

Policy E.18: Interventions to Support Occupations

Purpose

- AOTA asserts that interventions to support occupations including but not limited to physical agent modalities (PAMs), dry needling, and other techniques may be used in preparation for, or concurrently with occupations and activities or interventions that ultimately enhance a client's engagement in occupation.
- Occupational therapists and occupational therapy assistants are members of interdisciplinary teams and require access to provide interventions necessary to support client care. Loss of care provided or referral to other providers for specific techniques may compromise or restrict consumer access to occupational therapy services and could result in duplication of services and increased costs of care.
- Clinical research on intervention effectiveness in occupational therapy for new and emerging techniques should not be limited by restrictions on practice to provide responsive care as health conditions and health care technologies continue to evolve.
- Occupational therapy practitioners, as experts in various areas of practice, are placed at a disadvantage when there is not a defined policy or guidance for the use of existing and emerging interventions to support occupations.

Policy

1. Interventions to support occupations, including but not limited to PAMs, are utilized by occupational therapy practitioners as part of occupation-based practice. Use of these techniques is designed to prepare the client for occupational performance to support clients' engagement and independent participation in meaningful occupations (e.g., ADLs, IADLs).
2. Interventions to support occupations should not be used in isolation or in the absence of occupation-based assessment and intervention.
3. Use of interventions to support occupations may include the application of PAMs, mechanical modalities, instrument-assisted (manual) modalities (e.g., dry needling), and other new and emerging techniques. It is important to differentiate that little or no published evidence for new and emerging techniques does not equate to a lack of effectiveness. It is an indicator that further research is needed.
4. In the case of new and emerging techniques in which there is not a strong body of evidence, it is essential that practitioners fully disclose the benefits, risks, and potential outcomes of an intervention and reasonable alternatives. Informed consent should be obtained after disclosing information and answering questions to ensure autonomous and voluntary participation in the treatment plan or research study.
5. Decisions on whether to continue or discontinue use of new and emerging techniques should be based on professional reasoning and outcomes including documented progress toward clients' goals to ensure the client is receiving benefit to engage and participate in meaningful occupation.
6. Interventions to support occupations may not be entry-level skills and may require advanced training and/or certification. New treatment techniques and interventions are routinely developed based on currently available evidence. Practitioners are responsible for maintaining their awareness of these developments as well as their competency in the safe and effective application of new treatment approaches.
7. States vary in the inclusion of interventions to support occupations within the defined scope of practice and requirements for training and continuing education for these techniques. There is no consensus from state to state on the minimum standards for evaluating competency or certification in the use of interventions to support occupations.

8. Some states have additional regulatory requirements for demonstrating competence beyond entry-level education and for specific types of PAMs. Occupational therapy practitioners need to be aware of and comply with these requirements, which may include, but are not limited to, continuing professional education, institution-specific procedures for ascertaining service competence, and supervised contact hours by a qualified practitioner in the respective state.
9. Competency is outlined by standards of conduct in the Occupational Therapy Code of Ethics. It is the responsibility of occupational therapy personnel to maintain credentials, licenses, and other certifications to develop, demonstrate, and maintain competent, evidence-based practice and supervision requirements.
10. Occupational therapy practitioners should review continuing education and advanced certification courses in advance to ensure quality and alignment with state and site/facility specific law, regulation, policy and requirements prior to participation and application of any techniques with clients.
11. Occupational therapy assistants may utilize PAMs and other interventions to support occupations with appropriate supervision in accordance with local and state policies, rules, and regulations.

Resources

American Occupational Therapy Association. (2020). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy*, 74(Suppl. 3), 7413410005.
<https://doi.org/10.5014/ajot.2020.74S3006>

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), 7412410010.
<https://doi.org/10.5014/ajot.2020.74S2001>

Approval Date:	4/2023
Date of Last Revision:	