sch: 2 hr. lecture)

Prerequisite: None

Competencies and Suggested Objectives	
1.	Describe current challenges in traditional and community health care and efforts to reform the current delivery system. <ol style="list-style-type: none"> a. Discuss the function and structure of the health care delivery system. b. Describe the evolution of the health care delivery system in the United States. c. Discuss the changes in the health problems of the population regarding past, present, and future trends. d. Discuss problems of access to the health care delivery system.
2.	Discuss the practice of occupational therapy in various practice settings, including medical, community, school, and early intervention settings. <ol style="list-style-type: none"> a. Discuss the role of occupational therapy. b. Identify the various professionals involved. c. Define related terms and concepts. d. Analyze the potential for success in these environments.
3.	Analyze the various roles of the occupational therapy assistant as a practitioner, advocate, research assistant, and educator. <ol style="list-style-type: none"> a. Discuss the role of the OTA to assist the consumer in gaining access to occupational therapy services. b. Discuss the need for advocacy on behalf of the consumer and the profession.
4.	Explain reimbursement mechanisms related to various practice settings. <ol style="list-style-type: none"> a. Discuss factors involved in cost. b. Explain selected terms related to reimbursement cost. c. Discuss the importance of fiscal considerations for occupational therapy providers and consumers. d. Explain how financial issues affect quality of care. e. Identify professional responsibilities and issues when providing service on a contractual basis.
5.	Explain how federal and state regulatory and legislative bodies affect practice. <ol style="list-style-type: none"> a. Identify the government and other agencies that influence healthcare policies and procedures. b. Identify guidelines established by government agencies as related to healthcare. c. Identify the systems and structures that create federal and state legislation and regulation and their implications and effects on practice. d. Discuss the role and responsibility of the practitioner to address changes in service

delivery policies to affect changes in the system.
6. Analyze and discuss how history, theory, and the sociopolitical climate influence practice.
7. Demonstrate knowledge of global social issues and prevailing health and welfare needs.
8. Describe the contexts of health care, education, community, and social models or systems as they relate to the practice of occupational therapy.
9. Identify potential impacts of social, economic, political, geographic, or demographic factors on the practice of occupational therapy.
10. Identify the role and responsibility of the practitioner to address changes in service delivery policies, to affect changes in the system, and to recognize opportunities in emerging practice areas.
11. Review and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
12. Identify the variety of informal and formal ethical dispute-resolution systems that have jurisdiction over occupational therapy practice.
13. Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.
14. Identify strategies to assist the consumer in gaining access to occupational therapy services.
15. Identify the skills necessary to follow a research protocol including accurate and confidential collection of data and related documentation.
16. Demonstrate the ability to participate in the management of service delivery options.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.8. Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations.
- B.1.9. Demonstrate knowledge of global social issues and prevailing health and welfare needs.
- B.3.3. Analyze and discuss how history, theory, and the sociopolitical climate influence practice.
- B.5.7. Describe the role of the occupational therapy assistant in care coordination, case management, and transition services in traditional and emerging practice environments.
- B.5.14. Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.
- B.5.21. Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist.
- B.6.1. Describe the contexts of health care, education, community, and social models or systems as they relate to the practice of occupational therapy.
- B.6.2. Identify potential impacts of social, economic, political, geographic, or demographic factors on the practice of occupational therapy.
- B.6.3. Identify the role and responsibility of the practitioner to address changes in service delivery policies, to affect changes in the system, and to recognize opportunities in emerging practice areas.

Postsecondary Occupational Therapy Assistant

- B.7.1. Identify how the various practice settings (i.e., medical institutions, community practice, school systems, etc.) affect the delivery of occupational therapy services.
- B.7.2. Identify the impact of contextual factors on the management and delivery of occupational therapy services.
- B.7.3. Identify the systems and structures that create federal and state legislation and regulation and their implications and effects on practice.
- B.7.5. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy.
- B.7.7. Demonstrate the ability to participate in the development, marketing, and management of service delivery options.
- B.8.3. Identify the skills necessary to follow a research protocol including accurate and confidential collection of data and related documentation.
- B.9.2. Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
- B.9.7. Identify and appreciate the varied roles of the occupational therapy assistant as a practitioner, educator, and research assistant.
- B.9.9. Identify professional responsibilities and issues when providing service on a contractual basis.
- B.9.10. Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.
- B.9.11. Identify the variety of informal and formal ethical dispute-resolution systems that have jurisdiction over occupational therapy practice.
- B.9.12. Identify strategies to assist the consumer in gaining access to occupational therapy services.
- B.9.13. Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, advocacy organizations).

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations

- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

- Bodenheimer, T., & Grumbach, K. (2008). *Understanding health policy* (5th ed.). New York, NY: McGraw-Hill.
- Sandstrom R., Lohman, H., & Bramble, J. (2009). *Health services: Policy and systems for therapists* (2nd ed.). Saddle River, NJ: Prentice-Hall.
- Sultz, H., & Young, K. (2010). *Health care USA: Understanding its organization and delivery* (7th ed.). Sudbury, MA: Jones & Bartlett.

