



Interpreting the Ohio Occupational Therapy, Physical Therapy, Speech and Hearing Practice Acts and Implications for School-Based Practice

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Mission of the OTPTAT Board

To actively promote and protect the health of Ohioans through effective regulation of the professions of occupational therapy, physical therapy, athletic training, orthotics, prosthetics, and pedorthics.

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LICENSE TYPE	NUMBER OF ACTIVE LICENSES AS OF 7/20/2022
Athletic Trainer	3,303
Occupational Therapist	7,238
Occupational Therapy Assistant	4,576
Physical Therapist	10,994
Physical Therapist Assistant	8,933
PT/PTA Compact	119
OPP	387
Total	35,550

Number of Active Licenses

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Why Regulate?

- To ensure protection of public health, safety, and welfare
- Role of licensing boards is to protect the public, not the license holder
- Laws and rules apply to all practice settings
 - In school-based practice, license holder must also follow IDEA, ODE, HIPAA, and district regulations
 - Follow the most restrictive regulations

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Ensure that individuals practicing OT/PT/AT/OPP meet sufficient standards of education, training, competence, and ethics, as defined in the laws and rules

2

Investigate and discipline licensed professionals whose practice falls below the minimal standards of care

3

Define and advocate for standards of safe OT/PT/AT/OPP practice

Promote Public Safety

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- Renewal reminders and JAM for PTAs
- PT Compact
- OT Compact
- Wall certificates – online in eLicense Ohio
- Safe Haven program – changes to ethics, duty to report
- New OT Supervision rule change
- Boundary violations
- Telehealth

Board Updates

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Renewal Reminders – PT/PTA

PTA – Licenses expire 1/31/2023

Renewal begins on 11/1/2022

Must have twelve hours of continuing education between 2/1/2021-1/31/2023.

Must complete the Ohio Jurisprudence Assessment Module (<https://otptat.ohio.gov/Home/JAM>) – worth two CE credits

PT – Licenses expire 1/31/2024. Will also need to complete the JAM.

You can look up your license information anytime at <http://elicense.ohio.gov>.

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Renewal Reminders – OT/OTA

OT – Licenses expire 6/30/2023

Renewal begins on 3/1/2023

Must have twenty hours of continuing education between 7/1/2021-6/30/2023.

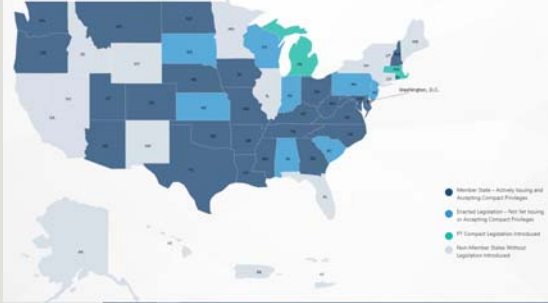
One hour must be ethics, jurisprudence, or cultural competence. The Jurisprudence exam on the website fulfills this requirement.

OTA – Licenses expire 6/30/2024.

You can look up your license information anytime at <http://elicense.ohio.gov>.

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PT Compact



25 issuing
8 passed legislation
3 pending legislation

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Who Is Eligible For Compact Privileges? Only 4 Criteria to Meet!

- 1 Your home state (permanent residence) must be a member of the PT Compact and actively issuing compact privileges
- 2 You must hold a valid PT or PTA license in your home state
- 3 You must have no active encumbrances on any of your licenses
- 4 You must have no disciplinary action against your license(s) for a period of two years

State jurisprudence requirements must be completed

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PT Compact – <http://ptcompact.org>

PRO:

- Easier ability to be mobile with practice
- Military

QUESTIONS:

- Scope of practice
- Disciplinary authority
- Continuing education requirements
- Test of English Language

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Legend:
■ Legislation Not Introduced (light grey)
■ Legislation Pending (teal)
■ Legislation Enacted (dark blue)
■ Legislation Not Enacted (dark grey)

Q Search

- Alabama
- Arizona
- Colorado
- Delaware
- Georgia
- Illinois
- Iowa

OT Licensure Compact - <http://otcompact.org>

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Occupational Therapy Licensure Compact

What is a licensure compact?

