



AOTA Practice Department Update

Julie Malloy
March 20, 2024

Presenters



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Objectives

Following this presentation, individuals will be able to:

Locate updated
practice
resources

Share Practice
Resources with
students

Suggest new
Practice
Resources

Practice Team Members



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AOTA Practice Department

Resource Updates

Practice Guidelines

PRACTICE GUIDELINES | ONLINE FEBRUARY 02 2024

Occupational Therapy Practice Guidelines for Adults Living With Alzheimer's Disease and Related Neurocognitive Disorders

Stacy Smallfield; Lizabeth Metzger; Melissa Green; Laura Henley; Elizabeth K. Rhodus

[+ Author & Article Information](#)

The American Journal of Occupational Therapy, 2024, Vol. 78(1), 7801397010.

<https://doi.org/10.5014/ajot.2024.078101>

 Standard View  PDF  Share  Tools

Abstract



Importance: There are currently 55 million adults living with declining functional cognition—altered perception, thoughts, mood, or behavior—as the result of Alzheimer's disease (AD) and related neurocognitive disorders (NCDs). These changes affect functional performance and meaningful engagement in occupations. Given the growth in demand for services, occupational therapy practitioners benefit from consolidated evidence of effective interventions to support adults living with AD and related NCDs and their care partners.

Objective: These Practice Guidelines outline effective occupational therapy interventions for adults living with AD and related NCDs and interventions to support their care partners.

Method: We synthesized the clinical recommendations from a review of recent systematic reviews.

Results: Twelve systematic reviews published between 2018 and 2021 served as the foundation for the practice recommendations.

Conclusion and Recommendations: Reminiscence, exercise, nonpharmacological behavioral interventions, cognitive therapy, sensory interventions, and care partner education and training were found to be most effective to support adults living with AD and related NCDs.

[AJOT Practice Guidelines Collection](#)

New – Feb 2024

[Occupational Therapy Practice Guidelines for Adults Living With Alzheimer's Disease and Related Neurocognitive Disorders](#)

Coming Soon: Autism, Cancer
Getting Started: Arthritis, Sensory
Upcoming: Productive Aging, SMI,
Low Vision, Children and Youth

New Practice Guidelines Webpage

EVIDENCE-BASED PRACTICE

Practice Guidelines and Evidence-Based Clinical Resources

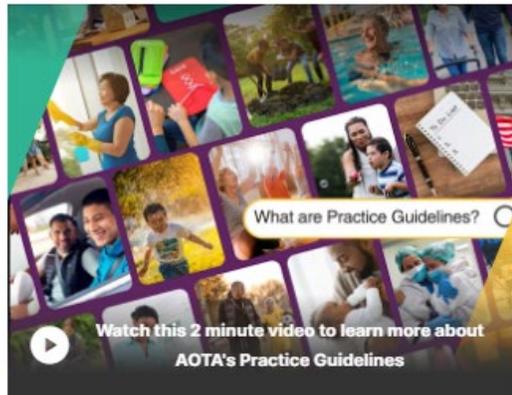
Your home base for clinical guidance across the lifespan. Browse the topics below for evidence-based OT practice guidelines, systematic review briefs (formerly Critically Appraised Topics), intervention ideas, and infographics.

CMS CITES AOTA PRACTICE GUIDELINES AS "RELEVANT AND CREDIBLE"



Organized by topic/practice area

- Infographics
- Intervention ideas
- Systematic review briefs/Critically Appraised Topics
- Evidence Connection articles



— What are Practice Guidelines?

AOTA's Practice Guidelines are topic-specific recommendations that practitioners use to guide client care. Based on the findings of systematic reviews, practice guidelines present clinical recommendations and tools for translating knowledge to guide your practice.

[WHY DO PRACTICE GUIDELINES MATTER?](#)

[HOW TO FIND AND USE THE PRACTICE GUIDELINES](#)

New Practice Guidelines Webpage

Chronic Conditions

OT interventions for clients with heart disease, chronic lung conditions, diabetes, and kidney disease.

