Home health aides receive slight pay increases with experience and added responsibility. They usually are paid only for the time worked in the home; they normally are not paid for travel time between jobs. Most employers hire only on-call hourly workers and provide no benefits.

Related Occupations
Nursing, psychiatric, and home health aides help people who need routine care or treatment. So do childcare workers, medical assistants, occupational therapist assistants and aides, personal and home care aides, and physical therapist assistants and aides.

Sources of Additional Information
Information about employment opportunities may be obtained from local hospitals, nursing homes, home healthcare agencies, psychiatric facilities, State boards of nursing, and local offices of the State employment service.

General information about training and referrals to State and local agencies about opportunities for home health aides, a list of relevant publications, and information on certification are available from:
- National Association for Home Care, 228 7th St. SE., Washington, DC 20003. Internet: http://www.nahc.org

**Occupational Therapist Assistants and Aides**

(O*NET 31-2011.00, 31-2012.00)

**Significant Points**

- Certified occupational therapist assistants must complete an associate’s degree or certificate program. In contrast, occupational therapist aides usually receive most of their training on the job.
- Aides are not licensed, so by law they are not allowed to perform as wide a range of tasks as occupational therapist assistants do.
- Employment is projected to increase much faster than the average, as rapid growth in the number of middle-aged and elderly individuals increases the demand for therapeutic services.

**Nature of the Work**
Occupational therapist assistants and aides work under the direction of occupational therapists to provide rehabilitative services to persons with mental, physical, emotional, or developmental impairments. The ultimate goal is to improve clients’ quality of life by helping them compensate for limitations. For example, occupational therapist assistants help injured workers reenter the labor force by helping them improve their motor skills or help persons with learning disabilities increase their independence, by teaching them to prepare meals or use public transportation.

**Occupational therapist assistants** help clients with rehabilitative activities and exercises outlined in a treatment plan developed in collaboration with an occupational therapist. Activities range from teaching the proper method of moving from a bed into a wheelchair, to the best way to stretch and limber the muscles of the hand. Assistants monitor an individual’s activities to make sure they are performed correctly and to provide encouragement. They also record their client’s progress for use by the occupational therapist.

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If the treatment is not having the intended effect, or the client is not improving as expected, the therapist may alter the treatment program in hopes of obtaining better results. In addition, occupational therapist assistants document billing of the client’s health insurance provider.

**Occupational therapist aides** typically prepare materials and assemble equipment used during treatment and are responsible for a range of clerical tasks. Duties can include scheduling appointments, answering the telephone, restocking or ordering depleted supplies, and filling out insurance forms or other paperwork. Aides are not licensed, so by law they are not allowed to perform as wide a range of tasks as occupational therapist assistants.

**Working Conditions**
The hours and days that occupational therapist assistants and aides work vary, depending on the facility and whether they are full or part-time employees. Many outpatient therapy offices and clinics have evening and weekend hours, to help coincide with patients’ personal schedules.

Occupational therapist assistants and aides need to have a moderate degree of strength, due to the physical exertion required in assisting patients with their treatment. For example, in some cases, assistants and aides need to help lift patients. Additionally, constant kneeling, stooping, and standing for long periods all are part of the job.

**Employment**
Occupational therapist assistants and aides held 25,000 jobs in 2000. Occupational therapist assistants held about 17,000 jobs, and occupational therapist aides held about 8,500. About 30 percent of assistants and aides worked in hospitals, 25 percent worked in offices of occupational therapists, and 20 percent in nursing and personal care facilities. The remainder primarily worked in offices and clinics of physicians, social services agencies, outpatient rehabilitation centers, and home health agencies.

**Training, Other Qualifications, and Advancement**
Persons must complete an associate’s degree or certificate program from an accredited community college or technical school to qualify for occupational therapist assistant jobs. In contrast, occupational therapist aides usually receive most of their training on the job.

There were 185 accredited occupational therapist assistant programs in the United States in 2000. The first year of study typically
involves an introduction to healthcare, basic medical terminology, anatomy, and physiology. In the second year, courses are more rigorous and usually include occupational therapist courses in areas such as mental health, gerontology, and pediatrics. Students also must complete supervised fieldwork in a clinic or community setting. Applicants to occupational therapist assistant programs can improve their chances of admission by taking high school courses in biology and health and by performing volunteer work in nursing homes, occupational or physical therapist’s offices, or elsewhere in the healthcare field.