- Allows licensed occupational therapists and occupational therapy assistants to practice across state lines (e.g., telehealth)
- Improves consumer access to occupational therapy
- Enhances mobility of occupational therapy practitioners (e.g., spouses of relocating military families, staff of travel therapy companies)
- Improves continuity of care
- Preserves and strengthens the state licensure system
- Enhances the exchange of licensure, investigatory, and disciplinary information between member states.

Ohio has passed the OT Compact! Stay tuned for more information on when it will go live. Ten were required to make the compact active.

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Telehealth

The location of the PATIENT is what matters. You must have a license in Ohio to treat a patient/client located in Ohio.

AOTA
<https://www.aota.org/Practice/Manage/telehealth.aspx>
<https://www.aota.org/~media/Corporate/Files/Practice/Ethics/Advisory/telehealth-advisory.pdf>

APTA
<https://www.apta.org/your-practice/practice-models-and-settings/telehealth-practice>

If you have an Ohio license and want to treat a patient/client located in another state, you must check with that other jurisdiction. Laws vary from state to state.

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Telehealth

Considerations

- Client preference
- Client appropriateness
- Technology availability
- Standards of care
- Supervision/delegation in PT and OT
- Privacy/HIPAA

OT/PT remains responsible for all aspects of care provided, including the technological proficiency.

Informed consent should be obtained and identities verified.

House Bill 122 requirements (see rule section)

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Telehealth new rule 4755-7-05

This rule reiterates the conditions of standards for providing telehealth contained in House Bill 122. Aside from the provisions of HB 122, the Board has added the following requirements:

- The licensee must verify the identity and physical location of the patient or client at the beginning of the telehealth visit. This requirement will protect the public by ensuring that the practitioner knows where to call emergency services should they be needed during the telehealth session. It will also assist personnel with abiding by licensure requirements should treatment occur across state lines.
- Reiterates that if a patient or client is located in Ohio, the license holder must have an Ohio license or privilege to practice in Ohio via the Compact.

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(A) "Telehealth" means health care services provided through the use of information and communication technology by a health care professional within the professional's scope of practice, who is located at a site other than the site where either of the following is located:

- (1) The patient receiving the services;
- (2) Another health care professional with whom the provider of the services is consulting regarding the patient.

(1) A license holder may use synchronous or asynchronous technology to provide telehealth services to a patient during an initial visit if the appropriate standard of care for an initial visit is satisfied.

(2) A license holder may deny a patient telehealth services and, instead, require the patient to undergo an in-person visit if care is continued with that license holder.

(3) When providing telehealth services in accordance with this rule, a license holder shall comply with all requirements under state and federal law regarding the protection of patient information. A license holder shall ensure that any username or password information and any electronic communications between the professional and a patient are securely transmitted and stored.

(4) A license holder may use synchronous or asynchronous technology to provide telehealth services to a patient during an annual visit if the appropriate standard of care for an annual visit is satisfied.

Telehealth new rule
4755-7-05

HB 122

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Telehealth
FAQ

Does the software have to be HIPAA compliant?

- Follow US Department of Health and Human Services guidance - <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Telehealth issues in schools

- Informed consent
- Parental consent
- Ohio Department of Education - <http://education.ohio.gov/Topics/Reset-and-Restart/Students-with-Disabilities>
- US Department of Education - <https://optat.ohio.gov/Portals/0/Q%26A%20-%20IDEA%20Parental%20Consent%20and%20signatures%20in%20COVID%20Environment.pdf>

Billing questions – Medicare/Medicaid

- Check with OOTA/OPTA
- Ever evolving

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More Roles of the Regulatory Board

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Act as a resource for:

- Professional organizations
 - Examples: OOTA/OPTA, AOTA/APTA
- Legislators
 - Ensure laws and rules reflect current standards
 - Monitor legislation that could impact practice
- Public agencies, including the Ohio Department of Education

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- Coordination of the Board’s rules and ODE regulations
- Recognition of assistants in the ODE Operating Standards
- Medicaid in Schools Program (MSP) Focusing on the ORC
- Caseload Standards

Examples of work with ODE

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Workload

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ODE
Operating
Standards

- ODE rule 3301-51-09

Local Education Agencies (LEAs) must determine workload for an individual service provider based on all of the factors established in 3301-51-09 (I)(1) to (I)(3)