[READ THE PRACTICE GUIDELINE IN AJOT](#)

Infographics	>
Intervention Ideas	>
Critically Appraised Topics	>
Evidence Connection article in AJOT	>



[Rest and sleep](#)

[Social participation and leisure](#)

Practice Guidelines and Evidence-Based Clinical Resources

Children & Youth, 5 to 21 Years

[READ THE PRACTICE GUIDELINE IN AJOT](#)

Infographics	>
Intervention Ideas	>
Evidence Connection articles in AJOT	>



[Driving and community mobility](#)

[Health management](#)

[Handwriting](#)

Evaluation Checklists – New Areas!



aota.org



aota.org

Pediatrics

Acute Care

OT Pediatric Evaluation Checklist

Use the checklist below during an evaluation as a reminder of areas to address. The American Occupational Therapy Association (AOTA) encourages practitioners to print the checklist and bring it with you to help guide areas to assess in client evaluations, as well as to educate and train your colleagues regarding the occupational therapy evaluative process. This document does not replace the clinical judgement of an occupational therapist. The checklist supports high quality occupational therapy evaluations that lead to occupation-based, client centered interventions, and quality performance measures.

A comprehensive occupational therapy evaluation is based on a theoretical model and follows the *Occupational Therapy Practice Framework* (AOTA, 2020). A top-down approach identifies occupations that are challenging and important to the client and then assesses related performance skills, client factors, environments and context, and performance patterns. In pediatric practice, it is important to take into account the developmental skills expected for the age of the child.

Occupational Profile

Each element of the occupational profile is considered from the client's perspective. Take notes here or download the Occupational Profile at aota.org/profile to facilitate the interview and goal development.

- Client's Concerns
- Successful Occupations
 - Strengths
 - Barriers
- Occupational History
 - Birth History
 - Developmental History
- Interests & Values
- Contexts: Environment & Personal
- Performance Patterns
 - Habits
 - Routines
 - Roles
 - Rituals
- Client Factors
 - Values/Beliefs
 - Body Function
 - Body Structure
- Client Goals/Priorities

Analysis of Occupational Performance

Utilize the [Quality Toolkit](#) for links to standardized assessments and screening tools used in each of the areas below.

	Addressed	Priority?		Addressed	Priority?
Occupations					
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	Sleep	<input type="checkbox"/>	<input type="checkbox"/>
Grooming (Hair/Teeth)	<input type="checkbox"/>	<input type="checkbox"/>	Health Management	<input type="checkbox"/>	<input type="checkbox"/>
Feeding/Eating	<input type="checkbox"/>	<input type="checkbox"/>	IADLs/Chores	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	Play	<input type="checkbox"/>	<input type="checkbox"/>
Leisure	<input type="checkbox"/>	<input type="checkbox"/>			

OT Acute Care Evaluation Checklist & Quality Measures

Use the checklist below during the evaluation as a reminder of areas to address. AOTA encourages practitioners to print off the checklist and bring it with you to help guide client evaluations, as well as to educate and train your colleagues regarding the occupational therapy evaluation process. This document does not replace the clinical judgement of an occupational therapist. The checklist supports high quality OT evaluations that lead to occupation-based, client-centered interventions, and the use of quality performance measures.

A comprehensive occupational therapy evaluation is based on a theoretical model and aligns with the *Occupational Therapy Practice Framework*. A top-down approach identifies occupations that are challenging and important to the client and then assesses related performance skills, client factors, environments and context, and performance patterns.

For more information value-based care at www.aota.org/value.

Occupational Profile

Each element of the occupational profile is considered from the client's perspective. Take notes here or download the Occupational Profile at www.aota.org/profile to facilitate the subjective interview and goal development.

- Client's Concerns
- Successful Occupations
- Occupational History
- Interests & Values
- Contexts: Environment & Personal
- Performance Patterns
 - Habits
 - Routines
 - Roles
 - Rituals
- Client Factors
 - Values/Beliefs
 - Body Function
 - Body Structure
- Client Goals/Priorities

Analysis of Occupational Performance

Click on the [Quality Toolkit](#) for links to standardized assessments and screening tools used in each of the areas below.

