



American Therapeutic Recreation Association

Scope of Practice for Recreational Therapy



2026

SCOPE OF PRACTICE

Appendix A

American Therapeutic Recreation Association Scope of Practice for Recreational Therapy

Contents

Introduction	454
Statement of Purpose	454
Definition of Recreational Therapy	456
Education, Certification, Licensure, and Registration.....	456
Ethical Standards.....	457
Recreational Therapy Process	458
Domains of Practice	458
Services and Interventions Provided	460
Populations Served.....	461
Practice Settings	462
Summary	463
Glossary of Terms.....	463
References	465
Acknowledgments and Copyright	467

Introduction

This document is the scope of practice for the profession of recreational therapy, providing a framework directing the provision of services. The recreational therapy scope of practice is to be used as a resource but does not replace state licensure requirements, registrant statutes, regulatory agencies, laws, or other regulatory requirements that govern the practice of recreational therapy.

Statement of Purpose

The purpose of the American Therapeutic Recreation Association (ATRA) Scope of Practice (ScOP) is to define the professional domain for the provision of recreational therapy services, thus articulating the range of services recreational therapists are qualified to provide. This document supports recreational therapy as a reimbursable service. The ATRA ScOP explains what educated, credentialed, and competent practitioners are trained to do, and clearly establishes the identity of the profession, services provided, populations served, practice settings, and facilitation techniques utilized by recreational therapists. Thus, the intent of this document is to:

- A. Define the ATRA ScOP for recreational therapy by:
 1. Providing an overview of education, certification, licensure expectations and requirements,
 2. Establishing the core competencies for recreational therapy practice,
 3. Establishing the domains of recreational therapy practice and evidence-based services provided by recreational therapists, and
 4. Emphasizing the dynamic process of recreational therapy assessment, planning, implementation, evaluation, and documentation services used to achieve goal-driven outcomes that support clients' health and wellbeing.
- B. Ensure consistency and clarity across the recreational therapy profession.
- C. Provide guidance for regulatory and accreditation purposes.
- D. Educate stakeholders of recreational therapy services.
- E. Advocate for the profession of recreational therapy.
- F. Protect the public by ensuring qualified professionals perform specific tasks.

The ATRA ScOP describes the legal and professional actions of what a recreational therapist is qualified, trained, and permitted to accomplish. The National Council for Therapeutic Recreation Certification (NCTRC®) states the purpose of recreational therapy:

To improve health and quality of life by reducing impairments of body function and structure, reducing activity limitations, participation restrictions, and environmental barriers of the client served. The ultimate goal of [recreational therapy] is to facilitate full and optimal involvement in community life (NCTRC Scope of Practice, 2004).

Recreational therapy is a necessary and essential profession that centers the client at the core of its practice. The scope of practice for recreational therapy is complex and constantly evolving with advancements in research, evidence-based practice, education, healthcare delivery, and societal and client needs.

Therefore, this ATRA ScOP is built on and framed by past and current recreational therapy professional standards and regulatory documents (ATRA, 2009, 2015c, 2018; CARTE, 2017; COAPRT, 2025; Hawkins et al., 2020; NCTRC, 2004, 2017, 2021; Porter et al., 2020). The ATRA ScOP task force examined related scopes of practices and completed a literature review. Then drafts of the ATRA ScOP were sent to a sub-task force for comment during three robust review phases. The framework document for the ATRA ScOP was sent to the full ATRA membership for feedback during Phase four. The results of this phased feedback process emerged as the ATRA ScOP presented in this document. For additional details regarding specific methodologies for this professional project, please see (Thomas et al., 2026).

Definition of Recreational Therapy

According to ATRA,

Recreational therapy, also known as therapeutic recreation, is a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions as a means to psychological and physical health, recovery, and well-being (ATRA, 2015b, para 1).

ATRA's statement of meaning further describes the profession as,

A treatment service designed to restore, remediate, and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness, as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition (ATRA, 2015d, para 2).

