



American  
Occupational Therapy  
Association

# **OTA ALC Annual Meeting Fall 2024**

## **Session 2:**

# **Practice Resources and Tools for OTA Educators**

# Presenters



**Shannon White**  
**MA, COTA/L, CAPM, ROH**  
Program Manager, Practice at AOTA




**Julie Malloy**  
**OTD, MOT, OTR/L, PMP, CPHQ, FNAP**  
Vice President, Practice at AOTA

# Objectives

Following this presentation, individuals will be able to:

- Locate new and updated practice resources on the AOTA website
- Identify immediate, short term, and long-term opportunities to use AOTA practice resources within their OTA programs
- Suggest new AOTA practice resources



# **AOTA Practice Team**

# Practice Team Members



**Julie Malloy**  
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Vice President, Practice



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Project Assistant

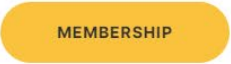


**OT/OTA  
Intraprofessional  
Collaboration  
Resource**

# OT/OTA Collaboration



PRACTICE ESSENTIALS  
Entrepreneurship in OT   Interventions to Support Occupations   MORE ▾



## OT and OTA intraprofessional collaboration

Occupational therapists and occupational therapy assistants working together, an example of intraprofessional collaboration, is a key element during the delivery of OT services.

[VIEW SEARCH RESULTS FOR INTRAPROFESSIONAL PRACTICE RESOURCES](#)



## [OT and OTA Intraprofessional Collaboration Webpage](#)





# **Clinical Topic Resources**



# Curated Webpages

School-Based

Early  
Intervention

Pain  
Management

Sleep

Functional  
Cognition

Musculoskeletal  
Conditions

# Curated Webpages

Interventions to  
Support  
Occupations

Stroke

SDOH

Sex as an ADL

Women's Health

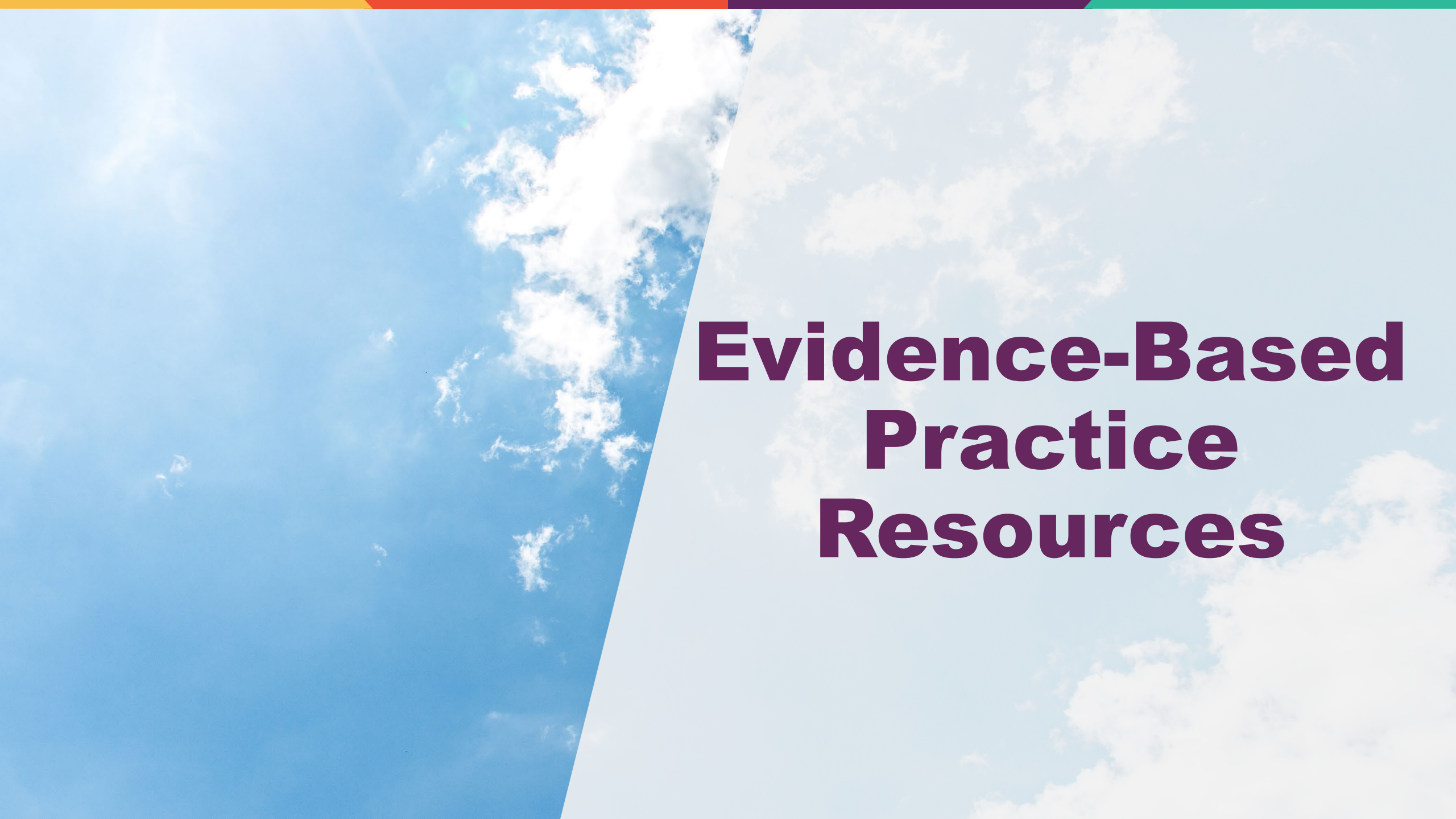
Entrepreneurship

# Podcasts



Available through Spotify,  
Apple Podcasts, and  
the AOTA website

- [AOTA Podcasts](#)
  - **Everyday Evidence**
    - Habits and Wellness in Psychiatric Rehab
    - Early Childhood Competencies
    - Practice Guidelines for Autistic Individuals
  - **AOTA Podcast**
    - Maternal-Infant Mental Health
    - Addressing Air Travel Accessibility
    - Sexuality and Intimacy



# **Evidence-Based Practice Resources**

# Practice Guidelines

## AOTA Practice Guidelines in AJOT



### Practice Guidelines

AOTA's topic-specific Practice Guidelines present clinical recommendations and tools for translating knowledge to guide your practice. Several new topic areas are now available!