Course Name: Fieldwork IB

Course Abbreviation: OTA 2935

Classification: Career-Technical Core

Description: This application course is designed to provide the student with an opportunity to apply his or her knowledge in clinical fieldwork. The student will also begin to develop professional work habits. Students are expected to function as participant observers in the clinical setting. (5 sch: 1 hr. lecture, 12 hr. clinical)

Prerequisite: Occupational Therapy Skills I (OTA 1423)

Competencies and Suggested Objectives
<p>1. Participate in a clinical setting as a participant observer.</p> <ul style="list-style-type: none"> a. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process. b. Demonstrate ability to use the holistic concept when observing, evaluating, and treating patients/clients in a variety of settings. c. Employ logical thinking, critical analysis, problem-solving, and creativity. d. Integrate academic learning with clinical practice, and demonstrate oral and written communication skills. e. Demonstrate effective written and verbal reporting skills. f. Differentiate between personal and professional feelings associated with the client/therapist relationship and staff/institution relationship. g. Identify various evaluation tools, along with their administration, scoring, and interpretation. h. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment. i. Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations. j. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society. k. Demonstrate ability to formulate treatment goals and implement treatment plans. l. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed. m. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. n. Observe therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods). o. Identify community resources for discharge planning and follow-up. <p>2. Demonstrate professional work behavior.</p> <ul style="list-style-type: none"> a. Adhere to professional code of ethics and confidentiality.

<ul style="list-style-type: none"> b. Adhere to policies and procedures of the clinical setting. c. Adhere to the dress code policy of the particular clinical setting. d. Demonstrate effective time management skills by structuring time while in clinical settings and completing assignments in a timely fashion. e. Demonstrate a positive attitude toward customers and service delivery. f. Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society. g. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
<p>3. Demonstrate appropriate interaction towards consumers and professionals at the clinical settings.</p> <ul style="list-style-type: none"> a. Establish professional rapport with supervising clinical instructor. b. Describe appropriate consumer/student interaction. c. Identify the various roles in which an occupational therapy assistant does, or could, function in the setting to which the student is assigned. d. Explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant. e. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process. f. Describe skills of collaboration with occupational therapists on therapeutic interventions as appropriate. g. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context.
<p>4. Complete documentation appropriate to the clinical setting.</p> <ul style="list-style-type: none"> a. Describe components related to planning and guiding intervention in selected setting such as clinical problem-solving. b. Identify formats of documentation. c. Practice documentation using the various formats. d. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others. e. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services. f. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy.

STANDARDS*Standards for an Accredited Educational Program for the Occupational Therapy Assistant*

- B.1.1. Demonstrate oral and written communication skills.
- B.2.3. Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support participation in context(s) for the client.
- B.2.9. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).
- B.2.10. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed.
- B.4.1. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.
- B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.
- B.4.3. Gather and share data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes
- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.4.4. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
- B.4.6. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.

- B.5.1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:
- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.5.2. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.
- B.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
- B.5.14. Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.
- B.5.15. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
- B.5.16. Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
- B.5.17. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
- B.5.18. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.
- B.5.20. Demonstrate skills of collaboration with occupational therapists on therapeutic interventions.
- B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
- B.5.23. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.

- B.5.24. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.
- B.5.26. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.
- B.5.27. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.
- B.7.5. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy.
- B.9.6. Identify personal and professional abilities and competencies as they relate to job responsibilities.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)

- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS6 Creativity and Innovation
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

- The American Occupational Therapy Association. (2008). *Occupational therapy practice framework: Domain and process* (2nd ed.). Bethesda, MD: Author.
- Crepeau, E., Cohn, E., & Boyt-Schell, B.A. (2008). *Willard & Spackman's occupational therapy* (11th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Kasar, J. & Clark, E.N. (2000). *Developing professional behaviors*. Thorofare, NJ: Slack.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.
- Sladyk, K. (2002). *Successful occupational therapy fieldwork student*. Thorofare, NJ: Slack.
- Slater, D. Y. (2006). *Reference guide to the occupational therapy code of ethics*. Bethesda, MD: American Occupational Therapy Association.

Course Name: Fieldwork IIA

Course Abbreviation: OTA 2946

Classification: Career-Technical Core

Description: This application course synthesizes previous didactic instruction and clinical experiences obtained in Fieldwork I. In Level IIA, the student may encounter a variety of populations in a traditional or non-traditional based setting. The student will assume increasing responsibilities under supervision as appropriate for the setting. (6 sch: 18 hr. clinical)

Prerequisite: All OTA classroom and level I fieldwork courses

Competencies and Suggested Objectives	
1.	<p>Manage support service.</p> <ul style="list-style-type: none"> a. Adjust priorities according to the needs of the program, department, and others. b. Comply with the institution's policies and procedures. c. Maintain work area, equipment, and supplies in a manner conducive to efficiency and safety. d. Demonstrate a knowledge of the implications of treatment costs and financial support on occupational therapy services. e. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others. f. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment. g. Demonstrate skills of collaboration with occupational therapists on therapeutic interventions. h. Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist. i. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
2.	<p>Enhance professional practice.</p> <ul style="list-style-type: none"> a. Participate responsibly in the supervisory relationship. b. Adjust to change and modify own behavior according to the demands of the situation. c. Assume responsibility for professional behavior and growth. d. Demonstrate a knowledge of professional standards and the code of ethics.
3.	<p>Demonstrate professional work behavior.</p> <ul style="list-style-type: none"> a. Adhere to professional code of ethics and confidentiality. b. Adhere to policies and procedures of the clinical setting. c. Adhere to the dress code policy of the particular clinical setting. d. Demonstrate effective time management skills by structuring time while in clinical settings and completing assignments in a timely fashion. e. Demonstrate a positive attitude toward customers and service delivery. f. Use sound judgment in regard to safety of self and others, and adhere to safety

regulations throughout the occupational therapy process.

- g. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context.
- h. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.

