CSHB
205

SENATE COMMITTEE REPORT

FURTHER:

5/16/87 DATE TURNED INTO OFFICE 5/17/87

Mr. President:

FINANCE Committee considered CSHB 205(HESS) am

regulation of the practice of occupational theraphy and physical therapy; efd.

and recommended:

[ ] replace with CS FOR ________) [] same title
[ ] or adopt ________ CS FOR ________) [] new title

[ ] attached amendment(s) and

[✓] do pass

[ ] do not pass

[ ] no recommendation

[ ] individual recommendations

[ ] further referral to ________

[ ] letter of intent adopted ________

Committee [✓] attached or [ ] adopted fiscal note(s)
[ ] new [ ] updated or [✓] previous
[ ] zero [✓] fiscal impact
13.0

MEMBERS SIGNING DO PASS

[signatures]

OTHER RECOMMENDATIONS

[signatures]

DO PASS

Chairman signature and recommendation

[ ] Committee Backup Attached

STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE

Bill Version: HB 205
Publish Date: HOUSE 4/17/87

REQUEST:

Revision Date:
Title: An Act relating to regulation of the practice of occupational therapy and physical therapy...
Sponsor: Rep. Navarre
Requestor:

Agency Affected: Commerce & Economic Dev.
BRU: Occupational Licensing
Components: All

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES	0	8.7	8.7	8.7	8.7	8.7
TRAVEL	0	1.1	1.1	1.1	1.1	1.1
CONTRACTUAL	0	3.1	3.1	3.1	3.1	3.1
SUPPLIES	0	.1	.1	.1	.1	.1
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	13.0	13.0	13.0	13.0	13.0
CAPITAL						
REVENUE	0	13.0	13.0	13.0	13.0	13.0

FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER	0	13.0	13.0	13.0	13.0	13.0
TOTAL	0	13.0	13.0	13.0	13.0	13.0

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS: (Attach a separate page if necessary)

(See attached)

Prepared by: Jennifer Strickler, Management Analyst
Phone: 465-2144
Division: Occupational Licensing
Date: 4/9/87

Approved by Commissioner: J. Anthony Smith
Date:
Agency: Commerce and Economic Development

Distribution (by preparer):
- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)
- Senate Secretary

HB 205

The bill changes the composition of the State Physical Therapy board by adding two new members to represent the Occupational Therapy profession and amending the name of the board.

Aside from combining the two professions within one board, licensing of the occupational therapy profession is expected to cost $13,000.00.

Basically, the $13,000.00 consists of:

1) PERSONAL SERVICES: $8,700

- .40% of administrative support costs (.40% is based on the number of occupational therapists (100) divided by the total number of division licensees (27,049) which includes physical therapists);
- 10% of a Licensing Examiner; and
- 5% of an Investigator.

2) TRAVEL: $1,100

Costs for two members to attend one board meeting.

3) CONTRACTUAL: $3,100

- Professional Services (exam) costs;
- Communication costs;
- Advertising and Printing costs, etc.

4) SUPPLIES: $ 100

TOTAL: $13,000

The occupational therapy profession has expressed its willingness to pay licensing fees necessary to cover costs associated with regulating the profession, and costs are expected to be covered by program receipts. Therefore, licensing fees will be established to offset the costs of regulating the profession.

Offered: 5/8/87
Referred: Finance

5-0672L

Original sponsor: Navarre

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

2 CS FOR HOUSE BILL NO. 205 (HESS) am

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FIFTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to regulation of the practice of
7 naturopathy, occupational therapy and physical
8 therapy; and providing for an effective date."

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

10 * Section 1. AS 08.01.010(15) is amended to read:
11 (15) State Physical Therapy <u>and Occupational Therapy</u> Board
12 (AS 08.84.010);

13 * Sec. 2. AS 08.02.010(a) is amended to read:
14 (a) An audiologist licensed under AS 08.11, a person licensed in
15 the state as a chiropractor under AS 08.20, a dentist under AS 08.36,
16 a medical practitioner or osteopath under AS 08.64, a registered nurse
17 under AS 08.68, an optometrist under AS 08.72, a registered pharmacist
18 under AS 08.80, a registered physical therapist <u>or occupational thera-</u>
19 <u>pist</u> under AS 08.84, or a psychologist under AS 08.86, shall use as
20 professional identification appropriate letters or a title after that
21 person's name which represents that person's specific field of prac-
22 tice. The letters or title shall appear on all signs, stationery, or
23 other advertising in which the person offers or displays personal
24 professional services to the public. In addition, a person engaged in
25 the practice of medicine or osteopathy under AS 08.64.380(2) or a
26 person engaged in any manner in the healing arts who diagnoses,
27 treats, tests, or counsels other persons in relation to human health
28 or disease and uses the letters "M.D." or the title "doctor" or "phy-
29 sician" or another title that tends to show that the person is willing

1 or qualified to diagnose, treat, test, or counsel another person,
2 shall clarify the letters or title by adding the appropriate special-
3 ist designation, if any, such as "dermatologist", "radiologist",
4 "audiologist", "naturopath", or the like.

5 * Sec. 3. AS 08.03.010(c)(8) is amended to read:

6 (8) State Physical Therapy <u>and Occupational Therapy</u> Board
7 (AS 08.84.010) -- June 30, 1989.

8 * Sec. 4. AS 08.84.010 is amended to read:

9 Sec. 08.84.010. STATE PHYSICAL THERAPY <u>AND OCCUPATIONAL THERAPY</u>
10 BOARD. (a) There is created the State Physical Therapy <u>and Occupa-</u>
11 <u>tional Therapy</u> Board, which consists of <u>seven</u> [FIVE] members appointed
12 by the governor. The membership consists of one physician licensed to
13 practice medicine in the state, three physical therapists licensed in
14 the state or two physical therapists and a physical therapy assistant
15 licensed in the state, <u>two occupational therapists licensed in the</u>
16 <u>state or an occupational therapist and an occupational therapy assis-</u>
17 <u>tant licensed in the state,</u> and one lay person with no direct finan-
18 cial interest in the health care industry. Members of the board shall
19 be <u>United States</u> [U.S.] citizens domiciled in the state and shall be
20 appointed for a term of four years, and until their successors are
21 appointed. A member may not serve more than two terms in succession.
22 The governor may remove a member from the board for neglect of duty,
23 incompetence, dishonorable conduct, or suspension or revocation of
24 license.

25 (b) The <u>board</u> [PHYSICAL THERAPY BOARD] shall control all matters
26 pertaining to the licensing of physical therapists<u>,</u> [AND] physical
27 therapy assistants<u>, occupational therapists, and occupational therapy</u>
28 <u>assistants</u> and the practice of physical therapy <u>and the practice of</u>
29 <u>occupational therapy</u>. The board shall

1 (1) pass upon the qualifications of applicants;
2 (2) provide for the examination of applicants [CONDUCT
3 EXAMINATIONS];
4 (3) issue temporary permits and licenses to persons [PHYS-
5 ICAL THERAPISTS AND PHYSICAL THERAPY ASSISTANTS] qualified under this
6 chapter;
7 (4) suspend, revoke, or refuse to issue or renew a license
8 under [IN ACCORDANCE WITH] AS 08.84.120;
9 (5) keep a current register listing the name, business
10 address, date, and number of the license of each person [PHYSICAL
11 THERAPIST AND PHYSICAL THERAPY ASSISTANT] who is licensed to practice
12 under this chapter [IN THIS STATE];
13 (6) keep a record and minutes of its meetings, proceedings,
14 and hearings and submit an annual report of its activities to the
15 governor and other interested parties;
16 (7) limit or condition the authority to practice physical
17 therapy or occupational therapy, or discipline a practitioner, under
18 [IN ACCORDANCE WITH] AS 08.84.185(a); and
19 (8) adopt regulations under AS 44.62 necessary to carry out
20 the purposes of this chapter including regulations establishing quali-
21 fications for licensure and renewal of licensure under this chapter
22 [AS A PHYSICAL THERAPIST OR PHYSICAL THERAPY ASSISTANT].
23 * Sec. 5. AS 08.84.030 is amended by adding a new subsection to read:
24 (b) To be eligible for licensure by the board as an occupational
25 therapist or occupational therapy assistant, an applicant, unless a
26 graduate of a foreign school of occupational therapy located outside
27 the United States, shall
28 (1) have successfully completed a curriculum of occupa-
29 tional therapy approved by the Committee of Allied Health Education

1 and Accreditation of the American Medical Association, and the American Occupational Therapy Association appropriate to the license being sought;

4 (2) submit proof of successful completion of supervised field work approved by the board

6 (A) for an occupational therapist, a minimum of six months of supervised field work;

8 (B) for an occupational therapy assistant, a minimum of two months of supervised field work;

10 (3) pass, to the satisfaction of the board, an examination prepared by a national testing service approved by the board or an examination recognized by the American Occupational Therapy Association to determine the applicant's fitness for practice as an occupational therapist or an occupational therapy assistant, or be entitled to licensure without examination under AS 08.84.060; and

16 (4) meet qualifications for licensure established in regulations adopted by the board under AS 08.84.010(b).

18 * Sec. 6. AS 08.84.032 is amended by adding a new subsection to read:

19 (b) To be eligible for licensure by the board as an occupational therapist or occupational therapy assistant, an applicant who is a graduate of a school of occupational therapy that is located outside of the United States shall

23 (1) have completed, to the satisfaction of the board, a resident course of study and professional instruction equivalent to that provided by a curriculum approved by the Committee of Allied Health Education and Accreditation of the American Medical Association and the American Occupational Therapy Association, and have furnished documentary evidence of compliance with this paragraph, translated, if necessary, into the English language by a person verifying the

1 accuracy of the translations;

2 (2) have completed, to the satisfaction of the board,
3 supervised field work equivalent to that required under AS 08.84.-
4 030(b);

5 (3) have met applicable requirements under 8 U.S.C. 1101 -
6 1503 (Immigration and Nationality Act) unless a United States citizen;

7 (4) pass an [THE] examination administered or approved by
8 the board under AS 08.84.030; and

9 (5) pay the fee required under AS 08.84.050.

10 * Sec. 7. AS 08.84.040 is amended to read:

11 Sec. 08.84.040. APPLICATION FOR LICENSE. To be licensed under
12 this chapter to practice physical therapy or occupational therapy [AS
13 A PHYSICAL THERAPIST OR PHYSICAL THERAPY ASSISTANT], an applicant
14 shall apply to the board on a form prescribed by the board. An appli-
15 cant shall include in the [HIS] application [,] evidence under oath
16 that the applicant [HE] possesses the qualifications required by
17 AS 08.84.030 or 08.84.032.

18 * Sec. 8. AS 08.84.050 is amended to read:

19 Sec. 08.84.050. FEES. The Department of Commerce and Economic
20 Development shall set fees under AS 08.01.065 for the following:

21 (1) application;

22 (2) license by examination;

23 (3) license by acceptance of credentials;

24 (4) renewal;

25 (5) temporary permit;

26 (6) limited permit.

27 * Sec. 9. AS 08.84.060 is amended to read:

28 Sec. 08.84.060. LICENSURE BY ACCEPTANCE OF CREDENTIALS. The
29 board may license without examination an applicant who is a physical

1 therapist, [OR] physical therapy assistant, occupational therapist, or
2 occupational therapy assistant licensed under the laws of another
3 state [OR TERRITORY OR THE DISTRICT OF COLUMBIA], if the requirements
4 for licensure in that state [OR TERRITORY OR THE DISTRICT OF COLUM-
5 BIA], were, at the date of the applicant's licensure, substantially
6 equal to the requirements in this state.
7 * Sec. 10. AS 08.84.065(c) is amended to read:
8 (c) A temporary permit issued to an applicant for licensure as a
9 physical therapist or physical therapy assistant by examination is
10 valid for eight months or until the results of the first examination
11 for which the applicant is scheduled are published, whichever occurs
12 first. If the applicant fails to take the first examination for which
13 the applicant is scheduled the applicant's temporary permit lapses on
14 the day of the examination.
15 * Sec. 11. AS 08.84.065(d) is amended to read:
16 (d) A temporary permit issued to an applicant who is a graduate
17 of a foreign school of physical therapy or occupational therapy locat-
18 ed outside the United States is valid until the results of the first
19 examination for which the applicant is scheduled are published follow-
20 ing completion of the internship required under AS 08.84.032 [AS 08.-
21 84.032(2)].
22 * Sec. 12. AS 08.84.065 is amended by adding a new subsection to read:
23 (e) A temporary permit issued to an applicant for licensure as
24 an occupational therapist or occupational therapy assistant by exam-
25 ination is valid for eight months or until the results of the ex-
26 amination for which the applicant is scheduled are published, which-
27 ever occurs first. If the applicant fails to take an examination for
28 which the applicant is scheduled the applicant's temporary permit
29 lapses on the day of the examination.