**Adults Living with Cancer**



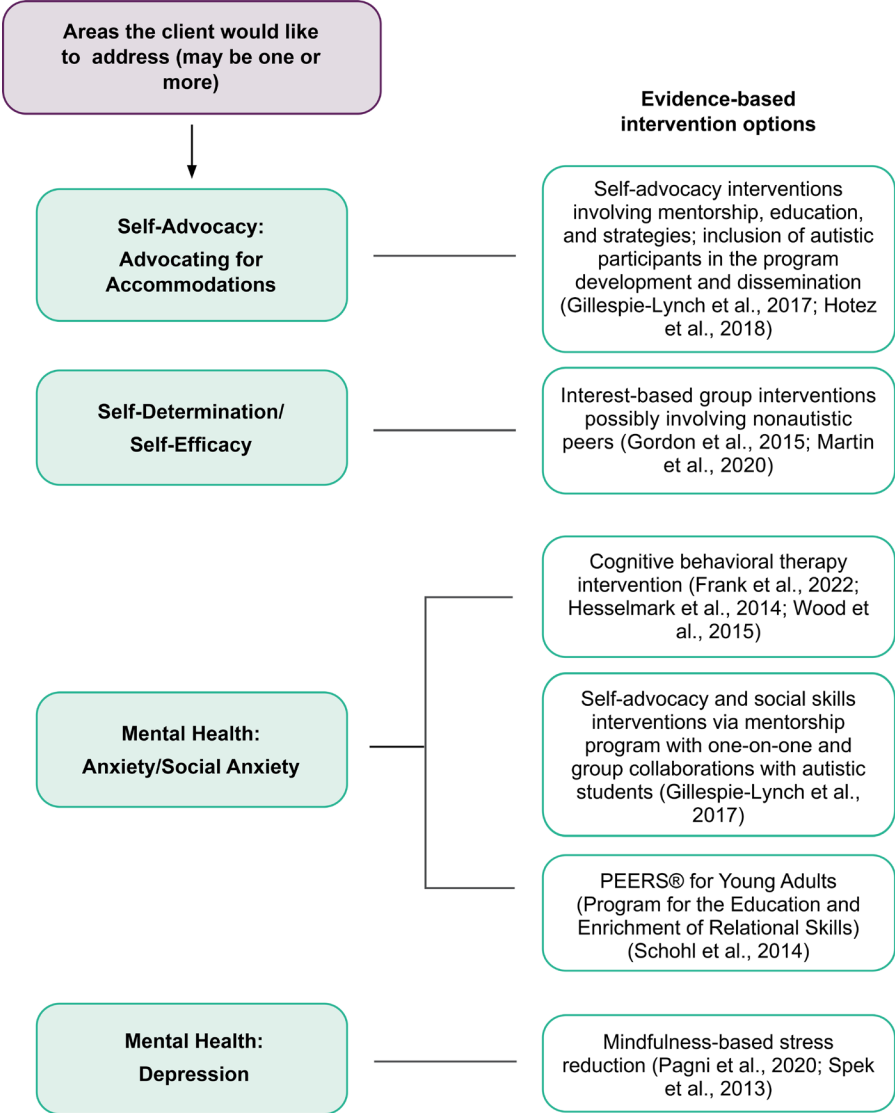
**Autistic People**



**Living with Alzheimer's**

Access these resources & more at [aota.org/ebp](https://aota.org/ebp)

# Practice Guidelines



# Hot Evidence Infographics

## Hot Evidence Infographics

### HOT Evidence

Toileting for Children & Youth 0-5 Years

#### Why This Matters

Children with autism spectrum disorder, developmental delays, or mobility impairments may have **difficulties with toileting**.

Delayed toileting skills can have a significant impact on **hygiene, confidence, and caregiver burden**.

Occupational therapy practitioners provide interventions for **toileting routines** and **toileting-related performance skills**.

#### Improving Toileting Routines

Evidence-Based Interventions

- Positive reinforcement for in-toilet elimination
- Schedule toileting sits
- Exclusion of negative or punitive language
- Increase fluid intake
- Caregiver coaching & parent training

#### Find the Evidence

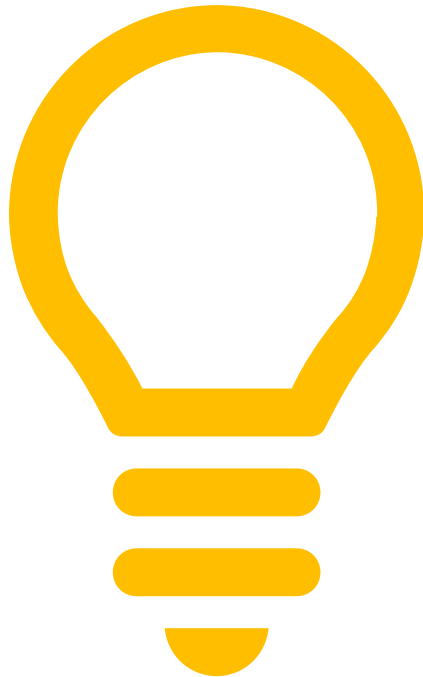
Visit <https://research.aota.org/ajot> to review  
*Interventions Within the Scope of Occupational Therapy Practice to Improve Activities of Daily Living, Rest, and Sleep for Children Ages 0-5 Years and Their Families: A Systematic Review*

**AOTA** American Occupational Therapy Association



# Evidence-Informed Intervention Ideas

## Evidence-Informed Intervention Ideas



### EVIDENCE-BASED PRACTICE

## Evidence-informed intervention ideas: Toileting for children and youth 0–5

Many children with developmental delays and disabilities struggle with learning how to use the toilet. Delayed toileting skills can have a significant impact on hygiene, confidence, and caregiver burden. Occupational therapy practitioners provide interventions for toileting routines and toileting-related performance skills. There is moderate strength of evidence for the use of various intervention strategies to support the development of independent toileting among young children. Occupational therapy practitioners are encouraged to use these evidence-based intervention ideas as a guide for clinical decision making but should reference the [systematic review](#) for more specific information.

