**OT's of Reddit, do you currently regret your decision in being an Occupational Therapist?**



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Hey all, I know this question has been asked one too many times but I want to know how you all still feel about this career with COVID and all. I am currently in my first year of OT school and in a crisis about whether I want to continue doing this. I have heard about how much OT's do get disrespected compared to other health professions, pretty low pay for the requirement to be an OT, very limited upwards mobility, and the treatments towards rehab workers. I do have some other questions that would be greatly appreciated if answered.

1. What do you think the future of OT is going to be like? Will there be better pay? Will they be more overwhelmed?
2. How secure do you feel your job is? Do you think you will get laid off at any time whenever the economy is bad?
3. How do you think the future of telehealth is going to be? Do you think it will stick forever? Can a person mainly do telehealth and still make a decent amount?
4. What are the different fields in OT and which one do you prefer working in?
5. If you do regret being an OT, what other field would you go into or are interested in?
6. Lastly, how likely would you recommend OT career for others?

If you have made it this far, I appreciate you for reading my post. I want to say thank you beforehand if you do answer the question because I am truly grateful for your responses. I hope you all stay safe, stay strong, and let's hope this year will be better.

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If I knew there was a pandemic coming and how health care workers all together were gonna get treated ….. I would have thought twice about it. The burn out is real. I’m hoping this is just a season for me and I’ll bounce out of it- it’s been rough for my department and things are really on edge right now.

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I'm sorry to hear that it's been rough on you. This was one of my main worries, burned out and overwhelmed. I do hope things become better for you.

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OTRL

I don't think we are going to see some kind of exponential jump in OT pay. It'll keep consistent with current trends.

OT is secure. As long as people are aging, people need OT.

Telehealth has been around for nearly a decade, but only took off during the pandemic. I think it'll stick around for some settings, like schools moreso than OP adults.

Different fields? Throw a dart. There's several. Neuro, Ortho, mental health, pediatrics, hospice, OP, IPR, HH, SNF, acute. My favorites I've done: Neuro rehab, stroke rehab, SCI rehab, NICU, lymphedema, oncology rehab

I recommend OT for those who want a diverse field and who truly have a heart to help others.

If you're already having doubts, figure out what makes most sense for you. You have valid concerns.

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Agree with the above.

Regarding Telehealth, I think this will fade out quite a bit. Our agency adopted this during Covid but are abandoning it bc it does not serve our purpose except for extreme circumstances and it is non-billable. Hate to say it but companies will always look for the bottom line.

If you can find a union job with guaranteed salary increases yearly and merit raises, go for that one aggressively. There are many OTs who make very good wages in these environments.

Different fields, not so much, but would love to see OT again in mental health which is becoming more and more of an issue for so many- but the big growth area for us will be home health.

And I think home health will be the future of health care. I think there will eventually be high profit companies and it may not always exclusively be for *homebound* patients but for the general public and include physicians, x-rays and many other services.

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Thanks for your reply. Do you still enjoy being an OT or would you have done something else?

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It’s definitely becoming increasingly hard to watch friends work remotely, move to cheap areas and make more money. For those of us who have to continue to show up to a physical job location, the benefits are few, and they are increasingly less and less.

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Seeing people WFH with amazing benefits and pay is the main reason in why I’m conflicted in staying in my OT program.

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I thought that OT was so broad you can just switch to a different setting? For example OTs can work as a disability assessor for PIP who mainly WFH?

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I hit burn out like every 6 weeks. I don’t know why. I always second guess myself. I feel like I am not making a difference sometimes. The moments where a kid makes progress or learns a new skill is what I live for and those are becoming more rare. I love OT but it a very hard profession. I get paid well where I am but I don’t have benefits. Sometimes I wonder what it would be like to have a 9-5 and PTO. I am just torn on if this is my forever career and that’s heartbreaking.

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One of the main reason I chose OT in the first place is to experience the joy when a patient makes progress which I’m glad to hear that there are things that don’t go away. I’m also torn if I want to deal with so much hardships for little pay when I am still in a position to switch to something less demanding but with higher pay.

