OTAC 2026 Annual Conference,
November 6, 2026, Session 43

ETHICAL EVERYDAY OCCUPATIONAL THERAPY PRACTICE: AI AND BEYOND!

SJSU SAN JOSÉ STATE UNIVERSITY

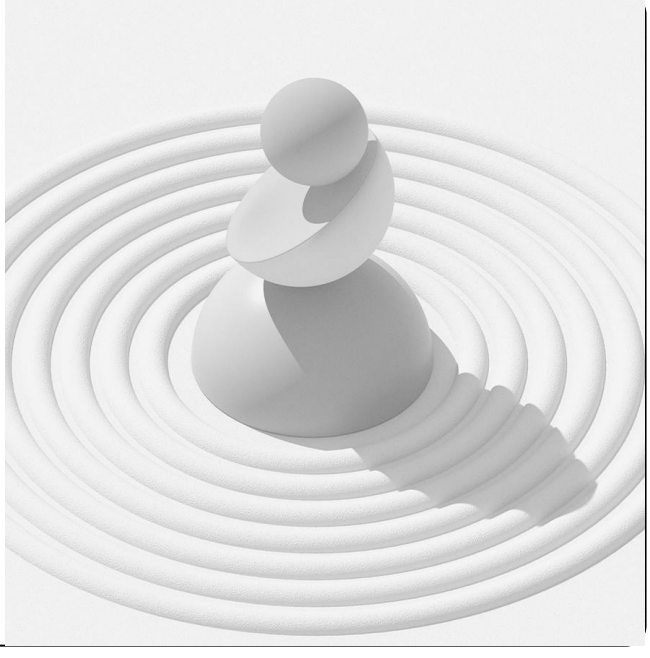
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WELCOME

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OBJECTIVES

1. **Identify the core values and principles of the 2025 AOTA Code of Ethics and the use of Shared Decision Making**
2. **Describe the 10 AOTA Practice Smart Campaign and how those influence the use of artificial intelligence tools in practice**
3. **Apply the AOTA Practice Smart Campaign and the AOTA Code of Ethics to specific case presentations**

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Synopsis:

The AOTA Code of Ethics is a principled guide for occupational therapy practice. This document, combined with the "Practice Smart" and the Shared Decision Making approach supports ethical practice across settings, including use of AI.





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OCCUPATIONAL THERAPY IS FOCUSED ON FUNCTIONAL OUTCOMES TO FOSTERED OCCUPATIONAL PERFORMANCE

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AOTA 2025 CODE OF ETHICS

The 2025 Code of Ethics reflects the dynamic and inclusive nature of the occupational therapy profession, the evolving health care landscape, and the impact of emerging technologies that may present ethical considerations in practice, research, education, and policy. AOTA members are dedicated to fostering inclusion, equity, participation, safety, and well-being for all individuals, across diverse identities, abilities, and life circumstances. AOTA members are committed to empowering every person, group, family, organization, community, or population they serve to help them achieve their occupational goals and meet their unique needs.

American Occupational Therapy Association. (2025). AOTA 2025 occupational therapy code of ethics. American Journal of Occupational Therapy, 79(Suppl. 3), 7913060400. https://doi.org/10.5014/ajot.2025.79S302

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The Code serves two purposes:

1. It provides aspirational Core Values to guide occupational therapy personnel toward ethical courses of action in both professional and volunteer roles.
2. It delineates ethical Principles and enforceable Standards of Conduct that apply to AOTA members.

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EIGHT CORE VALUES OF OCCUPATIONAL THERAPY

AOTA 2025 CODE OF ETHICS

- ***Altruism*** indicates a demonstration of unselfish concern for the welfare of others. Occupational therapy practitioners (OTPs) reflect this concept in actions and attitudes of commitment caring, dedication, responsiveness, and understanding.
- ***Equity*** emphasizes fair and just treatment for all individuals, regardless of their identity, background, or circumstances. It involves recognizing and addressing systemic disparities by identifying and eliminating barriers to participation and well-being. OTPs are committed to ensuring equitable access to resources through tailored support that meets the unique needs of individuals, groups, and populations. This value also entails promoting inclusivity by fostering respectful, welcoming, and accessible environments; empowering meaningful engagement in daily life; and actively challenging bias and discrimination in both systems and personal interactions. This approach to equity reinforces occupational therapy's ethical commitment to justice, dignity, and empowerment.

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EIGHT CORE VALUES OF OCCUPATIONAL THERAPY

AOTA 2025 CODE OF ETHICS

- ***Freedom*** values each person's right to exercise autonomy and demonstrate independence, initiative, and self-direction. A person's occupations play a major role in their development of self-direction, initiative, interdependence, and ability to adapt and relate to the world. OTPs affirm the autonomy of everyone to pursue goals that have personal and social meaning. OTPs value the service recipient's right and desire to guide interventions.
- ***Justice*** indicates that OTPs provide services for all persons in need of these services and maintain a goal-directed and objective relationship with recipients of service. Justice places value on upholding moral and legal principles by having knowledge of and respect for the legal rights of recipients of service. OTPs must understand and abide by local, state, and federal laws governing professional practice. Justice is the pursuit of diverse communities that are inclusive, organized, and structured so that all members can function, flourish, and live a satisfactory life regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. OTPs have a vested interest in social justice and exhibit attitudes and actions consistent with occupational justice: full inclusion in everyday meaningful occupations for persons, groups, or populations.

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EIGHT CORE VALUES OF OCCUPATIONAL THERAPY

AOTA 2025 CODE OF ETHICS

- ***Dignity*** indicates the importance of valuing, promoting, and preserving the inherent worth and uniqueness of each person. This value includes respecting the person's social and cultural heritage and life experiences. Exhibiting attitudes and actions of dignity requires occupational therapy personnel to act in ways consistent with cultural sensitivity, humility, and agility.
- ***Truth*** indicates that occupational therapy personnel in all situations should be faithful to facts and reality. Truthfulness, or veracity, is demonstrated by being accountable, honest, forthright, accurate, and authentic in attitudes and actions. Occupational therapy personnel have an obligation to be truthful with themselves, recipients of service, colleagues, and society. Truth includes maintaining and upgrading professional competence and being truthful in oral, written, and electronic communications.