### Scheduling Toileting Sits

- Consistently take the child to the bathroom at set times to establish a routine.
- Encourage the child to visit the bathroom:
  - After waking up
  - Before and after naptime
  - Before and after a new play activity
  - Before a meal
  - Before bedtime
  - Before leaving home for an outing

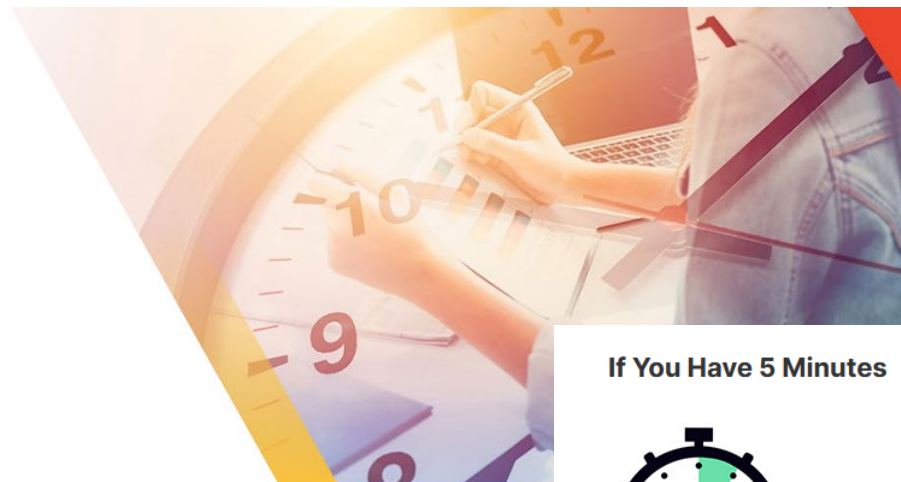


# Daily Dose of Practice Improvement

## Daily Dose of Practice Improvement

### A Daily Dose of Practice Improvement: Starting With 5 Minutes

Every occupational therapy practitioner can use evidence to inform practice, but not every practitioner feels like they have the time to do so. Whether you have 5 minutes or 5 hours, AOTA resources will help you use evidence to launch your career and guide your practice.



#### If You Have 5 Minutes



- Review [HOT Evidence Infographics](#)
  - Snapshots of evidence-based interventions from Critically Appraised Topics or Systematic Review Briefs
- Watch a video about [how to access research articles through PubMed](#)
- Review our [Member Spotlights-Quality](#)



# **Quality Resources**

# Occupational Profile

- PDF and Word Templates available for Download
- Directions for how to include the Occupational Profile Template in your electronic health record
- New! Examples available

## AOTA Occupational Profile

### AOTA Occupational Profile Template

"The occupational profile is a summary of a client's (person's, group's, or population's) occupational history and experiences, patterns of daily living, interests, values, needs, and relevant contexts" (AOTA, 2020, p. 21). The information is obtained from the client's perspective through both formal and informal interview techniques and conversation.

The information obtained through the occupational profile contributes to a client-focused approach in the evaluation, intervention planning, intervention implementation, and discharge planning stages. Each item below should be addressed to complete the occupational profile. Page numbers are provided to reference the description in the *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; AOTA, 2020).

| OCCUPATIONAL PROFILE |   |   |
|----------------------|---|---|
| Client Report        | Reason the client is seeking service and concerns related to engagement in occupations (p. 16)  | Why is the client seeking services, and what are the client's current concerns relative to engaging in occupations and in daily life activities? (This may include the client's general health status.) |
|                      | Occupations in which the client is successful and barriers affecting success (p. 16)  | In what occupations does the client feel successful, and what barriers are affecting their success in desired occupations?  |
|                      | Occupational history (p. 16)  | What is the client's occupational history (i.e., life experiences)?   |
|                      | Personal interests and values (p. 16)   | What are the client's values and interests?   |
| Contexts             | Environment (p. 36) (e.g., natural environment and human-made changes, products and technology, support and relationships, attitudes, services, systems and policies)                     | Supporting Engagement<br>Inhibiting Engagement  |
|                      | Personal (p. 40) (e.g., age, sexual orientation, gender identity, race and ethnicity, cultural identification, social background, upbringing, psychological assets, education, lifestyle) | Supporting Engagement<br>Inhibiting Engagement  |

# Occupational Profile Examples

## AOTA Occupational Profile Community Mental Health – Homelessness Example

"The occupational profile is a summary of a client's (person's, group's, or population's) occupational history and experiences, patterns of daily living, interests, values, needs, and relevant contexts" (AOTA, 2020, p. 21). The information is obtained from the client's perspective through both formal and informal interview techniques and conversation.

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| OCCUPATIONAL PROFILE |  |
|----------------------|--|
| Client Report        | <p><b>Reason the client is seeking service and concerns related to engagement in occupations (p. 16)</b></p> <p>Why is the client seeking services, and what are the client's current concerns relative to engaging in occupations and in daily life activities? (This may include the client's general health status.)<br/>Client is referred to OT due to his concerns regarding transitioning from a homeless shelter into independent living due to diagnoses of schizophrenia and bipolar disorder. Client reports difficulty with money and medication management and has concerns about home maintenance/cooking.</p>   |
|                      | <p><b>Occupations in which the client is successful and barriers impacting success (p. 16)</b></p> <p>In what occupations does the client feel successful, and what barriers are affecting their success in desired occupations?<br/><b>Success:</b> morning self-care ADLs. Able to complete chores in the homeless shelter using a checklist.<br/><b>Barriers:</b> receiving assistance from staff at local shelter with medication management which he won't have in independent living. Poor short-term memory, distractibility, and executive function deficits in sequencing and organizing.</p>   |
|                      | <p><b>Occupational history (p. 16)</b></p> <p>What is the client's occupational history (i.e., life experiences)?<br/>Client has been experiencing homelessness for 2 years, incarcerated for 5 years prior with no family supports nearby. Previous substance use disorder but has been in recovery for the past year. He has lived locally his entire life and occasionally visits an old childhood friend. He completed the 11<sup>th</sup> grade and later obtained a GED. His mother experienced depression and alcoholism. Prior to being incarcerated, client has inconsistent work history including busser, construction, and janitor. Client is not married and has no children.</p> |
|                      | <p><b>Personal interests and values (p. 16)</b></p> <p>What are the client's values and interests?<br/>Client values dependability and his friendships. His interests include living independently and creating community support networks to attend leisure activities.</p>   |

## AOTA Occupational Profile Resources

### AOTA's Occupational Profile Template

A template designed for you to use in any practice setting—print it and complete it by hand, type text directly into the document, or include it in an electronic health record (EHR).

[Occupational Profile Template \(PDF version\)](#)



[Occupational Profile Template \(Word version\)](#)



[Include the Occupational Profile Template in electronic health records \(EHR\)](#)



[Occupational Profile Examples \(PDF version\)](#)



# Section GG

## Section GG Resources



aota.org

Client: \_\_\_\_\_ DX: \_\_\_\_\_ MRN: \_\_\_\_\_ Eval Date: \_\_\_\_\_ DC Date: \_\_\_\_\_

### Section GG Self-Care (Activities of Daily Living) and Mobility Items

*This form can be used to help you score and document Section GG items as you complete your comprehensive occupational therapy evaluation. Section GG is utilized across all post-acute care (PAC) settings by Medicare (CMS). While Section GG is a standardized assessment, other assessments can and should be utilized during a comprehensive occupational therapy evaluation. For more information on how Section GG is utilized in your setting, see the Medicare Assessments linked on the last page. AOTA encourages practitioners to utilize this data as an advocacy tool with management to demonstrate the value of OT in PAC. Remember, Section GG is intended to be used as an interdisciplinary tool so it is not necessary for the OT to score all items at the evaluation. See page 3 for scoring information. Visit [aota.org/value](https://aota.org/value) for more ideas on how to use Section GG data in your practice.*

See page 2 for transfer and mobility items that may also apply to the occupational therapy evaluation.

