

OCCUPATIONAL THERAPY CASE STUDY

Professional Resource

Focus: 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 perform suctioning on a client with a tracheostomy?

There are some specialized settings where clients require suctioning to manage secretions. Inserting a suction catheter into the tracheostomy would be considered a high-risk activity. Occupational therapists who work in this type of setting may require specific training to ensure client safety when their airway becomes blocked by secretions.

In these types of practice circumstances, the occupational therapist would need to take into account government/legislative considerations outlined in the B.C. Ministry of Health [Shared Scope of Practice and Restricted Activities Model](#). The current regulatory model has been designed to enable inter-professional practice and team-based care, and to balance public safety and consumer choice. Other considerations for carrying out a high-risk activity such as suctioning would involve a review of the employer's policies, practice processes and supports available to the occupational therapist. Occupational therapists carrying out this activity would need to ensure that they have undergone any necessary training to acquire the skills and knowledge required to provide safe and competent care to the client, as per the [Competencies for Occupational Therapists in Canada](#).

2. **Can occupational therapists put on casts or splints following a fracture?**

In some practice settings occupational therapists may be involved in the selection and application of splints or braces to stabilize a fracture or joint. With respect to application of casts in orthopaedic settings, a medical practitioner is usually involved in the prescription and application of a cast; however, they may rely on the experience of an occupational therapist for application of items such as Sarmiento splints for humeral fractures, neck/trunk braces following spinal fractures or splints following wrist/hand fractures. Occupational therapists may also be asked to provide casting for 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 as outlined in the [Competencies for Occupational Therapists in Canada](#) to proceed safely in accordance with the legislation and standards of practice. Factors such as availability of other qualified staff (e.g., orthopaedic surgeons or orthopaedic technologists) should also be considered.

3. **Can occupational therapists provide cognitive behavioural therapy?**

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 per the COTBC [Code of Ethics](#), occupational therapists are responsible for providing safe, competent and ethical care and would need to ensure they have the appropriate training, knowledge, skills and judgement to proceed safely in accordance with the COTBC Practice Standards. Occupational therapists would need to assess 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 interprofessional colleagues when appropriate (e.g. psychologists, physicians, psychiatrists 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.