	Addressed	Is this area a Priority?		Addressed	Is this area a Priority?
Occupations					
ADLs	<input type="checkbox"/>	<input type="checkbox"/>	IADLs	<input type="checkbox"/>	<input type="checkbox"/>
Contexts & Environments					
Include Safety Screen	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Performance Patterns					
Habits, Routines, Roles, Rituals	<input type="checkbox"/>	<input type="checkbox"/>			
Performance Skills					
Psychosocial/Behavior Skills	<input type="checkbox"/>	<input type="checkbox"/>	Fall Prevention/Fear of Falling	<input type="checkbox"/>	<input type="checkbox"/>
Client Factors—In addition to areas identified while addressing ADLs and IADLs (e.g., motor, sensation, pain)					
Vision	<input type="checkbox"/>	<input type="checkbox"/>	Functional Cognition	<input type="checkbox"/>	<input type="checkbox"/>



Quality Toolkit

Toolkit

AOTA evaluation checklists



Occupational Profile



Activities of daily living (ADLs)



Cognition



Context and environments



Developmental



Quality Toolkit

Developmental



- [Battelle Developmental Inventory, Third Edition \(BDI-3\) ++](#)
 - [Battelle Developmental Inventory, Third Edition \(BDI-3\) Psychometrics](#)
 - [Battelle Developmental Inventory, Third Edition \(BDI-3\) Tool](#)
- [Bruininks-Oseretsky Test of Motor Proficiency, Second Edition \(BOT-2\) ++](#)
- [Miller Function and Participation Scales \(M-FUN\) ++](#)
- [PDMS-3: Peabody Developmental Motor Scales, Third Edition ++](#)
 - [PDMS-3: Peabody Developmental Motor Scales, Third Edition Psychometrics](#)
 - [PDMS-3: Peabody Developmental Motor Scales, Third Edition Tool](#)
- [Pediatric Evaluation of Disability Inventory \(PEDI\) ++](#)
- [School Function Assessment \(SFA\) ++](#)

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 Page



— 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.



AOTA Practice Department

New Initiatives

Increasing Practitioner Engagement

- Practice Resource Request form
 - Resource types (e.g., intervention ideas, podcasts, decision trees)
 - Dissemination preferences (e.g., Instagram, LinkedIn)
 - Ideas for specific types of resources (open)



Transition from Choosing Wisely



Practice Smart

- Planning release in March 2024
- Aiming to start selection of first new recommendation topic in July/August 2024

Practice Smart

Ten Things Patients and Providers Should Question

Formerly Choosing Wisely

AOTA's 10 Best Practice Recommendations for Occupational Therapy

1. Don't provide intervention activities that are non-purposeful (e.g., cones, pgs, shoulder arc, arm bike). 

2. Don't provide sensory-based interventions to individual children or youth without documented assessment results of difficulties processing or integrating sensory information. 

3. Don't use physical agent modalities (PAMs) without providing purposeful and occupation-based intervention activities. 

4. Don't use pulleys for individuals with a hemiplegic shoulder. 

5. Don't provide cognitive-based interventions (e.g., paper-and-pencil tasks, table-top tasks, cognitive training software) without direct application to occupational performance. 

Practice Smart

Clinical application resources

Quick references to help you start implementing the recommendations in your practice.

Recommendation 1: Occupation-Based Interventions

Recommendation 2: Sensory Integration and Processing Decision Tree

Recommendation 4: Safe Interventions for Clients With a Hemiplegic Shoulder

Recommendation 6: Occupational Profile

Recommendation 10: Functional Mobility

Recommendation 2: Sensory Integration and Processing Assessment

Recommendation 3: Physical Agent Modalities

Recommendation 5: Functional Cognition

Recommendation 7: Restrictive and Repetitive Behaviors

#10. Don't provide ambulation or gait training interventions that do not directly link to functional mobility.

Occupational therapy practice requires consideration of contextual factors that affect a person's ability to participate in meaningful occupations. Gait training and ambulation interventions do not necessarily consider the context of performing everyday activities. While occupational therapists can assess underlying performance skills for ambulation and gait and utilize related interventions, they must address functional mobility by considering the context in order to implement effective, evidence-based interventions that are personally meaningful to the individual.

How does the Occupational Therapy Performance Framework (OTPF-4) define functional mobility?

"Moving from one position or place to another (during performance of everyday activities), such as in-bed mobility, wheelchair mobility, and transfers (e.g., wheelchair, bed, car, shower, tub, toilet, chair, floor); includes functional ambulation and transportation of objects" (AOTA, 2020).