For the traditional (clinical) setting:

4. Collect data regarding patient's occupational performance in accordance with the occupational therapy practice framework.
 - a. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
 - b. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
 - c. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
 - d. Gather necessary information before assessing the patient.
 - e. Select relevant areas to assess.
 - f. Select the correct methods to assess the relevant areas.
 - g. Obtain complete information from staff, family members, patient, and records.
 - h. Administer the assessment procedures according to standardized or recommended techniques.
 - i. Adapt assessment method when usual procedures are not practical.
 - j. Interpret assessment data correctly.
 - k. Report the results of assessment and reassessment(s) accurately and completely.
 - l. Reassess the patient's programs and progress at regular intervals.
5. Develop a treatment plan under appropriate supervision.
 - a. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence.
 - b. Establish relevant and attainable short-term goals that reflect the assessment data.
 - c. Report the treatment plan orally and in writing.
 - d. Report treatment orally and in writing.
 - e. Establish long-term goals.
 - f. Collaborate with the patient in establishing goals.
 - g. Collaborate with other practitioners to establish overall goals for patients.
 - h. Establish treatment priorities with patient, family, and significant others.
 - i. Respond to changes in the patient's physical and emotional status during administration of the assessment procedure.
6. Implement a treatment plan with appropriate supervision.

- a. Participate in discussions at case conferences, rounds, in-services, and staff and other pertinent meetings.
- b. Review progress with patient, family, and significant others at regular intervals.
- c. Instruct family, significant others, and staff in activities which support the treatment programs.
- d. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
- e. Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
- f. Prepare the patient for initial and ongoing treatment.
- g. Present assessment purposes/procedures to patient/family/significant others in a manner consistent with their level of understanding.
- h. Intervene at signs of patient fatigue or frustration.
- i. Set limits in response to undesirable physical and social behavior.
- j. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.
- k. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
- l. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.
- m. Plan treatment based upon an accurate analysis of activities.
- n. Adapt treatment activities to reach desired goals.
- o. Explain the steps of the activity at the patient’s level of understanding.
- p. Maintain a therapeutic relationship with the patient.
- q. Implement established treatment plan.
- r. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
- s. Provide training in self-care, self-management, home management, and community and work integration.
- t. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
- u. Provide therapeutic use of self including one’s personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
- v. Adhere to treatment precautions and contraindications.
- w. Use praise or other reinforcers to elicit desired behavior.
- x. Utilize wellness activities in treatment.
- y. Select treatment activities that demonstrate an understanding of occupational therapy

<p>theory.</p> <p>z. Use purposeful activities to maximize patient performance.</p> <p>aa. Use a variety of possible strategies for achieving treatment goals.</p> <p>bb. Manage time effectively.</p>
<p>7. Evaluate treatment plan under appropriate supervision.</p> <p>a. Determine the logical sequence of treatment activities to attain the established goals.</p> <p>b. Modify goals as patient's condition or response to treatment changes.</p> <p>c. Modify own behavior according to the demands of the situation.</p> <p>d. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.</p>
<p>8. Develop discharge plan under appropriate supervision.</p> <p>a. Develop discharge and follow-up programs in accordance with patient's discharge environment.</p> <p>b. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.</p> <p>c. Collaborate with patient, family, significant others, and staff to formulate discharge and follow-up plans.</p> <p>d. Modify environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles when appropriate.</p> <p>e. Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and participate in addressing issues related to driving.</p> <p>f. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors.</p> <p>g. Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.</p> <p>h. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.</p> <p>i. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.</p> <p>j. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.</p> <p>k. Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes.</p> <p>l. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively</p>

communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.

For the non-traditional setting:

9. Participate as a team member in the setting.
 - a. Utilize the holistic concept when observing and serving consumers in assigned setting.
 - b. Utilize professional analysis and problem-solving to adapt academic learning to assigned setting.
 - c. Demonstrate effective written and verbal reporting skills.
 - d. Explore occupational therapy evaluation tools, their administration, scoring, and interpretation as appropriate to the setting.
 - e. Demonstrate ability to formulate goals and implement a plan of action.
 - f. Identify community resources relative to the needs of the setting.
 - g. Complete a project to benefit the population served by the setting.
 - h. Document consumer education.
10. Demonstrate appropriate interaction toward consumers and professionals at the assigned setting.
 - a. Establish professional rapport with supervisors.
 - b. Describe appropriate consumer/student interaction.
 - c. Identify the various roles in which an occupational therapy assistant does, or could, function in the setting to which the student is assigned.
 - d. Present identified roles of occupational therapy to staff at assigned setting.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.1. Demonstrate oral and written communication skills.
- B.1.2. Employ logical thinking, critical analysis, problem-solving, and creativity.
- B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- B.2.9. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).
- B.4.1. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.
- B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.
- B.4.3. Gather and share data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.4.4. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
- B.4.5. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
- B.4.6. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
- B.5.1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:
- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.5.2. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.

- B.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
- B.5.4. Provide training in self-care, self-management, home management, and community and work integration.
- B.5.5. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
- B.5.6. Provide therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
- B.5.8. Modify environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles.
- B.5.10. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
- B.5.11. Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and participate in addressing issues related to driving.
- B.5.12. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors.
- B.5.13. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.
- B.5.14. Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.
- B.5.15. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
- B.5.16. Use the teaching-learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
- B.5.17. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
- B.5.18. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.
- B.5.19. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.
- B.5.20. Demonstrate skills of collaboration with occupational therapists on therapeutic interventions.
- B.5.21. Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist.