1 * Sec. 13. AS 08.84 is amended by adding a new section to read:

2 Sec. 08.84.075. LIMITED PERMIT. (a) The board may issue a
3 limited permit to a person to practice occupational therapy in the
4 state as a visiting, nonresident occupational therapist or occupation-
5 al therapy assistant, if the person

6 (1) applies on the form provided by the board;

7 (2) has not previously been denied occupational therapy
8 licensure in the state;

9 (3) is licensed to practice occupational therapy in another
10 state or satisfies the requirements for certification by the American
11 Occupational Therapy Association;

12 (4) provides proof satisfactory to the board that the
13 person will not practice in the state for more than 120 days in the
14 calendar year for which the permit is issued; and

15 (5) pays the fee required under AS 08.84.050.

16 (b) The board may issue a limited permit to a person to practice
17 physical therapy in the state as a visiting, nonresident physical
18 therapist or physical therapy assistant, if the person

19 (1) applies on the form provided by the board;

20 (2) has not previously been denied physical therapy licen-
21 sure in the state;

22 (3) is licensed to practice physical therapy in another
23 state;

24 (4) provides proof satisfactory to the board that the
25 person will not practice in the state for more than 120 days in the
26 calendar year for which the permit is issued; and

27 (5) pays the fee required under AS 08.84.050.

28 (c) A limited permit is valid for a period not exceeding 120
29 days in a calendar year.

1 (d) A person may not receive more than three limited permits to
2 practice occupational therapy or physical therapy during the person's
3 lifetime.
4 * Sec. 14. AS 08.84.080 is amended to read:
5 Sec. 08.84.080. EXAMINATIONS. The board shall examine appli-
6 cants for licensure under this chapter [AS PHYSICAL THERAPISTS OR
7 PHYSICAL THERAPY ASSISTANTS] at the times and places it determines.
8 * Sec. 15. AS 08.84.090 is amended to read:
9 Sec. 08.84.090. LICENSURE. The board shall license an applicant
10 who meets the qualifications for licensure under this chapter. It
11 shall issue a license certificate to each person licensed. A license
12 certificate is prima facie evidence of the right of the person to hold
13 out as a licensed physical therapist, [OR] licensed physical therapy
14 assistant, occupational therapist, or occupational therapy assistant.
15 * Sec. 16. AS 08.84.100 is amended to read:
16 Sec. 08.84.100. RENEWAL OF LICENSE. (a) A person licensed
17 under this chapter [PHYSICAL THERAPIST OR PHYSICAL THERAPY ASSISTANT]
18 shall renew the [A] license [ISSUED UNDER THIS CHAPTER] every two
19 [FOUR] years with the Department of Commerce and Economic Development
20 on or before the date set by the department under AS 08.01.100(a). If
21 the license is not renewed on or before that date, it lapses.
22 (b) Before reinstatement of a license that remains lapsed for
23 more than 60 days, the applicant must pay all delinquent renewal fees
24 and a [ANY] penalty established under AS 08.01.100(b). If a license
25 remains lapsed for more than three years, the board may require the
26 applicant to submit proof, satisfactory to the board, of continued
27 competency [TAKE AND PASS THE EXAMINATION GIVEN UNDER AS 08.84.-
28 030(3)].
29 (c) A license may not be renewed unless the applicant

1 demonstrates competence to practice [AS A PHYSICAL THERAPIST OR] physical therapy or occupational therapy [ASSISTANT] in a manner established by the board in regulations adopted under AS 08.84.010(b) [AS 08.84.010(b)(8)].

* Sec. 17. AS 08.84.120(a) is amended to read:

(a) The board may refuse to license an applicant, may refuse to renew the license of a person, and may suspend or revoke the license of a person who

(1) has obtained or attempted to obtain a license by fraud or material misrepresentation;

(2) uses drugs or alcohol in a manner that affects the person's ability to practice physical therapy or occupational therapy competently and safely;

(3) has been convicted of a state or federal felony or other crime that effects the person's ability to practice competently and safely;

(4) is guilty, in the judgment of the board, of gross negligence or malpractice or has engaged in conduct contrary to the recognized standards of ethics of the physical therapy profession or the occupational therapy profession;

(5) has continued to practice physical therapy or occupational therapy after becoming unfit due to physical or mental disability;

(6) has failed to refer a patient to another qualified professional when the patient's condition is beyond the training or ability of the person [PHYSICAL THERAPIST]; [OR]

(7) as a physical therapy assistant, has attempted to practice physical therapy that has not been initiated, supervised, and terminated by a licensed physical therapist; or

1 (8) as an occupational therapy assistant, has attempted to
2 practice occupational therapy that has not been supervised by a li-
3 censed occupational therapist.
4 * Sec. 18. AS 08.84.130 is amended by adding new subsections to read:
5 (c) A person not licensed as an occupational therapist, or whose
6 license is suspended or revoked, or whose license is lapsed, who uses
7 in connection with the person's name the words "Licensed Occupational
8 Therapist," or other letters, words, or insignia indicating or imply-
9 ing that the person is a licensed occupational therapist, or who
10 orally or in writing, directly or by implication, holds out as a
11 licensed occupational therapist is guilty of a class B misdemeanor.
12 (d) A person not licensed as an occupational therapy assistant,
13 or whose license is suspended or revoked, or whose license is lapsed,
14 who orally or in writing, directly or by implication, holds out as a
15 licensed occupational therapy assistant is guilty of a class B misde-
16 meanor.
17 * Sec. 19. AS 08.84.150 is amended to read:
18 Sec. 08.84.150. LICENSURE OF PHYSICAL THERAPISTS. It is unlaw-
19 ful for a person [ANYONE] to practice physical therapy without being
20 licensed under [IN ACCORDANCE WITH] this chapter unless the person is
21 (1) a student in an accredited physical therapy program;
22 (2) [OR] a graduate of a foreign school of physical therapy
23 fulfilling the internship requirement of AS 08.84.032(2), and then
24 only unless under the continuous direction and immediate supervision
25 of a physical therapist; or
26 (3) issued a limited permit under AS 08.84.075.
27 * Sec. 20. AS 08.84.150 is amended by adding a new subsection to read:
28 (b) A person may not practice occupational therapy without being
29 licensed unless the person is

1 (1) a student in an accredited occupational therapy program
2 or in a supervised field work program;
3 (2) a graduate of a foreign school of occupational therapy
4 fulfilling the internship requirement of AS 08.84.032, and then only
5 unless under the continuous direction and immediate supervision of an
6 occupational therapist;
7 (3) an occupational therapist or occupational therapy
8 assistant employed by the United States Government while in the dis-
9 charge of official duties; or
10 (4) granted a limited permit under AS 08.84.075.
11 * Sec. 21. AS 08.84.160 is amended to read:
12 Sec. 08.84.160. PRACTICE OF LICENSED PHYSICAL THERAPIST <u>OR</u>
13 <u>LICENSED OCCUPATIONAL THERAPIST</u>. This chapter does not authorize <u>a</u>
14 [ANY] person to practice medicine, osteopathy, chiropractic [AS DE-
15 FINED IN AS 08.20.220], or other method of healing, but only to prac-
16 tice physical therapy <u>or occupational therapy</u> [AS DEFINED IN AS 08.-
17 84.190(3)].
18 * Sec. 22. AS 08.84.185 is repealed and reenacted to read:
19 Sec. 08.84.185. DISCIPLINARY SANCTIONS. (a) The board may
20 impose the following sanctions singly or in combination:
21 (1) permanently revoke a license or permit to practice;
22 (2) suspend a license for a stated period of time;
23 (3) censure a licensee;
24 (4) issue a letter of reprimand;
25 (5) impose limitations or conditions on the professional
26 practice of a licensee;
27 (6) impose peer review;
28 (7) impose professional education requirements until a
29 satisfactory degree of skill has been attained in those aspects of

1 professional practice determined by the board to need improvement;
2 (8) impose probation and require the licensee to report
3 regularly to the board upon matters involving the basis for the pro-
4 bation;
5 (9) impose a civil fine of not more than $5,000;
6 (10) accept a voluntary surrender of a license.
7 (b) The board may withdraw probation status if it finds that the
8 deficiencies that required the sanction have been remedied.
9 (c) The board may summarily suspend a license before final
10 hearing or during the appeals process if the board finds that the
11 licensee poses a clear and immediate danger to the public health and
12 safety. A person whose license is suspended under this section is
13 entitled to a hearing by the board within seven days after the effec-
14 tive date of the order. If, after a hearing, the board upholds the
15 suspension, the licensee may appeal the suspension to a court of
16 competent jurisdiction.
17 (d) The board may reinstate a license that has been suspended or
18 revoked if the board finds, after a hearing, that the applicant is
19 able to practice with skill and safety.
20 (e) The board may return a license that has been voluntarily
21 surrendered if the board determines that the licensee is competent to
22 resume practice and that applicable renewal fees are paid.
23 (f) The board shall seek consistency in the application of
24 disciplinary sanctions. A significant departure from prior decisions
25 involving similar situations shall be explained in the findings of
26 fact or order.
27 * Sec. 23. AS 08.84.190(1) is amended to read:
28 (1) "board" means the State Physical Therapy <u>and Occupa-</u>
29 <u>tional Therapy</u> Board;

1 * Sec. 24. AS 08.84.190 is amended by adding new paragraphs to read:
2 (5) "occupational therapist" means a person who practices
3 occupational therapy;
4 (6) "occupational therapy" means the use of purposeful
5 activity, evaluation, treatment, and consultation with human beings
6 whose ability to cope with the tasks of daily living are threatened
7 with, or impaired by developmental deficits, learning disabilities,
8 aging, poverty, cultural differences, physical injury or illness, or
9 psychological and social disabilities to maximize independence, pre-
10 vent disability, and maintain health; "occupational therapy" includes
11 (A) developing daily living, play, leisure, social,
12 and developmental skills;
13 (B) facilitating perceptual-motor and sensory integra-
14 tive functioning;
15 (C) enhancing functional performance, prevocational
16 skills, and work capabilities using specifically designed exer-
17 cises, therapeutic activities and measures, manual intervention,
18 and appliances;
19 (D) design, fabrication, and application of splints or
20 selective adaptive equipment;
21 (E) administering and interpreting standarized and
22 nonstandardized assessments, including sensory, manual muscle,
23 and range of motion assessments, necessary for planning effective
24 treatment; and
25 (F) adapting environments for the disabled;
26 (7) "occupational therapy assistant" means a person who
27 assists in the practice of occupational therapy under the supervision
28 of an occupational therapist.
29 * Sec. 25. AS 08.84.200 is amended to read:

1 Sec. 08.84.200. SHORT TITLE. This chapter may be cited as the
2 Physical Therapists <u>and Occupational Therapists</u> Practice Act.
3 * Sec. 26. AS 09.55.560(1) is amended to read:
4 (1) "health care provider" means an audiologist licensed
5 under AS 08.11; a chiropractor licensed under AS 08.20; a dental
6 hygienist licensed under AS 08.32; a dentist licensed under AS 08.36;
7 a nurse licensed under AS 08.68; a dispensing optician licensed under
8 AS 08.71; a naturopath licensed under AS 08.45; an optometrist
9 licensed under AS 08.72; a pharmacist licensed under AS 08.80; a
10 physical therapist <u>or occupational therapist</u> licensed under AS 08.84;
11 a physician licensed under AS 08.64; a podiatrist; a psychologist and
12 a psychological associate licensed under AS 08.86; and a hospital as
13 defined in AS 18.20.130, including a governmentally owned or operated
14 hospital; a corporate entity covered under AS 21.88.050(b)(11); and an
15 employee of a health care provider acting within the course and scope
16 of employment;
17 * Sec. 27. AS 18.23.070(3) is amended to read:
18 (3) "health care provider" means a chiropractor licensed
19 under AS 08.20; a dental hygienist licensed under AS 08.32; a dentist
20 licensed under AS 08.36; a nurse licensed under AS 08.68; a dispensing
21 optician licensed under AS 08.71; an optometrist licensed under
22 AS 08.72; a pharmacist licensed under AS 08.80; a physical therapist
23 <u>or occupational therapist licensed</u> [REGISTERED] under AS 08.84; a
24 physician licensed under AS 08.64; a podiatrist; a psychologist and a
25 psychological associate licensed under AS 08.86; and a hospital as
26 defined in AS 18.20.130, including a governmentally owned or operated
27 hospital; a corporate entity covered under AS 21.88.050(b)(11); and an
28 employee of a health care provider acting within the course and scope
29 of employment;

1 * Sec. 28. AS 21.36.090(d) is amended to read:

2 (d) A person may not practice or permit unfair discrimination
3 against a person who provides a service covered under a group disabil-
4 ity policy that extends coverage on an expense incurred basis, or
5 under a group service or indemnity type contract issued by a nonprofit
6 corporation, if the service is within the scope of the provider's
7 occupational license. In this subsection, "provider" means a state
8 licensed physician, dentist, osteopath, optometrist, chiropractor,
9 [OR] nurse midwife, naturopath, physical therapist, or occupational
10 therapist.

11 * Sec. 29. AS 21.88.900(9) is amended to read:

12 (9) "health care provider" means an audiologist licensed
13 under AS 08.11; a chiropractor licensed under AS 08.20; a dental
14 hygienist licensed under AS 08.32; a dentist licensed under AS 08.36;
15 a nurse licensed under AS 08.68; a dispensing optician licensed under
16 AS 08.71; an optometrist licensed under AS 08.72; a pharmacist li-
17 censed under AS 08.80; a physical therapist or occupational therapist
18 licensed under AS 08.84; a physician licensed under AS 08.64; a podia-
19 trist; a psychologist and a psychological associate licensed under
20 AS 08.86; a hospital as defined in AS 18.20.130, including a govern-
21 mentally owned or operated hospital; a corporate entity covered under
22 AS 21.88.050(b)(11); an employee of a health care provider acting
23 within the course and scope of employment;

24 * Sec. 30. AS 21.88.900 is amended by adding a new paragraph to read:

25 (17) "occupational therapist" means a person licensed under
26 AS 08.84.

27 * Sec. 31. AS 47.17.070(9) is amended to read:

28 (9) "practitioner of the healing arts" includes chiroprac-
29 tors, dental hygienists, dentists, health aides, nurses, nurse

1 practitioners, occupational therapists, occupational therapy assistants, optometrists, osteopaths, naturopaths, physical therapists, physical therapy assistants, physicians, physician's assistants, psychiatrists, psychologists, psychological associates, audiologists licensed under AS 08.11, hearing aid dealers licensed under AS 08.55, religious healing practitioners, and surgeons;

* Sec. 32. TRANSITION. (a) Until June 30, 1988, the Department of Commerce and Economic Development may issue a provisional license for the practice of occupational therapy to a person engaged in the practice of occupational therapy as an occupational therapist or occupational therapy assistant, if the person

(1) pays a fee set by the department;

(2) certifies to the department that the person is of good moral character; and

(3) provides proof of either employment in the state as an occupational therapist or occupational therapy assistant and certification as an occupational therapist or occupational therapy assistant by the American Occupational Therapy Association.

(b) A provisional license issued under (a) of this section is valid until June 30, 1988, until revoked by the department, or until the provisional licensee is issued a license or temporary permit by the State Physical Therapy and Occupational Therapy Board to practice occupational therapy, whichever occurs first.

(c) The department may adopt regulations under the Administrative Procedure Act (AS 44.62) to implement this section.

* Sec. 33. LICENSING BY CREDENTIAL. (a) Notwithstanding AS 08.84.030(b), enacted by sec. 5 of this Act, the State Physical Therapy and Occupational Therapy Board may license a person as an occupational therapist or occupational therapy assistant who

1 (1) has engaged in the practice of occupational therapy or is
2 currently engaged in the practice of occupational therapy in the state;
3 (2) holds an appropriate certificate from the American Occupa-
4 tional Therapy Association as a certified occupational therapist or a
5 certified occupational therapy assistant; and
6 (3) applies for the license before January 1, 1989.
7 (b) A license issued under this section is for all purposes a license
8 issued under AS 08.84.
9 * Sec. 34. EXPERIENCE-BASED LICENSURE OF OCCUPATIONAL THERAPISTS. (a)
10 Notwithstanding AS 08.84.030(b), enacted by sec. 5 of this Act, a person is
11 eligible for licensure as an occupational therapist if before July 1, 1988,
12 the person
13 (1) submits proof of completion of four years of board approved
14 practice as an occupational therapy assistant before January 1, 1988;
15 (2) submits proof of successful completion of a minimum of six
16 months of supervised field work approved by the board; and
17 (3) passes to the satisfaction of the board an examination
18 approved by the board.
19 (b) A license issued under this section is for all purposes a license
20 issued under AS 08.84.
21 * Sec. 35. Notwithstanding AS 08.84.100(a), as amended by sec. 16 of
22 this Act, a license issued under AS 08.84 that is in effect on the effec-
23 tive date of this Act is valid for the period for which it was issued
24 unless revoked or suspended under procedures set out in AS 08.84.
25 * Sec. 36. INITIAL APPOINTMENTS. The governor shall fill the positions
26 created on the State Physical Therapy and Occupational Therapy Board by
27 this Act before March 1, 1988, and shall appoint one person to a term of
28 four years and one person to a term of two years.
29 * Sec. 37. Section 32 of this Act takes effect immediately under

1 AS 01.10.070(c).

2 * Sec. 38. Sections 1 - 31, and 33 - 36 of this Act take effect

3 January 1, 1988.

SECTIONAL ANALYSIS

CSHB 205 (HESS)

"An Act relating to regulation of the practice of occupational therapy and physical therapy; and providing for an effective date."

* Section 1: Adds "and Occupational Therapy" to title of State Physical Therapy Board {AS 08.01.010(15)}

* Section 2: adds occupational therapists to those persons required to use professional titles, and/or letters after their name indicating their professional status when offering their services to the public {AS 08.02.010(a)}

* Section 3: amends title of board in that statute relating to expiration date of the board {AS 08.03.010 (c) (8)}

* Section 4: amends title of board in AS 08.84.010, changes membership from five to seven persons, calls for the 2 new members to be occupational therapists or 1 occupational therapist and 1 occupational therapy assistant, amends other language to put occupational therapists under regulatory power of board

* Section 5: adds new subsection to AS 08.84.030, listing specific requirements for licensing of occupational therapists and occupational therapy assistants who are educated within the United States

* Section 6: adds new subsection to AS 08.84.032, listing specific requirements for licensing of occupational therapists and occupational therapy assistants who are educated outside the United States

SECTIONAL ANALYSIS (cont'd)

CSHB 205 (HESS)

* Section 7:	adds the practice of occupational therapy to AS 08.84.040, relating to application for license, performs minor "housekeeping" measures within this chapter
* Section 8:	adds "limited permit" to list of items for which the Department shall set fees
* Section 9:	adds occupational therapists and occupational therapy assistants to AS 08.84.060, allowing licensing by acceptance of of credentials
* Section 10:	adds language to AS 08.84.065(c), specific to temporary licensing as a physical therapist or physical therapy assistant pending results of examination (original language did not need to be specific, as chapter only applied to PT's)
* Section 11:	adds occupational therapy to AS 08.84.065(d), dealing with temporary permits for foreign educated therapists during internship
* Section 12:	adds n w subsection AS 08.84.065(e), allowing for temporary permit for occupational therapists or OT assistants pending result of examination
* Section 13:	adds a new section, 08.84.075, creating limited permits. Limited permits would allow visiting non-resident PT's and OT's to come to Alaska, conduct workshops, seminars, etc., assures they are qualified to practice physical or occupational therapy, and allows the department to issue 120-day permits and keep track of them. These "visiting therapists" are restricted to a total of 3 limited permits.
* Section 14:	amends language in AS 08.84.080, broadening the board's power to conduct examinations to both professions licensed under this chapter

SECTIONAL ANALYSIS (cont'd)

CSHB 205 (HESS)

* Section 15: adds occupational therapists and OT assistants to AS 08.84.090, licensing duties of the board

* Section 16: brcadens description of persons subject to license renewal under this section (to include occupational therapists and OT assistants), changes renewal period from four to two years, allows the board to require proof of continued competency in cases where a license has remained lapsed for three or more years

* Section 17: adds occupational therapy to AS 08.84.120(a), which allows the board to revoke, suspend or refuse to renew a license for cause

* Section 18: adds new subsections, AS 08.84.130(c)&(d), classifying the offense of practicing occupational therapy without proper license as a class B misdemeanor

* Section 19: amends prohibition of unlicensed practice of physical therapy to include an exeption for those working under a "limited permit"

* Section 20: adds new subsection, AS 08.84.150 (b), prohibiting practice of occupational therapy without a license except under certain conditions

* Section 21: adds occupational therapists to AS 08.84.160 (limiting licensed persons to their professional discipline)

* Section 22: repeals and reenacts 08.84.185, defining the disciplinary powers of the board

* Section 23: amends AS 08.84.190(1), redefining "board" for purposes of this chapter

SECTIONAL ANALYSIS (cont'd)

CSHB 205 (HESS)

* Section 24:	amends AS 08.84.190 by adding new paragraphs that define occupational therapists, occupational therapy, OT aides and OT assistants
* Section 25:	amends 08.24.200, the short title of this statute, to include occupational therapists
* Section 26:	adds occupational therapists to the definition of "health care provider" under AS 09.55.560(1) - Medical Liability laws
* Section 27:	adds occupational therapists to the definition of "health care provider" under AS 18.23.070(3) - Health Care Services Information laws
* Section 28:	adds occupational therapists to the definition of "health care provider" under AS 21.88.900(9) - Health Care Providers Insurance (MICA)
* Section 29:	adds definition of occupational therapist under AS 21.88.900 - Health Care Providers Insurance (MICA)
* Section 30:	adds occupational therapist to definition of "practitioners of the healing arts" for purposes of AS 47.17.070(9) - Child Protection statutes (requires reporting of abuse)
* Section 31:	adds language allowing for transitional period for licensing, so that the department and new board can "catch up"
* Section 32:	adds language allowing for licensing by credential, so that current practitioners who meet criteria can be licensed immediately

SECTIONAL ANALYSIS (cont'd)

CSHB 205 (HESS)

* Section 33: Experience-Based licensure. This allows OT assistants with 4 years of experience accumulated before July 1, 1988, to substitute this experience for formal education, and become licensed as occupational therapists by examination.

* Section 34: provides that this act does not affect existing valid licenses when act takes effect

* Section 35: requires the Governor to appoint 2 new members to new 7 member board by March 1, 1988, sets out length of term for new members

* Section 36: calls for immediate effective date for Section 28 of this bill

* Section 37: calls for effective date on balance of this measure as January 1, 1988

WHO CAN BE HARMED BY AN UNQUALIFIED OCCUPATIONAL THERAPIST?