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EIGHT CORE VALUES OF OCCUPATIONAL THERAPY

AOTA 2025 CODE OF ETHICS

- ***Prudence*** indicates the ability to govern and discipline oneself through the use of reason. To be prudent is to value judiciousness, discretion, vigilance, moderation, care, and circumspection in the management of one's own affairs and to temper extremes, make judgments, and respond on the basis of intelligent reflection and rational thought. Prudence must be exercised in clinical and ethical reasoning, interactions with colleagues, and volunteer roles.
- ***Advocacy*** involves actively promoting the occupational rights of individuals, groups, and populations by ensuring access to essential resources, services, and opportunities for meaningful participation. It includes addressing inequities by working collaboratively with those who are historically underserved to remove barriers to engagement. Advocacy empowers service recipients to voice their needs and preferences across therapeutic, social, and policy contexts while also advancing occupational justice through fair and equitable access to opportunities in daily life. This Core Value emphasizes collaboration with communities, organizations, and policymakers to drive systemic change and uphold ethical standards, reflecting the profession's broader commitment to inclusion, equity, and justice.

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There are Six Principles to guide ethical decision-making and inspire OTPs to act in accordance with the highest ideals.

These Principles are not hierarchically organized. At times, conflicts between competing principles must be considered to make ethical decisions. These Principles may need to be carefully balanced and weighed according to professional values, individual and cultural beliefs, and organizational policies.

AOTA 2025 Code of Ethics

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PRINCIPLE 1. BENEFICENCE

OTPs shall demonstrate a concern for the well-being and safety of persons; includes all forms of action intended to benefit other persons. The term beneficence has historically indicated acts of mercy, kindness, and charity (Beauchamp & Childress, 2019). Beneficence requires taking action to benefit others—in other words, to promote good, to prevent harm, and to remove harm (Doherty & Purtilo, 2016).

AOTA 2025 Code of Ethics

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Principle 2. Nonmaleficence

OTPs shall refrain from actions that cause harm. The Principle of Nonmaleficence indicates that OTPs must refrain from causing harm, injury, or wrongdoing to recipients of service. Whereas Beneficence requires taking action to incur benefit, Nonmaleficence requires avoiding actions that cause harm (Beauchamp & Childress, 2019).
The Principle of Nonmaleficence also includes an obligation not to impose risks of harm even if the potential risk is without malicious or harmful intent.

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Principle 3: Autonomy



Occupational therapy personnel shall respect the right of the person to self-determination, privacy, confidentiality, and consent.

The Principle of Autonomy expresses the concept that OTPs have a duty to treat the service recipient according to their desires, within the bounds of accepted standards of care, and to protect confidential information. Often, respect for Autonomy is referred to as the self-determination principle.

AOTA 2025 Code of Ethics

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Principle 4: Justice



OTPs shall promote equity, inclusion, and objectivity in the provision of occupational therapy services. The Principle of Justice relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2019). Occupational therapy personnel demonstrate attitudes and actions of respect, inclusion, and impartiality toward persons, groups, and populations with whom they interact, regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. Occupational therapy personnel also respect the applicable laws and standards related to their area of practice. Justice requires the impartial consideration and consistent observance of policies to generate unbiased decisions.

AOTA 2025 Code of Ethics

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Principle 5: Veracity

Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

Veracity refers to the comprehensive, accurate, and objective transmission of information and includes fostering an understanding of such information. Veracity is based on the virtues of truthfulness, candor, honesty, and respect owed to others (Beauchamp & Childress, 2019). In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive.



AOTA 2025 Code of Ethics

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Principle 6: Fidelity

Occupational therapy personnel shall treat clients (persons, groups, or populations), colleagues, and other professionals with respect, fairness, discretion, and integrity.

Fidelity refers to the duty one has to keep a commitment once it has been made (Veatch et al., 2015). This commitment refers to promises made between a provider and a service recipient as well as maintenance of respectful collegial and organizational relationships (Doherty & Purtilo, 2016). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work.

AOTA 2025 Code of Ethics

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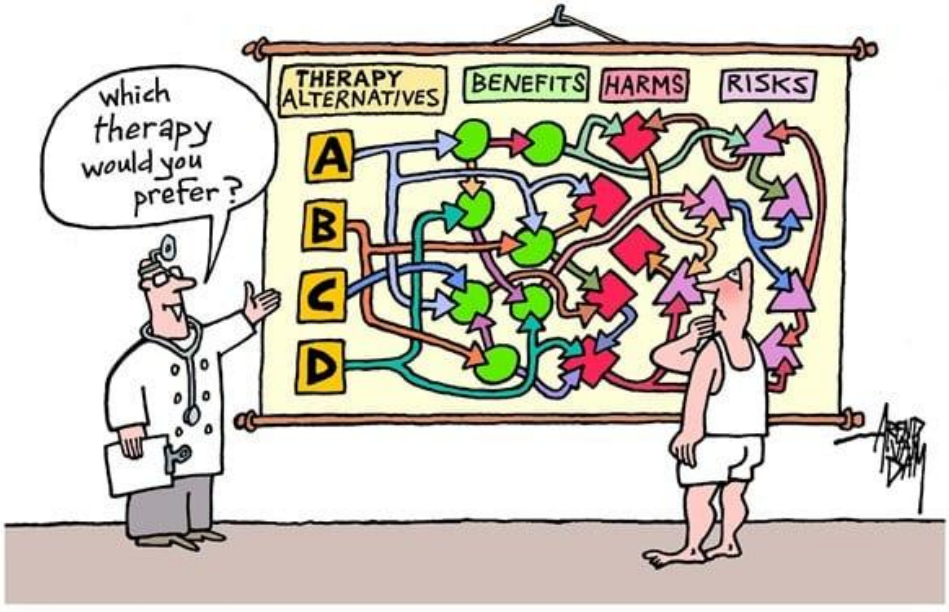
Limitations of Principle-Based Ethical Approaches