See page 3 for the Section GG scoring algorithm.

**6** = Independent; **5** = Setup; **4** = Supervision/Touching; **3** = Partial Assistance; **2** = Substantial Assistance; **1** = Dependent; **07** = Refused; **09** = Not Applicable; **10** = Not attempted due to environment limitations; **88** = Not attempted due to medical condition/safety

#### Self-Care Items (Assessment Item GG 0130\*\*\*)

|   | Admission                | Goal                     | Discharge                | Item                                   | Definition   |
|---|--------------------------|--------------------------|--------------------------|--|--|
| A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Eating</b>                          | The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.                           |
| B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Oral hygiene</b>                    | The ability to use suitable items to clean teeth. Dentures: The ability to remove and replace dentures from and to mouth, and manage equipment for soaking and rinsing.                    |
| C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Toilet hygiene</b>                  | The ability to maintain perineal hygiene, adjust clothes before and after using toilet, commode, bedpan, or urinal. If managing ostomy, include wiping opening but not managing equipment. |
| D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Wash upper body**</b>               | The ability to wash, rinse, and dry the face, hands, chest and arms while sitting in a chair or bed.   |
| E | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Shower/bathe self*</b>              | The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower, washing of back or hair.                      |
| F | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Upper body dressing*</b>            | The ability to dress and undress above the waist, including fasteners.   |
| G | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Lower body dressing*</b>            | The ability to dress and undress below the waist, including fasteners. Does not include footwear.  |
| H | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Putting on/taking off footwear*</b> | The ability to put on and take off socks and shoes or other footwear that are appropriate for safe mobility, including fasteners.  |

\*Indicates the item is not currently reported to CMS in Long Term Care Hospitals (LTCH) \*\*Indicates the item is only reported to CMS in LTCH.

\*\*\* These items correspond with GG130 in Medicare Assessments including the Minimum Data Set (MDS), Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI), Long Term Care Hospital Continuity Assessment Record Evaluation Tool (LTCH CARE), and the Outcome and Assessment Information Set (OASIS).



# Group and Concurrent Therapy

## Considerations for Group, Concurrent and Individual Therapy

### Considerations for Group, Concurrent, and Individual Therapy in Skilled Nursing Facilities

The Centers for Medicare & Medicaid Services (CMS) supports the clinical judgement of the practitioner. Refer to coverage rules by the payer for more details.

In the PDPM final rule, CMS (2019) states: "we expect therapists to determine the frequency, duration, and modality of therapy based on sound clinical reasoning and the individual needs of each patient." ([84 Fed. Reg. 38728, 2019, pp. 38747-38748](#))

| Individual Therapy   | Group Therapy  | Concurrent Therapy  |
|--|--|---|
| <b>Clinical &amp; Regulatory Overview</b>  |  |   |
| One therapist or assistant to one client at a time. Should be the primary mode of therapy and the standard of care. (CMS, 84 Fed. Reg. 38728, 38745-38750, 2019)   | Therapist or therapy assistant treating <b>two to six patients</b> at the same time regardless of payer source who are performing the <b>same or similar</b> activities. (CMS, 84 Fed. Reg. 38728, 38745-38750, 2019)<br><br>Appropriate for clients when implemented to address client-specific goals.  | "...therapy is provided to two patients by one therapist or therapy assistant doing different activities." (CMS, 84 Fed. Reg. 38728, 38745-38750, 2019)<br><br>May be appropriate for some clients and some goals.  |
| <b>Clinical Considerations</b>   |  |   |
| The typical OT intervention session should be individual.<br><br>Interventions must be skilled and medically necessary.<br><br>Any interventions that include safety concerns are likely best completed in an individual setting.<br><br>Consider infection control for immunocompromised or contagious clients. | Provide interventions in group to the right clients at the right time.<br><br>Interventions must be <i>skilled and medically necessary</i> .<br><br>Consider infection control issues for any shared equipment.<br><br>When identifying clients for group interventions, provide an activity analysis of the group intervention considering the clients:<br><ul style="list-style-type: none"> <li>• Individual goals &amp; current functional capacity</li> <li>• Psychosocial needs &amp; benefits of treatment in group</li> <li>• Functional cognition &amp; sensory impairments (e.g., vision, hearing)</li> </ul><br>Carefully consider the number of clients in the group. More complex clients or clients with lower functional capacity may benefit from a smaller group.<br><br>Clients at different stages of rehabilitation may benefit from being together in groups to share the lived experience and recovery through rehabilitation.<br><br>The group intervention should be the same or similar and should be directed at a specific goal in each client's plan of care. (The goals do not need to be the same or even similar for all clients.)<br><br>Each client in the group should be able to meaningfully participate with the assistance of the practitioner throughout the group. | Interventions should be different for each client and directed at a specific goal for each client.<br><br>The interventions must be skilled and <i>medically necessary</i> .<br><br>Best used when clients are working on mastering a skill or occupation. Should be avoided for novel interventions and anytime hands-on assistance is needed for safety.<br><br>Concurrent therapy might only be a portion of an intervention session and is adjunct to individual interventions.<br><br>OTA anticipates concurrent interventions to be the least often implemented mode of occupational therapy.<br><br>Medicare Part B does not recognize concurrent interventions. |

# Productivity

## Productivity

Occupational therapy practitioners benefit from understanding how productivity is utilized or calculated, how to engage in advocacy about productivity standards, and how to manage time effectively.



[Productivity  
Webpage](#)



### — Measuring productivity

- Assists with monitoring efficiencies to balance client, practitioner, and business needs
- Helps to identify the need for more staff, to balance caseloads, and support proposed operational changes
- Compares performance against established standards

# Productivity

## OTA Productivity Worksheet

Utilize this worksheet to understand the productivity expectations for your position or during job interviews.

| How is your productivity calculated?   |                    |                    |             |                    |
|--|--------------------|--------------------|-------------|--------------------|
| Unit based   | Per visit          |                    | Per hour    |                    |
| What is included in your productivity calculation? (Circle all that apply)   |                    |                    |             |                    |
| Units/time billed  | Documentation time | Chart review time  | Misc. tasks | Meetings/trainings |
| Does your work allow you to remove non-billable time from productivity calculations? (Note: non-billable time may still be productive time. However, some companies may not use it in productivity calculations) |                    |                    |             |                    |
| Yes  | Sometimes          |                    | Never       |                    |
| Are some units weighted? (Note: these are usually untimed codes) (circle all that apply)   |                    |                    |             |                    |
| All untimed codes  | Eval codes         | L (orthotic) codes | Wound care  | Timed codes        |
| What is the productivity standard?   |                    |                    |             |                    |
|  |                    |                    |             |                    |
| How is productivity calculated?  |                    |                    |             |                    |
|  |                    |                    |             |                    |

## Managing Productivity as an Occupational Therapy Practitioner

### Productivity Decision Guide

#### Overview

According to the U.S. Bureau of Labor Statistics (BLS), productivity is a measure of economic performance measuring the amount of output with the number of hours worked (BLS, n.d.). While all time spent in the work environment should be productive toward your work and organizational goals, each company may have different productivity metrics or standards. Monitoring efficiencies helps organizations balance the client, practitioner, and business needs of their operations. This data can also help companies identify the need for more staff, manage caseloads, and identify the need for operational changes.