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Regret since year 1 but I'm still an OT now

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What made you stick through with OT if you regret it? I’m in a similar position as you and would love to hear your thoughts.

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How many years you’ve been an OT? What were your expectations vs reality?

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Listen, I’ve been an OT for close to 5 years, and I can tell you I’ve never had a problem finding a job. Even right after I passed boards, I immediately got a call back right away and found work at a SNF. Sure there were shitty jobs that I worked and absolutely hated, but I enjoyed most of my jobs for the most part. The work is relatively low stress, job security is there, and I personally find enjoyment in doing evaluations and treatments for my patients. It is a respectable health care job which got me out of debt relatively quickly, and afforded me my own place. I fought my ass off to get into OT school, pass fieldwork, and pass my boards to get to where I am right now. I also wanted to be an OT because (soap box story) I wanted to help people like my grandpa who had a stroke.

Compare that to my friends who flat out hate their jobs, or are working Walgreens or McDonalds (lots of my friends), and we got it pretty good.

So no, I don’t regret it (rare I know). Grass is always greener on the other side. If you visit the PT forums they also wonder the same thing.

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What was the cost of your OT school if you don't mind me asking? do you think it is worth it to stick it out for someone who has already completed a year of OT school? I already have student debt so Im just concerned about the mixed reviews I'm seeing about OT's salary, thanks

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Your concerns are completely valid. I wish I had the same gut feeling within my first year, but all the things that happened to bring this field down further (Medicare/pay cuts, productivity increases, Covid) didn’t happen until my second year or later. It wasn’t until my final level 2 that I started second guessing. Since I can’t go back in time, I’ll answer what I can:

1. I’ve heard from veteran therapists that pay, demand, security, etc. ebbs in and out over time. Some times in rehab were much better than others, but that’s unfortunately not today. As for being more overwhelmed? Absolutely. I’ve read within the last week that rehab personnel have been asked to volunteer as substitute teachers in school systems, or fill in as CNAs when they have all left hospitals and facilities. It’s becoming more common that therapy is pushed to perform groups all day. These are the reasons I’m sticking to home health for now to avoid many of these pressures.
2. It was really rough starting as a new grad during hiring freezes, but these days, I’m getting hired within seconds (I’m an unapologetic job hopper). Not too worried about security during a bad economy.
3. I’m not the one to ask, but I’m seeing this is more common with school settings. Was offered a telehealth position a few months ago, but I declined it because the pay was so poor.
4. OT programs preached so much about the variety of settings available and I’m finding that many of them are not. I always say to those thinking of OT that you better be in love with working at a SNF, school, or home health, because those are really the ones most available. If I knew how hard it was to find and land a hand therapy job, I would not have gone to OT school.
5. I don’t completely regret it as I managed to be in a good financial position to pay all loans off. I know many are in a worse situation and I wouldn’t blame their regret. For the work itself, I really do experience some good moments in this career that keep me going. I’m still exploring other career options as I feel I wasn’t careful enough choosing OT.
6. Probably 3/10. It’s so much debt for what you get in return, you hit your pay ceiling early in your career, FT benefits suck, and the physical demands are not sustainable.

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OTR/L

Fellow outpatient OT here. The ONLY reason I wanted to do OT was to do outpatient ortho, and yes the job search was miserable as a new hire. It took me 6 months to find a job that's about 40 minutes from my home. I started in 2017 and have slowly witnessed the change in outpatient care. We are highly pressured to see as many patients as possible (we recently changed all visits to 30 min appointment slots instead of 45 min appointment slots) with less focus on quality and more focus on quantity. And now with the pandemic, I'm being pulled to our local hospital to work acute care about 4 hours a week. They barely even trained me (I've only ever done outpatient OT) so I feel incredibly lost when I'm at the hospital.

I'm currently thinking of switching to home health as a short term solution and then taking online tech courses to eventually switch to a career in computer science.