Viewed together, these statements position recreational therapy as a health oriented, assessment driven, and outcomes focused profession that purposefully uses recreation and activity-based interventions as therapeutic modalities. The "Definition Statement" highlights the systematic nature of practice and its connection to well-being, while the "Statement of Meaning" mirrors language provided by Centers for Medicare and Medicaid Services (CMS) related to the definition of active treatment emphasizing "the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible and the prevention or declaration of regression or loss of current optimal functional status" (National Archives, 2026, 42 C.F.R. § 483.440(a)(1)(i)-(ii), 2025). Collectively, these elements establish recreational therapy as a distinct allied health profession grounded in person-centered practice and evidence-based interventions, with the intentional use of recreation interventions to improve health, functioning, and quality of life.

Education, Certification, Licensure, and Registration

The Certified Therapeutic Recreation Specialist (CTRS®), credentialed by the NCTRC, is the nationally recognized qualification for the provision of recreational therapy services. ATRA and NCTRC identify the CTRS as the qualified provider of recreational therapy (ATRA, 2015a; NCTRC, 2026a). Eligibility for the NCTRC certification exam is based on three components: academic coursework, an earned degree, and supervised professional experience. CTRSs must have completed defined coursework including a combination of recreational therapy coursework, designated support coursework in related disciplines, and either an academic internship in recreational therapy or paid professional experience that aligns with the current NCTRC job analysis (NCTRC, 2026b). These requirements ensure that CTRSs enter practice with the knowledge, skills, and competencies necessary to

provide safe and effective services across settings. The most current and detailed eligibility standards can be found through NCTRC (<https://nctrc.org/>). Additionally, graduate degrees (masters and doctorates) in recreational therapy can provide advanced practice competencies. Educators of recreational therapy coursework should, at a minimum, hold the CTRS credential when teaching recreational therapy coursework.

In addition to national certification, some states require recreational therapists to obtain a state license to practice. Licensure is the highest form of credentialing and is authorized through state law to protect public health and safety. Depending on the state, licensure may regulate professional titles, scope of practice, or both. Requirements vary by state, and recreational therapists must comply with all applicable state laws in order to practice.

In addition to licensure, some states use a regulatory approach known as registration to ensure the safety of those receiving recreational therapy services. While there are similarities between the two forms of regulation, licensure is the more rigorous credential and is a legal requirement. Registration is known as title protection where an individual completes an application to have their name included on a “registry” of individuals who are legally allowed to practice and represent themselves as recreational therapists in that state. As with licensing, requirements to become registered vary by state.

Some states offer a state-level certification for recreational therapy. These credentials are regulatory mechanisms created by individual states and are not equivalent to the CTRS credential issued by NCTRC. They do not replace national certification and are not recognized by ATRA as qualifying credentials for independent practice. Recreational therapists in these states should still meet NCTRC requirements to obtain national certification in addition to complying with any state-specific regulatory requirements.

Ethical Standards

Ethical practice is the cornerstone for the provision of recreational therapy services, and the ATRA Code of Ethics is the established foundation for ethical practice in recreational therapy (ATRA, 2009, 2018). By integrating the following ten principles into their practice, recreational therapists demonstrate the highest level of client care:

- a) Principle 1: Beneficence
- b) Principle 2: Non-maleficence
- c) Principle 3: Autonomy
- d) Principle 4: Justice
- e) Principle 5: Fidelity
- f) Principle 6: Veracity
- g) Principle 7: Informed consent
- h) Principle 8: Confidentiality & privacy
- i) Principle 9: Competence
- j) Principle 10: Compliance with laws and regulations (ATRA, 2009, 2018).

These 10 principles are in alignment with state licensing boards and national certification requirements. The ATRA Code of Ethics can be found at: <https://www.atra-online.com/code-of-ethics>.

