

# Occupational Therapy Practice Framework: Domain and Process

## Fourth Edition

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### Preface

The fourth edition of the *Occupational Therapy Practice Framework: Domain and Process* (hereinafter referred to as the *OTPF-4*), is an official document of the American Occupational Therapy Association (AOTA). Intended for occupational therapy practitioners and students, other health care professionals, educators, researchers, payers, policymakers, and consumers, the *OTPF-4* presents a summary of interrelated constructs that describe occupational therapy practice.

### Definitions

Within the *OTPF-4*, *occupational therapy* is defined as the therapeutic use of everyday life occupations with persons, groups, or populations (i.e., the client) for the purpose of enhancing or enabling participation. Occupational therapy practitioners use their knowledge of the transactional relationship among the client, the client's engagement in valuable occupations, and the context to design occupation-based intervention plans. Occupational therapy services are provided for habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non-disability-related needs. These services include acquisition and preservation of occupational identity for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction (AOTA, 2011; see the glossary in Appendix A for additional definitions).

When the term *occupational therapy practitioners* is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2015b). Occupational therapists are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of the occupational therapy service delivery process.

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Occupational therapy assistants deliver occupational therapy services under the supervision of and in partnership with an occupational therapist (AOTA, 2020a).

The clients of occupational therapy are typically classified as *persons* (including those involved in care of a client), *groups* (collections of individuals having shared characteristics or a common or shared purpose; e.g., family members, workers, students, people with similar interests or occupational challenges), and *populations* (aggregates of people with common attributes such as contexts, characteristics, or concerns, including health risks; Scaffa & Reitz, 2014). People may also consider themselves as part of a *community*, such as the Deaf community or the disability community; a *community* is a collection of populations that is changeable and diverse and includes various people, groups, networks, and organizations (Scaffa, 2019; World Federation of Occupational Therapists [WFOT], 2019). It is important to consider the community or communities with which a client identifies throughout the occupational therapy process.

Whether the client is a person, group, or population, information about the client's wants, needs, strengths, contexts, limitations, and occupational risks is gathered, synthesized, and framed from an occupational perspective. Throughout the OTPF-4, the term *client* is used broadly to refer to persons, groups, and populations unless otherwise specified. In the OTPF-4, "group" as a client is distinct from "group" as an intervention approach. For examples of clients, see Table 1 (all tables are placed together at the end of this document). The glossary in Appendix A provides definitions of other terms used in this document.

### Evolution of This Document

The *Occupational Therapy Practice Framework* was originally developed to articulate occupational therapy's distinct perspective and contribution to promoting the health and participation of persons, groups, and populations through engagement in occupation. The first edition of the OTPF emerged from an examination of documents related to the *Occupational Therapy Product Output Reporting System and Uniform Terminology for Reporting Occupational Therapy Services* (AOTA, 1979). Originally a document that responded to a federal requirement to develop a uniform reporting system, this text gradually shifted to describing and outlining the domains of concern of occupational therapy.

The second edition of *Uniform Terminology for Occupational Therapy* (AOTA, 1989) was adopted by the AOTA Representative Assembly (RA) and published in 1989. The document focused on delineating and defining only the occupational performance areas and occupational performance components that are addressed in occupational therapy direct services. The third and final edition of *Uniform Terminology for Occupational Therapy (UT-III)* (AOTA, 1994) was adopted by the RA in 1994 and was "expanded to reflect current practice and to incorporate contextual aspects of performance" (p. 1047). Each revision

reflected changes in practice and provided consistent terminology for use by the profession.

In fall 1998, the AOTA Commission on Practice (COP) embarked on the journey that culminated in the *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2002a). At that time, AOTA also published *The Guide to Occupational Therapy Practice* (Moyers, 1999), which outlined contemporary practice for the profession. Using this document and the feedback received during the review process for the *UT-III*, the COP proceeded to develop a document that more fully articulated occupational therapy.

The *OTPF* is an ever-evolving document. As an official AOTA document, it is reviewed on a 5-year cycle for usefulness and the potential need for further refinements or changes. During the review period, the COP collects feedback from AOTA members, scholars, authors, practitioners, AOTA volunteer leadership and staff, and other stakeholders. The revision process ensures that the *OTPF* maintains its integrity while responding to internal and external influences that should be reflected in emerging concepts and advances in occupational therapy.

The *OTPF* was first revised and approved by the RA in 2008. Changes to the document included refinement of the writing and the addition of emerging concepts and changes in occupational therapy. The rationale for specific changes can be found in Table 11 of the *OTPF-2* (AOTA, 2008, pp. 665–667).

In 2012, the process of review and revision of the *OTPF* was initiated again, and several changes were made. The rationale for specific changes can be found on page S2 of the *OTPF-3* (AOTA, 2014).