Productivity standards are utilized in many settings to compare performance against established standards (Jacobs & McCormack, 2019). Productivity standards vary between settings and organizations and are calculated using a variety of methods. Occupational therapy practitioners benefit from understanding the different productivity models and how to work toward providing efficient care.

#### Productivity Types

Each setting has a different client population, staffing needs, size, and pace. All of these factors can inform productivity standards.

Productivity is sometimes associated with client caseload or billable time, but workload is also part of the equation. So, while not all time is billable, all time should be productive. A **caseload** typically refers to the number of clients for which a practitioner is providing care. **Billable time** often refers to the time a clinician bills a payer or client, often in minutes or units. A **workload** refers to all of the activities that an occupational therapy practitioner needs to perform in their role, such as documentation, care coordination, organizational training, scheduling, etc.

There are three common types of productivity standards utilized in occupational therapy practice. These are unit-based, time-based, and visit-based.

| Unit-Based  | Time-Based  | Visit-Based  |
|---|---|--|
| The employer expects the practitioner to achieve a certain number of billable units (or hours, etc.) per day, week, or month. | The employer expects the practitioner to provide a certain amount of face-to-face client-care measured in minutes/ hours per day, week, or month. | The employer expects the practitioner to provide a certain number of visits per day, week, or month. |

Some organizations may also have more than one productivity metric, sometimes including administrative time or non-billable client care activities in their calculations.



# Documentation



## PRACTICE ESSENTIALS

# Documentation

Documentation is a valuable part of the occupational therapy process and helps to showcase the distinct value of occupational therapy. Review these best practices for documentation to help you provide quality care, increase reimbursement, decrease denied claims, and articulate the distinct value of occupational therapy.



## Documentation Webpage



# AOTA Practice Recommendations

## Ten Things Patients and Providers Should Question

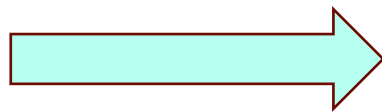
Formerly

What is the Choosing Wisely initiative?



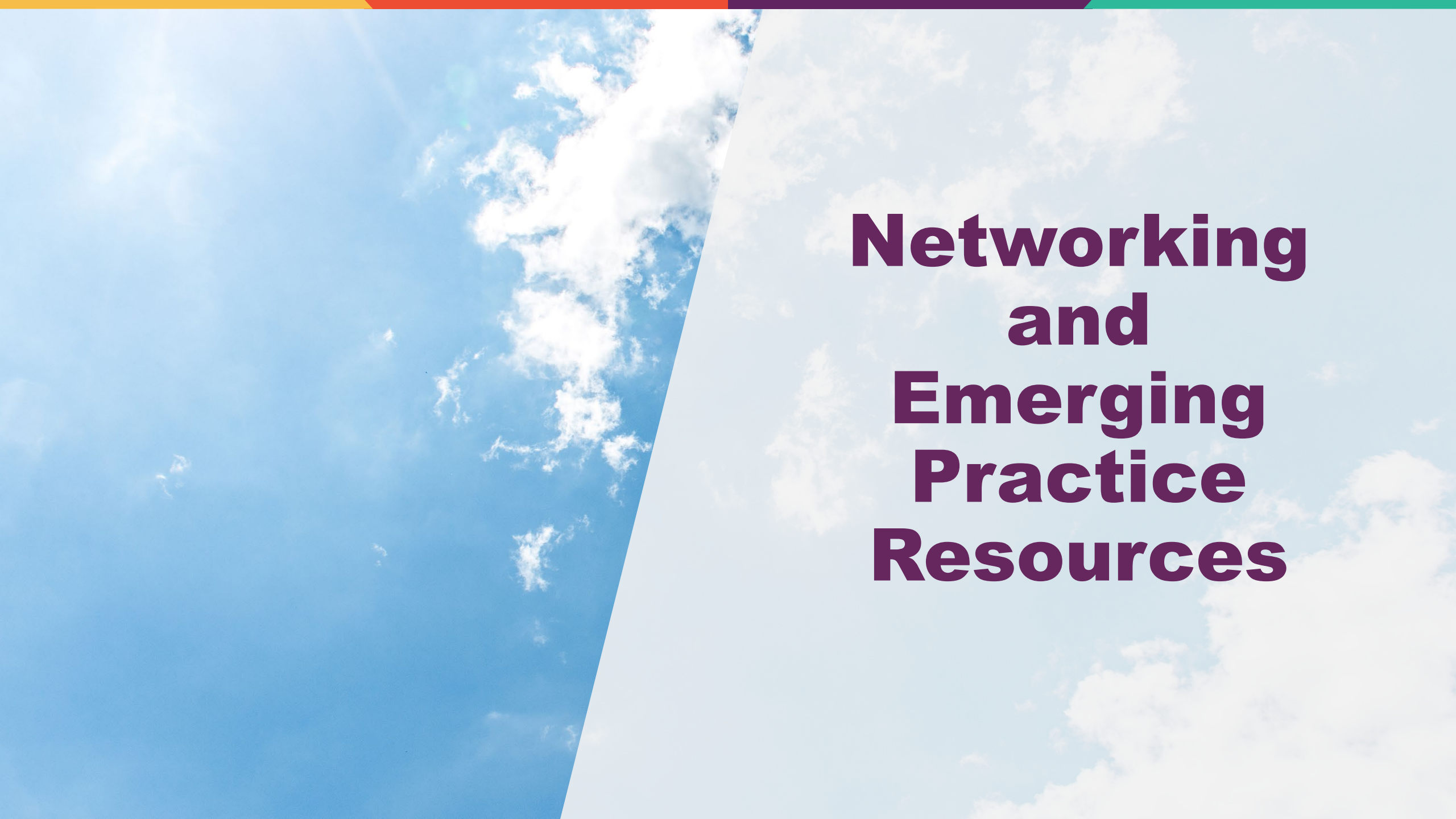
*An initiative of the ABIM Foundation*

Choosing Wisely is an initiative of the American Board of Internal Medicine (ABIM) Foundation. The campaign aims to promote meaningful conversations between practitioners and clients and ensure quality health care that is efficacious and cost-effective.