Recreational Therapy Process

Recreational therapists are professionals who apply specialized clinical knowledge and research-supported interventions to facilitate health, functioning, and quality of life across the lifespan. Recreational therapists incorporate the client's preferred leisure pursuits to create personalized goals using leisure education, play, and leisure counseling strategies. Additionally, recreational therapists are trained in advocacy and awareness; application of theories and service models; and evidence-based practices. Through formal academic education, supervised professional experience, and the NCTRC certification exam, recreational therapists are qualified to utilize the following systematic process that includes Assessment, Planning, Implementation, Evaluation, and Documentation (APIED). The ATRA Standards for the Practice of Recreational Therapy inform and assess quality assurance of recreational therapy services and, therefore, are applied to each phase of this process, refer to Table 1 (ATRA, 2015c).

Domains of Practice

Recreational therapy is an evidence-based, healthcare profession that promotes optimal functioning across the physical, cognitive, social, emotional/behavioral, and spiritual domains (Anderson & Heyne, 2013; burlingame & Blaschko, 2010; Kemeny et al., 2016; Messina & Davenport, 2024; Stumbo & Peterson, 1998; Van Andel, 1998). Recreational therapy uses purposeful leisure, recreation, and play to address clients' rehabilitative, preventive, and accessibility outcomes (Gassaway et al., 2011; Gassaway et al., 2019). Primary focus of each domain is as follows:

- Physical: Targets body functioning, structures, movement, healthy lifestyle choices, coordination, daily living skills, and improved fitness (World Health Organization [WHO], 2001).
- Cognitive: Targets mental processes such as learning, memory, problem-solving, applying knowledge, and decision-making (Ustun et al., 2003).
- Social: Focuses on building relationships, interpersonal skills, positive interactions, and community inclusion (Ustun et al., 2003).
- Emotional / Behavioral: Focuses on managing feelings, self-esteem, confidence, and developing positive coping skills (Milojevich et al., 2021).
- Spiritual: Connects clients to their own beliefs, values, purpose, and meaning in life (Puchalski, et al., 2009).

Table 1

APIED Process: Assessment, Planning, Implementation, Evaluation, Documentation

APIED Process: Assessment, Planning, Implementation, Evaluation, Documentation	
Assessment	
Conduct inclusive assessment process based on: - Individual functional domains (i.e., physical, cognitive, social, emotional/behavioral, and spiritual) - Clients' needs and choices - Secondary interviews with interdisciplinary (i.e., interprofessional) team members, family caregivers, etc.	
Planning	
Develop comprehensive program plans and individualized client centered treatment or care plans/programs by: - Selecting client outcomes (specific, measurable, attainable, realistic, timely) - Identifying evidence-based interventions to meet client outcomes - Completing activity and task analyses - Identifying or creating client's process for evaluation	
Implementation	
Utilize a variety of facilitation, counseling, and behavioral techniques by: - Implementing and facilitating a wide range of interventions and modalities based on clients' needs and choices - Facilitating both individual and group services - Deploying program modifications and adaptations based on clients' needs - Using adaptive equipment and assistive devices	
Evaluation	
Evaluate individual and group programs through the use of: - Outcome measures - Ongoing quality improvement processes - Formative and summative evaluation techniques	
Documentation	
Document professional practice and client care through the use of: - Client outcomes - Each aspect of the APIED process - Assessment notes - Progress notes - Discharge notes - Transition plans - Individualized treatment or care plans - Comprehensive program plans	

Services and Interventions Provided

The services provided by recreational therapists are goal-oriented and person-centered while using the APIED process to help clients reach their highest level of independence, health, and well-being. Services may be provided by appropriately credentialed recreational therapists, recreational therapy assistants, and recreational therapy students. Recreational therapy students must be directly supervised by a CTRS at the time services are implemented.

Services provided by recreational therapists are considered interventions, treatment modalities, and programs that can be implemented in both one-on-one and group delivery. Services include broad categories such as using art, community inclusion, coping skills, music, nature, physical activity, positive advocacy skills, social prescribing, and sports to reach individual client's personalized needs (Hawkins et al., 2020). Exemplary services are presented in Table 2. The intervention, treatment modalities, and programs found in Table 2 may require additional training or certification for specialization to address state regulations or facility policy. These trainings and certifications provide recreational therapists with further opportunity to practice specific modalities and interventions in line with advanced training, yet recreational therapists are competent to implement these services at the foundational level.

