Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
May 15, 2008
9:15 a.m.

Members Present
Kimberly Lawler, OTR/L
Mary Stover, OTR/L, Secretary
Nanette Shoemaker, COTA/L, Chairperson
Rebecca Finni, OTR/L
Rebecca LeBron, OTR/L

Legal Counsel
Yvonne Tertel, AAG

Staff
Andrew Snouffer, Investigator
Jeffrey Rosa, Executive Director

Public Member
Gary Weiss

Guest
Carole Weiss

Call to Order
Nanette Shoemaker, Chairperson, called the meeting to order at 9:15 a.m.

The Section began the meeting by reading the vision statement.

The Occupational Therapy Section is committed to proactively:

- Provide Education to the Consumers of Occupational Therapy Services;
- Enforce Practice Standards for the Protection of the Consumer of Occupational Therapy Services;
- Regulate the Profession of Occupational Therapy in an Ever-Changing Environment;
- Regulate Ethical and Multicultural Competency in the Practice of Occupational Therapy;
- Regulate the Practice of Occupational Therapy in all Current and Emerging Areas of Service Delivery.

Agenda reviewed; agenda was accepted with the addition of correspondence numbers 15-23.

Approval of Minutes
Action: Rebecca LeBron moved to approve the March 18, 2008 minutes as amended. Nanette Shoemaker seconded the motion. The motion carried.

Administrative Reports
Continuing Education Report
Action: Nanette Shoemaker moved to approve 16 applications for contact hour approval including 2 appealed applications and deny 8 continuing education applications. Rebecca LeBron seconded the motion. The motion carried.

Licensure Report
Action: Kimberly Lawler moved that the Occupational Therapy Section ratify, as submitted, the licenses and limited permits initially issued by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board March 18, 2008 through, May 15, 2008 to occupational therapists and occupational therapy assistants, pending receipt of any outstanding items and passage of the laws and rules examination, taking into account those licenses subject to discipline, surrender, or non-renewal. Rebecca Finni seconded the motion. The motion carried.

Occupational Therapist – Examination

Bendure-Bass, Natalie	Blanchard, Brooke	Brown, Emily
Hiehle, Maresa	McKelvey, Lindsey	Muir, Sarita

Occupational Therapy Assistant – Examination

Collins, Shaun	Connolly, Nathan	Furlow, Catherine
Grizzell, Kim	Joseph, Carla	Risser, Gary
Tickner, Amanda		

Occupational Therapist – Endorsement

Burkett, Steve	Petersen, Harmony	Rabbeth, Paula
Thurston, Stacy		

Occupational Therapy Assistant – Endorsement

Black, Lyndee	Scrivener, Trisha	Sees, Nicole
Smith, Jenni	Taylor, Margaret	

Occupational Therapist – Reinstatement

Clarke, Sherronett	Gompers, Sarah	Lunich, Julie

Occupational Therapy Assistant – Reinstatement

Ghutadaria, Hema	Horner, Megan	Wagner-Brady, Leigh
Wen, Ahse	Wyckoff, Kimberly	

Occupational Therapist – Limited Permit

Edwards, Gregory	Orizczak, Brittany

Occupational Therapy Assistant – Limited Permit

Briese, Anthony	Calhoun, Nancy	Wellbaum, Kayla

Occupational Therapy Assistant – Escrow Restoration

Hanrahan, Barbara	Kesselmayer, Barbara	Manos, Lisa
Popik, Jody	Spring, Tina	

Kimberly Lawler presented a situation from an individual who graduated from an accredited occupational therapy assistant program in 2003 but who never sat for the NBCOT examination nor applied for licensure in any state. The correspondent asked the Section for direction on whether to apply for a limited permit or apply for full licensure by examination.

Kimberly Lawler recommended to the Section that this individual be required to submit an application for licensure by examination. **Action:** Rebecca LeBron moved to require the individual to submit an application for licensure by examination. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion passed.

Conditional Grant of Licensure Agreements

Mary Stover informed the Section that Shelia Magill and Robin McMahon complied with the terms and conditions of their conditional grant of licensure agreements and were released from the terms of their agreements.