**Practice Smart**





# **Networking and Emerging Practice Resources**



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## Welcome to AOTA's Community!

Participate and engage in discussions on best practices in client care, effectively managing work and life demands, and advancing your career.

**LEARN MORE!**

LATEST DISCUSSIONS

ANNOUNCEMENTS

<https://communot.aota.org/home>

# Communities of Practice

## Social Learning through AOTA's Communities of Practice | AOTA

- **Communities of Practice**
  - 25 active Communities of Practice
  - Serving nearly 2000 AOTA members

### Our Communities of Practice



#### Autism Community of Practice

Explores the strategies, challenges, and opportunities providing occupational therapy to autistic individuals. This CoP is housed under the Developmental Disabilities Special Interest Section.



#### Cancer Care Community of Practice

The Cancer Care Community of Practice addresses the complex needs of oncology survivors across the continuum of care. This section is housed under the Rehabilitation & Disabilities Special Interest Section.



#### Dementia Community of Practice

Explores evidence-informed practice and the role of OT in supporting occupational performance and quality of life for people living with dementia and their care partners. This CoP is housed under the Productive Aging Special Interest Section.



#### Early Childhood Community of Practice

Addresses the demands of working in this critical phase of the life span to address needs as early as possible to prevent later challenges. This CoP is housed under the Children & Youth Special Interest Section.



#### Emergency Response & Disaster Management Community of Practice

Explore a variety of direct service, advocacy, research, and leadership perspectives in both emergency response and all phases of disaster management. This CoP is housed under the Developmental Disabilities Special Interest Section.



#### Environmental Modifications Community of Practice

Explores best and emerging practice in the area of home and environmental modifications which are routinely incorporated into occupational therapy assessment and intervention plans to understand and address performance issues. This CoP is housed under the Home & Community Health Special Interest Section.

# Momentum Activities



PRACTICE ENGAGEMENT AND CAPACITY BUILDING

## Momentum Meetups

Virtual | February 29, 6:00 pm–7:30 pm ET

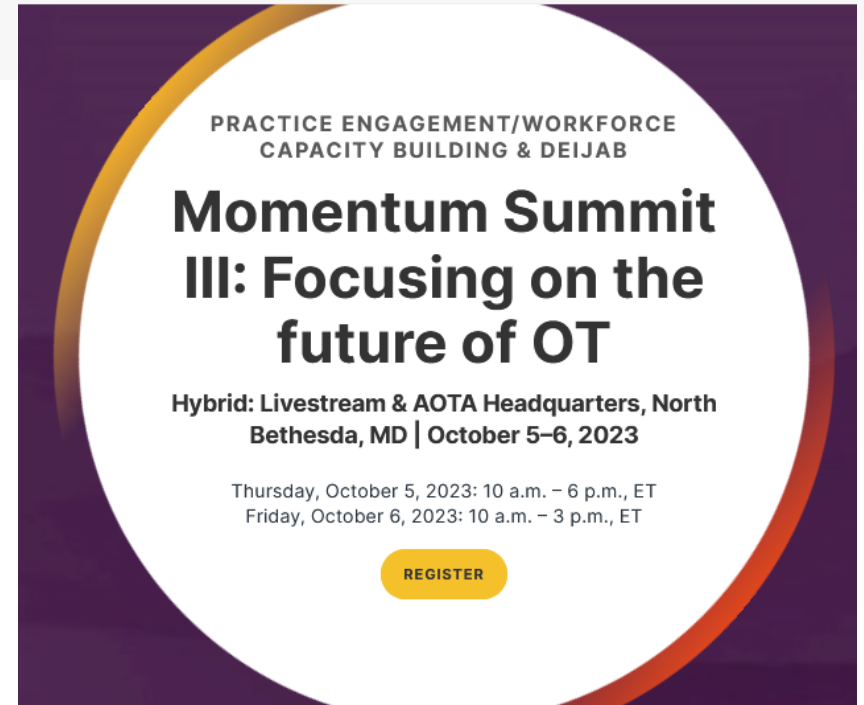
A virtual meeting opportunity focusing on innovative practice and workforce trends that impact our profession.

[REGISTER HERE](#)

AOTA's Practice Engagement & Capacity Building team is hosting an interactive session for this month's Momentum Meetup.

February's Momentum Meetup will focus on diversity, equity, inclusion, justice, access, and belonging (DEIJAB) matters.

The DEIJAB Committee will share information about the Committee's mission and purpose, strategic plans to support the DEIJAB efforts of the Association, and to highlight accomplishments/future initiatives.



PRACTICE ENGAGEMENT/WORKFORCE CAPACITY BUILDING & DEIJAB

## Momentum Summit III: Focusing on the future of OT

Hybrid: Livestream & AOTA Headquarters, North Bethesda, MD | October 5–6, 2023

Thursday, October 5, 2023: 10 a.m. – 6 p.m., ET  
Friday, October 6, 2023: 10 a.m. – 3 p.m., ET

[REGISTER](#)

- **Momentum Activities**

- Third annual Summit held in Fall 2023
- Added monthly Meet-ups to support ongoing work
- Over 600 members have connected thru activities

# Member Spotlights



AOTA  
74,141 followers  
5d • 🌐

#MemberSpotlight: Jenny Z., COTA/L is a Long-Term Services and Supports (LTSS) Utilization Management Reviewer at AmeriHealth Caritas. Jenny strongly believes in advocating for the value of occupational therapy skills within the utilization ...more

Member Spotlight

**Jenny Zhong**

COTA/L

Jenny is a Long-Term Services and Supports (LTSS) Utilization Management Reviewer at AmeriHealth Caritas.

AOTA American Occupational Therapy Association

- Discussions with AOTA members who are leading the way in quality and innovation
- Highlights the skills occupational therapy practitioners have utilized to pursue their passions
- Concrete examples of how quality and innovation have led to new roles or services

## AOTA Member Spotlights - Quality

# What Are Your Future Plans?

Which resource  
could you use  
this semester?



Which resource  
could you use  
next semester?



Which resource  
could you use  
next AY?





# Help Us With Our Future Plans

Request an AOTA Practice Resource



# We appreciate AOTA Members Volunteers!

Practice resources are developed with the expertise of many  
AOTA member volunteers and AOTA Staff.