Table 2

Examples of Services and Interventions Provided by Recreational Therapists

-
- Adaptive Sports
 - Adventure Therapy
 - Animal Assisted Therapy
 - Anti-Bullying
 - Aquatic Therapy
 - Aromatherapy
 - Assertiveness Training
 - Autogenic Training
 - Behavioral Activation
 - Bibliotherapy
 - Biofeedback
 - Cinematherapy
 - Community Reintegration
 - Cognitive Rehabilitation
 - Cognitive Behavioral Therapy (CBT)
 - Cognitive Stimulation Therapy
 - Creative Arts Expression (Art, Music, Dance, and Drama)
 - Diaphragmatic Breathing
 - Dialectical Behavior Therapy (DBT)
 - Horticulture Therapy

Table 2 (cont.)

-
- Imagery
 - Intimacy and Sexual Skills Training
 - Laughter Therapy
 - Leisure Education
 - Leisure Counseling
 - Meditation
 - Mindfulness Training
 - Motivational Interviewing
 - Nature-based and Outdoor-based Interventions
 - Pain Management
 - Physical Activity
 - Progressive Muscle Relaxation
 - Reminiscence Therapy
 - Remotivation Therapy
 - Resocialization
 - Robotic Therapy
 - Self-advocacy Training
 - Sensory Training
 - Social Skills Training
 - Stress Management
 - Stretching
 - Tai Chi / A Chi
 - Trauma Informed Care
 - Yoga
 - Values Clarification
 - Validation Therapy
 - Video Games
 - Virtual Reality
-

Populations Served

Clients for recreational therapy services may be individuals across the life course from birth to death who have or are at risk of developing injury, disorder, disability, condition, illness, life engagement limitation, or a decline that impacts their perceived quality of life. Broad categories of individuals served by recreational therapists are listed in Table 3.

Table 3

Examples of Populations Served by Recreational Therapists

-
- Acquired Brain Injuries/Traumatic Brain Injury
 - Amputations and Limb Differences
 - Autism Spectrum Disorders
 - Behavioral Health Disorders
 - Chronic Illnesses/Medical Conditions (Cancer, Cardiac Rehabilitation, Diabetes, Chronic Pain)
 - Cognitive Impairments (Neurocognitive)
 - Intellectual and Developmental Disabilities
 - Mental Health Disorders
 - Military Service Members and Veterans
 - Non-disability related needs for health promotion
 - Pediatrics
 - Older Adults
 - Physical Impairments (Neurological, Neuromuscular, Physical)
 - Seizure Disorders
 - Spinal Cord Injuries
 - Substance Use and Addictions
-

Practice Settings

Recreational therapists serve clients across the continuum of care and in a variety of settings. Recreational therapists are qualified and contributory interprofessional members during client and administrative team meetings. The services provided to clients by recreational therapists occur in such settings as: inpatient settings (i.e., hospitals, rehabilitation facilities, long-term care, nursing home facilities, correctional facilities), outpatient settings (i.e., hospital, clinics), and home and community agencies (i.e., waiver programs [i.e., Medicaid], camps, schools, community parks and recreation, park districts, continuum of care retirement communities). Listed in Table 4 are the broad range of settings and locations where recreational therapists might be employed, although they are not limited to these specific practice settings.

Table 4

Recreational Therapy Practice Settings

-
- Assisted living and memory care
 - Camps
 - Community based health and human service agencies
 - Continuum of care retirement communities
 - Corporate wellness programs
 - Correctional and juvenile justice programs and facilities
-

Table 4 (cont.)

