Complementary and Alternative Medicine Position Paper

The American Occupational Therapy Association (AOTA) asserts that complementary and alternative medicine (CAM) may be used responsibly by occupational therapists and occupational therapy assistants as part of a comprehensive approach to enhance engagement in occupation by people, organizations, and populations to promote their health and participation in life (AOTA, 2005; Giese, Parker, Lech-Boura, Burkhardt, & Cook, 2003). Occupational therapy is a holistic, client-centered practice that acknowledges the importance of context and environment in framing a client’s occupational needs, desires, and priorities (AOTA, 2008). Because CAM is a culturally sensitive system used by nearly 40% of adults and 12% of children in the United States (Barnes, Bloom, & Nahin, 2008), it is important to acknowledge the ethical and pragmatic issues surrounding the use of CAM in occupational therapy practice. This position paper defines the appropriate use of CAM by occupational therapy practitioners\(^1\) within the scope of occupational therapy practice.

**Use**

The U.S. Department of Health and Human Services reports that CAM is used in the United States by persons who are “seeking ways to improve their health and well-being or to relieve symptoms associated with chronic, even terminal, illnesses or the side effects of conventional treatments for them” (Barnes et al., 2008). CAM interventions most often are used for treatment of pain conditions by non-poor women ages 30–69 with significant levels of education beyond high school (Barnes et al., 2008). Similar to the holistic nature of occupational therapy practice, practitioners who use CAM also address the influence of the contexts on health status and collaborate with clients who demonstrate a desire for personal control over health outcomes (Cheung, Wyman, & Halcon, 2007). Clients who are living with and adjusting to life with chronic conditions such as back pain or a traumatic event such as domestic abuse may combine the holistic nature of CAM approaches with other intervention approaches to improve their ability to participate in occupations they need and want to perform.

**Definition**

The National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health has identified five domains of CAM practice and defines *complementary and alternative medicine* as “a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine” (NCCAM, 2010). The five domains of CAM practice are (1) alternative medical systems, (2) mind–body

\(^1\)When the term *occupational therapy practitioner* is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2006). *Occupational therapists* are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of the occupational therapy service delivery process. *Occupational therapy assistants* deliver occupational therapy services under the supervision of and in partnership with an occupational therapist (AOTA, 2009).
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Interventions, (3) biologically based treatments, (4) manipulative and body-based methods, and (5) energy therapies. By definition, *alternative medicine* is practiced *in place of* conventional medicine, while *complementary interventions* are accessed *in conjunction with* allopathic medical practices.

The definition of CAM is dynamic. Practices contained within the definition of CAM change as clinical evidence supports their inclusion with conventional health practices, and novel approaches emerge (AOTA, 2005; Giese et al., 2003). The term *integrative medicine* is used for combined treatments from conventional medicine and CAM for which there is high-quality scientific evidence of safety and effectiveness (NCCAM, 2007).

Research

The NCCAM was established by Congress in 1998 through Title VI, Section 601, of the Omnibus Consolidated and Emergency Appropriations Act of 1999 (P.L. 105-277) as the federal government’s lead agency for scientific research on CAM. The NCCAM mission is to investigate promising CAM products and practices with neutrality and scientific rigor to determine their safety and effectiveness, to train CAM researchers, and to provide information about CAM to professionals and the general public (NCCAM, 2008). Since its inception, the NCCAM has funded more than 1,200 research projects at scientific institutions across the United States and internationally.

The NCCAM has proposed a framework for setting research priorities that consists of four pillars: (1) scientific promise, (2) extent and nature of practice and use, (3) amenability to rigorous scientific inquiry, and (4) potential to change health practices (NCCAM, 2009). Key priority areas are currently non-mineral, non-vitamin, natural products and mind–body interventions such as yoga, tai chi, qi gong, guided imagery, meditation, deep-breathing exercises, and progressive relaxation (NCCAM, 2009). Studies to support the integration of CAM and conventional medicine, to encourage insurance coverage for CAM therapies, and to develop practice and referral guidelines are needed in addition to research about the safety and efficacy of CAM practices (Coulter & Khorsan, 2008; Herman, D’Huyvetter, & Mohler, 2006).

Access to information about CAM practices has been enhanced by a collaborative project between the National Library of Medicine and the NCCAM. These two government agencies have created *CAM on PubMed* (see [http://nccam.nih.gov/research/camonpubmed/](http://nccam.nih.gov/research/camonpubmed/)), a search option that automatically limits research citations to a CAM subset from the MEDLINE database and additional life science journals.

Use Within the Scope of Occupational Therapy Practice

Occupational therapy values engagement in occupations and promotes the health and participation of people, organizations, and populations through engagement in occupation (AOTA, 2008). *Occupations* are “activities…of everyday life, named, organized, and given value and meaning by individuals and a culture” (Law, Polatajko, Baptiste, & Townsend, 1997,
Occupations encompass activities of daily living (ADLs), instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation (AOTA, 2008).