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Service
Provider
Workload
Determination
(Rule 3301-51-09(I))

- All areas of service provided to children w/ & w/o disabilities including:
 - School duties; staff meetings; professional development; supervisions; travel; screening; assessment; evaluation; progress documentation & reporting; secondary transition service planning; conference/consultation pertaining to individual students; documentation for individual students; and 3rd party billing requirements

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Service
Provider
Workload
Determination
(Rule 3301-51-
09(I))

- Level of each child's need & frequency of services necessary to provide a Free & Appropriate Public Education in the Least Restrictive Environment
- Determined based on the needs of the child
- Time needed for planning

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Definitions of Caseloads

OT/PT Board

- All students for whom the OT/PT has ultimate responsibility
- Includes all students assigned to an OTA/PTA under the OT/PT laws and rules

ODE Operating Standards (Rule 3301-51-09 (I)(3)(c))

- Maximum # of students an individual therapist
- provides "specially designed instruction"
- Does not include students assigned to OTA/PTA
- Therapist is ultimately responsible for the care

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How Many?

- OT/PT Laws and Rules of the Ohio Revised Code:
 - An OT/PT must **not provide/supervise** for more students than the licensed practitioner can provide skilled care
 - Includes supervision of all services provided by an OTA/PTA
 - See OAC 4755-7-04
- ODE:
 - OT/PT may provide specially designed instruction services to no more than 50 school age children w/disabilities (or 40 preschool children w/disabilities)
 - No limit on OTA/PTA caseload/workload

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NO

Is there a precise therapy caseload?

- Just as there is no “standard” IEP, there is no “standard” therapist caseload
- Dependent on the individual needs of students served and factors that impact delivery of therapy services
- You are all professionals.

As such, you know through experience and training what caseload/workload is appropriate

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Caseload Determination

- All responsibilities of the OT/PT and OTA/PTA must be considered when determining an appropriate therapist caseload/workload
 - Includes both direct and indirect services to students
 - Includes services to regular education students, using MTSS such as RTI services, IAT meetings, observations, and evaluations – must be cognizant of how this impacts workload

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Caseload Determination

of students to whom a supervising OT/PT provides specially designed instruction should be reduced as the # of OTAs/PTAs supervised increases

- – REMEMBER: **OT/PT must ensure provision of**
 - **quality care. AND it is the OT's/PT's professional judgement taking all information into consideration, which determines an individual caseload which factors in supervision of OTA/PTA(s).**

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Caseload Determination Questions

- Is it reasonable to expect an OT/PT to provide direct services to 50 students and to supervise multiple OTA/PTAs who are providing direct services to additional students?
- Can this be done with expectation that the OT/PT will provide skilled care and required supervision?
- Can an OT/PT provide quality services for all students under the OT/PTs care?

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Responsibilities of Educational Agencies

- Educational agencies by rule (3301-51-09 (I)(1)) must bring OT caseloads to a level aligned with the OT's skilled care standard.
 - This is the standard required in the OT Practice Act
 - Paragraph (I)(1) governs the additional factors that must be considered when determining appropriate caseload

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Summary of Factors Impacting Workloads

- IEP minutes alone do not reflect the full responsibilities and time requirements of school-based practice
- All responsibilities including MTSS, screenings, RTI, assessments, supervision and travel must be considered
- Analyzing time may be one strategy to demonstrate therapy practitioner responsibilities

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What Regulations Do I Follow?

- Ohio OT/PT/Speech and Hearing Professionals Practice Acts applies to all practice settings
- IDEA, ODE Operating Standards, District Policies, MSP
- Which is more restrictive?

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Services in Practice

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Related Services

Transportation and such developmental, corrective and other support services required to assist a child with a disability to benefit from special education.

