

ARTICLE 55.5-03 PRACTICE OF OCCUPATIONAL THERAPY

Chapter
55.5-03-01 Scope of Practice

CHAPTER 55.5-03-01 SCOPE OF PRACTICE

Section
55.5-03-01-01 Definitions [Repealed]
55.5-03-01-02 Educational Background
55.5-03-01-03 Specific Occupational Therapy Services
55.5-03-01-04 Occupational Therapy Evaluation
55.5-03-01-05 Occupational Therapy Intervention

55.5-03-01-01. Definitions.

Repealed effective April 1, 2014.

55.5-03-01-02. Educational background.

Occupational therapy education includes a broad foundation in liberal arts and sciences. Biological, physical, social, and behavioral sciences prepare the entry-level therapist to understand occupation across the lifespan. The accreditation council for occupational therapy education (ACOTE) establishes educational standards that are routinely reviewed to ensure that entry-level occupational therapists and occupational therapy assistants are prepared as generalists who have had a broad exposure to delivery models and systems; occupational theory and evidenced-based approaches to evaluation and intervention; and analysis and application of occupation as intervention. Occupational therapy education requires the successful completion of fieldwork (ACOTE, 2012).

History: Effective November 1, 1992; amended effective November 1, 2000; February 1, 2004; July 1, 2011; April 1, 2014.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-01, 43-40-05

55.5-03-01-03. Specific occupational therapy services.

The "Occupational Therapy Practice Framework: Domain and Process" (4th edition 2020) describes the practice of occupational therapy. The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness, including methods delivered via telerehabilitation to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life.

History: Effective November 1, 1992; amended effective April 1, 2014; April 1, 2021.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-01, 43-40-05

55.5-03-01-04. Occupational therapy evaluation.

Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), health maintenance, rest and sleep, education, work, play, leisure, and social participation, includes:

1. Client factors, including body functions (mental functions, sensory functions, neuromusculoskeletal, immunological, and respiratory system functions, voice and speech functions, skin and related structure functions) and body structures, values, beliefs, and spirituality.
2. Performance patterns, including habits, routines, roles, and rituals.
3. Context is the environmental and personal factors specific to each client (person, group, population) that influences engagement and participation in occupations. Examples include physical and social environments, cultural, personal, temporal, and virtual contexts and activity demands.
4. Performance skills, including motor skills, process skills, and social interaction skills.

History: Effective November 1, 1992; amended effective November 1, 2000; April 1, 2014; April 1, 2021.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-01, 43-40-05

55.5-03-01-05. Occupational therapy intervention.

1. Methods or approaches selected to direct the process of interventions include:
 - a. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or in decline.
 - b. Compensation, modification, or adaptation of activity or environment to enhance performance or to prevent injuries, disorders, or other conditions.
 - c. Maintenance, retention, and enhancement of skills or abilities without which performance in everyday life activities would decline.
 - d. Creation, promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities.
 - e. Prevention of barriers to performance and participation, including injury and disability prevention.
2. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), health maintenance, rest and sleep, education, work, play, leisure, and social participation, including:
 - a. Therapeutic use of occupations, exercises, and activities.
 - b. Training in self-care, self-management, health management and maintenance, home management, community or work reintegration, and school activities and work performance.
 - c. Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills.
 - d. Therapeutic use of self, including one's personality, insights, perceptions, and judgements, as part of the therapeutic process.

- e. Education and training of individuals, including family members, caregivers, groups, populations, and others.
- f. Care coordination, case management, and transition services.
- g. Consultative services to groups, programs, organizations, or communities.
- h. Modification of home, work, school, or community environments and adaptation of processes, including the application of ergonomic principles.
- i. Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
- j. Assessment, recommendations, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.
- k. Low vision rehabilitation.
- l. Driver rehabilitation and community mobility.
- m. Management of feeding, eating, and swallowing to enable eating and feeding performance.
- n. Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management, interventions to enhance sensory-perceptual and cognitive processing, and manual therapy) to enhance performance skills.

An occupational therapist may purchase, store, and administer topical medications, including aerosol medications, as part of the practice of occupational therapy, but shall not dispense or sell any of the medications to patients. An occupational therapist shall comply with any protocols of the United States pharmacopoeia for storage of medications.

A valid order or prescription for medication classified as a legend drug is needed before administration to a patient. Occupational therapy facilities must work with a pharmacist to assist with proper protocols for storage of medications. A record of dosage, for, quantity, and strength of medication administered to each patient is required in the medical record.

- o. Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.
- p. Advocacy in promoting and empowering clients to seek and obtain resources.

History: Effective November 1, 1992; amended effective November 1, 2000; April 1, 2014; April 1, 2021.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-01, 43-40-05