Occupational therapy practitioners may utilize CAM in the delivery of occupational therapy services when they are used as preparatory methods or purposeful activities to facilitate the ability of clients to engage in their daily life occupations. CAM approaches have been utilized in occupational therapy for several years and include but are not limited to guided imagery, massage, myofascial release, meditation, and behavioral relaxation training (AOTA, 1998; Brachtesende, 2005; Lindsay, Fee, Michie, & Heap, 1994; Scott, 1999). Yoga postures also have been used prior to engagement in ADLs to reduce reliance on pain medication and to promote relaxation for restorative sleep (Brachtesende, 2005).

Occupational therapy practitioners need to respect the use of CAM as part of the client’s occupational performance habits, routines, or rituals and to understand that CAM practices may be embedded within particular cultures (Cassidy, 1998a, 1998b). In a study of patients with cardiac conditions in Hong Kong, the use of qigong as a method for reducing stress added psychological benefit to the reduction of blood pressure when compared to progressive relaxation training alone (Hui, Wan, Chan, & Yung, 2006). By collaborating with the client in the selection and application of specific CAM interventions, the occupational therapy practitioner supports and respects the client’s autonomy and reasoned participation in decision-making. Outcome studies about engagement in occupation continue to be a priority for determining the efficacy and effectiveness of using CAM techniques during occupational therapy intervention.

To determine whether to use CAM in the delivery of occupational therapy services, occupational therapists must evaluate the client, develop an intervention based on the client’s needs and priorities, and conduct outcomes measurement. The evaluation contributes to the understanding of the client’s strengths, priorities, and current limitations in carrying out daily occupations. Evaluation and intervention address factors that influence the client’s occupational performance, including how the client performs the daily life occupations, the demands of those occupations, and the contexts and environments within which those occupations are performed. As part of the evaluation and the intervention, the occupational therapy practitioner must determine whether the use of CAM is consistent with the client’s cultural practices, priorities, and needs; is safe to use; and is an appropriate approach to facilitate the ability of the client to participate in daily life occupations and to promote health and participation. Selected assessments are used to measure the effectiveness of the outcomes of occupational therapy services and guide future therapeutic interventions with the client. The occupational therapy practitioner must measure whether the use of CAM results in positive outcomes for improving occupational performance.

**Ethical Considerations, Continuing Competency, and Standards of Practice**

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* (AOTA, 2010a) mandates safe and competent practice, holding occupational therapy practitioners responsible for maintenance of high standards of competence. Occupational therapy practitioners need to maintain continuing competency in CAM approaches just as they do with other areas of practice.
Using CAM approaches may require additional training, competency examinations, certification, and regulatory knowledge (AOTA, 2010b). The use of specific CAM approaches may be subject to federal, state, and often local municipal regulations that govern practice, advertising, ethics, professional terminology, and training (AOTA, 2010c). It is the responsibility of occupational therapy practitioners to know and comply with applicable laws and regulations associated with the use of CAM approaches during occupational therapy intervention. Occupational therapy practitioners must abide by state regulations when billing for occupational therapy services that incorporate the use of CAM. Practitioners must distinguish between the incorporation of CAM techniques into occupational therapy practice and the use of CAM as a salutatory method that is separate from occupational therapy practice (AOTA, 2007, 2008).

Issues of client safety and health care worker safety are salient to all areas of occupational therapy practice. The use of CAM requires attention to client safety in consumer decision-making, client interventions, and professional education and training. The risks and benefits of CAM used in occupational therapy should be communicated to clients as standard practice in a client-centered, evidence-based approach to service provision.

Payment for Services

The NCCAM (2008) reports that U.S. adults annually spend $34 billion out-of-pocket on CAM products and services. CAM services, although often paid for privately, increasingly are covered by insurance companies and health maintenance organizations (Astin, Pelletier, Marie, & Haskell, 2000; Cleary-Guida, Okvat, Oz, & Ting, 2001; Wolsko, Eisenberg, Davis, Ettner, & Phillips, 2002). Factors that influence third-party payers to include selected CAM in health care policies include cost-effectiveness, consumer demand, demonstrated clinical efficacy, and state mandate (Pelletier & Astin, 2002; Pelletier, Astin, & Haskell, 1999).

Summary

Occupational therapy practitioners facilitate proficient and meaningful engagement in the significant occupations of life. CAM practices, systems, and products may be appropriately incorporated into occupational therapy practice to encourage a client’s engagement in meaningful occupations. Scientific studies are needed to validate the safety and efficacy of CAM methods within occupational therapy practice. Advanced-level training and continuing education are important to acquire the knowledge and skill to utilize CAM methods, to address the concerns for patient safety and informed consent, and to meet the rigors of regulatory requirements.
References


Omnibus Consolidated and Emergency Appropriations Act of 1999, P.L. 105-277, Title VI, Section 601.


**Additional Reading**


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