Kimberly Lawler recommended that, pursuant to rule 4755-3-01(F) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant applicant 4703042, who has been out of practice for more than five years, to include a requirement that the applicant complete 300 hours of supervised practice within 6 months of the issuance of the limited license, and complete and pass the American Occupational Therapy Association Fieldwork Performance Evaluation tool for occupational therapy assistant. **Action:** Rebecca LeBron moved that Section grant a limited occupational therapy assistant license to applicant 4703042. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that, pursuant to rule 4755-3-12(D)(2)(c) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant applicant 4620193, to include a requirement that the applicant complete 300 hours of supervised practice within 6 months of the issuance of the limited license, and complete and pass the American Occupational Therapy Association Fieldwork Performance Evaluation tool for occupational therapy assistant. **Action:** Rebecca LeBron moved that Section grant a limited occupational therapy

assistant license to applicant 4620193. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Investigative Report

The Enforcement Division opened two new cases and closed four cases since the March 18, 2008 meeting. There are currently eight cases open. There are four disciplinary consent agreements and one non-disciplinary consent agreement being monitored.

Rebecca LeBron informed the Section that Bree Ann Bauerschmidt complied with all terms and conditions and was released from her consent agreement.

Rebecca LeBron recommended that the Section accept the consent agreement for case OT-07-041 in lieu of hearing. **Action:** Kimberly Lawler moved that the consent agreement for case OT-07-041 be accepted in lieu of going to hearing. Nanette Shoemaker seconded the motion. Rebecca LeBron and Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Amy Galdum, OT.

Assistant Attorney General's Report

Yvonne Tertel reported to the Section about discussions with the Ohio Speech Language Pathology and Audiology Board concerning a possible relationship with the OTPTAT Board. She discussed potential areas of agreement and disagreement. The Occupational Therapy Section feels that the occupational therapy community needs to be informed about the discussions. It was recommended that the Section send a letter to the OOTA leadership explaining the exploration process.

Old Business

OT/PT School Based Institute Presentation

The Section will present at the OT/PT School Based Institute on August 12, 2008 from 1:30pm to 3:30pm at the Hilton Easton in Columbus. Mary Stover, Jeffrey Rosa, Kim Lawler and Becky Finni are scheduled to present on behalf of the Section. The Executive Director will send a copy of the overview presentation for Section members to review.

Department of Mental Health (DMH) Recreation Therapy Rules

As discussed at the last meeting, the Executive Director sent a letter to the Department of Mental Health regarding the Department's recreational therapy rules. Efforts are being made to set up discussions with the Department over these provisions that potentially conflict with the Ohio Occupational Therapy Practice Act. A copy of the letter will be sent to the correspondent who asked the question initially.

New Business

Presentation for OOTA Conference

Nanette Shoemaker will contact OOTA about the deadline for presentation topics. Content of the presentation may include an update on what is new with the Section and discussion of the aide survey.

Occupational Therapy Section Retreat

The Section will have a retreat on June 18, 2008 at 9:00 AM at Mary Stover's home. The Section has identified some retreat topics which are: strategic plan, occupational therapy aides, review disciplinary guidelines and fines, and review the standard responses.

Rebecca Finni volunteered to bring sample new questions for the laws and rules test, since the test must be updated to reflect the new rules.

Open Forum

The Section discussed whether to require continuing education requirements for escrowed licenses. The Section will add this topic to future agenda item.

OOTA Report

There were no OOTA representatives present. However, the Section members read the report from OOTA. The association stated that they know of one individual interested in serving on the Board. The association will continue

to provide the governor's office with appropriate candidates for the upcoming Occupational Therapy Section board member appointment vacancy.

Correspondence

1. **Sandra Bauman:** Ms. Bauman asked the Section for recommendations on remedial activities for restoring her license that has been in escrow for ten years. **Reply:** The Section referred Ms. Bauman to rule 4755-3-05 of the Ohio Administrative Code for information about escrow of license, restoration and continuing education requirements.

2. **Pam Henry:** Ms. Henry asked the Section a question regarding initial evaluations. **Reply:** After the occupational therapist completes the initial evaluation, pursuant to section 4755.04(C) of the Ohio Revised Code and rule 4755-7-03 of the Ohio Administrative Code, it is the position of the Occupational Therapy Section that occupational therapy assistants may gather objective information and report observations, with or without the patient and/or occupational therapist being present, and collaborate with the occupational therapist to create a plan of care including goals related to the ADL's.

3. **Susan Wolf:** Ms. Wolf asked the Section if incentive programs are legal in the occupational therapy arena. **Reply:** Occupational therapists may not receive kickbacks for providing occupational therapy services. In accordance with the Code of Ethics rule 4755-7-08 (6)(c) of the Ohio Administrative Code "Occupational Therapy practitioners shall disclose any professional, personal, financial, business, or volunteer affiliations that may pose a conflict of interest to those with whom they may establish a professional, contractual, or other working relationship."