I'm just curious as to what your experience is as an outpatient ortho OT!

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I definitely regret it, I think largely bc I entered the field into the pandemic. Everyone around me is burned out and miserable which makes my feelings of burnout more intense. I’m trying to learn how to be an OT as I watch the healthcare system around me collapse (I’m in acute care and largely work with COVID+ patients which may influence my experience). If I could go back I’d stay far far away from healthcare.

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I’m hearing many OT’s talk about burnt out and low pay with a lot of debt. I hope things get better post-covid but with how the healthcare system is I don’t see it getting that much better for us and I think I might switch out. Thanks for your input!

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MA, OTR/L

I'm in hands and am happy with my decision to be an OT. I am treated well by my employer an they are taking covid safety incredibly seriously. I was not forced to come in when my family members contracted covid (thankfully I never did). I am not expected to see sick patients.

I think it can be a great career but the catch is that you need to think long and hard if your personality and financial goals line up with OT. It's not a career for people that want a to feel like they are constantly moving up, it's more like a trade. It's not a career for people who want to earn a lot. It's not a career for extreme introverts or people who realized that they really just want to work from home.

FWIW- a lot of people in general (not just within OT or even healthcare) are realizing they value WFH and are changing careers to accommodate that. It's not just you or just an OT thing.

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I think this pandemic has really shown that I prefer WFH or something that provides flexible hours. As I am a student, I’m not sure if there are any OT positions that have flexible hours.

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I do regret it - I’m already transitioning out 1.5 years later.

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OTR/L

What are you transitioning to?

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I’m also curious in what you’ve transitioned to

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Yes I regret it, but has nothing to do with Covid. I've regretted it since OT school 17 years ago. The poor pay and lack of upward career mobility is frustrating as hell.

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I’m really worried about the lack of upward career mobility and the early pay ceiling in my career. Like everyone else, I plan on having a family and have the financials to support it. It’s frustrating to hear that a career I was interested in have so little career growth.

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Wages are stagnant. I have 11 years of experience as a COTA and you would never guess with my wages. Im significantly underpaid and my skills undervalued. If i was in any other field i would be making more than what I am. I live in salt lake area and there are no jobs available. I am greatful for my skills but i absolutely wish I would have gone into another field

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I’m sorry to hear that. I don’t know how your situation is but what made you stay in your field and what made you stay in salt lake area?

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I’m an OT in Canada and love my job and think it’s a great profession, there’s so much variety in terms of what you can do. A disadvantage and advantage of being an OT is training is so general but once you are done school, find an area you are interested in such as: hand therapy, motor vehicle accident, mental health, mobility equipment, concussions, neuro, msk, kids, burns, etc… if you like helping people, you’re not in the wrong profession. Regarding the disrespect from other professions, that belief is overstated… sure it happens but not to any extent you should worry about. I’ve been in rounds at an internal medicine floor and yeah we didn’t say much other than discharge plan but treating the acute illness was the priority so why would we need to have a lot of input.

I work in mental health doing psychotherapy and I love it. My job is secure and with a union. Pay is about 43 an hour, which is fine because I owned a house before the housing market went insane up here. For psychotherapy, virtual care is here to stay but some prefer in person.

Regarding your concern about pay, it’s like many fields, it depends what you do. I worked at a company that paid pretty poorly because of their funding model but it was a stepping stone to my current job, which is a stepping stone to doing private psychotherapy, which I could bill 120 an hour for. Find a field you like a become an expert in it and you can live quite comfortably. Areas of work can change so don’t worry too much about finding the right one right away and remember that competence fuels passion so as you get better, you’ll become more passionate. Try and get placements in areas you like or want to live near and work hard at your placement. Most OTs I know love their profession and live comfortably but few make >100k. It’s true that many rehab facilities are hiring more OTA/PTAs vs OTs and PTs but doesn’t mean the job market is going to dry up.

