



Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

**Occupational Therapy Section**  
**May 18, 2010**  
**9:30 a.m.**

**Members Present**

Rebecca Finni, OTR/L (*arrived @ 10:15 am*)  
Jean Halpin, OTR/L, Secretary  
Kimberly Lawler, OTR/L, Chairperson  
Nanette Shoemaker, COTA/L  
Mary Stover, OTR/L (*arrived @ 10:15 am*)

**Staff**

H. Jeffery Barker, Investigator  
Diane Moore, Executive Assistant  
Lisa Ratinaud, Enforcement Division Supervisor  
Jeffrey Rosa, Executive Director  
Andrew Snouffer, Investigator

**Legal Counsel**

Yvonne Tertel, AAG

**Guests**

Jacquelyn Chamberlin, OOTA  
Zach Haughawout, JCARR  
Patricia Fox

**Call to Order**

Kimberly Lawler, Chairperson, called the meeting to order at 9:48 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.

**Approval of Minutes**

**Action:** Jean Halpin moved that the minutes from the March 4, 2010 meeting be approved as amended. Nanette Shoemaker seconded the motion. Rebecca Finni and Mary Stover were not present for the vote due to the Enforcement Review Panel. The motion carried.

**Executive Director Report**

- The Executive Director informed the Section that he restructured the memo portion of the Executive Director report to categorize internal and external activities completed since the last Section meeting.
- The Executive Director reported that the Board had to resend renewal notices to occupational therapy assistants due to State Printing errors. The Executive Director further reported that approximately twenty percent of licensees have renewed so far.
- The Executive Director reported that the Board continues to monitor spending and reported that Board submitted encumbrances for year-end planned expenditures.

The formal Executive Director's report is attached to the minutes for reference.

**Action:** Jean Halpin moved to go into executive session to discuss pending and imminent court action. Kimberly Lawler seconded the motion.

The Executive Director called the Roll:

### **Roll Call**

Rebecca Finni	Yes
Jean Halpin	Yes
Kimberly Lawler	Yes
Nanette Shoemaker	Yes
Mary Stover	Yes

The section went into executive session at 10:35 am and came out at 10:50 am. There was no action taken.

### **Discussion of Law Changes**

The Section discussed whether they would consider supporting a bill to establish caseload requirements in school based practice. The Section would like to review the draft language, but was comfortable authorizing the Executive Director to state that the Section supported the concept due to its impact on public protection.

### **Administrative Reports**

#### **Continuing Education Report**

Nanette Shoemaker recommended that the Section approve 135 applications, deny 3 applications, and request additional information for 1 application for contact hour approval. **Action:** Kimberly Lawler moved that the Section approve 135 applications and deny 3 applications for contact hour approval. Jean Halpin seconded the motion. The motion carried.

#### **Licensure Report**

**Action:** Mary Stover moved that the Occupational Therapy Section ratify, as submitted, the occupational therapist and occupational therapy assistant limited permits and licenses issued by examination, endorsement, reinstatement, and restoration by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from March 4, 2010 through May 18, 2010, taking into account those licenses subject to discipline, surrender, or non-renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting on the occupational therapy assistant examination application for James Coots. Nanette Shoemaker abstained from voting on the occupational therapy assistant examination application for Ashlea Benasutti and Sheenah Harper. Nanette Shoemaker abstained from voting on the occupational therapy assistant limited permit application for Melissa Jewell. Nanette Shoemaker abstained from voting on the occupational therapy assistant reinstatement application for Cheryl Jones. Nanette Shoemaker abstained from voting on the occupational therapy assistant escrow restoration application for Sharissa King. The motion carried.

#### **Occupational Therapist – Examination**

Andrea, Kimberley	Brewer, Kristin	Brock, Hilary
Davis, Ronald	Douglas, Ashley	Eidahl, Whitney
Enz, Matthew	Evans, Keri	Falivene, Paige
Fisher, April	Fleming, Mallory	Jones, Jodelle
Kelly, Brian	Knuchel, Benjamin	Mittelbrun, Ionica
Mueller, Michelle	Nolan, Kelly	Nowakowski, Nichole
Ogg, Jesse	Quintanilla, Amanda	Rinehart, Tara
Schmidt, Ellen	Seni, Jessica	Strayer, Katrina
Stricker, Lisa	Swope, Amy	Szilak, Lindsey
Underwood, Stacey	Van Iden, Angela	Vossler, Katie
Wernert, Brigid		