- B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
- B.5.23. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.
- B.5.24. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.
- B.5.25. Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes.
- B.5.26. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.
- B.5.27. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.
- B.7.5. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy.
- B.8.1. Articulate the importance of professional research and literature and the continued development of the profession.
- B.8.2. Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist that are supported by research.
- B.9.1. Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice, and AOTA Standards of Practice and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.
- B.9.3. Promote occupational therapy by educating other professionals, service providers, consumers, and the public.
- B.9.6. Identify personal and professional abilities and competencies as they relate to job responsibilities.
- B.9.8. Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)

- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS6 Creativity and Innovation
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

- The American Occupational Therapy Association. (2008). *Occupational therapy practice framework: Domain and process* (2nd ed.). Bethesda, MD: Author.
- Crepeau, E., Cohn, E., & Boyt-Schell, B.A. (2008). *Willard & Spackman's occupational therapy* (11th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.
- Slater, D. Y. (2006). *Reference guide to the occupational therapy code of ethics*. Bethesda, MD: American Occupational Therapy Association.

Course Name: Fieldwork IIB

Course Abbreviation: OTA 2956

Classification: Career-Technical Core

Description: This application course synthesizes previous didactic instruction and experiences obtained in Fieldwork IIA. In Fieldwork IIB, the student may also encounter a variety of populations in a traditional or non-traditional setting. The student will be placed in a setting different from Fieldwork IIA. Student will assume increasing responsibilities under supervision as appropriate for the setting. (6 sch: 18 hr. clinical)

Prerequisite: All OTA classroom and Level I fieldwork courses

Competencies and Suggested Objectives	
1.	<p>Manage support service.</p> <ul style="list-style-type: none"> a. Adjust priorities according to the needs of the program, department, and others. b. Comply with the institution's policies and procedures. c. Maintain work area, equipment, and supplies in a manner conducive to efficiency and safety. d. Demonstrate a knowledge of the implications of treatment costs and financial support on occupational therapy services. e. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others. f. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment. g. Demonstrate skills of collaboration with occupational therapists on therapeutic interventions. h. Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist. i. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
2.	<p>Enhance professional practice.</p> <ul style="list-style-type: none"> a. Participate responsibly in the supervisory relationship. b. Adjust to change and modify own behavior according to the demands of the situation. c. Assume responsibility for professional behavior and growth. d. Demonstrate a knowledge of professional standards and the code of ethics.
3.	<p>Demonstrate professional work behavior.</p> <ul style="list-style-type: none"> a. Adhere to professional code of ethics and confidentiality. b. Adhere to policies and procedures of the clinical setting. c. Adhere to the dress code policy of the particular clinical setting. d. Demonstrate effective time management skills by structuring time while in clinical settings and completing assignments in a timely fashion. e. Demonstrate a positive attitude toward customers and service delivery.

- f. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- g. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context.
- h. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.

For the traditional (clinical) setting:

4. Collect data regarding patient's occupational performance in accordance with the occupational therapy practice framework.
 - a. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
 - b. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
 - c. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
 - d. Gather necessary information before assessing the patient.
 - e. Select relevant areas to assess.
 - f. Select the correct methods to assess the relevant areas.
 - g. Obtain complete information from staff, family members, patient, and records.
 - h. Administer the assessment procedures according to standardized or recommended techniques.
 - i. Adapt assessment method when usual procedures are not practical.
 - j. Interpret assessment data correctly.
 - k. Report the results of assessment and reassessment(s) accurately and completely.
 - l. Reassess the patient's programs and progress at regular intervals.
5. Develop a treatment plan under appropriate supervision.
 - a. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence.
 - b. Establish relevant and attainable short-term goals that reflect the assessment data.
 - c. Report the treatment plan orally and in writing.
 - d. Report treatment orally and in writing.
 - e. Establish long-term goals.
 - f. Collaborate with the patient in establishing goals.
 - g. Collaborate with other practitioners to establish overall goals for patients.
 - h. Establish treatment priorities with patient, family, and significant others.
 - i. Respond to changes in the patient's physical and emotional status during administration of the assessment procedure.

6. Implement a treatment plan with appropriate supervision.
 - a. Participate in discussions at case conferences, rounds, in-services, and staff and other pertinent meetings.
 - b. Review progress with patient, family, and significant others at regular intervals.
 - c. Instruct family, significant others, and staff in activities which support the treatment programs.
 - d. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
 - e. Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
 - f. Prepare the patient for initial and ongoing treatment.
 - g. Present assessment purposes/procedures to patient/family/significant others in a manner consistent with their level of understanding.
 - h. Intervene at signs of patient fatigue or frustration.
 - i. Set limits in response to undesirable physical and social behavior.
 - j. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.
 - k. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
 - l. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.
 - m. Plan treatment based upon an accurate analysis of activities.
 - n. Adapt treatment activities to reach desired goals.
 - o. Explain the steps of the activity at the patient’s level of understanding.
 - p. Maintain a therapeutic relationship with the patient.
 - q. Implement established treatment plan.
 - r. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
 - s. Provide training in self-care, self-management, home management, and community and work integration.
 - t. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
 - u. Provide therapeutic use of self including one’s personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
 - v. Adhere to treatment precautions and contraindications.
 - w. Use praise or other reinforcers to elicit desired behavior.
 - x. Utilize wellness activities in treatment.