[pracdept@aota.org](mailto:pracdept@aota.org)



# Questions & Answers



# **Quick Info**

# Practice Team Webpages

[EBP and KT](#)



[Workforce Engagement and Capacity Building](#)



[Quality](#)

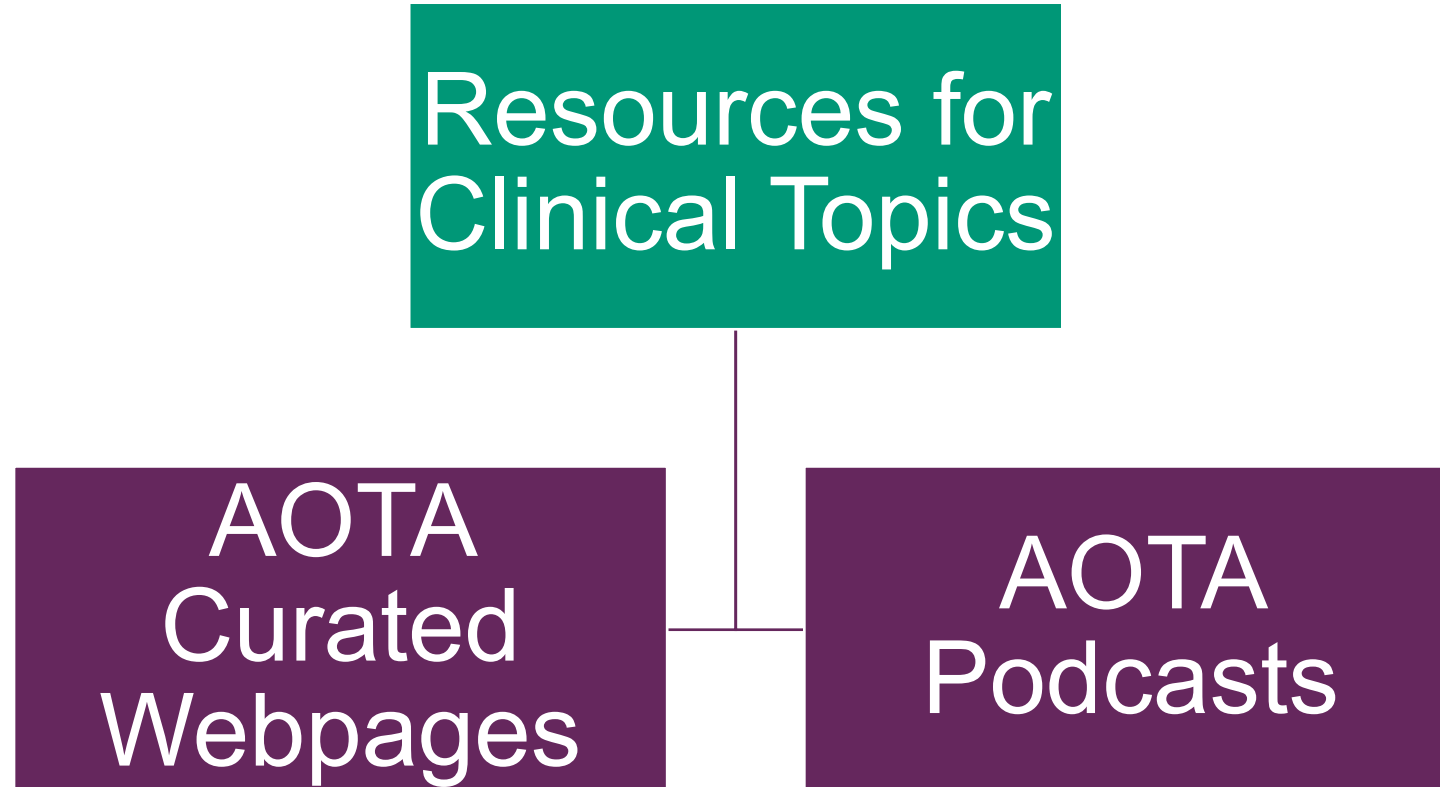


# Resources at a Glance

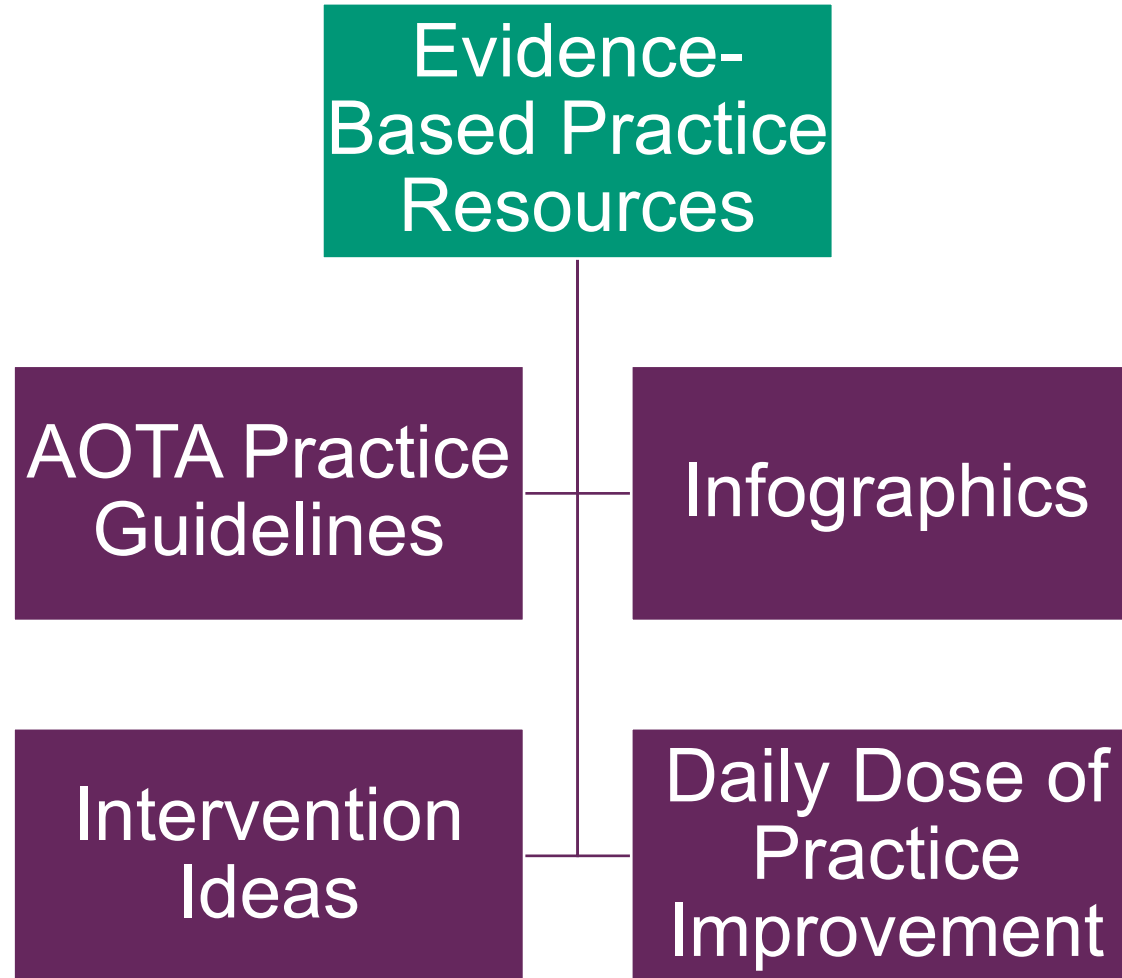
Resources for  
OT/OTA  