The majority of functions performed by Occupational Therapists do not, in themselves, put the patient in harm. Rather it is the patient's response to these functions and/or the patient's mental, emotional or physical instability which may cause the functions to be dangerous. A well-trained therapist has both theoretical and practical knowledge of the neuromuscular and cardiovascular systems of the body as well as of physical, emotional and psychological development of the individual. He/she is trained in treatment of rehabilitation of injuries to these systems and of precautions and contra-indications that greatly reduce risk to the consumer.

The following chart provides a few examples of possible complications.

DIAGNOSIS OR DISABILITY	METHOD OF TREATMENT WHICH COULD BE DANGEROUS	POSSIBLE COMPLICATIONS
1. Neonatal evaluations and treatment	1. Evaluations and treatment	1. Overstressing neurological and logical and physical systems Medical instability/death
2. Cardiac Conditions	2. Prescribing progressive activities for patients	2. Medical instability/death
3. Neurological diseases and impairments a. Cerebral vascular accidents b. Head stroke trauma c. Cerebral Palsy	3. Neurological treatment ADL activities	3. Choking Seizures Delay or impede neurological return
4. Traumatic injuries a. Amputation of upper extremity	4a Evaluation and prescription of prosthesis in conjunction with prosthetist and physician	4a Vascular problems Weight fluctuations that affect fit of prosthesis Skin breakdown
b Burns	4b Reducing hypertrophic scarring by applying pressure to patient through conforming splints and/or pressure garments	4b Infection Skin breakdown Contractures/deformity
5. Sensory Integrative Dysfunction	5. Sensory stimulation	5. Sensory overload Seizures Respiratory Arrest
6. Muscular Diesese a. Muscular dystrophies b. Multiple sclerosis	6. Exercise programs for range of motion and muscle strengthening	6. Joint damage Inadequate or improperly performed motion exercises can result in permanent contractures of muscles, tendons, and ligaments.
7. Geriatric	7. Designing and monitoring treatment, environment. Transfers to tub, toilet, bed or chair.	7. Furhter cognitive, physical, psychological or social impairment. Falling resulting in physical and psychological harm.
8. Diseases of Bones and Joints a. Arthritis	8. Positioning of patient. Exercise programs for range of motion and muscle strengthening. Splinting	8. Joint damage Loss of function due to improper splinting.
9. Developmentally Delayed • Retardation	9. Improper treatment or lack of treatment	9. Prevent individual from attaining highest level of function possible.
10. Psychiatric Disorders a. Psychosis	10. Design and monitor treatment environment	10. Further cognitive psychological or social impairment.
11. Respiratory Diseases	11. Prescribing progressive activity. Use of substances with toxic fumes.	11. Overstressing respiratory and cardiovascular systems Exacerbation of disease process

DEVISE OR TREATMENT TECHNIQUES	POSSIBLE HARM
1. Splint or brace	1. Possible nerve, muscle, skin, or orthopedic da- functional loss and debilitation.
2. Slings	2. Possible auxillary nerve damage or impaired bra[illegible] artery circulation due to improper fit. Improper positioning - loss of extremity function.
3. Neuromuscular facilitation devices of vibration and ice	3. Adverse effects on central nervous system or vascular system.

The financial burden to the consumer is also reduced when a skilled practitioner performs these tasks, as appropriate treatment is planned and implemented in the most expedient way. Consumers of health care services in the latter part of the 20th century are caught in a "CATCH 22" situation. Technology has outstripped our social values and government policies. The capabilities are in place for keeping persons alive in more disabled states, while at the same time services delivery is being moved to less restrictive arenas and government policies regulating qualifications of delivery personnel are being lessened.

Consider the following ways an individual, family or 3rd party payor can be harmed:

Potential for independence is enhanced by early intensive intervention of occupational therapy personnel. If these personnel are not qualified, the potential for return to independent functioning is lost and the family incurs long term financial burdens.

Because some insurance policies use licensing as the criteria for determining qualified reimbursable services, the consumer may be denied the financial coverage they thought they had. They are left with the choice of paying additionally for something they assumed was taken care of or not getting the needed service.

Consumers experience long term emotions of guilt and anger at being duped. Guilt occurs when they realize too late that selection of services and service personnel depended on their personal knowledge of qualifications of a cadre of health care deliverers. Anger and feelings of being duped occur when they realize that protections were not inplace to help them make the necessary decisions. Because SOME HEALTH PERSONNEL ARE LICENSED (REGULATED) WHILE OTHERS ARE NOT THE CONSUMER IS LULLED INTO BELIEVING THE GOVERNMENT IS MONITORING THE QUALIFICATIONS OF ALL DELIVERERS.

Consider the following government guidelines in place to protect the public from unqualified O.T. personnel.

Federal Medicare guidelines have removed a previous requirement that Occupational Therapy personnel meet AOTA's certification requirements and provide instead that they meet qualifications specified by the medical staff, consistent with state law.

Federal regulations for nursing homes require an O.T. to complete the education and field work experience but does not require passing the AOTA certification exam.

Public law 94-142 requires schools to provide special education and related services for children with handicaps. O.T. is a related service and must be provided by qualified personnel but the definition of "qualified" is left up to the state education agencies.

Other accrediting agencies such as JCAH, CARF and ACRMDD require O.T. services to be provided by qualified personnel. They do not, however, define "qualified." This is left to the state or private facility.

Do these guidelines seem adequate to assure safety and quality OT services to ALL consumers? We don't think so. Please share this information with your legislator when talking about why OT's need to be licensed. Ideally we would like to elicit actual cases of these situations occurring or having occurred. If you as an individual can recall such instances please contact Jaunna Calhon at the WOTA Office. A specific case example when talking with a legislator is worth more than 20 "what ifs".

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QUESTIONS AND ANSWERS ABOUT OCCUPATIONAL THERAPY AND ADULT DAY CARE

Q. What is the purpose of adult day care programs?

A. Adult day care provides a structured program of services for adults experiencing physical, cognitive, or emotional difficulties. Many of the services focus on the development of functional independence to prevent unnecessary or premature institutionalization. These programs also provide respite, emotional support, and problem-solving assistance to care givers and family members.

Q. What types of day care programs are offered?

A. Health maintenance programs focus on preventing social isolation and on maintaining physical health and independence in daily living skills.

Rehabilitation programs focus on treatment for specific physical, social or emotional problems that interfere with independent living.

Some programs serve individuals with a variety of needs while other more specialized programs are dedicated to individuals with problems associated with a specific illness such as Alzheimer's Disease and related dementias.

Both day care centers and day hospitals may offer programs with social components, leisure time activities, self-care training, and other rehabilitation services.

Q. What is the role of occupational therapy personnel in adult day care programs?

A. The goal of occupational therapy is to increase or maintain an individual's ability to function as independently as possible. Treatment includes a variety of therapeutic activities to enhace the individual's quality of life.

The occupational therapy practitioner assesses physical and cognitive capacities, designs adaptive equipment to maintain or improve function, teaches skills which promote independence in self-care activities, and recommends changes in an individual's living environment to promote safety and self-sufficiency. Treatment is provided to meet the important social, physical, and sensory needs of the adult who has significant health problems, or who is at risk for developing such problems.

Q. What skills do occupational therapy personnel bring to the care of adult day care clients?

A. Education of occupational therapy personnel includes emphasis on the process of human growth and development, the psychological and physiological aspects of illness, and the importance of occupation, self-care, and independence in maintaining a healthy existence.

Q. Who pays for adult day care services?

A. Many adult day care programs are funded through agencies of federal, state, and municipal governments with additional support provided through charitable contributions and private bequests. Often the daily charges to individuals are based upon the person's ability to pay.

Q. Where are adult day care programs offered?

A. Programs may be offered by hospitals, long-term care institutions, senior centers, and other community agencies. To find locations in your community, contact your public health department or the state Office of Aging.

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OCCUPATIONAL THERAPY SERVICES FOR THE ELDERLY

Occupational therapy uses goal-directed activity in the evaluation or treatment of persons whose ability to function is impaired by normal aging, illness, injury or developmental disability. Treatment goals in occupational therapy include the promotion of functional independence, prevention of disability and maintenance of wellness.

Therapeutic activities are designed to assist individuals in adapting to their social and physical environment, given their functional capacity, through mastery of essential living tasks. Examples of important services in gerontic occupational therapy are:

- education and retraining in daily living skills such as bathing, dressing, and eating,
- therapeutic adaptations, such as assistive equipment and physical environmental design to promote in-home and community mobility,
- sensorimotor treatment for strengthening, endurance, range of motion, coordination and balance,
- daily living adaptation to sensory loss such as impaired vision or hearing,
- therapeutic activities for memory, orientation, cognitive integration, and the life review process,
- prevention and health promotion through pre-retirement planning for leisure time, self-management skills, socialization, energy conservation, body mechanics and joint protection,
- care of the terminally ill through maintenance of independent living skills and meaningful activity.

Occupational therapy personnel provide services to the elderly in many settings such as:

- hospitals
- home health programs
- community-based health care centers
- hospices
- congregate living facilities
- outpatient rehabilitation facilities
- senior centers
- long term care facilities
- adult day care programs
- community service agencies
- retirement housing

Currently, approximately 30% of the 40,000 certified occupational therapy personnel in the United States work primarily with persons over age 65.

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10-86

Occupational Therapy is important...

when you are living with ARTHRITIS

More than one out of seven Americans has some form of arthritis. You may be one of these people. But...before you decide that your aches, pains and joint problems are a result of arthritis...you should have a complete examination by a qualified physician.

IMPORTANT WARNING SIGNS OF ARTHRITIS ARE:

- pain, tenderness or swelling in one or more joints
- pain or stiffness in the morning
- recurring or persistent pain and stiffness in the neck, lower back, knees or other joints

When a diagnosis of arthritis is made, you will want to seek the services of an occupational therapist for help in:

- controlling pain and swelling in joints
- protecting joints from damage
- managing stress and fatigue
- obtaining special assistive devices

When arthritis is causing problems such as pain, stiffness and difficulty in performing daily tasks, an occupational therapist can:

- make custom splints to rest or support your limbs
- design special adaptive equipment to help you function
- recommend assistive devices to aid you in your tasks at home and work
- evaluate your home and workplace and suggest modifications so you can work independently and avoid stress to your joints
- teach you methods of carrying out daily tasks without causing pain or joint damage

If arthritis is causing difficulty in using your hands...an occupational therapist can:

- advise you on what exercises are best and what activities to avoid
- teach you to carry out daily tasks more easily
- provide equipment to ease your work and conserve energy

If you have arthritis in your hips and knees...an occupational therapist can:

- help you to rearrange and adapt your home to reduce pain and stress on your joints

When arthritis causes tiredness...an occupational therapist can:

- teach you methods of relaxation
- advise you on how to save energy while doing daily tasks
- help you to increase your endurance for home and work tasks

Occupational therapists are important members of the health care team working with people who have arthritis. By teaching people how to reduce stress in painful joints, everyday activities such as driving, housekeeping or simply getting dressed, can be performed with greater ease and less discomfort.

Occupational therapists can help by developing customized splints for joints in order to reduce pain and prevent damage. Treatment includes teaching individuals about activities which may be harmful and those which are beneficial.

OCCUPATIONAL THERAPY: A VITAL LINK TO PRODUCTIVE LIVING

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Occupational Therapy is important...

when you are in need of

HOME HEALTH SERVICE

It's not surprising to learn that people recovering from illness and injuries get better faster in their own homes. More people are proving this every day thanks to the rapidly growing availability of home health services.

WHAT ARE HOME HEALTH SERVICES?

These are specialized programs, which bring the services of professionals like occupational therapists, nurses, physical therapists, and speech and language pathologists to your home. Here, in familiar surroundings, you can complete your recovery and learn to deal with any remaining health problems that could interfere with your ability to carry out daily tasks.

WHO CAN BENEFIT FROM HOME HEALTH SERVICES?