<ul style="list-style-type: none"> y. Select treatment activities that demonstrate an understanding of occupational therapy theory. z. Use purposeful activities to maximize patient performance. aa. Use a variety of possible strategies for achieving treatment goals. bb. Manage time effectively.
<p>7. Evaluate treatment plan under appropriate supervision.</p> <ul style="list-style-type: none"> a. Determine the logical sequence of treatment activities to attain the established goals. b. Modify goals as patient's condition or response to treatment changes. c. Modify own behavior according to the demands of the situation. d. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.
<p>8. Develop discharge plan under appropriate supervision.</p> <ul style="list-style-type: none"> a. Develop discharge and follow-up programs in accordance with patient's discharge environment. b. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals. c. Collaborate with patient, family, significant others, and staff to formulate discharge and follow-up plans. d. Modify environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles. e. Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and participate in addressing issues related to driving. f. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors. g. Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client. h. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context. i. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks. j. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming. k. Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes. l. Document occupational therapy services to ensure accountability of service provision

and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.

For the non-traditional setting:

9. Participate as a team member in the setting.
 - a. Utilize the holistic concept when observing and serving consumers in assigned setting.
 - b. Utilize professional analysis and problem-solving to adapt academic learning to assigned setting.
 - c. Demonstrate effective written and verbal reporting skills.
 - d. Explore occupational therapy evaluation tools, their administration, scoring, and interpretation as appropriate to the setting.
 - e. Demonstrate ability to formulate goals and implement a plan of action.
 - f. Identify community resources relative to the needs of the setting.
 - g. Complete a project to benefit the population served by the setting.
 - h. Document consumer education.
10. Demonstrate appropriate interaction toward consumers and professionals at the assigned setting.
 - a. Establish professional rapport with supervisors.
 - b. Describe appropriate consumer/student interaction.
 - c. Identify the various roles in which an occupational therapy assistant does, or could, function in the setting to which the student is assigned.
 - d. Present identified roles of occupational therapy to staff at assigned setting.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.1. Demonstrate oral and written communication skills.
- B.1.2. Employ logical thinking, critical analysis, problem-solving, and creativity.
- B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- B.2.9. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).
- B.4.1. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.
- B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.
- B.4.3. Gather and share data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.4.4. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
- B.4.5. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
- B.4.6. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
- B.5.1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:
- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.5.2. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.

- B.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
- B.5.4. Provide training in self-care, self-management, home management, and community and work integration.
- B.5.5. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
- B.5.6. Provide therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
- B.5.8. Modify environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles.
- B.5.10. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
- B.5.11. Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and participate in addressing issues related to driving.
- B.5.12. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors.
- B.5.13. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.
- B.5.14. Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.
- B.5.15. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
- B.5.16. Use the teaching-learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
- B.5.17. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
- B.5.18. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.
- B.5.19. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.
- B.5.20. Demonstrate skills of collaboration with occupational therapists on therapeutic interventions.
- B.5.21. Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist.

- B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
- B.5.23. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.
- B.5.24. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.
- B.5.25. Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes.
- B.5.26. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.
- B.5.27. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.
- B.7.5. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy.
- B.8.1. Articulate the importance of professional research and literature and the continued development of the profession.
- B.8.2. Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist that are supported by research.
- B.9.1. Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice, and AOTA Standards of Practice and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.
- B.9.3. Promote occupational therapy by educating other professionals, service providers, consumers, and the public.
- B.9.6. Identify personal and professional abilities and competencies as they relate to job responsibilities.
- B.9.8. Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)

- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS6 Creativity and Innovation
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

- The American Occupational Therapy Association. (2008). *Occupational therapy practice framework: Domain and process* (2nd ed.). Bethesda, MD: Author.
- Crepeau, E., Cohn, E., & Boyt-Schell, B.A. (2008). *Willard & Spackman's occupational therapy* (11th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.
- Slater, D. Y. (2006). *Reference guide to the occupational therapy code of ethics*. Bethesda, MD: American Occupational Therapy Association.

Course Name: Occupational Therapy Transitions I

Course Abbreviation: OTA 2961

Classification: Career-Technical Core

Description: This course provides information and guidance to the student for his or her transitional process of becoming an Occupational Therapy Practitioner. This course will encompass a variety of professional skills and concepts. In addition, vital life skills will be discussed. (1 sch: 1 hour lecture)

Prerequisite: None

Competencies and Suggested Objectives	
1.	Discuss professional development concepts. <ol style="list-style-type: none"> Identify factors promoting a smooth transition from the role of student to graduate and employee. Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant. Discuss the importance of lifelong learning as it relates to professional development. Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations. Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards. Discuss management techniques such as continuous quality improvement.
2.	Explain legal aspects of occupational therapy. <ol style="list-style-type: none"> Describe the Occupational Therapy Practice Act, how it relates to the OTA, and how it protects the public. Discuss the process for licensure in Occupational Therapy. Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws. Participate in initial preparation for certification by the National Board of Certification in Occupational Therapy. Identify professional responsibilities related to liability issues under current models of service provision.
3.	Utilize employability skills. <ol style="list-style-type: none"> Discuss responsibilities and characteristics related to professional success. Prepare an initial draft resume. Discuss the process of securing an Occupational Therapy position. Utilize the computer and Internet for job search and resume development.
4.	Discuss advocacy for occupational therapy in traditional and non-traditional settings. <ol style="list-style-type: none"> Demonstrate the ability to articulate the unique nature of occupational therapy to the consumer, potential employers, and the general public. Discuss the role and responsibility of the practitioner to address changes in service

- delivery policies and to affect changes in the system.
- c. Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, advocacy organizations, and student occupational therapy associations).