Common Barriers and Solutions to Implementing the Recommendation

When setting goals with my clients, they frequently state that their goal is "to walk again."	<ul style="list-style-type: none"> This is a great place to start! Ask questions to understand why the client has this as a goal. Depending on the client's current setting, ask where they would like to go in their room, home, or community. What would they like to do? Provide context to the client about how functional mobility supports participation in other occupational goals. For example, the ability to transfer using a tub transfer bench, or being able to safely access their bathroom. Frame their goal in terms of functional mobility, related to the activities they want or need to do. Demonstrate the full range of functional mobility activities (e.g., moving around in bed and completing transfers).
I am frequently asked to "walk" with a client or asked to create a walking program.	<ul style="list-style-type: none"> Discuss your experiences with therapy colleagues and management and develop a plan for how to respond to these requests. Provide education about the scope of OT practice and the distinction between gait or ambulation and functional mobility. Prepare materials to support your position, such as the Choosing Wisely recommendation and the OTPF-4.
Staff members are unsure of how to support the client with functional mobility.	<ul style="list-style-type: none"> Team up with colleagues to provide in-services that coordinate with staffing schedules. Provide demonstrations of safe techniques. Assist in your facility's patient safety program. Provide 1:1 training in a variety of scenarios such as in bed and during transfers.

Choosing Wisely Recommendation Resources

- 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>
- Elliot, S., & Leland, N. (2018). Occupational therapy fall prevention interventions for community-dwelling older adults. *American Journal of Occupational Therapy*, 72, 7204190040. <https://doi.org/10.5014/ajot.2018.030496>

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American Occupational Therapy Association



An initiative of the ABEM Foundation

Ask for OT



AOTA American Occupational Therapy Association

Occupational Therapy Services for Sleep and Bedtime Routines

Children receive occupational therapy services to help them develop healthy sleep habits. Occupational therapy services can help families understand how to help their child with nap and bedtime routines.

What You Can Do

Ask yourself if your child needs help with falling or staying asleep

Ask your child's pediatrician for occupational therapy services

Occupational therapy practitioners work with children to help them:

- Understand how much rest and sleep they need
- Develop relaxation strategies
- Recognize when they are tired and need to rest or sleep
- Create a safe environment for sleeping
- Change their environment so they feel comfortable going to sleep
- Establish a predictable nap and bedtime routine
- Fall asleep on their own
- Stay asleep for longer periods of time

Reference: Gronski, M., & Doherty, M. (2020). 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. *American Journal of Occupational Therapy*, 74, 7402180010. <https://doi.org/10.5014/ajot.2020.039545>

- A collection of 10 handout style resources
- Supported by AOTA leadership
- Created to address frequent member and non-member requests for resources to help educate potential consumers about OT services
- Developed from AOTA EBP resources/references
- 5 related to pediatric themes
- 5 related to adult population themes
- Located on AOTA's *What is OT* webpage <https://www.aota.org/about/what-is-ot>
- More topics coming soon

Ask for OT



Occupational Therapy Services for Cancer



People who are currently receiving treatment for cancer, or those living with or beyond cancer, receive occupational therapy services to help them manage fatigue, pain, mental health, and cognitive symptoms that keep them from doing the things they want or need to do each day.

Occupational therapy practitioners work with clients to:

- Set goals for things that are important to them
- Manage pain and lymphedema (swelling)
- Reduce or manage fatigue (feeling tired)
- Manage symptoms and effects of anxiety and depression
- Adapt routines and activities at home and at work
- Improve memory, attention, and the ability to manage daily tasks
- Design routines that help save physical and mental energy
- Improve sleep without medication
- Address concerns about sexual intimacy
- Increase physical activity

What You Can Do

Ask yourself if cancer or treatment-related symptoms are affecting your daily life

Ask your care provider for occupational therapy services

Resource: [Braveman, B., & Hunter, E. \(2017\). Occupational therapy practice guidelines for cancer rehabilitation with adults. AOTA Press.](#)

Consumer-Focused Handouts

Ask for OT

Do you or someone you know have difficulties completing everyday activities? Use these resources to learn how occupational therapy services could help.

Adults	>
Children	>
Mental health and wellness	>



- [Alzheimer's Disease & Other Dementias](#)
- [Cancer](#)
- [Pain](#)
- [Stroke](#)
- [Swallowing Difficulties \(Dysphagia\)](#)

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Ask for OT

Do you or someone you know have difficulties completing everyday activities? Use these resources to learn how occupational therapy services could help.