Includes:

Speech-language and audiology services

Interpreting services

Psychology services

Physical and occupational therapy services

Recreation, including therapeutic recreation

Early identification and assessment of disabilities in children

IDEA 2004 Section 300.34

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School Based Services

- Medical diagnosis itself does not determine eligibility under IDEA
- The disability must “adversely affect the child's educational performance” (Part B) – ability to access the general education curriculum

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Medical necessity is replaced by need for satisfactory educational performance - child has a need for special education and related services to support the special education plan

School-Based Services

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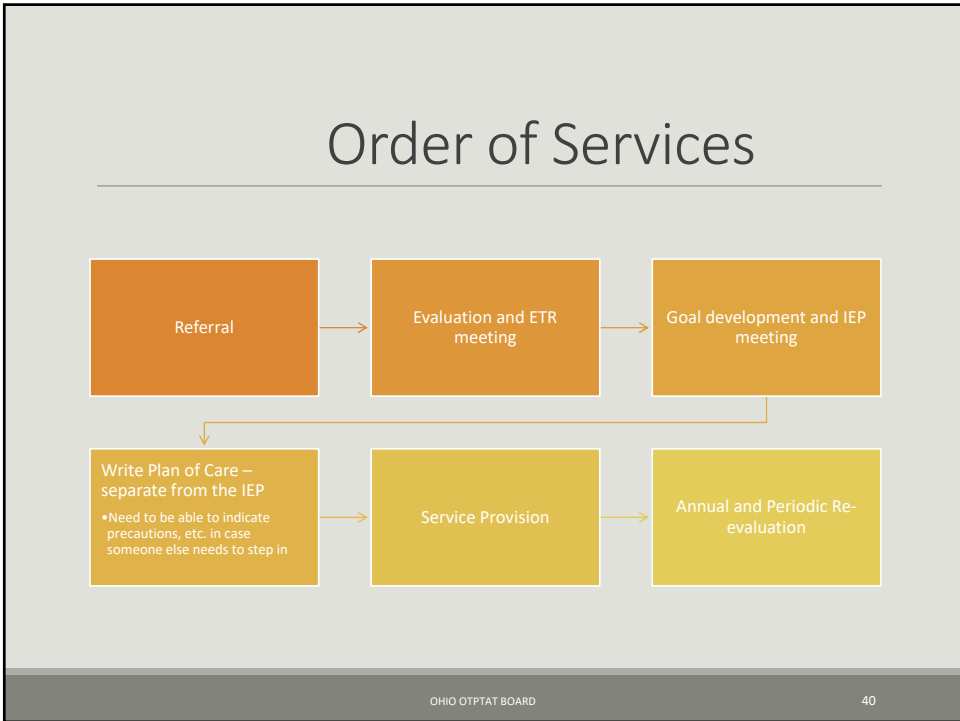
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REMEMBER THAT YOU ARE RELATED SERVICES PROVIDERS THAT CAN PROVIDE SPECIALIZED INSTRUCTION

EXAMPLE: ACADEMICALLY HIGH FUNCTIONING STUDENT WITH LIMITED MOTOR SKILLS- YOU CAN BE THE SERVICE THAT MAKE THE STUDENT QUALIFY AS A STUDENT WITH A DISABILITY IF YOU NEED TO ADAPT A MICROSCOPE IN THE SCIENCE LAB, OR FIT FOR AN ADAPTIVE WHEEL CHAIR, OR HELP WITH TRANSITION TO COLLEGE BY ASSURING THE STUDENT IN A WHEELCHAIR CAN MANAGE CURBS, ETC. OTPT LAWS AND RULES STILL APPLY.

OTS AND PTS AS RELATED SERVICE PROVIDERS AND/OR PROVIDING SPECIALIZED INSTRUCTION

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OT/PT	OTA/PTA
<ul style="list-style-type: none"> • Interpret referrals to occupational/physical therapy • Complete evaluations & interpret/analyze the evaluation data. Write report/recommendations for ETR 	<ul style="list-style-type: none"> • Refer all requests for occupational/physical therapy to an OT/PT • May contribute to evaluation process by gathering data, administering standardized tests &/or obj. meas. tools, & reporting observations

Referral and Evaluation

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- PS to School-age
- Between schools/buildings
- Accepting reports/evaluations/transfers of care
 - Document transfer of care (transferring and receiving)
 - Caution with “record review only” requests
 - May necessitate less formal assessment once you receive the transferring student into your care

Transitions Between Programs

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(B) (1) Each school district of residence must conduct a **full and individual** initial evaluation

(E) (a) Use a **variety of assessment tools** and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent

(E) (b) Not use any single source of information, such as a **single measure or score**, as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child

Rule 3301-51-06 (Evaluations)
(from the Ohio Operating Standards)

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(E) (3) (e) Assessments of children with disabilities who **transfer from one school district to another** school district in the same school year are **coordinated with those children's prior and subsequent schools**, as necessary and as expeditiously as possible

(f) In evaluating each child with a disability under paragraphs (E) to (G) of this rule, **the evaluation is sufficiently comprehensive** to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.