Home health services can be important in the treatment of people with limitations due to health problems such as those resulting from:

- arthritis
- heart attack
- stroke
- head injury
- respiratory disease
- hip fracture
- cancer
- Parkinson's disease
- diabetes
- spinal cord injury
- muscular dystrophy or multiple sclerosis
- amyotrophic lateral sclerosis
- developmental disability

OCCUPATIONAL THERAPY CAN HELP YOU AT HOME BY:

- working with you to help you be as **independent** as possible while you are recovering
- providing you with training and recommending equipment to help you care for your personal needs such as **bathing, dressing** and **grooming**
- helping you find ways in which you can **prepare and serve meals** for yourself and your family
- teaching you ways to make your home safer **and more accessible** when you must use a wheelchair, walker or other aids
- arranging supplies and equipment so you can continue your **daily household** tasks
- designing a program of activities and exercise that will help you **regain as much function as possible**
- advising you on how to **conserve energy** as you go about daily tasks
- **constructing splints** and adaptive equipment that will allow you to be as independent as possible
- aiding you in finding ways in which you can **return to favorite leisure** and **recreational activities**
- guiding you in planning for **return to work and community life**

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Occupational Therapy is important...

when you are recovering from

STROKE

This year, more than 500,000 Americans will have a stroke. In spite of the problems that result from stroke, many of these people will return to their homes and live independent, productive lives—with the skilled help of occupational therapy personnel.

›blems resulting from a stroke may include:

- temporary or permanent weakness of one side of the body
- problems with vision and reading
- difficulties with memory or speech

These problems may interfere with your ability to:

- care for personal needs like bathing and dressing
- prepare meals and care for your home
- move about in the community, drive a car or use public transportation
- participate in work, educational and leisure activities

While you are recovering, occupational therapy can help you:

- learn new ways to manage daily tasks such as eating, dressing and bathing
- obtain special assistive equipment to help you function more independently
- discover ways to increase your physical strength, endurance and mobility
- compensate for losses of sensation and vision
- develop the skills necessary to return to work, household tasks and community activities

To increase your independence, the occupational therapist may:

- recommend altering your home to eliminate hazards to walking or using a wheelchair
- recommend special devices or aids that help you to perform home and work tasks
- recommend methods of dressing and bathing
- recommend techniques and resources for improving your mobility in the home and community

Occupational therapy personnel are important members of the health care team working with people recovering from stroke. They teach individuals who have had strokes to cope with disability, and to become as independent as possible so they can continue their work and personal lives, manage stress and fatigue, and participate fully in family and community life.

The occupational therapist is a health care professional who has a bachelor's or master's degree and has completed a clinical internship. The occupational therapy assistant holds an associate degree and has also completed a clinical internship. Both occupational therapists and occupational therapy assistants must pass a national certification examination. Many states also require licenses of occupational therapy practitioners.

The goal of occupational therapy is to help individuals to become as independent as possible in daily life. Many people who have experienced strokes are meeting this goal with the help of occupational therapy.

Occupational therapy services are available in many hospitals and rehabilitation centers, and in home health programs. **To find occupational therapy professionals in your community, contact the occupational therapy department at your local hospital or:**

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QUESTIONS AND ANSWERS ABOUT OCCUPATIONAL THERAPY AND HOSPICE CARE

Q: What is a hospice?

A: Hospice is a concept of care designed to manage and relieve the emotional and physical stress of the terminally ill and their families.

Q: Where is hospice care provided?

A: Home is the usual care setting for hospice patients. Inpatient services may be provided in a hospital-based unit, freestanding independent facility, or nursing home. If home care and inpatient facilities are available, patients may spend time in both places, depending on their particular needs at a particular time.

Q: What services are included in hospice care?

A: Medicare regulations for hospice require that nursing, social services, and counseling be available on a 24-hour basis. The hospice is also required to provide occupational therapy, physical therapy, speech-language therapy, home health aides, homemaker services, medical supplies, dietary and bereavement counseling. Short-term inpatient care including both respite care and symptom management must be available if needed. Trained volunteers frequently augment staff services. The emphasis of care is on symptom control (physical, psychosocial, and spiritual) and on bereavement follow-up for the family.

Q: What is the goal of occupational therapy in hospice care?

A: The goal of occupational therapy is to assist in providing a comprehensive plan of care that adequately addresses issues relating to the patient and family in daily living activities of work, leisure, and self-care. By involving the patient and family in the adaptation process, the quality of life is enhanced and the patient is able to retain some degree of independence in life skills in the presence of advancing functional loss.

Q: What specialized education and experience do occupational therapy personnel bring to hospice care?

A: Education of occupational therapy personnel includes emphasis on the process of human growth and development, the psychological, sociological, and physiological aspects of illness, and the importance of occupation, self-care, and independence in maintaining a meaningful daily life during the course of terminal illness. The medical aspects of occupational therapy education include understanding the disease process and the changing functional capacities of the human mind and body.

Q: Is occupational therapy readily available where hospice care is provided?

A: A certified hospice must provide occupational therapy directly or under arrangement in both home and short-term inpatient settings.

Q: Who pays the cost of hospice care?

A: As of November 1983, an individual entitled to Medicare Part A and certified by a physician as "terminally ill" may use two 90-day periods and a subsequent 30-day period of hospice benefits when receiving services from a Medicare certified hospice program. Benefits for hospice care are also being included in increasing numbers of private insurance plans.

Q: Who decides if a hospice client will receive occupational therapy?

A: Occupational therapy services are provided upon referral from the patient's physician, or when designated as appropriate by the interdisciplinary team with approval of the patient's physician.

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Specifically, treatment:

Changes the way in which the brain functions so that learning becomes easier.

Supplements, but does not duplicate an educational program.

Relies on neurodevelopmental concepts known to be basic to the acquisition of motor and academic skills.

Provides an individualized program for each child based on the specific sensory integrative profile.

Recognizes the need to provide the child with the opportunity and means to organize the nervous system through purposeful movements.

The therapist does not "teach" the child how to perform specific skills. Instead, the child learns spontaneously while bending, turning, riding, rolling, and swinging on the simple equipment provided by the therapist. Gradually, becoming more relaxed and alert in any situation, children become more aware of their environment and respond more appropriately to it.

For further information contact:

The American Occupational Therapy Association
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Information adapted from Bay Area Association for Sensory Integration pamphlet on Sensory Integration, and from information supplied by the Center For the Study of Sensory Integrative Dysfunction.

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OCCUPATIONAL THERAPY AND THE SENSORY INTEGRATIVE APPROACH TO LEARNING DISORDERS

INFORMATION FOR PARENTS AND TEACHERS

The brain receives vast amounts of information from each of our senses. As children learn to move their bodies, balance themselves and relate to objects and people around them, the brain organizes the incoming sensory information. This organization – called "sensory integration" – enables us to direct our attention, to produce useful and well coordinated behavior, and to feel good about ourselves.

In the early life of children the brain develops the organization which will be the foundation for later learning and behavior. In these early years, the spontaneous movements of play involving the entire body are most effective in developing the nervous system.

The human brain has frequently been compared to a computer. The brain depends upon the information it receives from the environment through the sensory systems. It is dependent upon visual, auditory, and tactile input, as well as information about gravity and movement. The brain puts these various sensations together and organizes them into a meaningful plan of action.

Dysfunction in one area of the brain will affect performance in other areas. A child who is not receiving and organizing important information from the senses in a clear, adequate, concise manner may not be getting the input upon which the brain depends for the process of learning.

OCCUPATIONAL THERAPY FOR LEARNING DISABILITIES

Why do some learning disabled children, adolescents and adults need occupational therapy?

These individuals may have deficits in sensory and motor functions which can lead to:

- impaired academic performance
- poor gross and fine motor coordination
- impaired visual and perceptual-motor skills
- poor organization of self and materials
- inadequate orientation in space
- stress reactions to new or unpredictable situations
- low self esteem
- poor peer relations
- distractibility/decreased attention span
- hyperactivity
- behavior problems
- delayed or atypical development

How does occupational therapy benefit individuals with learning disabilities?

Occupational therapy helps individuals maintain and develop skills that will lead to independence in personal, social, academic and vocational pursuits. These can include:

- more effective motor-performance for school or work tasks
- better organizational abilities for successful completion of assignments and job responsibilities
- increased capacities to perform self-care activities
- improved social skills required for interaction with others
- coping strategies to assist children in managing the classroom sensory environment

How is occupational therapy treatment administered?

Occupational therapy practitioners specialize in the analysis and adaptation of daily activities. Specially designed tasks are used in occupational therapy treatment to enable individuals to function in their daily environment, and are selected on the basis of their therapeutic value, such as:

- play activities which provide an opportunity for successful motor responses
- movement on suspended or mobile equipment to enhance posture, balance and orientation in space
- selected tasks to improve pre-writing skills and fine motor coordination

Where are occupational therapy services provided?

- public and private schools
- private practitioner offices
- wellness centers
- home health agencies
- hospitals
- day treatment centers
- community mental health centers
- clinics

What specialized education and experience do occupational therapy personnel bring to learning disabled individuals?

Occupational therapists hold bachelor or master degrees, and occupational therapy assistants are trained at the associate degree level. Occupational therapy education includes the study of human growth and development, with specific emphasis on the social, emotional, and physiological implications of illness and injury. Occupational therapy practitioners must complete supervised clinical internships in a variety of health care settings, and are required to pass a national certification examination.

OCCUPATIONAL THERAPY – A VITAL LINK TO PRODUCTIVE LIVING

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OCCUPATIONAL THERAPY SERVICES IN LONG-TERM CARE

What are the goals of occupational therapy treatment?

Occupational therapy treatment helps those whose lives have been disrupted by illness and injury to:

- restore, maintain, or improve daily living skills
- participate as fully as possible in meaningful work, leisure, and social activities
- cope with the physical and emotional effects of long term disability
- prevent further deterioration through health education such as energy conservation and joint protection
- access community resources and services to help promote independence
- organize the living environment and make use of adaptations which promote safety

Who should receive occupational therapy services in long term care?

- individuals who have limitations in their abilities to carry out self-care activities
- individuals whose strength and endurance are at risk
- those people whose ability to function in the community has been impaired
- individuals who would benefit from special adaptive equipment to aid in semi-independent or independent living

Where are occupational therapy services provided?

Occupational therapy is provided within the many different settings which comprise long-term care such as:

- individuals' home
- comprehensive outpatient rehabilitation facilities
- adult day care centers
- residential facilities
- health maintenance organizations
- hospitals
- nursing homes
- hospices

Who pays for occupational therapy services?

Medicare, Medicaid and private insurers pay for occupational therapy services depending upon the specifics of the case and the individual insurance policy.

What specialized education and experience do occupational therapy personnel bring to long term care?

Occupational therapy education is based on the physical and psychological implications of illness, injury, and aging, and analysis of the components of activity. The clinician's knowledge of adapting tasks and modifying the environment to compensate for functional limitations is used to increase the involvement of clients, and to promote safety and success.

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OCCUPATIONAL THERAPY IN MENTAL HEALTH

Who are the mental health clients treated by occupational therapy personnel?

Within the scope of mental health services, occupational therapy can benefit children, adolescents, adults and the elderly of varying functional levels and diagnostic categories. Among the diagnostic categories frequently treated are:

- schizophrenia
- depression
- manic depression
- borderline personality
- stress reactions
- chemical dependency
- eating disorders
- adolescent adjustment reaction
- antisocial personality
- autism

Where are mental health occupational therapy services provided?

- general and psychiatric hospitals
- community mental health centers
- day treatment centers
- clinics
- sheltered workshops
- group homes
- rehabilitation centers
- correctional institutions
- home health agencies
- places of business
- private homes
- wellness clinics

What is the goal of mental health occupational therapy treatment?

Occupational therapy is dedicated to helping individuals gain the highest possible degree of functional independence in the tasks of daily life.

For those whose lives are impaired by social or emotional problems occupational therapy aids in:

- improving the cognitive, social and organizational skills required for success in work, school and leisure activities.