Your questions are good but aside from dropping out, there isn’t really a whole lot of other actions you can take from the worries so my advice would be to worry about what you can control… enjoying OT school, learning about the profession and taking care of your physical and mental health. Good luck!

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I’m curious how health care is like in Canada! As I’m from the states, I’m sure you know it’s a mess down here.

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What kind of psychotherapy do you do?

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Graduated in 2019. I was an older student and this is a second career for me. I work in acute care and regularly treat Covid patients. Aside from joking about “this isn’t what I signed up for.” And respiratory patients not being my favorite diagnosis to work with, I am still happy with my decision.

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Glad that you’re happy with your decision! I on the other hand wish I can figure out what I want to do already instead of being so indecisive

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I'm a school OT, graduated the year before COVID-19 was known, and I don't regret it, but my husband lucked out with promotions so together we make a comfortable salary, and I was able to find a district position to make me eligible for PSLF. If I had to pay my loans on a standard plan, I'd probably have to move back to my mother's and live at home (I have my OTD). PSLF does also mean I have to work full-time at a non-profit, so I can't exactly leave my job and go part-time while my baby is young (I'm due in the spring). Right now, I'm a little envious of my SILs, who don't have my student debt and can stay-at-home. I told myself before starting school that I was five with they, and my mom was a working mom, but I'm less motivated to now that I'm closer to my due date. I also feel a bit guilty knowing my husband in tech makes double what I do and has no debt, if that makes sense?

I feel like my job is pretty secure, since special ed is a federally-mandated service. I'm not sure about the future of OT, but I remember reading somewhere our job is one of the least likely to be automated. You just... Can't, and virtual is difficult to do well.

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Honestly, I'm thinking of jumping into nursing. There's more stability, diversity, and mobility.

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A handful of my classmates have switched to nursing due to the better pay and more upward mobility career wise. I have thought about nursing as well but I’m not sure if I’ll like the work they do and with how healthcare is I’m not sure if I even want to be in the entire field anymore

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MS, OTR/L

I have my degree but I’m not working yet since I haven’t taken the NBCOT (3 weeks ahh!!!) but I think I can answer some of these based on my Fieldwork experiences.

1. Me personally, I think the future of OT is going to be heavily emphasizing pediatric practice and home health/geriatrics. If you look at AOTA’s social media and advocacy efforts a lot of them focus on OT’s role in school, EI, and aging in place/home health. Driving also seems to be a specialty area they keep marketing and that’s sort of related to home health/aging in place. This seems consistent with where our roles seem best understood and where we seem most valued by payers and patients/families. I could be wrong but that’s where I personally sense the wind blowing.

Pay is such a variable thing (practice setting, location, cost of living, ability to negotiate, etc.) but it depends on how Medicare values our services. Don’t expect any big changes on that front.

2. Can’t comment on this.

3. I think telehealth is going to either stay where it is or start to grow. Anecdotally I’ve seen it used to decent effect but sometimes it’s a pain for both client and therapist. It can help to bridge a gap in access, research supports its use, and AOTA has advocated for our role, but sometimes it just isn’t effective in reality and I think we’re waking up to that as clinicians.

4. I’m all about physical rehab, specifically hands and upper extremity. There’s a plethora of options though, school-based, early intervention, home health, acute care, low vision, the list goes on.

5. Not that I regret it, but I sometimes think I should’ve been a PA. Medicine seems higher paid and higher respected, but I’m just not interested in pharmacology or doing procedures.

6. Probably like a 7/10

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Thanks for providing your input! It’s always nice to hear other peoples thoughts. Good luck on your NBCOT I’m sure you’ll kill it easily

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TL;DR. I somewhat regret choosing OT as my career.

Here is a little background. I retired last year after 23 years of doing OT. Working with adults in SNF, rehab, and HH are my experiences. I also worked at a couple of universities.