5. Explore post-college life skills.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.5.25. Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes.
- B.7.4. Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.
- B.7.6. Identify the mechanisms, systems, and techniques needed to properly maintain, organize, and prioritize workloads and intervention settings including inventories.
- B.7.8. Participate in the documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services.
- B.9.2. Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
- B.9.4. Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.
- B.9.5. Identify professional responsibilities related to liability issues under current models of service provision.
- B.9.6. Identify personal and professional abilities and competencies as they relate to job responsibilities.
- B.9.8. Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.
- B.9.13. Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, advocacy organizations).

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)

- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS6 Creativity and Innovation
- CS7 Critical Thinking and Problem Solving
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS11 ICT Literacy
- CS12 Flexibility and Adaptability
- CS13 Initiative and Self-Direction
- CS14 Social and Cross-Cultural Skills
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

The American Occupational Therapy Association. (2008). *Occupational therapy practice framework: Domain and process* (2nd ed.). Bethesda, MD: Author.

- Crepeau, E., Cohn, E., & Boyt-Schell, B.A. (2008). *Willard & Spackman's occupational therapy* (11th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Johnson, C., DeAngelis T., & Lorch A. (2002). *The COTA Examination Review Guide*. (2nd Ed.). Philadelphia, PA: F.A. Davis
- Kornblau, B., & Starling, S. (2000). *Ethics in rehabilitation: A clinical perspective*. Thorofare, NJ: Slack.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.
- Sladyk, K. (2002). *Successful occupational therapy fieldwork student*. Thorofare, NJ: Slack.
- Solomon, A., & Jacobs, K. (2003). *Management skills for the occupational therapy assistant*. Thorofare, NJ: Slack.

Course Name: Occupational Therapy Transitions II

Course Abbreviation: OTA 2971

Classification: Career-Technical Core

Description: This course provides final preparation to the student for the transitional process of becoming an Occupational Therapy Practitioner. (1 sch: 1 hour lecture)

Prerequisite: Occupational Therapy Transitions I (OTA 2961)

Competencies and Suggested Objectives	
1.	Complete documentation for state licensure in Occupational Therapy. <ol style="list-style-type: none"> Complete application. Complete academic verification form.
2.	Participate in final preparations for certification by the National Board of Certification in Occupational Therapy (NBCOT). <ol style="list-style-type: none"> Describe process for application for NBCOT certification exam. Analyze sample certification exam questions in official format. Complete mock certification exam.
3.	Examine employability skills. <ol style="list-style-type: none"> Compare ethics and standards related to Occupational Therapy Practice from fieldwork experiences. Prepare a final resume. Identify options for liability insurance. Analyze techniques for employment negotiation, including compensation and benefits.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.7.4. Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.
- B.9.2. Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
- B.9.4. Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.
- B.9.5. Identify professional responsibilities related to liability issues under current models of service provision.
- B.9.6. Identify personal and professional abilities and competencies as they relate to job responsibilities.
- B.9.13. Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, advocacy organizations).

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations
- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

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21st Century Skills

- CS4 Health Literacy
- CS8 Communication and Collaboration
- CS9 Information Literacy
- CS13 Initiative and Self-Direction
- CS15 Productivity and Accountability
- CS16 Leadership and Responsibility

SUGGESTED REFERENCES

- The American Occupational Therapy Association. (2008). *Occupational therapy practice framework: Domain and process* (2nd ed.). Bethesda, MD: Author.
- Crepeau, E., Cohn, E., & Boyt-Schell, B.A. (2008). *Willard & Spackman's occupational therapy* (11th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Kornblau, B., & Starling, S. (2000). *Ethics in rehabilitation: A clinical perspective*. Thorofare, NJ: Slack.
- National board for certification in occupational therapy. (2009). Retrieved on June 3, 2011, from <http://www.nbcot.org/>.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.
- Solomon, A., & Jacobs, K. (2003). *Management skills for the occupational therapy assistant*. Thorofare, NJ: Slack.

Recommended Tools and Equipment

CAPITALIZED ITEMS

1. Wheelchair, standard with removable arm/leg rests (1 per program)
2. Work benches (5 per program)
3. Mat, table top (3 per program)
4. Hi/Low Mat Table
5. Assessment kits (6 per program)
6. Kiln (1 per program)
7. Human body model (1 per program)
8. Skeleton, human muscular (2 per program)
9. Splint cart (1 per program)
10. Computer with CD-ROM (1 per 4 student)
11. Printer
12. Projector
13. Flammable liquid storage cabinet (1 per program)
14. Cart, TV/VCR/DVD (1 per program)
15. Videocassette recorder/player, VHS (1 per program)
16. DVD player (1 per program)
17. 31" Color TV (2 per program)
18. Ultrasound unit (1 per program)
19. Biofeedback unit (2 per program)
20. Adaptive equipment set (1 per program)
21. Industrial workstation set (1 per program)
22. Positioning device set (1 per program)
23. Prefabricated split set (1 per program)
24. Handheld e-stim units (6 per program)
25. Vectra Genisys 4Ch Combo (or similar device)

NON-CAPITALIZED ITEMS

1. Paraffin wax bath unit (1 per program)
2. Cuff weights, ½ pound to 10 pounds (2 of each weight)
3. Mirror, portable (1 per program)
4. Dynamometer (3 per program)
5. Goniometer (4 per program)
6. Pinch gauge (3 per program)
7. Hydrocollater, mobile heating unit (1 per program)
8. Forma-Splint heating pan (3 per program)
9. Theraputty (6 per program)
10. Theratubing (2 each of all 4 grades)
11. Fixed hand grips (3 per program)
12. Sphygmomanometer (5 per program)
13. Stethoscope (5 per program)
14. Hammers (5 per program)