4. **Anna Sliwinski-Kertez:** Ms. Sliwinski-Kertez asked the Section a question regarding how long to retain occupational therapy supervision and collaboration logs. **Reply:** The Section does not have a policy for records retention. The Section recommended that Ms. Sliwinski-Kertez contact her legal counsel regarding an appropriate record retention policy.

5. **Shanese Shanklin:** Ms. Shanklin asked the Section a question regarding writing orders for transferring the care of occupational therapy patients. **Reply:** If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the patient must be transferred by that occupational therapist to another occupational therapist. The occupational therapist is terminating any further professional relationship with that patient and must transfer their responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. Each occupational therapy practice should determine a system that will allow for this transfer of care in situations where an occupational therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by stating that the patient's care is being transferred to the occupational therapy supervisor for reassignment.

6. **Patti Andrich:** Ms Andrich asked the Section if occupational therapists can diagnose conditions. **Reply:** Diagnosis of medical conditions is not included in the responsibilities of the occupational therapist and occupational therapy assistant. Please refer to rule 4755-7-03 of the Ohio Administrative Code.

7. **Robin Tackett:** Ms. Tackett asked the Section a question regarding documentation requirements for part-time occupational therapy assistants working in a SNF setting. **Reply:** When maintaining a separate caseload, a full-time occupational therapist may supervise no more than four full-time limited permit holders and/or occupational therapy assistants. If the occupational therapist is only providing client evaluations and supervision and does not have a separate caseload, the occupational therapist may supervise six full-time limited permit holders and/or occupational therapy assistants. The number of limited permit holders and/or occupational therapy assistants that a part-time occupational therapist may supervise is proportionate to the number of hours worked by the part-time occupational therapist. For example, if an occupational therapist works in a building for 10 hours, he or she may supervise one full time occupational therapy assistant. The supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. Supervision requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond

their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document, that the supervision took place. Please refer to rule 4755-7-01 of the Ohio Administrative Code dealing with supervision.

8. **Courtney Dugan:** Ms. Dugan asked the Section if occupational therapy assistants can document in a SOAP note. **Reply:** It is the position of the Occupational Therapy Section that occupational therapy assistants may document all parts of a SOAP note. The occupational therapy assistant may gather and summarize objective information for documentation; however, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations for the purpose of plan development, as indicated in rule 4755-7-03 of the Ohio Administrative Code. Documentation on collaboration between the occupational therapy assistant and the occupational therapist concerning plan development should be reflected in the patients' record.

9. **Jackie Abele:** Ms. Abele asked the Section if occupational therapy assistants can complete a home assessment. **Reply:** Pursuant to section 4755.04 (C) of the Revised Code and rule 4755-7-03 of the Administrative Code, it is the position of the Occupational Therapy Section that for home assessments, occupational therapy assistants may gather objective information and report observations, with or without the patient and/or occupational therapist being present. However, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations.

10. **Brenda Brodbeck:** Ms. Brodbeck asked the Section what constitutes evidence of OT/OTA collaboration and supervision within a school setting. **Reply:** The supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. In accordance with rule 4755-7-01(C) of the Ohio Administrative Code supervision of the occupational therapy assistant requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document, that the supervision took place. Examples of evidence of collaboration could include the supervision log (sample copies available on the web site), written documentation that the supervising occupational therapist has reviewed progress notes written by the occupational therapy assistant, and the supervising therapist's signature on treatment record grid (such as the occupational therapy assistant's weekly notes on student activities and progress.) Documentation guidelines are defined below. Rule 4755-7-01(A)(3) of the Ohio Administrative Code states, "any documentation written by an occupational therapy assistant or limited permit holder for inclusion in the client's official record shall be co-signed by the supervising occupational therapist." It is the position of the Occupational Therapy Section that if patient/client documentation includes any type of treatment grid, a single co-signature and date of review on the form is sufficient. Co-signature verifies that the supervisor reviewed the document and agrees with its content. It is the position of the Section that for any hand written documentation, the supervising occupational therapist must co-sign each entry into the patient/client medical record with their name, credential, and date. It is the position of the Section that for any electronic documentation, the supervising occupational therapist must co-sign and reference the dates of the entries into the client medical record. The occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan.