I've always felt the profession as a whole is missing an opportunity to advance in a direction that is most meaningful to people and payers. In my mind, this direction boils down to treating mobility deficits. Not just including mobility as part of a goal, but making mobility for daily activity a goal. For example, "Pt. will safely ambulate from living room to toilet using a small-base quad cane with CGA." Of course, using the toilet would be the next goal.

However, my experiences are that adult-OT's primary focus is UE strengthening and ROM, standing tolerance, and diversional activities (like putty, pegs, and cones). I understand the logic behind these interventions, but I feel they may not be the best treatment approach for many patients. It also seems that OT follows in the footsteps and is under the shadow of PT. Because of this, I believe OT is not highly regarded. Please remember that my experience is only with adults. OTs specializing in hand therapy, lymphedema, etc., are different horses altogether and may not share my sentiments.

I know this step will not be easy and will take time. The action is bold and encroaches on PT, but I do not have significant concerns about this because most professions' expansion usually advances into another domain. SLP and PT have both infringed on OT, right?

Many practitioners may disagree with my thoughts, but they are the reasons I somewhat regret choosing OT. I have other issues, but they are relatively minor.

For what it's worth, dogging practitioners or the profession is not my goal. I just think OT is missing a vital piece of the occupation pie.

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I 100% regret it, OT is somehow in extremely high demand everywhere all of the time but simultaneously undervalued and misunderstood. Low pay, high stress, mentally and physically taxing. Everyone thinks it’s easy and they could do it.

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I like many aspects but overall do wish I chose something else. Either something higher paying in healthcare or a job in a different sector entirely that offers more pay potential, better benefits, and flexibility with work from home. Rehab just seems so locked in at this point with no real upward/positive trajectory. You are likely still young if you are still in OT school, you do have time to pick something else if it doesn’t feel right to you.

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I think OT is worth it if you’re in a solid healthcare system with good management and good benefits, in a school system with good benefits that either pays based on degree and years of experience or you’re in a teacher union state where wages are high, or you’re a CHT or other well-paid specialist. If I could do it again, I’d consider PA and recommend therapy only if someone could really not imagine doing anything else, you love it that much. If you’re on the fence, do PA, MD or stay out of healthcare.

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Australian OT, graduated end of 2019.

1. I think there will continue to be increased demand without increased revenue to therapists unless they are private practice owners and willing to take on the risk associated with that. NDIS and MyAgedCare mean there is good money to be had if you can get a steady stream of clients and don’t mind not being super ethical. The big providers and hospitals will continue to expect the absolute world from you and pay as little as possible as the system is groaning at the seams.
2. I feel my job is secure, and even in downturns the demand for therapy doesn’t really drop significantly as a lot of the funding comes from government. Instead, I see LNP governments being a bigger threat, as during a downturn they consistently defund government services.
3. Telehealth won’t really replace face to face but it wont go away. Psychotherapy and limited paediatric / initials for home adaptations / equipment work will keep providing but limited scope for other practice settings to use it effectively.
4. Mental health, extreme burnout. Hospital, residential aged care, extreme burnout. NDIS was soul crushing as it’s pretty out of alignment with what is current or best practice and you will fight tooth and nail via extremely long reports that are rejected by accountants. Many NDIS providers will churn and burn you when you’re early career. Haven’t tried paeds or hands - hands could be cool, tho quite competitive.
5. I regret being an OT maybe 6/7 days of the week. There are moments where people make progress towards a goal, or take their first steps with you again, or succeed in making a friend or cooking something successfully, but they’ve been far, far too rare compared to the constant emotional drain and stress.
6. I would actively encourage to explore what ACTUAL OT jobs will be like day to day, and the pressures of working in a very stretched healthcare system where you’re somehow going to be the expert on “doing literally anything and everything” while master of none, while surrounded by colleagues with a deeper level of knowledge in specific areas vs your jack of all trades master of bone knowledge of everything. OT school sells the idea that OT can be and do anything, as do so many silly articles written by people that aren’t OTs or LOVE OT with a truly lifelong passion. If it’s a lifelong passion and you LOVE helping people despite the odds and can be there to provide huge amounts of emotional support to people during the hardest times of their lives without it taking too much of you emotionally, go for it. If you’re sensitive, take on others feelings, or are not extremely resilient and boundaried (very happy to say no) then the system will eat you alive and say “thanks, next body please” when you’re burned out to a crisp.