What other potential topic recommendations do you have?

- **Completed topics:**
 - Alzheimer's
 - Cancer
 - Pain
 - Stroke
 - Dysphagia
 - School Based OT
 - Babies and Toddlers
 - Sleep and Bedtime Routines
 - Feeding and Eating
 - Toileting
 - Play
 - Children's Mental Health
 - Anxiety
 - Depression
 - Disordered Eating



AOTA Practice Department

Opportunities for Students and Practitioners

Microvolunteering

Micro-volunteer opportunities

There are a number of ways to volunteer for your professional organization. AOTA considers the positions that are non-elected, non-appointed to be micro-volunteering opportunities. These important roles are focused around time, talent, and tasks.



Microvolunteering Opportunities

What defines a micro-volunteer opportunity?



Time

Micro-volunteer opportunities are time-bound and last anywhere from 1 hour to 1 year.



Talent

Micro-volunteer opportunities draw on specific skills. Perhaps you prefer to write, or maybe you'd like to go out and greet someone? There is an opportunity for your talent to shine!



Tasks

Micro-volunteer opportunities are tasks that run the gamut from pop-up ventures to regular occasions.

How do I volunteer?

AOTA offers many opportunities for you to become active in our professional community. Your investments of time, expertise, and energy add value to the collective mission to strengthen the profession!

It's easy to find and volunteer for roles. Follow these simple steps:

1. Access CommunOT
2. Click "Volunteer"
3. Follow the instructions on the "Volunteer Center" page and check out the Open Opportunities.
4. Find a role that calls to you! Submit your application!

📺 WATCH A TUTORIAL VIDEO ABOUT HOW TO FIND AND NAVIGATE THE VOLUNTEER CENTER

➔ READ INSTRUCTIONS ABOUT HOW TO FIND AND NAVIGATE THE VOLUNTEER CENTER



Research Updates

RESEARCH UPDATE

Research Update-Noise-canceling headphones for autistic children

Roberta Rosen, Volume 28 • Issue 4 • April 2023, pp. 36-37 04/01/2023



Decreased Sound Tolerance

Decreased sound tolerance (DST), also known as auditory hypersensitivity

- Short summary of 3 current peer-reviewed articles on a topic
- In OT Practice



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](#)

Autism

Cancer

Dementia

Early Childhood

Emergency Response &
Disaster Management

Environmental Modifications

Functional Cognition

Homelessness

Hospital-based Pediatrics

Integrative Health

Justice, Equity, Diversity, &
Inclusion (JEDI)

Leadership

Lifestyle Management

Leadership

Literacy

Mealtime Occupations

Occupation-Based Pelvic
Health

Palliative Care

Pediatric Trauma

Psychosis

Rural

School-Based

School Mental Health

State Leaders in School
Practice

Transitions

Women's Health

Monthly Momentum Meetups Continue

- **Momentum Meetups**
 - Monthly meetings online
 - New topic each month about practical ways to move the profession forward
 - Free for members and nonmembers



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.

Following the Committee's presentation, Dawn Heiderscheidt, MOT, OTR/L, ECHM, CAPS, founder/owner, Aurora Independence and Janine E. Rajauski, MS, OTR/L, owner, Rhoads to Independence, will present on disability inclusion.

Open to all – but you must register to receive the meeting link.

Please feel free to share broadly with interested colleagues.



AOTA Practice Department

At Conference This Week!

INSPIRE – AOTA Experience

- Practice Team members available for questions/information at The AOTA Experience at INSPIRE 2024
 - Look for us in the EXPO Hall!

INSPIRE EBP/KT Presentations

- **SC 180:** AOTA Practice Guidelines 101: What Are They, Where Can You Find Them, & How Can You Use Them to Improve Your Practice?
- **SC185:** AOTA Practice Guidelines for Adults with Alzheimer's Disease and Related Neurocognitive Disorders: Translating Evidence into Practice
- **SC 207:** AOTA Practice Guidelines for Adults with Stroke: Translating Evidence into Practice

INSPIRE Quality Presentations

- **Poster 1-708:** Assessing Physical, Mental, & Social Health with Patient-Reported Outcomes Measurement Information System Across the Life Span
- **Conversations That Matter 116:** Routine Collection & Use of Patient-Reported Outcome Measures in OT Practice: Advantages & Challenges Beyond Research
- **SC 126:** Merit-Based Incentive Payment System for OT Practice: An Introduction

EBP and KT



Engagement
and Capacity



Quality





AOTA Practice Department

Planning for 2025

What other resources are you looking for?

