



National Association of Neonatal Therapists®

NEONATAL THERAPY CORE SCOPE OF PRACTICE

NANT Professional Collaborative

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Neonatal Therapy Core Scope of Practice

Statement of Purpose

The purpose of this document is to:

- A. Provide model definitions of neonatal therapy and neonatal therapists (NT).
- B. Define the core scope of practice in the specialty of neonatal therapy shared by occupational therapists (OT), physical therapists (PT), and speech language pathologists (SLP) by:
 - 1. Describing the minimum educational requirements needed to practice as a neonatal OT, PT, or SLP.
 - 2. Offering recommendations for neonatal therapy certification.
 - 3. Delineating the service delivery process for neonatal therapy used to achieve outcomes that support infants and families.
 - 4. Delineating the domains of neonatal therapy practice and services provided by OT, PT and/or SLP.
 - 5. Guiding the professional development of NTs to provide safe and effective services.
- C. Inform healthcare providers, consumers, payers, educators, regulators, and the public about the professional roles and responsibilities of NTs.

The Neonatal Therapy Core Scope of Practice does not supersede state licensure laws or affect the interpretation or implementation of such laws.

Introduction

The National Association of Neonatal Therapists (NANT) is a professional organization for neonatal occupational therapists, physical therapists, and speech-language pathologists (<https://neonataltherapists.com/>). NANT provides multiple avenues to access specialized education, resources, and peer-to-peer connection while advancing the field globally. NANT and its members are on a mission to improve developmental outcomes for babies in the NICU.

The American Occupational Therapy Association (AOTA), American Physical Therapy Association (APTA), and the American Speech-Language-Hearing Association (ASHA) have each published separate articles outlining skills, knowledge, and scopes of practice related to the neonatal intensive care unit (NICU) (AOTA, 2021; APTA, 2017; ASHA, 2004, 2016). However, all three therapy disciplines share common areas of foundational knowledge when providing risk-adjusted care services in the NICU, regardless of therapy discipline. That common knowledge served as the basis of the first *Neonatal Therapy Core Scope of Practice* which was developed by the NANT Professional Collaborative [NPC] (Professional Collaborative, 2014). The NPC has expanded the original core scope of practice to identify the practice domains for occupational therapists, physical therapists, and speech language pathologists who specialize in the NICU. Domains describe major areas of responsibility in neonatal therapy. However, it is not intended to represent the unique aspects of service inherent to each individual discipline.

Neonatal therapy is optimally provided through an integrated collaborative-care model. The provision of therapy services in the NICU requires specialized orientation, training, continuing education, and mentoring (Craig & Smith, 2020). Additionally, neonatal therapy services should be rooted in ethical practice and contribute to a culture of safety, diversity, equity, inclusion, and justice. Each NT is encouraged to maintain and expand discipline-specific knowledge and skills. In support of validating and maintaining clinical practice and based on the *Neonatal Therapy Core Scope of Practice*, the NPC additionally developed practice competencies (National Association of Neonatal Therapists, 2022) around the shared foundational knowledge and skills necessary for independent and safe practice in the NICU.

This document replaces the *Neonatal Therapy Core Scope of Practice*, previously copyrighted in 2014 by NANT Professional Collaborative (NPC).

Minimal Educational Requirements in the U.S.

Prior to 2007, the occupational therapy terminal degree was at the bachelor level. Currently, occupational therapists may earn degrees at either the entry-level master's or terminal clinical-doctorate level (AOTA, 2015).

SLPs may earn degrees at either the entry-level master's or terminal clinical-doctorate level. In addition, they are often nationally certified through the American Speech-Language-Hearing Association (ASHA, 2020).

To practice as a physical therapist, all entry-level PTs must earn a Doctor of Physical Therapy degree from a Commission on Accreditation in Physical Therapy Education-accredited physical therapist education program (APTA, n.d.).

Neonatal Therapy Certification

NANT highly recommends that NTs seek specialty certification as defined by the Neonatal Therapy Certification Board [NTCB] (<https://neonataltherapycertification.com/>).

Per the NTCB, neonatal therapy certification is a specialty certification that demonstrates that an OT, PT, or SLP has met the minimum standard of education, experience, and knowledge in the neonatal intensive care setting (<https://neonataltherapycertification.com/certification-requirements/>).