9/10, would not recommend for 90% of people who consider it.

Yours, a jaded, burnt out millennial OT.

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Yes. 100% agree with #6.

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Capital-Internet5884

Just out of curiosity, if you don't mind me asking. What degree do you think has better prospects from where you're standing or what jobs do you think would make you less burnt out? Is it the same for speechies and physios?

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Telehealth is a big reason I am considering studying SLP instead of OT, there just seems to be more opportunity to work remote in that field if needed, I am right on the brink of enrolling into a masters program but am really trying to make sure I make a good decision...but it's so hard to know haha.

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Future is not great. Covid, no rate increases, don’t see better pay or benefits but se more $$ for the degree. Job security lowest it has been in. 20 years. I like telehealth but pay is not great and not full time.
I am pediatrics so outpatient, schools or Early Intervention I would tell someone to do it before the OTD became mandatory but honestly not sure it’s a great return for the price of the degree. I have loved my career as an OT until this year. Covid in Florida has put us at high risk with little protection.

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I shadowed at a SNF today to see if I would like to work there. Rehab gym full of nothing being used. I asked therapist about a few of the expensive huge equipment around the room (pneumo-walker, diathermy..) she did not know what any of it was and has worked here for 6 months. Therapists sit on dusty mats covered with old boxes all eating lunch separately not saying a word to each other. I guess we’re not getting paid to have time to organize and update our equipment, but how is that even allowed? How has it gotten to this point? Why is this happening everywhere? And more importantly why is every therapist just seemingly ok with it and not talking to each other about how to change it? Especially like why so many places are you not sitting and eating together I feel like that’s so important for team morale. It was 10 years ago when I did fieldworks at prestigious facilities any way.

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I am a 27 year OT….my thoughts

I feel there is so much accurate info about this profession. People should educate themselves before entering any field and committing $50,000 to any career education program

I am so sick of people crying about how they regret this chosen profession If you did the research you would have fully known about the problems with chosen field

If you didn’t do the research then that is really your problem

After my first 8 years . I had grass-is-greener-itis

I hated my OT job…. I didn’t renew my license and got in to medical sales….I took a 75% pay cut and started at the bottom I worked my way up in sales and made great money….10 years later I hated med sales…..

I took my CEUs ….got my OT license back

And have worked as an OT for last 10 hrs in Peds ,School system , Acute , HH and Skilled

I love being an OT more than ever

Remember OT profession was born from the field of Psychology

I say fellow OTs. We are psych based therapists We are Everything Therapists We are Functional Therapists And have some fun.

If you don’t like this profession don’t renew your license and move on

Just my experience and thoughts

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1. It's hard to say, but as the population continues to age and disability awareness continues, I think the future of OT will remain solid. It's hard to say whether that means more pay, because that probably depends on the state of healthcare and legislation. Right now OTs and all healthcare professionals are overwhelmed in the covid era, but I don't see that lasting forever.
2. My job is very secure. I work in schools and I get a referral every 24-48 hours. It's pretty overwhelming to be honest. At the same time, I accept that I could be laid off at any time (got laid off last year!) That had little to do with the security of OT and everything to do with enrollment decline and funding for the district. But I'm pretty sure I can always find a job *somewhere* at any point.
3. I think that telehealth will expand, as virtual services have in all sectors. So yes, it will be around forever. I'm not sure if full-time telehealth is a great gig for a lot of OTs right now, but that's not to say it can't be in the future. I'd also warn against romanticizing work-from-home. I did it for 1.5 years but then really found myself craving in-person work. OT is really holistic and hands-on and for me, that was hard to achieve in a virtual format. Plus I'm active and I like to move around during my work day.
4. There are a lot...acute care, acute rehab, neonatal intensive care, SNF, hand therapy, low vision, driver's rehab, ergonomics, clinic-based, mental health, early intervention, school-based, assistive tech, dysphagia, environmental modifications, hippotherapy, condition-specific specialities in lymphedema, traumatic brain injury, autism, stroke, spinal cord injury, seating and mobility, the list goes on. I prefer pediatrics because I love to work with children.
5. No, I don't regret OT. It's honestly hard for me to think of alternative career because I don't know if another one would suit my personality. I sometimes think about what it would be like to do an office job until I realize that the lack of creativity, autonomy and physical activity would probably make me lose my mind.
6. I would recommend OT if you 1. have a firm, realistic grasp of the financial impact of going back to school and 2. understand that your path to becoming an OT may not always be easy, but that if you stick with it, it will eventually be worth it.