- increasing the ability to perform self-care activities such as personal hygiene, for health and social acceptance.

- increasing skills in community living such as use of public transportation, to improve self-sufficiency.

- increasing recognition of stress indicators and developing coping skills.

What are some examples of treatment activities used by occupational therapy personnel?

- simulated or real activities such as a job interview, which provide an opportunity for individuals to practice life skills, recognize difficulties, and learn ways to improve performance. Whenever possible, activities are identical to those expected of individuals in their intended work or living situations.

- activities which enable the individual to use existing skills and interests or develop new skills and interests, to help in meeting basic needs for acceptance, achievement, and social interaction.

What specialized education and experience do occupational therapy personnel bring to the mental health setting?

Occupational therapists hold bachelor or master degrees, and occupational therapy assistants are trained at the associate degree level. Occupational therapy education includes a broad range of course work which emphasizes the social, emotional, and physiological implications of illness and injury. Occupational therapy practitioners must complete supervised clinical internships in a variety of health care settings, and are required to pass a national certification examination.

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Entry-Level Role Delineation

For OTRs And COTAs

The American Occupational
Therapy Association Inc.

1383 Piccard Drive
Rockville, MD 20850

Approved by
Representative Assembly

March 1981

Introduction

This role delineation is intended for internal use by the American Occupational Therapy Association, Inc. as a guide to assist members in the practice of their profession. The role delineation may be used to assist in the development of entry-level educational Essentials and certification criteria, but may not be used (except with the written permission of the AOTA) to draft legal documents of any kind such as licensure bills or private contracts.

The contents of this document are not to be construed as entirely original, but represent a compilation of resource materials and professional judgment. Resource documents used were:

1. AOTA Entry Level Functions of the Registered Occupational Therapist, Certified Occupational Therapy Assistant and Occupational Therapy Aide; AOTA; 1972.
2. Task Inventory for Entry Level Occupational Therapy Personnel in Direct Service Roles; NIH Contract No. 72-4172; AOTA; June 1973.
3. Phase I-Delineation of the Role of Entry Level Occupational Therapy Personnel; Contract #231-76-0052; AOTA; July 1, 1976 - February 1, 1978.
4. AOTA Standards of Practice for Occupational Therapy Services for the Developmentally Disabled Client; Clients with Physical Disabilities; in a Mental Health Program; and in a Home Health Program; AOTA; January 1979.
5. Essentials of an Accredited Educational Program for the Occupational Therapist; June 1972; and Essentials of an Approved Educational Program for the Occupational Therapy Assistant; April 1975.
6. AOTA Resolutions #533-79 (Funding for 518-77), #535-79 (Role Delineation Concept and Use), #552-79 (Strategy to Educate Independent Health Professionals), #551-79 (Position on Proficiency Testing for Individuals Outside the Field of Occupational Therapy), and proposed Resolution "J"-1980 (Strategy for Determining the Place of the COTA in the Profession of Occupational Therapy).
7. Entry Level Study Committee Memo; AOTA; April 7, 1980.
8. Essentials Review Committee Report: Recommendation #1; AOTA; 1980.
9. Components and Interrelationships of a Competency Assurance System, Chart #1 and Management of the AOTA Competency Assurance System, Chart #2; AOTA; 1979.
10. *AOTA Uniform Terminology for Reporting Occupational Therapy Services*; AOTA; 1979.

The following principles/concepts were used in the development of the role delineation document:

1. OTRs must be able to do all COTA roles and functions.
2. The role delineation reflects present and future practice of occupational therapy.
3. The role delineation reflects entry-level practice only and may be used only for that level when used to develop educational Essentials or certification requirements.
4. Entry-level is defined as the first year of practice.
5. Entry-level COTAs must receive direct supervision by an OTR during the first year of occupational therapy practice. COTAs are encouraged to participate in continuing education programs provided by agencies and professional associations and to pursue other continuing education opportunities.
6. Entry-level OTRs are certified for general practice and are able to independently provide services. Entry-level OTRs are encouraged to pursue continuing education, consultation and other collaborative activities in their professional role.
7. Employers should provide appropriate personnel for the supervision of new graduates.
8. The role delineation addresses tasks and not "professional" behaviors that reflect ethical or value judgments.

Refer to the Role Delineation Glossary and AOTA *Uniform Terminology System for Reporting Occupational Therapy Services* for definitions of terms used in this document.

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Entry-Level OTR And COTA Role Delineation

I. Referral: the initiation or acknowledgment of a referral may be before initial screening or after. A referral for occupational therapy service must be based upon the provisions as outlined in the AOTA Statement of Referral.

The Entry-Level OTR

A. Responds to request for service, whatsoever its source

B. Initiates referrals when appropriate

C. Supervises documentation and filing of referrals according to department standards

D. Delegates case to COTA, as appropriate, according to standards of department and profession

The Entry-Level COTA

A. Responds to a request for service by relaying information or formal referral to supervising OTR

B. Initiates referrals for independent living/daily living skills intervention

C. Enters case as appropriate to standards of department and profession when authorized by supervising OTR

II. Occupational Therapy Assessment: Occupational therapy assessment refers to the process of determining the need for, nature of, and estimated time of treatment, determining the needed coordination with other persons involved, and documenting these activities.

The Entry-Level OTR

A. *Screening:* determine client's need for occupational therapy services; may occur before or after referral

1. Collect data:
   a. identify type and sources of information that are needed
   b. obtain and review information and identify pertinent details about client; or plan and supervise data collection
   c. explain overall occupational therapy services to client, family, and significant others
   d. observe and interview client, family, and significant others to obtain general history and information
2. Analyze data:
   a. organize data
   b. summarize data
   c. interpret data
3. Formulate recommendations
4. Document and report occupational therapy screening data, interpretation, and recommendations

B. *Evaluation:* obtain and interpret data necessary for treatment. This includes planning for and documenting the evaluation process and results. The OTR is responsible for the evaluation process.

1. Select appropriate area(s) to evaluate
   a. independent living/daily living skills
      (1) Physical Daily Living Skills
         (a) Grooming and Hygiene
         (b) Feeding/Eating
         (c) Dressing
         (d) Functional Mobility
         (e) Functional Communication
         (f) Object Manipulation
      (2) Psychological/Emotional Daily Living Skills
         (a) Self-concept/Self-identity
         (b) Situation Coping
         (c) Community Involvement
      (3) Work
         (a) Homemaking
         (b) Child Care/Parenting
         (c) Employment Preparation
      (4) Play/Leisure

The Entry-Level COTA

A. *Screening:* determine client's need for occupational therapy services in collaboration with OTR; may occur before or after referral

1. Collect data:
   a. obtain and review information as determined by OTR and identify pertinent details about client
   b. explain overall occupational therapy services to client, family and significant others
   c. observe and interview client, family, and significant others *using a structured guide* to obtain general history and information
2. Organize data:
   a. summarize *own* data
   b. record and report *own* data to OTR

B. *Evaluation:* The COTA contributes to the evaluation process under the supervision of the OTR.

The Entry-Level OTR	The Entry-Level COTA
b. sensorimotor components (1) Neuromuscular (a) Reflex Integration (b) Range of Motion (c) Gross and Fine Coordination (d) Strength and Endurance (2) Sensory Integration (a) Sensory Awareness (b) Visual-Spatial Awareness (c) Body Integration c. cognitive components (1) Orientation (2) Conceptualization/Comprehension (a) Concentration (b) Attention Span (c) Memory (3) Cognitive Integration (a) Generalization (b) Problem Solving d. psychosocial components (1) Self-management (a) Self-expression (b) Self-control (2) Dyadic Interaction (3) Group Interaction	
2. Plan evaluation methodology	
3. Explain evaluation plan to client, family, significant others, and other health professionals	
4. Interview client, family, and significant others for information about: a. medical history and current health status b. developmental milestones c. social and family history d. self-care abilities e. academic history f. vocational history g. play history h. leisure interests and experiences i. future plans and goals j. accessibility of home environment k. accessibility of work or school system l. accessibility of community support system	1. Assist OTR by interviewing client, family, and significant others *using a structured format* as determined by OTR for information about: a. family history b. self-care abilities c. academic history d. vocational history e. play history f. leisure interests and experiences
5. Observe client while engaged in individual and/or group activity to collect data and report on: (refer to areas in Section II.B.1 for specifics in each area) a. independent living/daily living skills b. sensorimotor skills c. cognitive skills d. psychosocial skills	2. Assist OTR by observing client while engaged in individual and/or group activity to collect general data and report on: (refer to areas in Section II.B.1 for specifics in each area) a. independent living/daily living skills b. selected sensorimotor skills: (1) Gross and fine coordination (2) Strength and endurance (3) Tactile awareness c. cognitive skills d. psychosocial skills
6. Administer standardized and non-standardized assessments in the following areas: (refer to areas in Section II.B.1 for specifics in each area) a. independent living/daily skills and performance b. sensorimotor skills and performance c. cognitive skills and performance	3. Administer *structured* tests as directed by the OTR to collect data on: a. independent living/daily living skills and performance b. sensorimotor skills and performance in the following areas of: (1) Gross and Fine Coordination (2) Tactile Awareness c. cognitive skill and performance in the area of orientation

The Entry-Level OTR

d. psychosocial skills and performance
e. therapeutic adaptations
(1) Orthotics
(2) Prosthetics
(3) Assistive/Adaptive Equipment

7. Analyze and synthesize evaluation data:
   a. state evaluation findings
   b. analyze, interpret, and synthesize scores or results of tests and assessments
   c. state client's assets and deficits
8. Document evaluation data and interpretation
9. Report evaluation data
10. Develop recommendations as to the continuation or discontinuation of occupational therapy services and/or referral to other type of service

The Entry-Level COTA

4. Summarize, record and report *own* evaluation data to OTR supervisor
5. Report evaluation data as determined by OTR
6. Make recommendations to the OTR supervisor as to the continuation or discontinuation of occupational therapy services and/or referral to other type of service

III. Program Planning: Planning refers to the identification of achievable program goals and the methods to those goals.

The Entry-Level OTR

A. Develop long- and short-term goals (in collaboration with client, family, and significant others) to develop, improve, and/or restore the performance of necessary functions; compensate for dysfunction; and/or minimize debilitation, in the areas of: (refer to areas in Section II.B.1 for specifics in each area)
1. Independent living/daily living skills and performance
2. Sensorimotor skills and performance
3. Cognitive skills and performance
4. Psychosocial skills and performance

B. Refer client to experienced OTR for specialized evaluation and services
Examples of specialized evaluations are employment preparation, evaluation (prevocational testing), sensory integration evaluation, prosthetic evaluation, driver's training evaluation.

C. Select occupational therapy techniques, media, and determine sequence of activities to attain goals in all areas

D. Analyze components which make up tasks and activities

E. Adapt techniques/media to meet needs, capacities and roles of the client

F. Discuss occupational therapy goals and methods with client, family, significant others and other staff

G. Document and report program plan

H. Coordinate the program with staff and other services

I. Determine point of termination

The Entry-Level COTA

A. Assist OTR with the development of long- and short-term goals (in collaboration with client, family, and significant others) to develop, improve, and/or restore the performance of necessary functions; compensate for dysfunction; and/or minimize debilitation, in the areas of:
1. Independent living/daily living skills and performance
2. Sensorimotor skills and performance in the following areas:
   a. gross and fine coordination
   b. strength and endurance
   c. range of motion
   d. tactile awareness
3. Cognitive skills and performance
4. Psychosocial skills and performance

B. Assist OTR in selecting occupational therapy techniques, media, and in determining sequence of activities to attain goals in areas designated above

C. Analyze activities in the following areas:
1. Relevance to client's interests and abilities
2. Major motor processes
3. Complexity
4. Steps involved
5. Extent to which it can be modified or adapted

D. Adapt techniques/media, under the supervision of the OTR, to meet client needs

E. Discuss occupational therapy program goals and methods with client, family, significant others, and staff

F Document and report program plan as directed by the OTR

The Entry-Level OTR	The Entry-Level COTA

IV. Occupational Therapy Treatment: Occupational therapy treatment refers to the use of specific activities or methods to develop, improve, and/or restore the performance of necessary functions; compensate for dysfunction; and/or minimize debilitation.