- Principle-based ethical approaches are one of many approaches and may not be appropriate for every case (Beauchamp & Childress, 2019)
- May privilege non-disabled positions or actively dismiss disability perspectives (Ho, 2021)
- May reinforce ableist assumptions and perpetuate organizational or cultural biases (Ho, 2021)
- Raises the possibility of epistemic injustice and testimonial injustice (Ho, 2021)

Ho, A. (2022). Disability bioethics and epistemic injustice. In J. M. Reynolds & C. Wieseler (Eds.), *The disability bioethics reader* (pp. 324-332).Routledge. DOI 10.4324/9781003289487

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informed consent

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Case Presentation

Your client is a 19-year-old, hospitalized following a MVA from a DUI and post-TBI

As the OTP during the evaluation, you ask your client what are some meaningful occupations and your client responds “getting drunk and high with friends”

Small group discussion:

- How do you respond?
- What ethical issue(s) do you face?
- What options do you have given the client’s stated occupational interests and your responsibility to the community?

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Introduction to the Ethical Quadrants

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Medical Indications *Principles of Beneficence and Nonmaleficence*	**Preference of Patients** *The Principle of Respect for Autonomy*
Quality of Life The Principles of Beneficence and Nonmaleficence and Respect for Autonomy	**Contextual Features** The Principles of Justice and Fairness

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ADDITIONAL RESOURCES FOR ETHICAL DECISION MAKING SOURCE:

- Jonsen, A.R., Siegler, M., & Winslade, W.J. (2021). *Clinical ethics*: *A practical approach to ethical decisions in clinical medicine (9th ed.),* (R. Mishra, ed.). McGraw Hill. ISBN: 978-1-26-04754-4

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Case presentation

Your client is a 82-year-old who lives alone in an apartment unit. They fell and sustained a R hip fx s/p THR. The fall occurred while the client stood upon a stool to change light bulb for an overhead light fixture. The client has an extensive past medical history including MCI and a diagnosis of post-operative delirium.

The client has expressed a strong desire to return home and completes BADL independently. At home the client lives on a second-floor apartment unit with an elevator, laundry facilities are on the first floor.

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The family members, all who live out of state, are concerned about the executive function of the client, and the primary care physician is not certain about the client's safety awareness. The OT has only used the MMSE and pencil & paper cognitive intervention activities.

Small group:

What are the potential ethical issues that could arise in this case?

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Occupational Therapy Intervention Indications
Principles of Beneficence and Nonmaleficence

- What is the patient's occupational problem/medical problem? Is the problem acute? Chronic? Critical? Reversible? Emergent? Terminal?
- What are the goals of treatment or occupational therapy intervention?
- In what circumstances are medical treatments or occupational therapy treatments not indicated?
- What are the probabilities of success of various treatment options?
- In sum, how can this patient be benefited by medical and occupational therapy services, and how can harm be avoided?

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Preference of Patients
The Principle of Respect for Autonomy

- Has the client been informed of the benefits and risks of diagnostic and treatment recommendations, understood this information , and given consent?
- Is the patient mentally capable and legally competent or is there evidence of incapacity?
- If mentally capable, what preferences about treatment is the patient stating?
- If incapacitated, has the patient expressed prior preferences?
- Who is the appropriate surrogate to make decisions for an incapacitated patient? What standards should govern the surrogate's decisions?
- Is the patient willing or unable to cooperate with medical treatment? If so, why?

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Quality of Life

The Principles of Beneficence and Nonmaleficence and Respect for Autonomy

- What are the prospects, with or without treatment, for achieving life goals, and what physical, mental, and social deficits might the patient experience even if treatment succeeds?
- On what grounds can anyone judge that some quality of life would be undesirable for a patient who cannot make or express such a judgment?
- Are there biases that might prejudice the provider's evaluation of the patient's quality of life?
- What ethical issues arise concerning improving or enhancing a patient's quality of life?
- Do quality-of-life assessments raise any questions that might contribute to a change of treatment plan, such as forgoing life-sustaining treatment?
- Are there plans to provide pain relief and provide comfort after a decision has been made to forgo life-sustaining interventions?
- Is medically assisted dying ethically or legally permissible?
- What is the legal and ethical status of suicide?

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Contextual Features

The Principles of Justice and Fairness

- Are there professional, interprofessional, or business interests that might create conflicts of interest in the clinical treatment of patients?
- Are there parties other than clinician and patient, such as family members, who have a legitimate interest in clinical decisions?
- What are the limits imposed on patient confidentiality by the legitimate interests of third parties?
- Are there financial factors that create conflicts of interest in clinical decisions?
- Are there problems of allocation of resources that affect clinical decisions?
- Are there religious or cultural factors that might influence clinical decisions?
- What are the legal issues that might affect clinical decisions?
- Are there considerations of public health and safety that influence clinical decisions?
- Does institutional affiliation create conflicts of interest that might influence clinical decisions?

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AOTA STANDARDS OF CONDUCT

1. Professional Integrity, Responsibility, and Accountability
2. Therapeutic Relationships
3. Documentation, Reimbursement, and Financial Matters
4. Service Delivery
5. Professional Competence, Education, Supervision, and Training
6. Communication

AOTA 2025 Code of Ethics publication

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AOTA 2025 PRACTICE SMART – USE OF EBP

Member driven and developed using ethical interventions and evidence to best serve clients

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PRACTICE SMART REFLECTS THE FOCUS ON EVIDENCE BASED PRACTICE (EBP)

The ten recommendations that originated from the member driven Choosing Wisely Campaign transitioned to the Practice Smart Campaign in May 2025
These recommendations are review annually with a request for member input and suggestions
AOTA's Practice Smart! recommendations provide not only a recommendation of what practitioners ***should not*** do (de-implementation), but also what they ***should do***, to provide care that is safe, effective, and evidence-based.
AOTA provides handouts to guide ethical practice addressing these recommendations

https://www.aota.org/practice/practice-essentials/evidencebased-practiceknowledge-translation/practice-smart

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PRACTICE SMART

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



Purposeful activities—tasks that are part of daily routines and hold meaning, relevance, and perceived utility such as personal care, home management, school, and work—are a core premise of occupational therapy. Research shows that using purposeful activity (occupation) in interventions is an intrinsic motivator for clients. Such activities can increase attention, endurance, motor performance, pain tolerance, and engagement, resulting in better client outcomes. Purposeful activities build on a person's ability and lead to achievement of personal and functional goals. Conversely, non-purposeful activities do not stimulate interest or motivation, resulting in reduced client participation and suboptimal outcomes.