Collaboration

OT/OTA  
Intraprofessional  
Collaboration  
Webpage

# Resources at a Glance

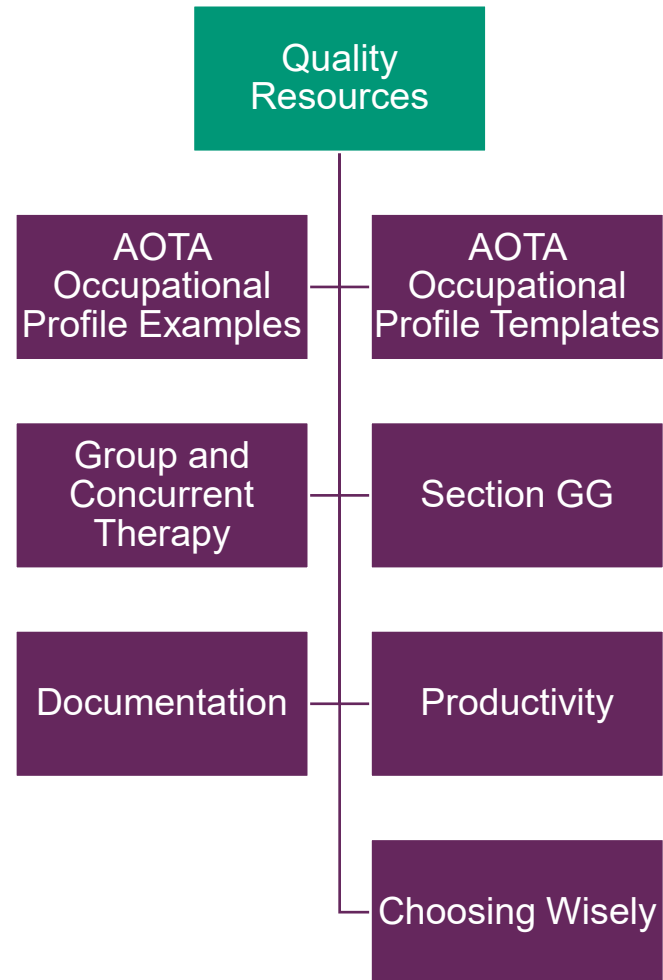


# Resources at a Glance

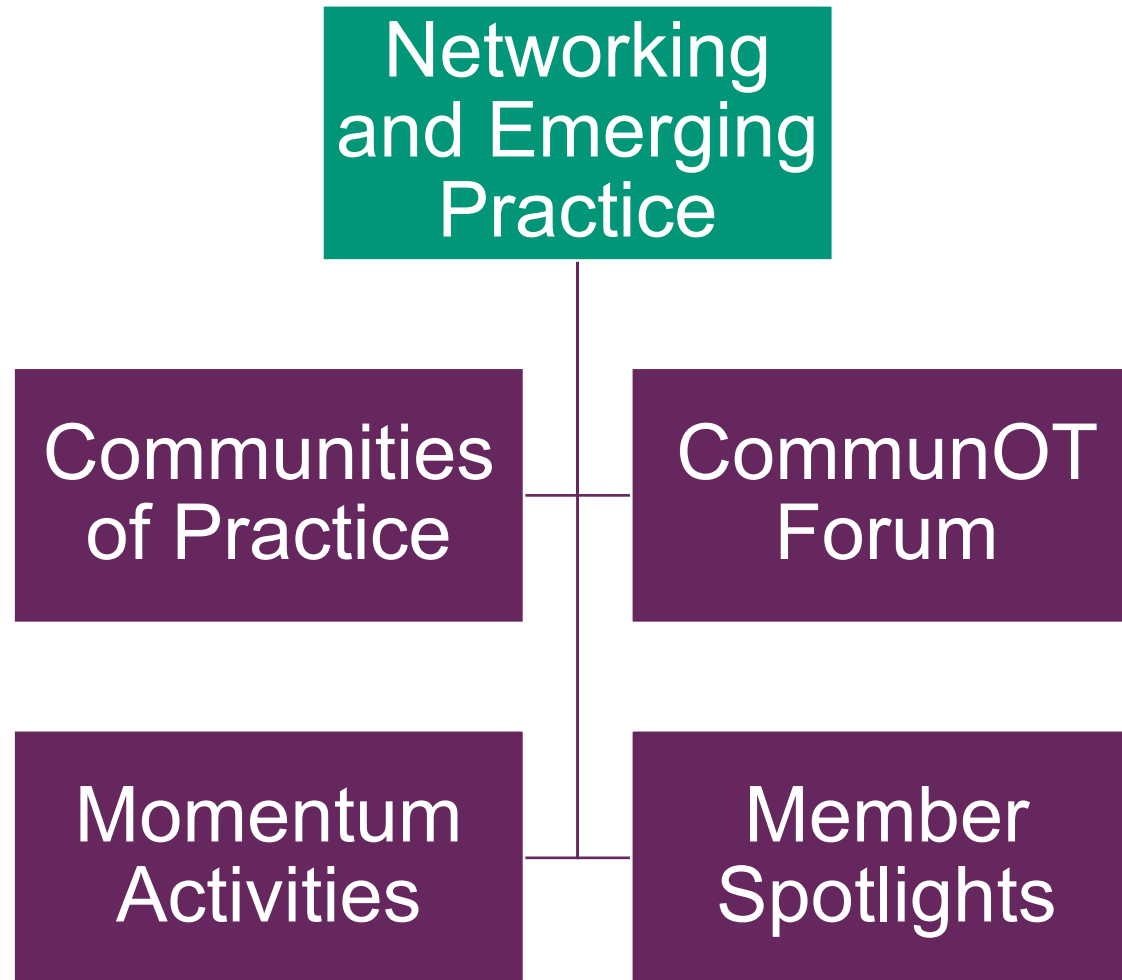




# Resources at a Glance



# Resources at a Glance





**Thank you!**



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