The Entry-Level OTR

A. Engage client in purposeful activity, in conjunction with therapeutic methods, to achieve goals identified in the program in the following areas:

1. Independent living/daily living skills
   a. physical daily living skills
      (1) Grooming and Hygiene
      (2) Feeding/Eating
      (3) Dressing
      (4) Functional Mobility
      (5) Functional Communication
      (6) Object Manipulation
   b. psychological/emotional daily living skills
      (1) Self-Concept/Self-Identity
      (2) Situational Coping
      (3) Community Involvement
   c. work
      (1) Homemaking
      (2) Child Care/Parenting
      (3) Employment Preparation
         (a) Work Process Skills and Performance
         (b) Work Product Quality
   d. play/leisure

2. Sensorimotor components
   a. neuromuscular
      (1) Reflex Integration
      (2) Range of Motion
      (3) Gross and Fine Coordination
      (4) Strength and Endurance
   b. Sensory Integration
      (1) Sensory Awareness
      (2) Visual-Spatial Awareness
      (3) Body Integration

3. Cognitive components
   a. orientation
   b. conceptualization/comprehension
      (1) Concentration
      (2) Attention Span
      (3) Memory
   c. cognitive integration
      (1) Generalization
      (2) Problem Solving

4. Psychosocial components
   a. self-management
      (1) Self-Expression
      (2) Self-Control
   b. dyadic interaction
   c. group interaction

The Entry-Level COTA

- In situations where patient conditions or treatment settings are complex (involving multiple systems) and where conditions change rapidly, requiring frequent or ongoing reassessment and modification of treatment plan, the COTA is required to have close supervision by the OTR.
- In situations where patient conditions or treatment settings are more singular or stable so that decisions regarding program revision are required less frequently, the COTA may function independently as directed by the OTR.

A. Under the direction of the OTR, engage client in purposeful activity, in conjunction with therapeutic methods, to achieve goals identified in the program plan in the following areas:

1. Independent living/daily living skills
   a. physical daily living skills
      (1) Grooming and Hygiene
      (2) Feeding/Eating
      (3) Dressing
      (4) Functional Mobility:
         (a) Bed Mobility
         (b) Wheelchair Mobility
         (c) Transfers
         (d) Functional Ambulation
         (e) Public Transportation
      (5) Functional Communication
      (6) Object Manipulation
   b. psychological/emotional daily living skills
      (1) Self-Concept/Self-Identity
      (2) Situational Coping
      (3) Community Involvement
   c. work
      (1) Homemaking
      (2) Child Care/Parenting
      (3) Work Process Skills and Performance
   d. play/leisure

2. Sensorimotor components
   a. neuromuscular
      (1) Range of Motion
      (2) Gross and Fine Coordination
      (3) Strength and Endurance
   b. Tactile Awareness
   c. Postural Balance

3. Cognitive components
   a. orientation
   b. conceptualization/comprehension
      (1) Concentration
      (2) Attention Span
      (3) Memory

The Entry-Level OTR	The Entry-Level COTA
5. Therapeutic adaptation	4. Therapeutic adaptation
a. orthotics	a. orthotics
(1) Static Splints	(1) Static Splints
(2) Slings	(2) Slings
b. assistive/adaptive equipment	b. assistive/adaptive equipment
6. Prevention	5. Prevention
a. energy conservation	a. energy conservation
b. joint protection/body mechanics	b. joint protection/body mechanics
c. positioning	c. positioning
d. coordination of daily living activities	d. coordination of daily living skills
B. Orient and instruct family, significant others and non-OT staff in activities which support the therapeutic program	B. Orient and instruct family and significant others in activities which support the therapeutic program
C. Observe medical and safety precautions	C. Observe medical and safety precautions
D. Prepare and instruct a program with client, family and significant others to implement at home	D. Assist in instruction of client, family and significant others in implementation of home program developed by OTR
E. Monitor client's program	E. Monitor client's program
1. Observe client's response to program	1. Observe client's performance as directed by OTR
2. Summarize and analyze client performance	2. Summarize client's performance as directed by OTR
3. Document response to program	3. Document client's performance as directed by OTR
4. Discuss client performance with client, family, significant others, and staff	4. Discuss client performance with client, family, significant others, and staff as directed by OTR
5. Reassess client's performance	5. Discuss need for reassessment with OTR
6. Modify goals	
7. Modify program	6. Assist OTR in identifying program changes
8. Coordinate program modifications with other services	7. Coordinate program modifications with other services

V. Program Discontinuation: Program discontinuation refers to the termination of occupational therapy services when the client has achieved the program goals and/or has achieved maximum benefit from the services.

The Entry-Level OTR	The Entry-Level COTA
A. Formulate, in collaboration with client, family, significant others and staff, discharge and follow-up plan	A. Discuss need for program discontinuation with OTR
B. Recommend termination of occupational therapy services	
C. Prepare program for implementation at home	B. Assist OTR in preparing program for implementation at home
D. Recommend adaptations in client's everyday environment	C. Assist OTR in recommending adaptations in client's everyday environment
E. Refer client and/or family to another occupational therapist or other service provider	
F. Recommend community resources	D. Assist OTR in identifying community resources
G. Summarize and document outcome of the OT program	E. Assist in summarizing and documenting outcome of the OT program
H. Terminate program	

VI. Service Management: Service management refers to planning, leading, organizing, and controlling the occupational therapy facility and service

The Entry-Level OTR	The Entry-Level COTA
A. Maintain service	A. Maintain service
1. Plan daily schedule according to assigned workload	1. Plan daily schedule according to assigned workload
2. Prepare and maintain work setting, equipment, and supplies	2. Prepare and maintain work setting, equipment, and supplies
3. Order supplies and equipment according to established procedures	3. Order supplies and equipment according to established procedures
4. Determine space, equipment and supply needs	
5. Prepare and maintain records and budget	4. Maintain records according to department procedure
6. Ensure safety and maintenance of program areas and equipment	5. Ensure safety and maintenance of program areas and equipment
7. Compile and analyze data of OT service	6. Assist with compiling and analyzing data of total OT service
8. Follow reimbursement procedures	7. Follow reimbursement procedures
9. Conduct and participate in employee meetings	8. Participate in employee meetings

The Entry-Level OTR	The Entry-Level COTA
10. Participate in program-related conferences	9. Participate in program-related conferences
11. Receive supervision from immediate supervisor in order to enhance self-performance	10. Receive supervision from immediate supervisor in order to enhance self-performance
12. Comply with established standards and/or evaluate adherence to institutional policies	11. Comply with departmental standards and/or evaluate adherence to institutional policies
13. Seek and use consultation	
B. Recruit, select, orient, train, supervise, and evaluate:	B. Assist with other personnel:
1. COTAs	1. Orient, supervise aides and assist in their training
2. Support staff such as secretary, aide, transport personnel	2. Recruit, select, orient, train, supervise and evaluate volunteers under direction of OTR
3. Volunteers	
C. Plan, direct, coordinate and evaluate service programs	C. Assist OTR with evaluation of service program
D. Determine service and personnel needs	
E. Assure collaboration, coordination, and communication	
F. Develop and implement quality review program including:	D. Participate in quality review program
1. Standards of quality treatment/services	
2. Chart audit program	
3. Occupational therapy care review	
4. Inservice education programs	
G. Participate in accrediting reviews	E. Participate in accrediting reviews
H. Supervise Level I fieldwork students, and non-OT students	F. Supervise Level I OTA fieldwork students as assigned by OTR
I. Develop, through the use of statistics, the justification for having or increasing OT services	

VII. Continued Education: Continued education refers to ongoing educational experiences beyond basic education.

The Entry-Level OTR	The Entry-Level COTA
A. Participate in continuing education programs	A. Participate in continuing education programs
B. Participate in inservice programs	B. Participate in inservice programs
C. Plan and provide inservice education	C. Assist OTR in planning and providing inservice education

VIII. Public Relations: Public relations refers to promoting awareness and understanding of the profession of occupational therapy.

The Entry-Level OTR	The Entry-Level COTA
A. Identify the need for and explain occupational therapy services and profession to public and professional groups	A. Explain occupational therapy services and profession to public groups
B. Serve as a representative of the profession and the association	B. Serve as a representative of the profession and the association

Definitions

Independent living/daily living skills *refer to the skill and performance of physical and psychological/emotional self-care, work, and play/leisure activities to a level of independence appropriate to age, life-space, and disability. Life-space refers to an individual's cultural background, value orientation, and physical and social environment.*

Physical daily living skills *refer to the skill and performance of daily personal care, with or without adaptive equipment. It includes but is not limited to:*

Grooming and hygiene *refer to the skill and performance of personal health needs, such as bathing, toileting, hair care, shaving, applying make-up.*

Feeding/eating *refers to the skill and performance of sequentially feeding oneself, including sucking, chewing, swallowing, and using appropriate utensils.*

Dressing *refers to the skill and performance of choosing appropriate clothing, dressing oneself in a sequential fashion, including fastening and adjusting clothing.*

Functional mobility *refers to the skill and performance in moving oneself from one position or place to another. It includes skills necessary for activities such as bed mobility, wheelchair mobility, transfers (bed, car, tub, toilet, chair), and functional ambulation, with or without adaptive aids. It also includes use of public and private travel systems, such as driving own automobile and using public transportation.*

Functional communication *refers to the skill and performance in using equipment or systems to enhance or provide communication, such as writing equipment, typewriters, letterboards, telephone, braille writers, artificial vocalization systems and computers.*

Object manipulation *refers to the skill and performance in handling large and small common objects, such as calculators, keys, money, light switches, doorknobs, and packages.*

Psychological/emotional daily living skills *refer to the skill and performance in developing one's self-concept/self-identity, coping with life situations, and participating in one's organizational and community environments. It includes but is not limited to:*

Self-concept/self-identity *refers to the cognitive image of one's functional self. This includes but is not limited to:*

- *clearing perceiving others' needs, feelings, conflicts, values, beliefs, expectations, sexuality, and power*
- *realistically perceiving others' needs, feelings, conflicts, values, beliefs, expectations, sexuality, and power*
- *knowing one's performance strengths and limitations*
- *sensing one's competence, achievements, self-esteem, and self-respect*
- *integrating new experiences with established self-concept/self-identity*
- *having a sense of psychological safety and security*
- *perceiving one's goals and directions.*

Situational coping *refers to skill and performance in handling stress and dealing with problems and changes in a manner that is functional for self and others. This includes but is not limited to:*

- *setting goals, selecting, harmonizing, and managing activities of daily living to promote optimal performance*
- *testing goals and perceptions against reality*
- *perceiving changes and need for changes in self and environment*
- *directing and redirecting energy to overcome problems*
- *initiating, implementing, and following through on decisions*
- *assuming responsibility for self and consequences of actions*
- *interacting with others, dyadic and group.*

Community involvement *refers to skill and performance in interacting within one's social system. This includes but is not limited to:*

- *understanding social norms and their impact on society*
- *planning, organizing, and executing daily life activities in relationship to society, including such activities as budgeting, time management, social role management and using community resources*
- *recognizing and responding to needs of families and groups*
- *understanding and responding to organizational/community role expectations as both recipient and contributor.*

Work *refers to skill and performance in participating in socially purposeful and productive activities. These activities may take place in the home, employment setting, school, or community. They include but are not limited to:*

Homemaking *refers to skill and performance in homemaking and home management tasks, such as meal planning, meal preparation and clean-up, laundry, cleaning, minor household repairs, shopping, and use of household safety principles.*

Child care/parenting *refers to skill and performance in child care activities and management. This includes but is not limited to physical care of children, and use of age-appropriate activities, communication, and behavior to facilitate child development.*