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PRACTICE SMART

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

Many children and youth are affected by challenges in processing and integrating sensations that negatively affect their ability to participate in meaningful and valued occupations. Processing and integrating sensations are complex and result in individualized patterns of dysfunction that must be addressed in personalized ways. Interventions that do not target the documented patterns of dysfunction can produce ineffective or negative results. Therefore, it is imperative to assess and document specific sensory difficulties before providing sensory-based interventions such as Ayres Sensory Integration®, weighted vests, listening programs, or sensory diets.

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PRACTICE SMART

3. Don’t use physical agent modalities without providing purposeful and occupation-based intervention activities.

The exclusive use of physical agent modalities (PAMs; e.g., superficial thermal agents, deep thermal agents, electrotherapeutic agents, mechanical devices) as a therapeutic intervention without direct application to occupational performance is not considered occupational therapy. PAMs provided with a functional component can lead to more positive health outcomes. PAMs should be integrated into a broader occupational therapy program and intervention plan in preparation for or concurrently with purposeful activities or interventions that ultimately enhance engagement in occupation.

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ulleys for individuals with
shoulder.



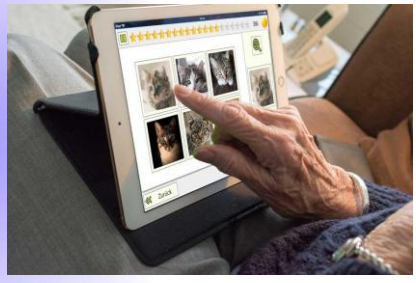
Use of an overhead pulley for individuals with a hemiplegic shoulder resulting from a stroke or other clinical condition is considered too aggressive and should be avoided because it presents the highest risk of the client developing shoulder pain. Gentler and controlled range of motion exercises and activities are preferred.

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PRACTICE SMART

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



To improve occupational performance, cognitive-based interventions should be embedded in an occupation relevant to the client. Examples of cognitive-based interventions include awareness approaches, strategy training, task training, environmental modifications, and assistive technology. The use of cognitive-based interventions not based on occupational performance will result in suboptimal client outcomes.

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PRACTICE SMART

6. Don't initiate occupational therapy interventions without completion of the client's occupational profile and setting collaborative goals

- Best practice occupational therapy relies on a practitioner's understanding of a client's occupational history and experiences, patterns of daily living, interests, values, and needs, as well as active partnership with the client and care partners (e.g., partners, parents, caregivers) to develop meaningful goals. The Occupational Therapy Practice Framework: Domain and Process (OTPF-4) states: "only clients can identify the occupations that give meaning to their lives and select the goals and priorities that are important to them" (AOTA, 2020). If the client or care partners are not involved in developing the profile and identifying goals, priorities, and outcomes, full engagement in occupations may not be accomplished.

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PRACTICE SMART

7. Don't provide interventions for autistic persons to reduce or eliminate "restricted and repetitive patterns of behavior, activities, or interests" without evaluating and understanding the meaning of the behavior to the person, as well as personal and environmental factors.

- OTPs should provide person-centered, strengths-based interventions, and advocate for autistic persons on individual and societal levels by providing information to promote inclusivity and belonging, and to decrease stigma. Actions that are considered "restricted and repetitive behaviors" by the DSM-5 (American Psychiatric Association, 2013) may serve as meaningful activities for self-regulation, communication, or self-expression. Attempting to change or extinguish these behaviors without direct request from the individual, without understanding and incorporating the underlying meanings, or substituting other actions to meet self-regulatory reasons for the behavior commonly results in camouflaging (e.g., masking or hiding behaviors), that can result in negative self-image, depression, and an increased risk of suicidality.

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PRACTICE SMART

8. Don't use reflex integration programs for individuals with delayed primary motor reflexes without clear links to occupational outcomes.

- Interventions designed solely to integrate retained reflexes do not promote participation in occupation, and while they may be observed in clients with difficulties in occupational performance, the presence of retained reflexes does not necessarily equate to functional impairment. If reflex integration techniques (i.e., techniques designed to integrate, or inhibit, primary motor reflexes that are retained beyond the typical developmental stage of integration) are being considered for intervention, standardized tools and assessment approaches are necessary to connect impairment to occupational performance. Intervention should focus on improving occupational participation and performance rather than solely on reflex integration.

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PRACTICE SMART

9. Don't use slings for individuals with a hemiplegic arm that place the arm in a flexor pattern for extended periods of time.



- Standard shoulder slings immobilize the upper extremity in a flexor pattern (i.e., a position of elbow flexion, and shoulder adduction and internal rotation). Utilizing a sling that places a person's hemiplegic arm in this position for extended periods of time increases the risk of contractures and pain, and limits active use of the extremity, thereby decreasing opportunities for neuroplastic changes that support an organic increase in function. Education should be provided to clients and caregivers on safe positioning of the hemiplegic arm during activity and at rest.

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PRACTICE SMART

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.

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CBOT § 4161. CONTINUING COMPETENCY

Applicants who have not actively practiced occupational therapy within the past five years have specific continuing competence requirements having completed, during the two-year period, immediately preceding the date the application was received, 40 PDUs

The 40 PDUs shall include:
(1) 37 PDUs directly related to the delivery of occupational therapy services, which may include the scope of practice for occupational therapy practitioners or the occupational therapy practice framework;
(2) Three PDUs related to ethical standards of practice in occupational therapy.

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CBOT PROPOSED REQUIREMENTS FOR LICENSE RENEWAL

According to the June CBOT meeting in Sacramento, their target date for this will be January 1, 2027; however, they have not put this into law yet. They simply voted on it and agreed to it, and we are waiting for when it gets approved and put into place. CBOT would notify licensees of this when it's "official."