11. **Brenda Brodbeck:** Ms. Brodbeck asked the Section to clarify the professional responsibility and documentation of an occupational therapy assistant during re-evaluations in a school setting. **Reply:** It is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations for the purpose of treatment plan development, as indicated in rule 4755-7-03 of the Ohio Administrative Code. There should be collaboration between the occupational therapy assistant and the occupational therapist, which must be reflected in the client documentation. Rule 4755-7-03 of the Ohio Administrative Code states: The supervising occupational therapist shall determine the occupational therapy treatments that the occupational therapy assistant may perform. In making this determination, the supervising occupational therapist shall consider the following: the clinical complexity of the patient/client, competency of the occupational therapy assistant, the occupational therapy assistant's level of

training in the treatment technique, and whether continual reassessment of the patient/client's status is needed during treatment. This rule shall not preclude the occupational therapy assistant from responding to acute changes in the patient/client's condition that warrant immediate action. (A) The occupational therapist shall assume professional responsibility for the following activities, which shall not be wholly delegated, regardless of the setting in which the services are provided: (1) Interpretation of referrals or prescriptions for occupational therapy services; (2) Interpretation and analysis for evaluation purposes; (3) Development, interpretation, and modification of the treatment/intervention plan and the discharge plan. (B) The occupational therapy assistant may contribute to and collaborate in: (1) The evaluation process by gathering data, administering standardized tests and/or objective measurement tools, and reporting observations. (2) The preparation, implementation and documentation of the treatment/intervention plan and the discharge plan. (3) Choosing the appropriate treatment interventions. (C) The occupational therapy assistant may independently: (1) Select the daily modality of choice according to the established treatment/intervention plan. (2) Document the progress and outcomes summary. (D) The occupational therapy assistant may not evaluate independently or initiate treatment/intervention before the supervising occupational therapist performs an evaluation/assessment. Supervision is an interactive process; simply co-signing client documentation does not meet the minimum level of supervision. Supervision must include a review of the client assessment, reassessment, treatment plan, intervention, and the discontinuation of the intervention. The limited permit holder may not initiate or modify a client's treatment plan without first consulting with the supervising occupational therapist. Ms. Brodbeck asked about attendance at initial IEP meetings and annual reviews. Attendance at IEP meetings is addressed under federal law (Pub. Law 108-446) and under administrative rules adopted by the Ohio Department of Education (OAC 3301-51-07). In general, the federal law allows some discretion to public agencies on who are the key members of the IEP team. Occupational therapy is a related service and is not identified as a required part of the IEP team. On the other hand, if the related service is being discussed and changes in the goals or services being addressed by occupational therapy are being considered, then the occupational therapist should be present to provide input into the decision. If the occupational therapy assistant, but not the occupational therapist, is present at the IEP meeting, the occupational therapy assistant may comment on the current program and the goals that have been determined by the occupational therapist. However, if changes to the IEP document that impact occupational therapy services are discussed during the meeting, it is the ultimate responsibility of the occupational therapist, not the occupational therapy assistant, to address and agree to the changes. The Section referred Ms. Brodbeck to her previous letter for information concerning documentation.

12. **Brenda Brodbeck:** Ms. Brodbeck asked the Section what constitutes a legal signature for an occupational therapist under the Ohio Occupational Therapy Practice Act. **Reply:** It is the position of the Occupational Therapy Section that an occupational therapy practitioner signature must include at a minimum their name, credential, and date of documentation. If an individual holds current NBCOT certification, they should use OTR/L or COTA/L as their credential. If an individual does not hold current NBCOT certification, they should use OT/L or OTA/L for their credential. The individual may also include any other initials indicating academic degrees or other credentials. The use of these initials is not regulated by the Section.

13. **Deborah Riley:** Ms. Riley asked the Section a question regarding maximum caseload ratios and supervision requirements for occupational therapy assistants. **Reply:** The Section referred Ms. Riley to rule 4755-7-01 of the Ohio Administrative Code dealing with Supervision. The Ohio Occupational Therapy Practice Act only establishes ratios for the number of occupational therapy assistants and/or limited permit holders an occupational therapist may supervise and does not regulate caseload levels. When maintaining a separate caseload, a full-time occupational therapist may supervise no more than four full-time limited permit holders and/or occupational therapy assistants. If the occupational therapist is only providing client evaluations and supervision and does not have a separate caseload, the occupational therapist may supervise six full-time limited permit holders and/or occupational therapy assistants. The number of limited permit holders and/or occupational therapy assistants that a part-time occupational therapist may supervise is proportionate to the number of hours worked by the part-time occupational therapist. For example, if the occupational therapist works in the building 10 hours per week, he/she may supervise one occupational therapy assistant. The supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. Supervision requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond

their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document, that the supervision took place. In regards to the transfer of care of patients, the occupational therapist has ultimate responsibility for all care and services delivered as occupational therapy. The occupational therapist must then assure that the treatments are rendered according to safe and ethical standards, and in compliance with rule 4755-7-08 of the Ohio Administrative Code. If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the patient must be transferred by that occupational therapist to another occupational therapist. The occupational therapist is terminating any further professional relationship with that patient and must transfer their responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. Each occupational therapy practice should determine a system that will allow for this transfer of care in situations where an occupational therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by stating that the patient's care is being transferred to the occupational therapy supervisor for reassignment.