Employment preparation *refers to skill and performance in precursory job activities including prevocational activities. This includes but is not limited to:*

- *job acquisition skills and performance*
- *organizational and team participatory skills and performance*
- *work process skills and performance*
- *work product quality.*

Play/leisure *refers to skill and performance in choosing, performing, and engaging in activities for amusement, relaxation, spontaneous enjoyment, and/or self-expression. This includes but is not limited to:*

- *Recognizing one's specific needs, interests, and adaptations necessary for performance*
- *Identifying characteristics of activities and social situations that make them play for the individual*
- *Identifying activities that contain those characteristics*
- *Choosing play activities for participation, such as sports, games, hobbies, music, drama, and other activities*
- *Testing out and adapting activities to enable participation*
- *Identifying and using community resources.*

Sensorimotor components *refer to the skill and performance of patterns of sensory and motor behavior that are prerequisites to self-care, work, and play/leisure performance. The components in this section include neuromuscular and sensory integrative skills, including perceptual motor skills.*

Neuromuscular *refers to the skill and performance of motor aspects of behavior. This includes but is not limited to:*

Reflex integration *refers to skill and performance in enhancing and supporting functional neuromuscular development through eliciting and/or inhibiting stereotyped, patterned, and/or involuntary responses coordinated at subcortical and cortical levels.*

Range of motion *refers to skill and performance in using maximum span of joint movement in activities with and without assistance to enhance functional performance. The standard levels of performance include:*
- *active range of motion: movement by patient, unassisted through a complete range of motion*
- *passive range of motion: movement performed by someone other than patient or by a mechanical device, requiring no muscle contraction on the part of the patient*
- *active-assistive range of motion: movement performed by the patient to the limit of his/her ability, and then completed with assistance.*

Gross and fine coordination *refers to skill and performance in muscle control, coordination, and dexterity while participating in activities*
- *muscle control*
  muscle control refers to skill and performance in directing muscle movement
- *coordination*
  coordination refers to skill and performance in gross motor activities using several muscle groups
- *dexterity*
  dexterity refers to skill and performance in tasks using small muscle groups.

Strength and endurance *refers to skill and performance in using muscular force within time periods necessary for purposeful task performance. This involves but is not limited to progressively building strength and cardiac and pulmonary reserve, increasing the length of work periods, and decreasing fatigue and strain.*

Sensory integration *refers to skill and performance in development and coordination of sensory input, motor output, and sensory feedback. This includes but is not limited to:*

Sensory awareness *refers to skill and performance in perceiving and differentiating external and internal stimuli, such as:*
- *tactile awareness: the perception and interpretation of stimuli through skin contact*
- *stereognosis: the identification of forms and nature of objects through the sense of touch*
- *kinesthesia: the conscious perception of muscular motion, weight, and position*
- *proprioceptive awareness: the identification of the positions of body parts in space*
- *ocular control: the localization and visual tracking of stimuli*
- *vestibular awareness: the detection of motion and gravitational pull as related to one's performance in functional activities, ambulation, and balance*
- *auditory awareness: the differentiation and identification of sounds*
- *gustatory awareness: the differentiation and identification of tastes*
- *olfactory awareness: the differentiation and identification of smells*

Visual-spatial awareness *refers to skill and performance in perceiving distances between and relationships among objects, including self. This includes but is not limited to:*
- *figure-ground: recognition of forms and objects when presented in a configuration with competing stimuli*
- *form constancy: recognition of forms and objects as the same when presented in different contexts*
- *position in space: knowledge of one's position in space relative to other objects*

Body integration *refers to skill and performance in perceiving and regulating the position of various muscles and body parts in relationship to each other during static and movement states. This includes but is not limited to:*
- *body schema*
  body schema refers to the perception of one's physical self through proprioceptive and interoceptive sensations
- *postural balance*
  postural balance refers to skill and performance in developing and maintaining body posture while sitting, standing, or engaging in activity
- *bilateral motor coordination*
  bilateral motor coordination refers to skill and performance in purposeful movement that requires interaction between both sides of the body in a smooth, refined manner
- *right-left discrimination*
  right-left discrimination refers to skill and performance in differentiating right from left and vice versa
- *visual-motor integration*
  visual-motor integration refers to skill and performance in combining visual input with purposeful voluntary movement of the hand and other body parts involved in an activity. Visual-motor integration includes eye-hand coordination
- *crossing the midline*
  crossing the midline refers to skill and performance in crossing the vertical midline of the body
- *praxis*
  praxis refers to skill and performance of purposeful movement that involves motor planning.

Cognitive components *refer to skill and performance of the mental processes necessary to know or apprehend by understanding. This includes but is not limited to:*

Orientation *refers to skill and performance in comprehending, defining, and adjusting oneself in an environment with regard to time, place, and person.*

Conceptualization/comprehension *refers to skill and performance in conceiving and understanding concepts or tasks such as color identification, word recognition, sign concepts, sequencing, matching, association, classification, and abstracting. This includes but is not limited to:*

Concentration *refers to skill and performance in focusing on a designated task or concept.*

Attention span *refers to skill and performance in focusing on a task or concept for a particular length of time.*

Memory *refers to skill and performance in retaining and recalling tasks or concepts from the past.*

Cognitive integration *refers to skill and performance in applying diverse knowledge to environmental situations. This involves but is not limited to:*

Generalization *refers to skill and performance in applying specific concepts to a variety of related situations.*

Problem solving *refers to skill and performance in identifying and organizing solutions to difficulties. It includes but is not limited to:*

- *defining or evaluating the problem*
- *organizing a plan*
- *making decisions/judgments*
- *implementing plan, including following through in logical sequence*
- *evaluating decision/judgment and plan.*

Psychosocial components *refer to skill and performances in self-management, dyadic and group interaction.*

Self-management *refers to skill and performance in expressing and controlling oneself in functional and creative activities.*

Self-expression *refers to skill and performance in perceiving one's feelings and interpreting and using a variety of communication signs and symbols. This includes but is not limited to:*

- *experiencing and recognizing a range of emotions*
- *having an adequate vocabulary*
- *having writing and speaking skills*
- *interpreting and using correctly an adequate range of nonverbal signs and symbols.*

Self-control *refers to skill and performance in modulating and modifying present behaviors, and in initiating new behaviors in accordance with situational demands. It includes but is not limited to:*

- *observing own and others' behavior*
- *conceptualizing problems in terms of needed behavioral changes or action*
- *imitating new behaviors*
- *directing and redirecting energies into stress-reducing activities and behaviors.*

Dyadic interaction *refers to skill and performance in relating to another person. This includes but is not limited to:*

- *Understanding social/culture norms of communication and interaction in various activity and social situations*
- *Setting limits on self and others*
- *Compromising and negotiating*
- *Handling competition, frustration, anxiety, success, and failure*
- *Cooperating and competing with others*
- *Responsibly relying on self and others.*

Group interaction *refers to skill and performance in relating to groups of three to six persons, or larger. This includes but is not limited to:*

- *Knowing and performing a variety of task and social/emotional role behaviors*
- *Understanding common stages of group process*
- *Participating in a group in a manner that is mutually beneficial to self and others.*

Therapeutic adaptations *refer to the design and/or restructuring of the physical environment to assist self-care, work, and play/leisure performance. This includes selecting, obtaining, fitting, and fabricating equipment, and instructing the client, family, and/or staff in proper use and care of equipment. It also includes minor repair and modification for correct fit, position or use. Categories of therapeutic adaptations consist of:*

Orthotics *refer to the provision of dynamic and static splints, braces, and slings, for the purpose of relieving pain, maintaining joint alignment, protecting joint integrity, improving function, and/or decreasing deformity.*

Prosthetics *refer to the training in use of artificial substitutes of missing body parts, which augment performance of function.*

Assistive/adaptive equipment *refers to the provision of special devices that assist in performance, and/or structural or positional changes such as the installation of ramps, bars, changes in furniture heights, adjustments of traffic patterns, and modifications of wheelchairs.*

Prevention *refers to skill and performance in minimizing debilitation. It may include programs for persons where predisposition to disability exists, as well as for those who have already incurred a disability. This includes but is not limited to:*

Energy conservation *refers to skill and performance in applying energy-saving procedures, activity restriction, work simplification, time management, and/or organization of the environment to minimize energy output.*

Joint protection/body mechanics *refers to skill and performance in applying principles or procedures to minimize stress on joints. Procedures may include the use of proper body mechanics, avoidance of static or deforming postures, and/or avoidance of excessive weight bearing.*

Positioning *refers to skill and performance in the placement of a body part in alignment to promote optimal functioning.*

Coordination of daily living activities *refers to skill and performance in selecting and coordinating activities of self-care, work, play/leisure, and rest to promote optimal performance of daily life tasks.*

Reassessment *refers to the process of obtaining and interpreting data necessary for updating treatment plans and goals. This frequently involves administering only portions of the initial evaluation, documenting results, and/or revising treatment.*

Development of standards of quality treatment service *refers to the development, implementation, evaluation, and documentation of departmental policy and procedures for the purpose of assuring standardized and quality treatment. This policy includes but is not limited to those procedures governing standards of occupational therapy practice, health and safety, infection control, and ethical behavior.*

Chart audit *refers to the evaluation of documentation based on criteria developed within the facility, the profession, Health Systems Agency (Health Planning Act), and/or Professional Standards Review Organizations for a specified geographical area.*

Occupational therapy care review *refers to the ongoing evaluation and documentation of the quality of care given. Three review programs may be included in the care review process: preadmission screening, concurrent review, and retrospective studies.*

Inservice education *refers to the participation of regularly employed occupational therapy personnel (e.g., OTR, COTA, OT Aide, or OT orderly) in regularly scheduled classes, in-house seminars, and special training sessions, either in or outside the facility.*

Accrediting reviews *refer to those activities that are necessary to routinely document the meeting of the standards of a recognized accrediting body such as State Department of Health, Joint Commission on the Accreditation of Hospitals, Commission on Accreditation of Rehabilitation Facilities; or other accreditation procedures, voluntary or mandated by state or local law, and/or by the administration of a particular institution.*

ROLE DELINEATION GLOSSARY

1. *structured assessment:* an assessment instrument or form that is constructed and organized to provide guidelines for the content and process of the assessment: e.g., Interest Inventory.

2. *standardized assessment:* an assessment that provides for measurement against a criterion or norm. The assessment must be done according to the testing protocol: e.g., ROM assessment; Southern California Sensory Integration Tests.

3. *non-standardized assessment:* an assessment that provides information but with no precise comparison to a norm: e.g., Social History.

4. *therapeutic activities in occupational therapy:* self-care, work, home management, child care, educational, play/leisure, and cultural activities that have been selected and adapted to meet specific occupational therapy goals.

5. *significant others:* refers to persons, excluding the individual's family and health professionals, who have an important relationship to the individual.

6. *OT Program:* refers to the delivery of occupational therapy services to a client.

7. *OT service:* refers to the organizational structure and system within which occupational therapy programs are provided.

8. Level I Fieldwork: is that which occurs as an integral part of didactic course work.

SENATE COMMITTEE REPORT

FURTHER: HESS / FINANCE

DATE TURNED INTO OFFICE 5/15/87

Mr. President:

LABOR & COMMERCE Committee considered CSHB 205 (HESS) am

regulation of the practice of occupational therapy and physical therapy; efd

and recommended:

[ ] replace with CS FOR ______) [] same title
[ ] or adopt ______ CS FOR ______) [] new title

[✓] attached amendment(s) and

[X] do pass

[ ] do not pass

[ ] no recommendation

[ ] individual recommendations

[ ] further referral to ______

[ ] letter of intent adopted ______

Committee [X] attached or [ ] adopted fiscal note(s)
[ ] new [ ] updated or [X] previous
[ ] zero [X] fiscal impact

MEMBERS SIGNING DO PASS

OTHER RECOMMENDATIONS

Chairman signature and recommendation

[ ] Committee Backup Attached