Current licensees are required to follow Ethical Standards of Practice as outlined in Article 8: Service Delivery Standards, § 4170

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SHARED DECISION MAKING (SDM) PROCESS AND ETHICAL REASONING

Stiggelbout et al. (2015) proposed four steps for SDM that can easily be applied to occupational therapy intervention decisions:

1. The practitioner presents the decision to the client and stresses that the client's opinion is important.
2. The practitioner uses evidence and explains the pros and cons of each intervention option.
3. The practitioner elicits the client's preferences and supports the client as they weigh different considerations.
4. The practitioner and the client negotiate and come to a decision.

Stiggelbout, A. M., Pieterse, A. H., & De Haes,J. C. (2015). Shared decision making: Concepts, evidence, and practice. Patient Education and Counseling, 98, 1172–1179. https://doi.org/10.1016/j.pec.2015.06.022

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THE WAY TO GET STARTED IS TO QUIT TALKING AND BEGIN DOING.

Walt Disney

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APPLICATION OF AOTA CODE OF ETHICS AND THE PRACTICE SMART CAMPAIGN

Case 1: Your client is a 28-year-old who sustained a TBI and is now receiving community-based OT services to increase independence in ADL & IADL skills. You, as the OT practitioner (OTP), helped the client select a meal to prepare, create a shopping list, and accompanied the client to the grocery store to make purchases.

The client then wants to “friend” you to share recipe ideas for the purchased items.

How do you respond and what potential ethical issues could arise in this situation?

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ETHICAL PRINCIPLES OF OCCUPATIONAL THERAPY OF OT PRACTICE

- Many agencies have professional guidelines and policies restricting social media posts regarding clients. Even private messaging is not private and social media correspondences between the OTP and client can reveal the client is receiving OT services.

AOTA Code of Ethics

- Principle of Nonmaleficence - .avoiding potential harm of revealing a client is receiving services
- Principle of Autonomy – the need to protect the confidentiality of the client
- Principle of Fidelity – the need to maintain a professional relationship with the client

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APPLICATION OF AOTA CODE OF ETHICS AND THE PRACTICE SMART CAMPAIGN

Case 2: A parent with a 7-year-old who has Autism Spectrum Disorder requests OT services at a private pediatric clinic. The parent has read various books on sensory processing issues and is sure the child has a sensory processing disorder and working on sensory processing interventions will eliminate the repetitive hand flapping the parent reports seeing when in public, especially when shopping for groceries or in large department stores. The parent does not want an assessment but wants OT sensory services provided.

How do you respond and what potential ethical issues could arise in this situation?

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ETHICAL PRINCIPLES OF OCCUPATIONAL THERAPY OF OT PRACTICE

Practice Smart

- One of the recommendations was **to NOT provide sensory integrative services without an assessment of the client's sensory processing skills to determine the appropriate services**
- **Additionally, OTPs should NOT working to eliminate repetitive behaviors for those who have ASD without** evaluating and understanding the meaning of the behavior to the person, as well as personal and environmental factors.

AOTA Code of Ethics

- Principle of Beneficence – How can you provide the best OT service without evaluating the client's needs
- Principle of Nonmaleficence - avoiding potential harm by providing the wrong services or providing ineffective services
- Principle of Veracity – the need to provide comprehensive and accurate information

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APPLICATION OF AOTA CODE OF ETHICS AND THE PRACTICE SMART CAMPAIGN

Case 3: A client, who sustained a CVA, was just transferred to inpatient rehab services. Both OT and PT services have been ordered by the physiatrist to improve function for this client. You, as the OTP, evaluated the client and provided the first session in the client's room addressing self-care skills. The second session is in the shared gym area and the client notices the hand bike on a table and the overhead pulleys. The client wants to know why you, as the OTP, are not using these devices to improve arm function.

How do you respond and what potential ethical issues could arise in this situation?

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ETHICAL PRINCIPLES OF OCCUPATIONAL THERAPY OF OT PRACTICE

Practice Smart

- Don't provide intervention activities that are non-purposeful (e.g., cones, pegs, shoulder arc, arm bike).
- **An additional** original item was **to NOT** use pulleys for individuals with a hemiplegic shoulder.

AOTA Code of Ethics

- Principle of Beneficence – Need to be concerned about the structural integrity of the shoulder and safety for the client
- Principle of Nonmaleficence - avoiding potential harm by providing the wrong services or providing ineffective services
- Principle of Veracity – the need to provide comprehensive and accurate information

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AI and Documentation

AI and documentation can be both an assist and threat to authentic occupational therapy services

Consider the following: The OTP completed an evaluation on a 3 yr old child referred for suspected developmental motor problems. Scoring for the Peabody Developmental Motor Scales (PDMS-3), 3rd ed is completed online and requests the following information: raw scores from the various subtests, child's birthdate, date of evaluation, diagnosis, gender and additional observations

An AI generated evaluation report provides the results of the child's performance on the standardized instrument compared to normative data. The report also includes recommendations.

SMALL GROUP:

1. Identify a potential benefit of using online scoring and the evaluation report
2. Identify a potential threat to authentic and ethical occupational therapy services using this process

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Scoring of Adult Assessment Tools via online system

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“Any evaluation form subtly shapes practice and assumptions”

Mary Law (1998)

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Algorithmic Bias and Inequities

- AI models trained on biased datasets or proxies (i.e., service utilization or attendance) Can penalize vulnerable populations (Ham, 2026).
- Structural barriers may be misidentified as indicators of occupational engagement (Ham, 2026)
- Largely trained on data from majority populations and may reflect ableist bias (Kaelin et al., 2024)
- Lack of transparency: proprietary algorithms and unknown training data (Jozkowski, 2025)

(Bulan et al., 2025; Ham, 2026; Jozkowski, 2025; Kaelin et al., 2024)

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Examples





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Data Privacy Risks

- **The nature of OT assessment often involves sensitive aspects of daily life (e.g., occupational profile, remote monitoring, tracking), (Ham, 2026).**
- **Informed Consent is problematic for secondary data use (i.e., how will data be used later in unpredictable ways), (Ham, 2026).**
- **Potential for unauthorized access of data (Gonzalez, 2026)**
- **HIPAA only applies to covered entities and only data generated in clinical contexts or settings (Ham, 2026).**
- **Data Privacy and security concerning home based interventions and services in community settings (Bulan et al., 2025).**