In 2018, the process to revise the *OTPF* began again. After member review and feedback, several modifications were made and are reflected in this document:

- The focus on group and population clients is increased, and examples are provided for both.
- Cornerstones of occupational therapy practice are identified and described as foundational to the success of occupational therapy practitioners.
- *Occupational science* is more explicitly described and defined.

- The terms *occupation* and *activity* are more clearly defined.
- For occupations, the definition of *sexual activity* as an activity of daily living is revised, *health management* is added as a general occupation category, and *intimate partner* is added in the social participation category (see Table 2).
- The *contexts and environments* aspect of the occupational therapy domain is changed to *context* on the basis of the World Health Organization (WHO; 2008) taxonomy from the *International Classification of Functioning, Disability and Health (ICF)* in an effort to adopt standard, well-accepted definitions (see Table 4).
- For the client factors category of body functions, *gender identity* is now included under “experience of self and time,” the definition of *psychosocial* is expanded to match the *ICF* description, and *interoception* is added under sensory functions.
- For types of intervention, “preparatory methods and tasks” has been changed to “interventions to support occupations” (see Table 12).
- For outcomes, transitions and discontinuation are discussed as conclusions to occupational therapy services, and patient-reported outcomes are addressed (see Table 14).
- Five new tables are added to expand on and clarify concepts:
  - Table 1. Examples of Clients: Persons, Groups, and Populations
  - Table 3. Examples of Occupations for Persons, Groups, and Populations
  - Table 7. Performance Skills for Persons (includes examples of effective and ineffective performance skills)
  - Table 8. Performance Skills for Groups (includes examples of the impact of ineffective individual performance skills on group collective outcome)
  - Table 10. Occupational Therapy Process for Persons, Groups, and Populations.
- Throughout, the use of *OTPF* rather than *Framework* acknowledges the current requirements for a unique

identifier to maximize digital discoverability and to promote brevity in social media communications. It also reflects the longstanding use of the acronym in academic teaching and clinical practice.

- [Figure 1](#) has been revised to provide a simplified visual depiction of the domain and process of occupational therapy.

### Vision for This Work

Although this edition of the *OTPF* represents the latest in the profession's efforts to clearly articulate the occupational therapy domain and process, it builds on a set of values that the profession has held since its founding in 1917. The original vision had at its center a profound belief in the value of therapeutic occupations as a way to remediate illness and maintain health ([Slagle, 1924](#)). The founders emphasized the importance of establishing a therapeutic relationship with each client and designing a treatment plan based on knowledge about the client's environment, values, goals, and desires ([Meyer, 1922](#)). They advocated for scientific practice based on systematic observation and treatment ([Dunton, 1934](#)). Paraphrased using today's lexicon, the founders proposed a vision that was occupation based, client centered, contextual, and evidence based—the vision articulated in the *OTPF-4*.

## Introduction

The purpose of a framework is to provide a structure or base on which to build a system or a concept ("[Framework](#)," 2020). The *OTPF* describes the central concepts that ground occupational therapy practice and builds a common understanding of the basic tenets and vision of the profession. The *OTPF-4* does not serve as a taxonomy, theory, or model of occupational therapy. By design, the *OTPF-4* must be used to guide occupational therapy practice in conjunction with the knowledge and evidence relevant to occupation and occupational therapy within the identified areas of practice and with the appropriate clients. In addition, the *OTPF-4* is intended to be a valuable tool in the academic preparation of

students, communication with the public and policymakers, and provision of language that can shape and be shaped by research.

### Occupation and Occupational Science

Embedded in this document is the occupational therapy profession's core belief in the positive relationship between occupation and health and its view of people as occupational beings. Occupational therapy practice emphasizes the occupational nature of humans and the importance of occupational identity ([Unruh, 2004](#)) to healthful, productive, and satisfying living. As [Hooper and Wood \(2019\)](#) stated,

A core philosophical assumption of the profession, therefore, is that by virtue of our biological endowment, people of all ages and abilities require occupation to grow and thrive; in pursuing occupation, humans express the totality of their being, a mind–body–spirit union. Because human existence could not otherwise be, humankind is, in essence, occupational by nature. (p. 46)

Occupational science is important to the practice of occupational therapy and "provides a way of thinking that enables an understanding of occupation, the occupational nature of humans, the relationship between occupation, health and well-being, and the influences that shape occupation" ([WFOT, 2012b](#), p. 2). Many of its concepts are emphasized throughout the *OTPF-4*, including occupational justice and injustice, identity, time use, satisfaction, engagement, and performance.

### OTPF Organization

The *OTPF-4* is divided into two major sections: (1) the *domain*, which outlines the profession's purview and the areas in which its members have an established body of knowledge and expertise, and (2) the *process*, which describes the actions practitioners take when providing services that are client centered and focused on engagement in occupations. The profession's understanding of the domain and process of occupational therapy guides practitioners as they seek to support clients' participation in daily living, which results from the dynamic intersection of clients, their desired engagements, and their contexts (including environmental and personal factors;