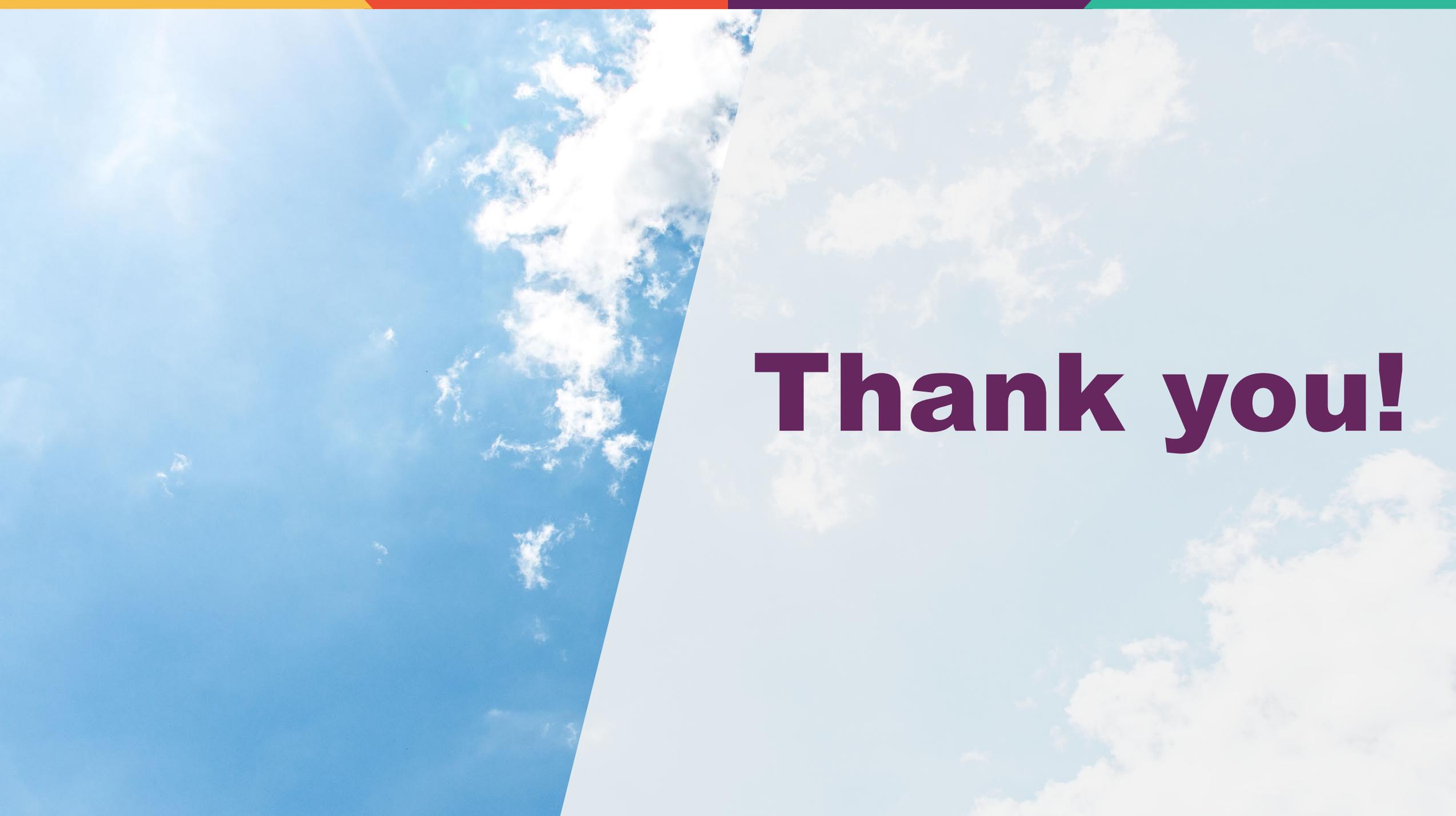




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Questions & Answers



Thank you!