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More Data and Privacy Concerns

- Sensitive data could be exploited for commercial or marketing purposes rather than to benefit the user (Kaelin et al., 2024)
- Lack of Informed Consent and Privacy Protection: activity tracking and data collection often occur without users' active awareness or clear understanding of how their information will be used or shared (Kaelin et al., 2024)
- Privacy and confidentiality concerns (particularly involving entering client information in 3rd party platforms (Lockwood et al., 2026).
- Informed consent or disclosure gaps (Only 12.2% of OTP routinely obtained this), (Lockwood et al., 2026).
- Absence of Institutional Policy and Oversight: Most OTP indicates that workplaces lack formal policies regarding GenAI use (59.8%) or are unsure if such policies exist (Lockwood et al., 2026).

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Related Concerns

- Informed consent or disclosure gaps (Only 12.2% of OTP routinely obtained this).
- Absence of Institutional Policy and Oversight: Most OTP indicates that workplaces lack formal policies regarding GenAI use (59.8%) or are unsure if such policies exist.

(Lockwood et al., 2026).

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Data Privacy & Risk Assessment

Shadow AI: Use Cases, Risks & Ethical Governance

Unapproved use of consumer AI tools outside an organization's authorized systems, policies, and oversight.

Common Use Cases

Using personal ChatGPT, Claude, Gemini, or Grok accounts to:

- Draft clinical notes or IEP summaries
- Summarize evaluations or treatment sessions
- Generate home programs or client education
- Analyze student, patient, or family information

Why It Matters

- **Data Retention:** Personal AI accounts may retain submitted information for model training.
- **Vendor Sharing:** Data may be shared with third-party vendors without user knowledge.
- **Lack of Protection:** Missing required privacy and security safeguards for clinical/educational records.

Ethical Concern & Policy

- **Intent vs. Risk:** Practitioners intend to save time, but unauthorized disclosures compromise client data control.
- **Unchecked Vendors:** Organizations have not evaluated security posture or terms of service.
- **Bottom Line:** Enter identifiable data ONLY into approved systems with privacy safeguards and human review.

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Data Privacy & Risk Assessment

Indirect Identifiers Can Reveal Sensitive Personal Data

Combining these secondary attributes creates unique data fingerprints that risk re-identifying individuals.

Demographics & Location

- Age, especially exact age or unusual age
- Full or partial date of birth
- Small geographic location, neighborhood, ZIP code, or rural community
- Name of a school, workplace, clinic, hospital, or residential facility
- Room number, unit, classroom, or treatment location
- Language spoken or country of origin
- Race, ethnicity, or cultural background when combined with other details

Clinical & Healthcare Data

- Dates of evaluation, treatment, admission, discharge, or injury
- Medical-record numbers, student IDs, case numbers, or referral numbers
- Names of physicians, therapists, teachers, or other providers
- Exact appointment times or treatment schedules
- Insurance type or unusual payer
- Rare assistive technology or customized equipment
- Transportation method or housing situation

Identity, Media & Context

- Occupation, especially a distinctive occupation
- Employer or job title
- Names or relationships of caregivers, family, or case managers
- Number of children or unusual family structure
- Unique usernames, emails, phone numbers, or account IDs
- Photographs, videos, voice recordings, or recognizable images
- Unique phrases or direct quotations
- Details about a legal case, accident, or public incident

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Data Privacy & Risk Assessment

Rare or Sensitive Clinical Details

Specific medical conditions, sensitive histories, and functional profiles that drastically increase re-identification risk.

Medical & Surgical Conditions

- Rare genetic, neurological, or metabolic disorder
- Unusual cancer or tumor type
- Rare congenital condition
- Specific combination of diagnoses
- Unusual surgical procedure or complication
- Specific transplant history
- Rare medication combination or adverse reaction
- Uncommon amputation level or prosthetic configuration
- Rare visual, auditory, or sensory condition

Sensitive Personal History

- Psychiatric diagnosis or crisis history
- Substance-use or recovery information
- Specific trauma history or abuse/neglect
- Sexual-health, reproductive, or gender-related data
- Immigration or legal-status linked to healthcare
- Distinctive behavioral presentation
- Rare developmental profile
- Uncommon seizure pattern

Functional & Living Context

- Highly specific functional limitations
- Unusual communication method or AAC system
- Details about intimate activities, toileting & care
- Unusual home-safety or living environment concerns
- Distinctive injury linked to a known accident
- Rare combination of disability, family circumstances, and service needs

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Data Privacy & Risk Assessment

OT-Specific Case Re-identification Examples

A case might be identifiable because it describes:

Pediatric & School Settings

- A 6-year-old child with a rare syndrome attending the only elementary school in a small town
- A student with a particular IEP accommodation, behavior pattern, and classroom placement

Adult & Rehabilitation Practice

- An adult violinist recovering from a distinctive hand injury after a public performance
- An older adult living alone in a named senior housing facility after a specific stroke
- A client receiving OT after an unusual workplace accident reported in local news

Specialized & Complex Care

- A person with a rare visual condition using a uniquely customized electronic magnifier
- A client with dual sensory loss, a rare diagnosis, and a very specific home layout
- A person with a specific trauma history and unique sensory triggers

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Data Privacy & Risk Assessment

Why Combinations Matter

The risk often comes from the combination of details rather than one detail alone.

CASE SCENARIO

"A 74-year-old retired firefighter in a small coastal town with a rare neurodegenerative disease, a recent feeding-tube placement, and a daughter who visits every Saturday."

Isolated Details

Each detail may seem harmless separately:

- Age and former occupation
- General geographic area
- Specific medical condition or procedure
- Routine family visitation schedule

Combined Impact & Risk

Together, they create a unique narrative profile that dramatically elevates re-identification risk.

They may identify the individual to family members, neighbors, local providers, or coworkers.