15. Squares (5 per program)
16. Bulb dynamometer (1 per program)
17. Sewing machine (1 per program)
18. Therapeutic balls (2 per program)
19. Facilitation vibrators (1 per program)
20. Exercise skate (1 per program)
21. Arm slings (1 set program)
22. Hand sensory testing kit (including hot/cold thermometers, 2 point discriminator, stereognosis) (1 per program)
23. Hand volumeter (1 per program)
24. Craft items (including woodworking, leather, basketry, copper tooling, macramé, mosaic tile, ceramics, minor crafts) (8 per program)
25. Walkers (4 per program)
26. Tub seats (2 per program)
27. Canes (2 per program)
28. Crutches (1 set program)
29. Elevated toilet seat (1 per program)
30. Toilet (1 per program)
31. Bath tub (1 per program)
32. Sink (1 per program)
33. Alarm timers (4 per program)
34. File cabinet, 4 drawer (4 per program)
35. Splinting scissors (4 per program)
36. Heat gun (1 per program)
37. Gait belts (4 per program)
38. Heat packs (1 set per program)
39. Cold packs (1 set per program)
40. E-STIM unit (2 per program)
41. TENS unit (2 per program)
42. Restorator (1 per program)
43. Compression device kit (1 per program)
44. Gross motor activities (10 per program)
45. Cognitive activities (10 per program)
46. Perceptual activities (10 per program)
47. Fine motor activities (10 per program)

RECOMMENDED INSTRUCTIONAL AIDS

It is recommended that instructors have access to the following items:

1. ENG/EFP/Studio color camera with tripod (1 per program)
2. Video display device (1 per program)

Appendix A: Standards for an Accredited Educational Program for the Occupational Therapy Assistant¹

B.1.0 FOUNDATIONAL CONTENT REQUIREMENTS

- B.1.1. Demonstrate oral and written communication skills.
- B.1.2. Employ logical thinking, critical analysis, problem-solving, and creativity.
- B.1.3. Demonstrate competence in basic computer use, including the ability to use databases and search engines to access information, word processing for writing, and presentation software (i.e., PowerPoint).
- B.1.4. Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, anatomy, physiology, and biomechanics.
- B.1.5. Demonstrate knowledge and understanding of human development throughout the life span (infants, children, adolescents, adults, and the elderly). Course content must include, but is not limited to, developmental psychology.
- B.1.6. Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences (e.g., principles of psychology, sociology, and abnormal psychology).
- B.1.7. Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society (e.g., principles of psychology, sociology, and abnormal psychology).
- B.1.8. Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations.
- B.1.9. Demonstrate knowledge of global social issues and prevailing health and welfare needs.
- B.1.10. Articulate the importance of using statistics, tests, and measurements.

B.2.0. BASIC TENETS OF OCCUPATIONAL THERAPY

- B.2.1. Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy.
- B.2.2. Describe the meaning and dynamics of occupation and activity including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors.
- B.2.3. Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support participation in context(s) for the client.
- B.2.4. Articulate the importance of balancing areas of occupation with the achievement of health and wellness.
- B.2.5. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.
- B.2.6. Understand the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the

¹ Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association. (2010). Retrieved March 1, 2011, from <http://www.aota.org/index.asp>

individual within the cultural context of family and society on occupational performance.

- B.2.7. Exhibit the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors to implement the intervention plan.
- B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- B.2.9. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).
- B.2.10. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed.
- B.2.11. Apply models of occupational performance and theories of occupation.

B.3.0. OCCUPATIONAL THERAPY THEORETICAL PERSPECTIVES

- B.3.1. Describe basic features of the theories that underlie the practice of occupational therapy.
- B.3.2. Describe models of practice and frames of reference that are used in occupational therapy.
- B.3.3. Analyze and discuss how history, theory, and the sociopolitical climate influence practice.

B.4.0. SCREENING AND EVALUATION

- B.4.1. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.
- B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.
- B.4.3. Gather and share data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes
 - The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).

- B.4.4. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
- B.4.5. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
- B.4.6. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.

B.5.0. INTERVENTION AND IMPLEMENTATION

- B.5.1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:
 - The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.5.2. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.
- B.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
- B.5.4. Provide training in self-care, self-management, home management, and community and work integration.
- B.5.5. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
- B.5.6. Provide therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
- B.5.7. Describe the role of the occupational therapy assistant in care coordination, case management, and transition services in traditional and emerging practice environments.

- B.5.8. Modify environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles.
- B.5.9. Articulate principles of and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating systems) used to enhance occupational performance.
- B.5.10. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
- B.5.11. Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and participate in addressing issues related to driving.
- B.5.12. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors.
- B.5.13. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.
- B.5.14. Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.
- B.5.15. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
- B.5.16. Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
- B.5.17. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
- B.5.18. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.
- B.5.19. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.
- B.5.20. Demonstrate skills of collaboration with occupational therapists on therapeutic interventions.
- B.5.21. Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist.
- B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
- B.5.23. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.

- B.5.24. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.
- B.5.25. Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes.
- B.5.26. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.
- B.5.27. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.

B.6.0. CONTEXT OF SERVICE DELIVERY

- B.6.1. Describe the contexts of health care, education, community, and social models or systems as they relate to the practice of occupational therapy.
- B.6.2. Identify potential impacts of social, economic, political, geographic, or demographic factors on the practice of occupational therapy.
- B.6.3. Identify the role and responsibility of the practitioner to address changes in service delivery policies, to affect changes in the system, and to recognize opportunities in emerging practice areas.