Requirements for neonatal therapy certification include a minimum of three years as a credentialed professional (OT, PT, SLP), 3,500 hours of experience in the NICU, 40 hours of education about NICU-specific content within the last three years, 40 hours of mentored experiences and a passing score on the Neonatal Therapy Certification Exam.

Definitions

Neonatal Therapist

A neonatal therapist is an OT, PT, or SLP who delivers evidence-based holistic direct patient care and consultative services to infants in the NICU. Using an integrated, neuroprotective, family-centered model, NTs provide highly specialized and individualized services in the NICU. These services support optimal long-term development, prevent or mitigate iatrogenic problems and adverse sequelae, and nurture the infant-family dyad. NTs are an essential part of the NICU team.

Neonatal Therapy

Neonatal therapy is a complex subspecialty, an area of advanced practice. It is the art and science of integrating typical development of the infant and family into the environment of the NICU. Neonatal therapy incorporates theories and scopes of practice from the respective disciplines of occupational therapy, physical therapy, and speech language pathology. It requires advanced knowledge of the diagnoses and medical interventions inherent to the NICU setting to provide safe and effective assessment, planning, and intervention. At this early point in the lifespan, neonatal therapy promotes optimal long-term developmental outcomes and nurtures psychosocial care of infant-parent relationships by addressing the following synergistic systems that affect neurodevelopment: neurobehavioral, neuromotor, neuroendocrine, and sensory. These systems provide the foundation for the development of functional skills. Preventative, habilitative, and/or rehabilitative approaches are utilized as appropriate.

Professional Attributes

Due to the medical, psychosocial, cultural, and therapeutic complexities inherent to the NICU environment the following professional attributes and characteristics are vital to serving this population.

- Flexible
- Communicative
- Professional
- Approachable
- Proactive
- Passionate
- Respectful
- Empathetic
- Compassionate
- Intuitive
- Inclusive
- Nurturing
- Resilient
- Innovative
- Self-reflective
- Confident
- Self-aware
- Sensitive
- Collaborative
- Assertive
- Intentional
- Accountable

Service Delivery Approach

Direct

One-on-one, group sessions with families, and/or telehealth

Indirect

Consultation, multi-disciplinary teams, discharge planning

Service Delivery Process

Neonatal therapists utilize the following service delivery process in alignment with state and federal regulations.

Assessment - Assessments may be standardized, non-standardized, and/or observational and include both initial and ongoing assessments of the infant.

Treatment Planning - Frequency, duration, and discipline-specific goals are set based on initial and ongoing assessment(s). Treatment plans may be modified, discontinued, or held due to change in medical status, infant's individual response, and/or parent needs.

Therapeutic Interventions - Therapeutic interventions are derived from the assessment and support the achievement of specified goals. Interventions may vary based on NICU level, unit-specific policies, scope of practice for each discipline, and NT experience.

Discharge planning - Beginning at admission, families are provided education and recommendations to facilitate continuity of care from NICU to home.

Documentation - Assessment results, interpretation, discipline-specific goals, plans, education, progress, and outcomes (plan of care) are recorded according to internal, external, legal, regulatory and reimbursement requirements. In addition, documentation follows hospital-approved abbreviations.

Practice Environments

Neonatal therapists provide services to infants and their families in one or more of the following practice environments:

- Newborn Nursery
- Level II Special Care Nursery
- Level III or IV NICUs
- Neonatal Follow-Up

Practice Domains

The practice domains for neonatal therapy are:

1. Environment
2. Family/Psychosocial Support
3. Sensory System
4. Neurobehavioral System
5. Neuromotor and Musculoskeletal Systems
6. Oral Feeding and Swallowing

Validating and maintaining competence in each of the 6 domains requires ongoing dedication to evidence-based knowledge, clinical proficiency, specialized training and mentoring, advanced clinical reasoning and judgment, and exemplary communication and interpersonal skills.

Quality Assurance and Research

Neonatal therapists participate in local, state, national, and international interchange of professional knowledge, information, and education as means to strengthen research collaboration and improve the quality of services.

Quality programs or projects may include:

- Internal audits
- Policies, standard operating procedures, and professional standards
- Resource utilization
- Program development and implementation
- Annual competencies and peer review

Neonatal therapists may conduct and participate in basic and applied/translational research. This research may be undertaken as a facility effort or may be coordinated across multiple settings. Therapists engage in activities to ensure compliance with Institutional Review Boards and international laws pertaining to research. They also collaborate with other researchers and may pursue research funding through grants.

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Additional Resources

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