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Data Privacy & Risk Assessment

Details that may remain sensitive even if they do not identify someone

Information can be sensitive even when reidentification is unlikely. Examples include:

Health & Clinical Conditions

- Cognitive impairment
- Mental-health symptoms
- Substance-use history
- Incontinence or toileting difficulties
- Sexual or reproductive health

Personal & Social Circumstances

- Trauma or abuse history
- Family conflict
- Financial hardship
- Housing instability
- Suspected neglect or safety concerns

Care & Daily Functioning

- Dependence on caregivers
- Difficulty with medication management
- Risk of falling
- Inability to perform dressing, bathing, or feeding

A person may reasonably object to this information being submitted to an outside company even if no one could determine their name.

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Data Privacy & Risk Assessment

Practical Rule for Case Privacy

Removing names, initials, and medical-record numbers is not always enough. Before using an outside tool, ask:

CLIENT & CLINICAL IDENTIFIERS

- 1. Client Recognition: Could someone familiar with the client recognize this person?
- 2. Rare Findings: Does the case contain a rare diagnosis or unusual event?
- 3. Specific Context: Are dates, locations, providers, schools, or workplaces included?

CONTEXT & PRIVACY BOUNDARIES

- 4. Data Linkage: Could the details be combined with public information?
- 5. Sensitive Details: Does the information reveal something the person would reasonably consider private?

ACTION REQUIRED IF YOU ANSWER "YES" TO ANY QUESTION

The case should be **further generalized**, **replaced with a fictional case**, or used **only in an institution-approved system** with appropriate privacy protections.

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Example: Ring tracking (Direct promotional information)

Compatible with more than 800 3rd party apps and 40+ premium apps capable of monitoring:

- Sleep & Recovery Insights
  - Sleep Stages
  - Sleep Quality Metrics
  - Blood Oxygen (SpO2)
  - Chronotype & Body Clock:
- Heart & Cardiovascular Metrics
  - Heart Rate
  - Heart Rate Variability (HRV)
  - Cardiovascular Health
  - Blood Pressure Signals
- Activity & Fitness Tracking
  - Daily Movement
  - Automatic Activity Detection: Automatically recognizes and logs over 40 different types of activities
  - Live Activity Tracking:
- Temperature, Stress, & Reproductive Health
  - Symptom & Health Radar
  - Stress & Resilience
  - Cycle Insights: Predicts menstrual cycles, tracks your fertile window, and provides tailored pregnancy insights based on hormonal temperature shifts
- Metabolic & Behavioral Data (App Logged)
  - Glucose Integration: Syncs with continuous glucose monitors to show how your blood sugar correlates with sleep and activity.
  - • Meal & Habit Tagging: Allows you to log meals and custom tags (like alcohol, caffeine, or travel)

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User Agreement and Privacy Practices

For the ring, it was 46 pages single spaced.

How often do you read these for the apps you use?

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Dinerstein v. Google (2019)

Lawsuit against Google and University of Chicago Medical Center (UCMC)

- Hospital shared hundreds of thousands of de-identified EHR from 2009-2016 to train predictive machine learning models.
- It removed the 18 unique identifiers under HIPAA
- It did, however, include granular timestamps (i.e., exact date and time clients checked in and out)
- It also included many provider free text notes which were unredacted

Because data were considered de-identified it was considered exempt from IRB approval or requirement for client consent.

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What happened in Dinerstein?

- The plaintiffs noted that Google had access to massive amounts of consumer data including real-time geolocation (via Google Maps and Waze) which, combined with the time stamps made re-identifying of anonymous data rather easy.
- The case was dismissed as the plaintiffs lacked standing because they couldn't prove that Google had actually used the data to re-identify a specific person.
- It remained a hypothetical harm and made it difficult to prove injury on the back end.

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That didn't end the concerns or litigation

- Lawsuits involving the use of ambient AI scribe software for provider-client visits to generate notes without op-in (Saucedo v. Sharp HealthCare; Washington v. Sutter Health)
- Metapixel litigation alleges that Meta secretly intercepted client communications on health portals for targeted advertising.
- Multiple class action lawsuits have been settled involving embedding Google and Meta trackers on client-facing websites

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Concerns Related To Theory and Occupation

- **Oversimplification of Complex Concepts:** May lack the subtlety and nuance of more complex OT concepts Including a lack of contextual features, emphasis on participation, or capturing the breadth of participation (Kaelin et al., 2024)
- **Displacement of Meaningful Activities:** AI and automation may replace tasks or roles that provide individuals with a sense of purpose, identity, and social integration (Kaelin et al., 2024)
- **Lack of Occupational Representation:** AI systems may rely on impairment focused approaches or quantifiable aspects of occupational performance rather than contextual features and client values. They may not reflect OT core principles (Ham, 2026)
- **Lack of Client Involvement and Personalization:** May lack an adequate understanding of the specific needs of client needs, preferences, or values (Kaelin et al., 2024)
- **Therapeutic Relationships:** Impact on human connection (clients may opt for non-human contact and chatbots), (Gonzalez, 2026)
- Relationship of AI with core OT values (Bulan et al., 2025)

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Therapeutic Reasoning

- Over reliance on AI and Loss of Clinical Judgment (may compromise human-centered clinical reasoning capacity, individualized services, and integration of contextual features: 71.5% of OTs and 77% of OTAs (Lockwood et al., 2026)
- Concerns about the extent of AI influence on clinical decision making and the impact on practitioner and client interactions (Bulan et al., 2025)
- Over reliance on AI at the expense of clinical reasoning (Gonzalez, 2026)
    - Boundaries (i.e., resource v co-therapist)

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Erosion of Human Accountability

- Automated recommendations might lack narrative reasoning, interaction, and context which are essential for client-centered practice (Ham, 2026)

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A few additional concerns

- Accuracy: concerns about the accuracy and reliability of AI generated content (Lockwood et al., 2026).
- Digital inequity or digital divide (i.e., not all clients have equal AI access or literacy), (Jozkowski, 2025).
- Environmental concerns (e.g., water consumption and data centers), (Jozkowski, 2025).