14. **Amber Schweickart:** Ms. Schweickart asked the Section if an occupational therapy assistant can complete the discharge summary in a home health setting. **Reply:** Pursuant to section 4755.04(C) of the Revised Code and rule 4755-7-03 of the Administrative Code, it is the position of the Occupational Therapy Section that for home assessments, occupational therapy assistants may gather and summarize objective information for the discharge summary, with or without the patient and/or occupational therapist being present. However, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations for the purpose of discharge plan development. If there is collaboration between the occupational therapy assistant and the occupational therapist, the collaboration must be reflected in the patient documentation.

15. **Neil Fedders:** Mr. Fedders asked the Section if the courses from his master's degree in executive leadership and organization change can be used as continuing education credit towards his occupational therapist renewal requirements. **Reply:** Rule 4755-9-01(B)(5) of the Ohio Administrative Code currently states "Undergraduate or graduate courses. A maximum of ten contact hours may be earned per completed course. Courses must be related to the management, practice, or education of occupational therapy. Proof of completion is an official college or university transcript or grade slips. Proof of content is the catalog description. There is no limit of contact hours in this category." It is the position of the Occupational Therapy Section that the undergraduate or graduate courses shall be calculated as follows: (1) If the course is greater than or equal to ten hours of lecture then award 10 contact hours per completed course. (2) If the course is less than 10 hours of lecture, then award one contact hour per hour of lecture for the completed course.

16. **Susan Wolf:** Ms. Wolf asked the Section if evaluating and dispensing optical aids/magnifiers falls in the scope of practice for an occupational therapist. **Reply:** Yes, this type of adaptive equipment falls under the scope of practice of occupational therapy, as long as the therapist demonstrates and documents competency in that area of practice.

17. **Carissa Elliott:** Ms. Elliott asked the Section for clarification on the occupational therapy scope of practice in pulmonary rehabilitation in the long-term care setting, specifically if it is within the scope of practice to utilize specific pulmonary devices such as incentive spirometers, p-flexes, and acapellas. **Reply:** It is the position of the Occupational Therapy Section that the use of the specific pulmonary devices described is not within the scope of practice of occupational therapy.

18. **Jill Dunaway:** Ms. Dunaway asked the Section follow up questions regarding whether medication reconciliation falls within the scope of practice for an occupational therapist or an occupational therapy assistant. **Reply:** Mary Stover will contact Ms. Dunaway to get clarification on her specific questions.

19. **Rita Dodd:** Ms. Dodd asked the Section for clarification on the renewal cycle for occupational therapy assistant. **Reply:** Rule 4755-3-10 (B) of the Ohio Administrative Codes states in part "individuals licensed as an occupational therapists shall renew their license by the thirtieth day of June in each odd-numbered year.…" In Ms. Dodd's case, her current license expires on June 30, 2008. In 2008, Ms. Dodd will renew her license for one year to get on the new renewal cycle for odd-numbered years: her new expiration date will be June 30, 2009. For her 2009 renewal she will renew for a two year period, her expiration date will be June 30, 2011. The Section forwarded a copy of the new renewal cycle fee and continuing education requirement document.

20. **Gwendolyn Boyce:** Ms. Boyce asked the Section questions regarding occupational therapy assistant supervision requirements and transfer of care for occupational therapy services. **Reply:** There is nothing in Ohio Occupational Therapy Practice Act that specifically addresses your specific questions regarding the time frame within which the supervising occupational therapist must co-sign a note. Also, there is no specific length of time required for supervision of occupational therapy assistants. Please refer to rule 4755-7-01 of the Ohio Administrative Code for supervision guidelines. The supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. Supervision requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document, that the supervision took place. Ms. Boyce asked about transfer of care. Please refer to the Code of Ethics listed in rule 4755-7-08 (4) (C) of the Ohio Administrative code. If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the patient must be transferred by that occupational therapist to another occupational therapist. This includes the situation where an occupational therapist is providing temporary coverage and might only evaluate a patient and then delegate responsibility to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that patient and must transfer their responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. Each occupational therapy practice should determine a system that will allow for this transfer of care in situation where an occupational therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by identifying the new occupational therapist by name or transferring to the occupational therapy supervisor for reassignment. The occupational therapist who accepted the transfer of care is then responsible for supervising all aspects of the occupational therapy program that are delegated to occupational therapy personnel. If the patient is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the patient, including the supervision of any occupational therapy personnel providing services to that patient.