B.7.0. ASSISTANCE WITH MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES

- B.7.1. Identify how the various practice settings (i.e., medical institutions, community practice, school systems, etc.) affect the delivery of occupational therapy services.
- B.7.2. Identify the impact of contextual factors on the management and delivery of occupational therapy services.
- B.7.3. Identify the systems and structures that create federal and state legislation and regulation and their implications and effects on practice.
- B.7.4. Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.
- B.7.5. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy.
- B.7.6. Identify the mechanisms, systems, and techniques needed to properly maintain, organize, and prioritize workloads and intervention settings including inventories.
- B.7.7. Demonstrate the ability to participate in the development, marketing, and management of service delivery options.
- B.7.8. Participate in the documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services.
- B.7.9. Identify strategies for effective, competency-based legal and ethical supervision of non-professional personnel.

- B.7.10. Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.

B.8.0. PROFESSIONAL LITERATURE

- B.8.1. Articulate the importance of professional research and literature and the continued development of the profession.
- B.8.2. Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist that are supported by research.
- B.8.3. Identify the skills necessary to follow a research protocol including accurate and confidential collection of data and related documentation.

B.9.0 PROFESSIONAL ETHICS, VALUES, AND RESPONSIBILITIES

- B.9.1. Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice, and AOTA Standards of Practice and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.
- B.9.2. Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
- B.9.3. Promote occupational therapy by educating other professionals, service providers, consumers, and the public.
- B.9.4. Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.
- B.9.5. Identify professional responsibilities related to liability issues under current models of service provision.
- B.9.6. Identify personal and professional abilities and competencies as they relate to job responsibilities.
- B.9.7. Identify and appreciate the varied roles of the occupational therapy assistant as a practitioner, educator, and research assistant.
- B.9.8. Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.
- B.9.9. Identify professional responsibilities and issues when providing service on a contractual basis.
- B.9.10. Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.
- B.9.11. Identify the variety of informal and formal ethical dispute-resolution systems that have jurisdiction over occupational therapy practice.
- B.9.12. Identify strategies to assist the consumer in gaining access to occupational therapy services.
- B.9.13. Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, advocacy organizations).

Appendix B: Related Academic Standards²

Reading

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)

Mathematics Computation

- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations

Applied Mathematics

- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)

Language

- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)

Spelling

- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

² CTB/McGraw-Hill LLC. (2005). *Tests of adult basic education, Forms 9 and 10*. Monterey, CA: Author. Reproduced with permission of CTB/McGraw-Hill LLC. TABE is a registered trademark of The McGraw-Hill Companies, Inc. Copyright © 2005 by CTB/McGraw-Hill LLC. Reproduction of this material is permitted for educational purposes only.

Appendix C: 21st Century Skills³

CSS1-21st Century Themes

CS1 Global Awareness

1. Using 21st century skills to understand and address global issues
2. Learning from and working collaboratively with individuals representing diverse cultures, religions and lifestyles in a spirit of mutual respect and open dialogue in personal, work, and community contexts
3. Understanding other nations and cultures, including the use of non-English languages

CS2 Financial, Economic, Business and Entrepreneurial Literacy

1. Knowing how to make appropriate personal economic choices
2. Understanding the role of the economy in society
3. Using entrepreneurial skills to enhance workplace productivity and career options

CS3 Civic Literacy

1. Participating effectively in civic life through knowing how to stay informed and understanding governmental processes
2. Exercising the rights and obligations of citizenship at local, state, national and global levels
3. Understanding the local and global implications of civic decisions

CS4 Health Literacy

1. Obtaining, interpreting and understanding basic health information and services and using such information and services in ways that enhance health
2. Understanding preventive physical and mental health measures, including proper diet, nutrition, exercise, risk avoidance, and stress reduction
3. Using available information to make appropriate health-related decisions
4. Establishing and monitoring personal and family health goals
5. Understanding national and international public health and safety issues

CS5 Environmental Literacy

1. Demonstrate knowledge and understanding of the environment and the circumstances and conditions affecting it, particularly as relates to air, climate, land, food, energy, water and ecosystems
2. Demonstrate knowledge and understanding of society's impact on the natural world (e.g., population growth, population development, resource consumption rate, etc.)
3. Investigate and analyze environmental issues, and make accurate conclusions about effective solutions
4. Take individual and collective action towards addressing environmental challenges (e.g., participating in global actions, designing solutions that inspire action on environmental issues)

CSS2-Learning and Innovation Skills

CS6 Creativity and Innovation

1. Think Creatively
2. Work Creatively with Others
3. Implement Innovations

CS7 Critical Thinking and Problem Solving

1. Reason Effectively
2. Use Systems Thinking
3. Make Judgments and Decisions
4. Solve Problems

CS8 Communication and Collaboration

1. Communicate Clearly
2. Collaborate with Others

³ 21st century skills. (n.d.). Washington, DC: Partnership for 21st Century Skills.

CSS3-Information, Media and Technology Skills**CS9 Information Literacy**

1. Access and Evaluate Information
2. Use and Manage Information

CS10 Media Literacy

1. Analyze Media
2. Create Media Products

CS11 ICT Literacy

1. Apply Technology Effectively

CSS4-Life and Career Skills**CS12 Flexibility and Adaptability**

1. Adapt to change
2. Be Flexible

CS13 Initiative and Self-Direction

1. Manage Goals and Time
2. Work Independently
3. Be Self-directed Learners

CS14 Social and Cross-Cultural Skills

1. Interact Effectively with others
2. Work Effectively in Diverse Teams

CS15 Productivity and Accountability

1. Manage Projects
2. Produce Results

CS16 Leadership and Responsibility

1. Guide and Lead Others
2. Be Responsible to Others