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I don't regret being an OT. I only regret how much I took out in loans. Otherwise, where I am at now, I feel secure. I work as a school-based OT full time in Illinois (urban area) with full benefits. There is a huge demand for school-based OTs (where I am located). I think we should continue to advocate for our value and not take positions that undervalue us.

For example, my colleague took a SNF job for $33 hourly at the upper east coast and she was desperate for a job. Thus, she barely negotiated her wage, even though she has 2 years of SNF experience and the cost of living was high at her location... She's a bit unhappy with her setting but jobs are hard to come by at her area. I, a semi new grad with 0 experiece in school-based decline an offer of $34 hourly (contract). I negotiated and agreed to $37 hourly. I put forth my reasoning (degree, other non OT qualifications). Furthermore, my cost of living is significantly more affordable, thus, it worked out well for me. However, my school-based OT friend near Chicago said I low balled (she earns $42 hourly limited benefits). Regardless, my point is to always value yourself and negotiate. Take time to see if your values align with the facility/company. Also, talk to other OTs in your area about salary or hourly rate. It's important!

Also, I think OT will continue to thrive depending on your location. Your value will vary per facility/company. During the job search and interview process, try to pick up how other professionals speak about our profession, and ask current employees about their perspectives, and if they feel valued. In addition to my school job, I work PRN (as needed) as an Acute Care OT at a university partnered hospital. The hospital and staff understood the value of OT. They allowed me to observe before I made a decision to take the offer. This is a plus and the therapy team were very transparent about the changes they've seen since the pandemic.

Overall, I didn't answer all the questions but I hope this was insightful. Every location, facility, and situation is different. Do what best works for you and your situation. Remeber, your health and wellbeing matters most. ❤

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I think it is better in the UK... you can be an OT in a variety of settings so if hospitals are too stressful you can work in a school or care home etc. There are definitely WFH opportunities as an OT for example working in disability assessing for benefits...

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I’d have to agree on the low pay and limited growth, and i dont think there would be much increase in pay in the future. We have masters, some with doctoral degrees, but i often feel that we are not as respected or paid well compared to the other professions. Ive heard that some people have hard time finding a full time position depending on their location, etc, but from my personal experiences, i’d say the job market is pretty secure. just like any other fields, if it’s saturated, then you might have to move to another region or consider other settings. Im a CHT and i now make a little more than my other OT friends, but i was getting paid as a new grad without a raise for almost 5 yrs until i took the exam. I needed a mentor who was CHT and i did learn a lot from her so i didnt mind that i was getting paid less at that time. But burnout is real. Thinking back, i was already burned out by the time i was done with my level2. I decided to take the board and stay in this field because i had to pay my loans, take care of my family financially, job security, also hoping that things would get better once i become a CHT (at least i was interested in& passionate about hand therapy at that time, despite burnout). I dont regret becoming a CHT, but i do regret going to OT school bc i dont think i’d want to do OT full time until i retire. If i can go back, i would have chosen another field, like PA or IT… maybe grass is always greener on the other side, but i feel like they get appreciated more and paid well (def more than OT).

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