

Practice Resource



Professional Development: Is it Occupational Therapy?

The College receives practice consults asking if an activity, task or intervention would be considered something an occupational therapist can perform. Our [Practice Resource: Is it Occupational Therapy?](#) has been designed to assist individuals in making decisions regarding emerging practices, by guiding them through a series of reflective questions.

To spark further interpretation and application of the guided reflection process, the College encourages discussion and debate of the following scenarios using the practice resource tool as guidance:

1. Can occupational therapists provide COVID-19 swab testing?
2. Can occupational therapists put on casts?
3. Can occupational therapists provide cognitive behavioural therapy?

COTBC's Practice Team Answer Rationales:

1. COVID-19 testing is considered a restricted activity, as it involves “putting an instrument or a device, hand or finger ... beyond the pharynx” (refer to (2)(g)(iii) per the B.C. Ministry of Health’s [restricted activity listing](#)).

Activities of this nature would not normally be considered part of typical occupational therapy practice. However, given the evolving situation of the COVID-19 pandemic, additional health care professionals (e.g., OTs) may need to be redeployed to assist with swab testing. [COTBC's Advisory Statement](#) provides further direction regarding education, training and assessment requirements for occupational therapists to safely and competently perform the activity in response to the Provincial Health Officer issuing this temporary [Order](#) in relation to swab testing. Once the [Order](#) expires or is rescinded, occupational therapists are no longer be able to perform the restricted activity.

2. It depends. Per (2)(c) of the B.C. Ministry of Health’s [restricted activity listing](#), setting or casting a fracture of a bone is considered a restricted activity and is currently out of

scope for occupational therapists. Occupational therapists may be asked, however, to provide casting for other purposes, such as serial casting to address muscle spasticity as part of their client's intervention plan. Occupational therapists would need to ensure they have the appropriate training, knowledge, skills and judgement to proceed safely in accordance with the legislation and standards of practice. Factors such as availability of other qualified staff (e.g., orthopaedic technologists) should also be considered.

3. In British Columbia, cognitive behavioural therapy (CBT) is not a restricted activity and occupational therapists have incorporated elements of CBT into their practice processes for decades. As always, occupational therapists are responsible for providing safe and effective practice and would need to ensure they have the appropriate training, knowledge, skills and judgement to proceed safely in accordance with the legislation and standards of practice. Occupational therapists should consider whether CBT is supported within the context of their evidence-based practice and be able to describe, if requested, how the intervention fits within their broader occupational therapy practice process. Occupational therapists provide services that are in the best interest of the client and refer to and/or collaborate with other interprofessional colleagues when appropriate (e.g., psychologists, physicians, etc.).

Occupational therapists with additional degrees applicable to CBT practice (e.g., clinical counselling) would also need to consider their [Practice Standards for Professional Boundaries](#) (e.g., Practice Standard #3(8), occupational therapists "should avoid entering into dual relationships", p.27). Occupational therapists are encouraged to consider the unique risks that can arise in these situations and contact the College's practice team with any questions about dual relationships and their practice.

The College's practice team can be reached at practice@cotbc.org or toll free in BC at 1-866-386-6822.