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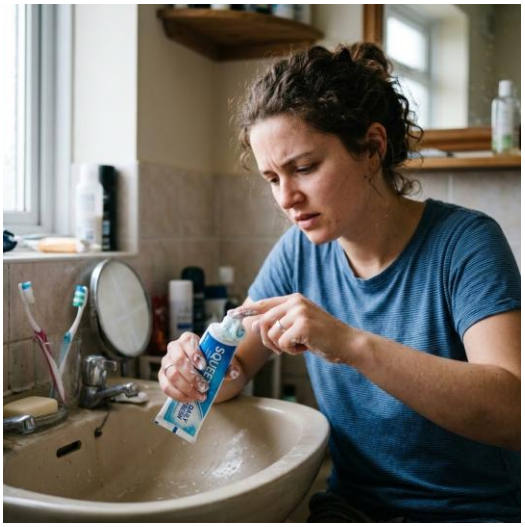
Bottom Line

Accountability and practitioner decision making. Therapists are ethically and legally responsible for all decisions even if relying on auto-generated documents or supports (Jozkowski, 2025).

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Not a Luddite or trying to put the toothpaste back into the tube





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Ethics

- The information thus far has emphasized the harms and need to critically analyze the use of AI in practice
- It is not a call to prohibit the use of AI
- Ethically we can frame this as a concern involving beneficence and maleficence
- AI is part of our OT landscape

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The Ethical Argument for AI: Beneficence

Can this particular AI use produce more benefit than harm for this client, in this context, with appropriate safeguards?

If a properly governed AI tool can help an OT identify relevant evidence, recognize clinically important patterns, personalize education, reduce documentation burden, improve communication, or extend access to services, refusing to consider that tool solely because it is new may also have ethical consequences.

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Potential Benefits

1. AI may improve evidence-informed clinical reasoning
2. AI may support more individualized intervention planning
3. AI may improve access and continuity
4. AI may reduce administrative burden and return time to therapeutic care
5. AI may help identify overlooked risks or opportunities
6. Ethical nonuse is also a concern

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The Evidence DOES NOT Justify Uncritical Use

An OT-specific study evaluating ChatGPT-generated intervention programs for stroke cases found low agreement with programs developed by OTs. The generated plans were described as general, insufficiently individualized, and lacking specialized clinical detail (Inoue et al., 2025).

AOTA's current policy similarly supports ethical AI integration when systems are accurate, safe, transparent, evidence-informed, and aligned with clients' best interests. It explicitly states that AI does not replace professional judgment and that outputs must be evaluated by practitioners.

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Potentially Beneficial AI Uses Practical Applications

lightbulb

Idea Generation

A partner to help generate ideas

search

Evidence Retrieval

A tool to help retrieve evidence

edit_note

Documentation

A documentation assistant

record_voice_over

Accessibility & Communication

A tool to improve accessibility and communication

alt_route

Clinical Alternatives

A way to produce alternative for the OTP to consider

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Considerations for the Ethical Use of AI Best Practices

verified_user Security & Privacy

- Uses an institutionally approved system
- Avoids entering identifiable client information into unapproved tools
- Uses the minimum necessary information
- Confirms that vendor has appropriate privacy and security protections

fact_check Clinical Application

- Verifies AI-generated content against clinical findings and evidence
- Includes client's goals, preferences, culture, and context
- Discloses AI use when it is clinically significant
- Obtains consent when required

gavel Governance & Equity

- Maintains responsibility for the final decision and documentation
- Monitors for bias, inaccuracy, and unequal effects
- Ensures efficiency gains benefit clients rather than only increasing workload

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Final Thought Ethical Decision Framework

Core Ethical Principle

Move beyond whether AI is useful or harmful. From an ethical standpoint, the core concern is how the current manner of use weighs **beneficence** and **nonmaleficence**.

Key Questions to Consider

Edit note

Data & Input

What information is being entered?

Manage accounts

Control

Who controls the system?

Shield

Safeguards

What protections are in place?

Diversity

Human Impact

How does this use serve the recipient of services?

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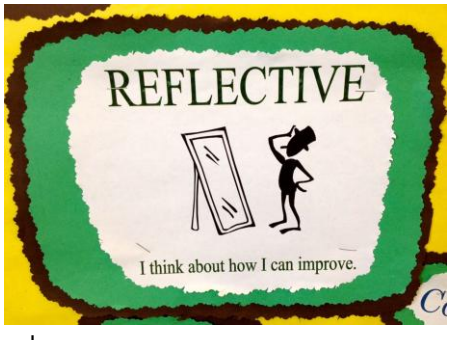


SUMMARY

Ethical Occupational Therapy Practice uses current evidence to provide the most appropriate client-centered services to support the client's occupational engagement

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Reflective Practice: What is it and why do it?

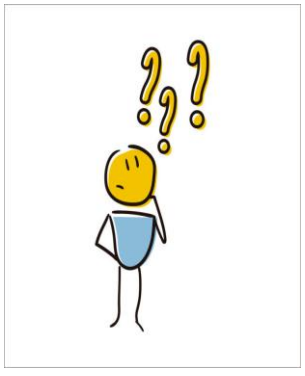


Steps to reflective practice:

1. Received knowledge + experiential knowledge - practice - reflection = professional competence
2. Process of self-observation of your actions in the moment and self-evaluation of did your actions support/help the client
3. Assessing what you do, thinking about WHY you do what you do in a specific situation, and evaluating the outcomes
4. Deciding on next steps to continually improve your practice.

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Reflective Practice: Individual Exercise



- Reflect on your practice setting
- What ethical dilemmas have you encountered in your setting? How have you addressed them?
- What practice smart recommendation(s) directly apply to your practice setting?
- How can the information from the review of ethics and choosing wisely enhance your practice?
- Identify one systematic step you can make to improve your practice?

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OBJECTIVES

Identify the core values and principles of the 2020 AOTA Code of Ethics

Identify the Choosing Wisely Campaign and the five items selected by membership

Apply the Choosing Wisely Campaign and the AOTA Code of Ethics to specific case presentations









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THANK YOU!

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Hopefully, we provided something for you to "chew" on but did not ask you to "bite off more than you can handle"!!!

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