#### **Occupational Therapy Assistant – Examination**

Bancroft, Terri	Bassler, Melissa	Baxter, Bernardine
Benasutti, Ashlea	Coots, James	Delagrange, David
Derus, Rachel	Harper, Sheenah	Lacey, Molly
Moriarity, Kelly	Nowak, Laura	Pearson, Melissa
Powell, Richelle	Seckel, Robin	Seeler, Margaret
Ward, Michelle	Warren, Laura	

Occupational Therapist – Endorsement

Boatright, Phillip	Britton, Laura	Brown, Lindsey
Caskey, Kayla	Foreman, Brandee	Horton, Carolyn
Page, Sandra	Punshon, Sarah	Smith, Andrea
Worth, Nicole		

Occupational Therapy Assistant – Endorsement

German, Alexis

Occupational Therapist – Reinstatement

Albright, Peggy	Fightmaster, Marie	Obritz, Blaise
Schaller, Jacqueline	Stefanik, David	

Occupational Therapy Assistant – Reinstatement

Jones, Cheryl	Lohman, Cheryl	Morrow, Lori
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Occupational Therapist – Escrow Restoration

Abbott, Kellie	Divens, Tammy	Morrill, Geri
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Occupational Therapy Assistant – Escrow Restoration

King, Sharissa	Lajiness, Alisa	Work, Patty
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Occupational Therapist – Limited Permit

Gangidino, Anne	Grieshop, Alison	Neely, Kaitlin
Russell, Heather		

Occupational Therapy Assistant – Limited Permit

Aubley, Andrew	Bresseur, Jill	Jewell, Melissa
Lensman, Linda	Rogers, Joel	

Limited License Agreements

Mary Stover informed the Section that Patricia Fox, Anita Prins, and Cynthia DiBiasio complied with all terms and conditions and were released from their limited license agreements.

Mary Stover recommended that, pursuant to rule 4755-3-01(F) of the Administrative Code, the Section offer a limited license agreement to occupational therapist endorsement applicant #4875425. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapy assistant license agreement to applicant #4875425. Jean Halpin seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Aiven Tzahaie.

Mary Stover recommended that, pursuant to rule 4755-3-12(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant reinstatement applicant #4969702. **Action:** Jean Halpin moved that Section grant a limited occupational therapy assistant license agreement to applicant #4969702. Rebecca Finni seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Marlyne Pennell

Mary Stover recommended that, pursuant to rule 4755-3-12(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist reinstatement applicant #4936196. **Action:** Jean Halpin moved that Section grant a limited occupational therapist license agreement to reinstatement applicant #4936196. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Janie Corrigan.

Mary Stover recommended that, pursuant to rule 4755-3-12(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist reinstatement applicant #4975273. **Action:** Jean Halpin moved that Section grant a limited occupational therapist license to reinstatement applicant #4975273. Kimberly Lawler

seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Noelle Gremling.

Mary Stover recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist restoration applicant #4940018. **Action:** Jean Halpin moved that Section grant a limited occupational therapist license to restoration applicant #4940018. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license to Cynthia Wiswesser.

Mary Stover recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant restoration applicant #4972592. **Action:** Jean Halpin moved that Section grant a limited occupational therapy assistant license to restoration applicant #4972592. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license to John Shilander.

Mary Stover recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant restoration applicant #4972901. **Action:** Jean Halpin moved that Section grant a limited occupational therapy assistant license to restoration applicant #4972901. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license to Melissa Miller.

Mary Stover recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant restoration applicant #49272950. **Action:** Jean Halpin moved that Section grant a limited occupational therapy assistant license to restoration applicant #49272950. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license to Wendy Oinonen.

#### Request for Waiver of Continuing Education

Nanette Shoemaker recommended that the Section grant a waiver of continuing education for file #4192599 based on the documentation provided. **Action:** Jean Halpin moved that the Section grant a waiver of continuing education for file #4192599 based on the documentation provided. Mary Stover seconded the motion. Nanette Shoemaker abstained from voting. The motion carried. The Section granted a wavier for Diane Piacquadro, OTA.

#### Assistant Attorney General's Report

Yvonne Tertel, AAG, had no formal report for the Section.

#### Case Review Liaison Report

The Enforcement Division opened one new case and closed thirteen cases since the March 4, 2010 meeting. There are currently eight cases open. There are eighteen disciplinary consent agreements and one adjudication order being monitored.

Rebecca Finni informed the Section that Karen Pack, Billie Jo Gilbert, Emily Dickerson, Judy Domsic, Michael Spear, Courtney Weiker, Jennifer Stretavski, Heather Greene, Uretta Russell, Cheryl Reibold, Sue Gotty, Mary Klei, and Julia Powers complied with all terms and conditions and were released from their disciplinary consent agreements.