Occupational therapist assistants are regulated in most States, and must pass a national certification examination after they graduate. Those who pass the test are awarded the title of certified occupational therapist assistant.

Occupational therapist aides usually receive most of their training on the job. Qualified applicants must have a high school diploma, strong interpersonal skills, and a desire to help people in need. Applicants may increase their chances of getting a job by volunteering their services, thus displaying initiative and aptitude to the employer.

Assistants and aides must be responsible, patient, and willing to take directions and work as part of a team. Furthermore, they should be caring and want to help people who are not able to help themselves.

Job Outlook
Employment of occupational therapist assistants and aides is expected to grow much faster than the average for all occupations through 2010. Federal legislation imposing limits on reimbursement for therapy services may adversely affect the job market for occupational therapist assistants and aides in the near term. However, over the long run, demand for occupational therapist assistants and aides will continue to rise, with growth in the number of individuals with disabilities or limited function. Growth will result from an increasing population in older age groups, including the baby-boom generation, which increasingly needs occupational therapy services as they become older. Demand also will result from advances in medicine that allow more people with critical problems to survive and then need rehabilitative therapy. Third-party payers, concerned with rising health care costs may begin to encourage occupational therapists to delegate more of the hands-on therapy work to occupational therapist assistants and aides. By having assistants and aides work more closely with clients under the guidance of a therapist, the cost of therapy should be more modest than otherwise.

Earnings
Median annual earnings of occupational therapist assistants were $34,340 in 2000. The middle 50 percent earned between $29,280 and $40,690. The lowest 10 percent earned less than $23,970, and the highest 10 percent earned more than $45,370. Median annual earnings of occupational therapist assistants in 2000 were $33,390 in hospitals.

Median annual earnings of occupational therapist aides were $20,710 in 2000. The middle 50 percent earned between $16,510 and $28,470. The lowest 10 percent earned less than $14,370, and the highest 10 percent earned more than $35,900.

Related Occupations
Occupational therapist assistants and aides work under the direction of occupational therapists. Other occupations in the healthcare field that work under the supervision of professionals include dental assistants, medical assistants, pharmacy technicians, and physical therapist assistants and aides.

Sources of Additional Information
For information on a career as an occupational therapist assistant and a list of accredited programs, contact:
> The American Occupational Therapy Association. 4720 Montgomery Ln., P.O. Box 31220, Bethesda, MD 20824-1220. Internet: http://www.aota.org

Pharmacy Aides
(O*NET 31-9095.00)

Significant Points
- Many pharmacy aides work evenings, weekends, and some holidays.
- Eight out of 10 jobs are in retail pharmacies.
- Job opportunities are expected to be good, especially for those with related work experience.

Nature of the Work
Pharmacy aides help licensed pharmacists with administrative duties in running a pharmacy. Aides often are clerks or cashiers who primarily answer telephones, handle money, stock shelves, and perform other clerical duties. They work closely with pharmacy technicians. Pharmacy technicians usually perform more complex tasks than do assistants, although, in some States, their duties and job titles overlap. (See the statement on pharmacy technicians elsewhere in the Handbook.) Aides refer any questions regarding prescriptions, drug information, or health matters to a pharmacist. (See the statement on pharmacists elsewhere in the Handbook.)

Aides have several important duties that help the pharmacy to function smoothly. They may establish and maintain patient profiles, prepare insurance claim forms, and stock and take inventory of prescription and over-the-counter medications. Accurate recordkeeping is necessary to help avert a potentially dangerous drug interaction. Because many people have medical insurance to help pay for the prescription, it is essential that pharmacy aides efficiently and correctly correspond with the third-party insurance providers to obtain payment. They also maintain the inventory and inform the supervisor of stock needs so that the pharmacy has the vital medications for those who need them. Some also clean pharmacy equipment, help with the maintenance of equipment and supplies, and manage the cash register.

Helping to keep complete and accurate medication records is an important duty of pharmacy aides.