(g) Assessment tools and strategies that **provide relevant information** that directly assists persons in determining the educational needs of the child are provided.

Rule 3301-51-06 (Evaluations)
(from the Ohio Operating Standards)

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A) Licensees shall use the provisions contained in paragraphs (A)(1) to (A)(9) of this rule as guidelines for **promoting ethical integrity and professionalism**. Failure to comply with paragraphs (A)(1) to (A)(9) of this rule may be grounds for disciplinary action pursuant to section [4755.11](#) of the Revised Code and in accordance with Chapter 119. of the Revised Code.

(a) **Maintain and document competency** by participating in professional development, continuing competence, and other educational activities.

(b) Critically examine and **keep current with emerging knowledge** relevant to the practice of occupational therapy. A licensee shall not perform or attempt to perform techniques and/or procedures in which the licensee is untrained by education or experience.

(4) An individual shall not practice occupational therapy without a valid license, or without holding student status, including:

(a) Practicing occupational therapy while an individual's license is suspended or revoked.

Occupational Therapists and Occupational Therapy Assistants 4755-7-08 Code of ethical conduct

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(B) Ethical conduct.

includes conforming to the **minimal standards of acceptable and prevailing physical therapy practice**. Conduct may be considered unethical regardless of whether or not actual injury to a patient occurred.

(5) A licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a patient occurred, includes, but is not limited to: (a) **Failing to assess and evaluate a patient's status**;

4755-27-05 Code of Ethical Conduct for Physical Therapists and Physical Therapist Assistants.

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More Plan of Care/Treatment Considerations

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OT/PT	OTA/PTA
<ul style="list-style-type: none">Collaborate w/ IEP team (may include OTA/PTA), to develop IEP goals/objectives & determine if OT/PT services are required for student to meet IEP goals & access general curriculum	<ul style="list-style-type: none">May collaborate with OT/PT and IEP teams to contribute to development of ideas for IEP goals/objectivesShould not independently write goals without therapist collaboration

Goal Writing

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OT/PT	OTA/PTA
<ul style="list-style-type: none"> Develop, interpret, & modify the OT/PT Treatment/ Intervention Plan in collaboration with OTA/PTA <ul style="list-style-type: none"> OT/PT to determine which portions of plan OTA/PTA will Implement OT/PT should determine which students an OTA/PTA would see 	<ul style="list-style-type: none"> Contribute to & collaborate in preparation, implementation, & documentation of OT/PT services <ul style="list-style-type: none"> OTA/PTA can select treatment activities within the existing OT/PT plan

Development of Treatment/Intervention Plan

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OT/PT	OTA/PTA
<ul style="list-style-type: none"> Provide initial direction, periodic consultation, collaboration, & in-service training to OTA/PTA & document supervision provided Review & co-sign the treatment/daily notes of the OTA/PTA 	<ul style="list-style-type: none"> Document intervention/therapy sessions & response to intervention and collaborate w/ OT/PT re: student needs & progress and intervention plan. OTA/PTA must ensure that OT/PT reviews & co-signs treatment/daily notes

Supervision

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OT/PT	OTA/PTA
<ul style="list-style-type: none"> • Review student progress with OTA/PTA and co-sign progress reports to indicate review & collaboration w/OTA/PTA • Complete assessment/analysis for periodic review & collaborate w/IEP team to develop new goals & determine if OT/PT services are still needed <ul style="list-style-type: none"> • Write discharge summary/plan when OT/PT services are discontinued 	<ul style="list-style-type: none"> • Provide data for progress reports, assessment, and participate in IEP team collaboration for period review <ul style="list-style-type: none"> • Provide info to the OT/PT for use in discharge summary/plan when OT/PT services are discontinued

Progress and Re-Evaluations

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- OT must meet with the OTA and be documented
 - at least 1x/week for OTA in first year of practice
 - at least 1x/month for OTA beyond first year of Practice
- OT must be familiar with the Treatment/Intervention Plan, function, and status for every student to whom the OTA provides direct services

What Does OT Supervision of the OTA Require?