21. **Daniel Keller:** Mr. Keller asked the Section questions regarding calculating continuing education hours or a graduate course. **Reply:** Rule 4755-9-01(B)(5) of the Ohio Administrative Code currently states "Undergraduate or graduate courses. A maximum of ten contact hours may be earned per completed course. Courses must be related to the management, practice, or education of occupational therapy. Proof of completion is an official college or university transcript or grade slips. Proof of content is the catalog description. There is no limit of contact hours in this category." It is the position of the Occupational Therapy Section that the undergraduate or graduate courses shall be calculated as follows: (1) If the course is greater than or equal to ten hours of lecture then award 10 contact hours per completed course. (2) If the course is less than 10 hours of lecture, then award one contact hour per hour of lecture for the completed course.

22. **Courtney Dugan:** Ms. Dugan asked the Section a question regarding acceptable practice for signing off evaluations to the primary occupational therapist or rehab manager in an occupational therapy setting. **Reply:** If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the patient must be transferred by that occupational therapist to another occupational therapist. This includes the situation where an occupational therapist is providing temporary coverage and might only evaluate a patient and then delegate responsibility to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that patient and must transfer their responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. Each occupational therapy practice should determine a system that will allow for this transfer of care in situation where an occupational therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by identifying the new occupational therapist by name or transferring to the occupational therapy supervisor for reassignment. The occupational therapist who accepted the transfer of care is then responsible for supervising all aspects of the occupational therapy program that are delegated to occupational therapy

personnel. If the patient is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the patient, including the supervision of any occupational therapy personnel providing services to that patient.

23. **Selena Schreiber:** Ms. Schreiber asked the Section if using ultrasound and electrical stimulation falls with in the scope of practice for an occupational therapist or occupational therapist assistant. **Reply:** Section 4755.04 (A) of the Ohio Revised Code states, "Occupational therapy" means the therapeutic use of everyday life activities or occupations with individuals or groups for the purpose of participation in roles and situations in the home, school, workplace, community, and other settings. The practice of occupational therapy includes all of the following: (1) Methods or strategies selected to direct the process of interventions, including, but not limited to, establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired and compensation, modification, or adaptation of activity or environment to enhance performance; (2) Evaluation of factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, including, but not limited to, sensory motor abilities, vision, perception, cognition, psychosocial, and communication and interaction skills; (3) Interventions and procedures to promote or enhance safety and performance in activities of daily living, education, work, play, leisure, and social participation, including, but not limited to, application of physical agent modalities, use of a range of specific therapeutic procedures to enhance performance skills, rehabilitation of driving skills to facilitate community mobility, and management of feeding, eating, and swallowing to enable eating and feeding performance; (4) Consultative services, case management, and education of patients, clients, or other individuals to promote self-management, home management, and community and work reintegration; (5) Designing, fabricating, applying, recommending, and instructing in the use of selected orthotic or prosthetic devices and other equipment which assists the individual to adapt to the individual's potential or actual impairment; (6) Administration of topical drugs that have been prescribed by a licensed health professional authorized to prescribe drugs, as defined in section 4729.01 of the Revised Code. Therefore, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use physical agent modalities in the provision of occupational therapy services provided that the therapist can demonstrate competency in the modality and is practicing within the occupational therapy scope of practice.

Items for Next Meeting

- Standard Response Revisions
- Review Ohio Occupational Therapy Code of Ethics
- Ohio Jurisprudence Exam Revisions

Next Meeting Date

The next meeting date of the Occupational Therapy Section is scheduled for Tuesday, July 15, 2008. The Section will also hold a planning retreat on June 18, 2008.

Action: Rebecca LeBron moved to adjourn the meeting. Kimberly Lawler seconded the motion. The motion carried. The meeting adjourned at 4:46 p.m.

Respectfully submitted,
Diane Moore

Nanette Shoemaker COTA/L, Chairperson Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, OT Section	Mary Stover, OTR/L, Secretary Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, OT Section

Jeffrey M. Rosa, Executive Director
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

NS:jmr:dm