-
- Early intervention
 - Higher education
 - Home and community-based services (including Medicaid Waiver programs)
 - Long-term care facilities
 - Mental and behavioral health programs
 - Mental health rehabilitation centers
 - Nonprofit organizations
 - Outdoor recreation/adventure
 - Physical medicine and rehabilitation hospitals and centers
 - Private practice and consulting
 - Public parks and recreation departments and programs
 - Research facilities
 - Schools (public, residential, charter, and private)
 - Senior centers and adult day programs
 - Skilled nursing facilities
 - Veterans Health Administration (VHA)
-

Summary

This document is the scope of practice for the profession of recreational therapy and should be used to identify and support recreational therapy service provision. The ATRA ScOP supports recreational therapy as a reimbursable service. The intent of the ATRA ScOP is to be inclusionary in its description of the services, interventions, populations, and settings yet acknowledges with advanced training and credential acquisition, recreational therapists may incorporate additional services and resources in their respective practices. While this document presents the scope of recreational therapy practice in its present state, the profession is fluid and the scope is dynamic with regular revisions anticipated to address the changing nature of the practice.

Glossary of Terms

- **Active Treatment:** Supervised individual plan of care based on the client's needs and includes an interdisciplinary (also known as interprofessional) team approach designed to achieve the client's discharge at the earliest possible time (CMS, n.d.).
- **Activity:** Action, content, experience, or medium presented to participants to address objectives and achieve desired outcomes.
- **Adaptation:** A change to the environment or equipment that allows a client to successfully participate in an activity.
- **Agent:** Something capable of producing a therapeutic effect, such as a particular activity or experience (Porter et al., 2020).

- ATRA Standards for the Practice of Recreational Therapy: A set of twelve (12) standards that defines professional parameters, guides service delivery processes, and establishes outcome criteria to demonstrate client progress or change resulting from recreational therapy services (ATRA, 2015c).
- Goal-Oriented: Therapeutic services are designed and implemented based on identified goals and objectives for each client.
- Holistic Approach: A practice framework that considers the client's physical, cognitive, emotional, social, and spiritual well-being, as well as their family, community, and cultural context.
- Intervention: Action or structured activity designed to improve a situation by targeting specific goals and objectives (Porter et al., 2020).
- Intrinsic Motivation: Engaging in activities because they are personally rewarding, enjoyable, or interesting, driven by internal satisfaction.
- Leisure: Free time used to participate in recreational activities, producing intrinsically rewarding experiences (Csikszentmihalyi & LeFevre, 1989). Activity chosen for personal fulfillment during free time, it is not mandatory or part of work responsibilities, self-care, or sleep, and contributes to functional independence and quality of life (Chiu & Lee, 2025; Iso-Ahola & Baumeister, 2023).
- Modality: A specific therapeutic agent that is used in treatment (Porter et al., 2020).
- Modification: A change to the content of the activity or the skill for a client to successfully participate.
- Person-Centered: An approach in which recreational therapy focuses on the client's needs, preferences, strengths, and lived experiences, collaborating closely with clients, families, and support teams.
- Play: Part of the creative process where a client is fully engaged, having fun, and acting freely without pressure, obligation, or strategic decision making (Csikszentmihalyi & Bennett, 1971). Unique state that happens in safe circumstances allowing for creativity, curiosity, exploration, and trying out new behaviors (Claouhos, 2026).
- Populations: Group of clients with whom recreational therapists work and provide therapeutic services.
- Practice Settings: Location or environments where recreational therapists deliver therapeutic services.
- Recreation: Experience selected by a client during their leisure time to meet their personal wants, largely for their own satisfaction (Torkildsen, 1986). Chosen activity during free time allowing for personal enjoyment, reduction of stress, and personal growth, can be performed in varied settings and times (Xie et al., 2022).
- Recreational Therapy Process–APIED: Recreational therapists follow the APIED process, Assessment, Planning, Implementation, Evaluation, and Documentation, when providing therapeutic services to clients.
- Technique: A specific method or approach used within a modality or intervention to support progress and facilitate change (Porter et al., 2020).

- Trauma-Informed Care: Service-delivery framework that is grounded in an understanding of the pervasive impact of trauma on physical, emotional, and mental health, while proactively ensuring environments are designed to promote healing and resist re-traumatization (Substance Abuse and Mental Health Services Administration, 2014).

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 Brent Wolfe, PhD, LRT, CTRS, FDRT; Derek Whaley, PhD, LRT, CTRS; Monica Martinez, MS, CTRS

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