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Best Practice Recommendations (APTA HOD 06-77- 19-37)

- At least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient/client.
- A supervisory visit should include:
 - An on-site reexamination of the patient/client.
 - Review of the plan of care with appropriate revision or termination.
 - Evaluation of need and recommendation for utilization of outside resources.

What Does PT Supervision of the PTA Require?

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- Review therapy notes and progress reports.
- Co- sign all of the OTA/PTA's documentation on a monthly basis
- Review, re-assess, and change the Treatment/Intervention Plan as child makes progress
- Every end of year report, plan and daily note must be signed

General Responsibilities of Supervising OT/PT

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- Development of OT/PT Treatment/Intervention Plan of Care and assignment of appropriate elements to the OTA/PTA
- Only the OT/PT may develop the Treatment/Intervention Plan of Care
- Ensure that OTA/PTA understands Treatment/Intervention Plan of Care and implements it as OT/PT intended
- OT/PT must be able to be reached at all times by phone, email, and/or text by OTA/PTA

General Responsibilities of Supervising OT/PT

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OTA/PTAs

- OTAs/PTAs are licensed professionals who provide skilled and valuable services in all settings, including school-based practice
- Collaborative relationship between OT/PT and OTA/PTA is crucial
- Planned time for OT/OTA and PT/PTA collaboration must be considered when determining OT/OTA/PT/PTA responsibilities

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- See ODE guidelines regarding documentation of therapy services
 - Location of where services are described in the IEP does NOT affect the responsibilities of either the OT/PT or OTA/PTA.

Where Does the OTA/PTA Appear on IEP?

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- OTA/PTA can attend an IEP meeting and present information concerning student progress and IEP goals to be addressed by OT/PT, based on previous collaboration between the supervising OT/PT.
- If, at the IEP meeting, the IEP team requests additions or changes to the goals being addressed by OT/PT, the supervising OT/PT would need to review those recommendations and agree to any changes; the OTA/PTA cannot make that decision alone, without additional collaboration with the supervising therapist.
- If, before the IEP meeting, the OT/PT and OTA/PTA discussed and agreed upon potential changes in goals or amount or type of service, the OTA/PTA may make the changes during the IEP mtg.

Attendance at School Meetings

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MTSS
Guidance

The Multi-Tiered System of Support (MTSS) is a model that strives to ensure the success of all students.

There are three primary tiers

- Tier One: Primarily universal support and instructions, available to all students- general classroom strategies
- Tier Two: For students who need more intensive intervention
- Tier Three: For students who require support beyond Tiers One and Two- that may entail distinct interventions or supports
- In all tiers:

When assessment or individualized customization is needed, parent permission should be secured.

At any point and in any tier, if a child is suspected of having a disability there should be a referral made for the ETR process to begin to determine student eligibility.

For providing consultative and supportive services to the classroom, it is best practice to ensure that PT is included in the schools parent hand book as a service that may be provided as part of the general curriculum

In all cases, PT laws and rules (Ohio 4755) must be fulfilled regardless of practice setting - at each point or tier

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Key Takeaways

- OT/PTs and OTA/PTAs must follow OT/PT Practice Acts
- Collaboration between OT/PT and OTA/PTA is crucial
- OT/PT has ultimate responsibility for all students served by an OTA/PTA that they supervise
- OT/PT must not provide supervision for more students than they can provide skilled care
- OT/PT must review & co-sign all progress notes written by the OTA/PTA
- OTA/PTAs do not have their own caseloads separate from that of the supervising OT/PT
- Ensure current active licensure status

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Example

- District A has 100 students who have OT (or PT) on their IEPs
- The district employs 1 OT (PT) and 2 OTAs (PTAs)
- How many students are on the supervising therapist's caseload?
- Could there be additional students the supervising therapist serves?
- Could this be a violation of code of ethical conduct?

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Boundaries

Social Media

Documentation

Supervision

Children's Services--reporting and anonymity

Ethical Dilemmas?

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Potential Violations of Practice Acts

Regardless of practice setting, an OT/PT must provide adequate supervision to assure that treatments follow safe, ethical, and effectual standards

Regardless of practice setting, an OT/PT shall maintain the ability to make independent judgments and strive to effect changes that benefit the client (4755-7-08(B)(9))

An therapist must report to the OTPTAT Board, any entity that places the therapist in a position of compromise w/code of ethical conduct (4755-7-08(B)(12))

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Potential Violations of Practice Acts

- Failing to assess and evaluate a client’s status (4755-7-08 (C)(1)(a))
- Providing substandard care as an OTA by exceeding the authority to perform components of therapy interventions selected by the supervising OT (4755-7-08(C)(1)(c))
- Supervising OT is accountable and responsible at all times for the actions of persons supervised (4755-7-04(A))

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What Should a License Holder Do?

What should the OT/PT do when directed by an educational agency to maintain a caseload that is greater than they can safely and effectively serve?

- Report the situation to the Ohio Department of Education Office of Exceptional Children
- Report the situation to the Ohio OTPTAT Board for investigation

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- Develop a positive relationship with your administrators
- **Advocate for yourself and the profession**
- Know the ODE and OTPTAT laws and rules
- Know the content of your contract
- Document/quantify how you spend your time
 - Time analysis should include time spent in MTSS, RTI, IAT, evaluations, ETR/IEP meetings, consultation, etc.
 - Time study should be done over more than 1 week
- Use the OTPTAT Board's website for valuable resources
- Use the resources of OOTA/AOTA/OPTA/APTA/OSLHA/ASHA

Working with Your Administrators

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Resources Available

Comparison of Responsibilities of OT/OTA and PT/PTA Practitioners in School-Based Practice (www.otptat.ohio.gov)

- Outlines the role of the OT/PT and the OTA/PTA in school-based practice

Determination of Appropriate Caseload for School-Based OT and PT Practice Position Paper (www.otptat.ohio.gov)

- Describes factors to be taken into account when determining an appropriate therapy caseload

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Resources Available

Responses to questions concerning appropriate caseloads for school-based OT/PT practice under publications on the Board website

Frequently Asked Questions

All of these are available on the Board's website

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Duty to report – Practice Act requirement

Licenses also have a responsibility, a duty, to report practitioners that are incompetent, unprofessional, or unlawful. When health care practitioners act outside of normal professional standards, the public loses trust in that person or potentially the profession as a whole.

The state board’s first priority is protecting the public and may use a variety of remedial and punitive sanctions to prevent future incidents. When OTs, OTAs, or employers report incidents to the Board, the complaint is investigated, and, if substantiated, appropriate action is taken. The Board will work to correct the practitioner’s behavior and increase the understanding of the problem.

If an issue is never reported, the practitioner can simply be fired or resign and seek employment at another facility with no consequence, potentially putting others at risk.

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It is your duty to report another practitioner when you have reasonable cause to believe that person is unable to practice safely, has engaged in unprofessional conduct, violated laws or rules, or committed unethical practices. OAC 4755-7-08 (A)(9)

Failure to report could result in professional disciplinary action by the state Board.

Complaint portal: https://elicense.ohio.gov/oh_filecomplaint

Duty to report – Practice Act requirement

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Boundary violations

Ohio Administrative Code 4755-7-08 Code of Ethics

(9) A licensee shall not exploit a client, or the parent/guardian of a minor client, sexually, physically, emotionally, financially, socially, or in any other manner.

(10) A licensee shall not engage in conduct that constitutes harassment or verbal or physical abuse of, or unlawful discrimination against, clients, the parent/guardian of a minor client, students, and/or colleagues.

(11) A licensee shall not engage in any sexual relationship or conduct, including dating, with any client, or engage in any conduct that may reasonably be interpreted by the client to be sexual, whether consensual or nonconsensual, while a practitioner-client relationship exists and for six months immediately following the termination of the practitioner-client relationship. In the case of minors, the practitioner-client relationship extends to the minor's parent or guardian.

(a) A licensee shall not intentionally expose or view a completely or partially disrobed client in the course of treatment if the exposure or viewing is not related to the client diagnosis or treatment under current practice standards.

(b) A licensee shall not engage in a conversation with a client that is sexually explicit and unrelated to the occupational therapy intervention plan.

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Ohio Administrative Code 4755-7-08 Code of Ethics

(12) A licensee shall not engage in sexual harassment of clients, the parent/guardian of a minor client, students, and/or colleagues. Sexual harassment includes, but is not limited to, making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature that results in:

(a) Withholding occupational therapy services to a client;

(b) Creating an intimidating, hostile, or offensive environment; or

(c) Interfering with the client's ability to recover.

Boundary violations

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Boundary violations

Examples:

1. An OT becomes friends with a client on social media. Conversations escalate and before you know it, inappropriate photos are exchanged.
2. An OTA in home health spends time with patients in their home and becomes very familiar and eventually confides in the patients about personal relationships and the status of their marriages.

“Ethics violations have more to do with laws or rules, and boundary violations have more to do with relationships.”

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License holders must cooperate with an investigation by the physical therapy section. Failure to cooperate is conduct detrimental to the best interest of the public and grounds for disciplinary action. Cooperation includes responding fully and promptly to any questions raised by the physical therapy section and providing copies of the medical records and other documents requested by the physical therapy section.

Cooperation

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- (1) A license holder must respond fully and truthfully to a request for information from the physical therapy section.
- (2) A license holder must comply with a subpoena issued by the physical therapy section.
- (3) A license holder must provide information or document within the time frame specified by the physical therapy section.
- (4) A license holder must appear and provide information at an interview requested by the physical therapy section.
- (5) A license holder must not deceive, or attempt to deceive, the physical therapy section regarding any matter, including by altering or destroying any record or document.
- (6) A license holder must not interfere with an investigation or disciplinary proceeding by willful misrepresentation of facts before the agency or the physical therapy section, or by use of threats or harassment against any patient or witness to prevent the patient or witness from providing evidence in a disciplinary proceeding or any other legal action.
- (7) A license holder must not refuse to provide testimony in an administrative hearing.

Cooperation

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A license holder shall self report to the physical therapy section, within thirty days, any of the items outlined in paragraphs (A) to (G) of this rule. Failure to comply with this rule may be grounds for disciplinary action pursuant to section [4755.47](#) of the Revised Code and in accordance with Chapter 119. of the Revised Code.

Reporting Requirements

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Reporting Requirements

(A) Impairment by physical or mental illness, chemical use, or chemical dependency, that affects the applicant's or license holder's ability to practice with reasonable skill and safety.

(B) Conviction of a felony.

(C) Conviction of a misdemeanor when the act that constituted the misdemeanor occurred during the practice of physical therapy.

(D) The termination, revocation, or suspension of membership by a state or national physical therapy professional association.

(E) The termination, revocation, suspension, or sanctioning of a credential for any state license issued by a state or national physical therapy credentialing organization, including the PT compact.

(F) A positive drug and/or alcohol screening.

(G) A finding of malpractice by a court of competent jurisdiction.

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Where are the Resources? – <http://otptat.ohio.gov>

The screenshot shows the Ohio OTPTAT Board website. At the top, there is a navigation bar with "Ohio.gov", "State Agencies", and "Online Services". Below this is a search bar and a "GO" button. The main header features the board's logo and name: "Occupational Therapy, Physical Therapy, and Athletic Trainers Board". A horizontal menu contains tabs for "Home", "Occupational Therapy", "Physical Therapy", "Athletic Training", "Consumers", and "Rules Updates". The "Occupational Therapy" tab is selected. On the left, a vertical "Inform" menu lists various links, with "Publications" highlighted by a red arrow. The main content area is divided into three sections: "Occupational Therapy Publications" (listing various articles and statements), "Presentations" (listing past meetings and sessions), and "Required Release of Personal Information".

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Contacting the OTPTAT Board

You may contact the Board by any of the following methods:

- <http://otptat.ohio.gov>

– Phone: 614-466-3774

- Mail:
 - Ohio OTPTAT Board
 - 77 S. High Street, 16th Floor Columbus, OH 43215-6108

“Like” the Board on Facebook at

<https://www.facebook.com/OhioOTPTATBoard>