#### **Enforcement Actions**

Rebecca Finni recommended that the Section rescind the March 4, 2010 motion which revoked the license of the individual that is the subject of case OT-FY10-039, and accept the consent agreement presented today in lieu of issuing an adjudication order revoking this individual's license. **Action:** Jean Halpin moved that the Section rescind the March 4, 2010 motion which revoked the license of the individual that is the subject of case OT-FY10-039, and to accept the consent agreement presented today in lieu of issuing an adjudication order revoking this individual's license. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Ifeoma Okeke, OT.

Rebecca Finni recommended that the Section accept the surrender consent agreement for case OT-FY10-001 in lieu of going to a hearing. **Action:** Jean Halpin moved that the Section accept a non-disciplinary surrender consent agreement for case OT-FY10-001 in lieu of going to a hearing. Mary Stover seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for John Gears, OTA, in which Mr. Gears agrees to voluntarily surrender his license for felony convictions and the Section hereby simultaneously revokes his license.

Rebecca Finni recommended that the Section deny the occupational therapist reinstatement application for case OT-FY10-040 and issue a notice for opportunity for a hearing be issued for falsifying pocket identification cards, wall certificates, and practicing on an expired license since June 2004. **Action:** Jean Halpin moved to propose to deny the occupational therapist reinstatement application and issue a notice of opportunity for hearing for case OT-FY10-040 for falsifying pocket identification cards, wall certificates, and practicing on an expired license since June 2004. Kimberly Lawler seconded the motion. Rebecca Finni abstained from voting. The motion carried.

### **Correspondence**

- Pam Henry:** Ms. Henry asked the Section whether an occupational therapist can check blood sugar levels in an emergency situation and perform physical agent modalities. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapist from performing blood sugar levels provided that the occupational therapist has received training and demonstrated competence in this activity, including infection precautions. It is not, however, within the scope of occupational therapy practice to recommend medication changes based on the results of the tests. In accordance with section 4755.04(A) of the Ohio Revised Code, 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 occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Administrative Code, and is practicing within the occupational therapy scope of practice.
- Anthony Lee:** Mr. Lee asked the Section questions regarding occupational therapy assistant supervision logs and requirements. **Reply:** Pursuant to rule 4755-7-01 of the Administrative Code, 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 of supervision must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. Please visit the Board website for sample collaboration/supervision logs. The collaboration is not required to be face to face. Documentation of the date and content of the meeting is sufficient. The occupational therapy practitioners do not need to record the start/end time of the meetings. This evidence is required in all practice settings.
- Maria Pickston:** Ms. Pickston asked the Section if urinary incontinence falls within the scope of practice for an occupational therapy. **Reply:** There is nothing in the Occupational Therapy Practice Act that would prohibit an occupational therapist from treating urinary incontinence. The occupational therapist must document and demonstrate competency in the technique being administered. For additional information on the role of occupational therapy practitioners in urinary incontinence treatments, Ms. Pickston might want to review the 2008 AOTA publication titled *Managing and Treating Urinary Incontinence, 2<sup>nd</sup> Edition*. Please contact the Ohio Occupational Therapy Association (OOTA) at [www.oota.org](http://www.oota.org), with her question concerning therapists practicing in this area.
- Andrea Sheehy:** Ms Sheehy asked if a transfer of care is required if a PRN occupational therapist evaluates a client who is then followed by a part-time therapist who supervises the occupational therapy assistant. **Reply:** According to the Occupational Therapy Section, 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 treatment 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, if there is an occupational therapist, or transferring to the individual responsible for management of therapy services, if there's not an occupational therapist, 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. The Section recommends that Ms. Sheehy review the facility policies for clarification on the term job sharing in her specific working setting.

5. **Matthew Woeste:** Mr. Woeste asked the Section if an occupational therapy assistant can write short term goals and perform range of motion and manual muscle testing. **Reply:** It is the position of the Occupational Therapy Section that the initial plan, long-term goals, and initial short-term goals must be written by the occupational therapist. The occupational therapist may collaborate with the occupational therapy assistant in the development of these items. Once the initial plan of care and goals are established, the occupational therapy assistant may establish short-term goals. Please review rule 4755-7-03 (B) of the Administrative Code for additional information on the roles and responsibilities of the occupational therapist and occupational therapy assistant. In response to Mr. Woeste's question regarding whether an occupational therapy assistant can perform range of motion and manual muscle tests; there is nothing in the Occupational Therapy Practice Act that would prohibit an occupational therapy assistant from performing range of motion and manual muscle tests. The occupational therapy assistant must document and demonstrate competency in the technique being administered.
6. **Kristen Byard:** Ms. Byard asked the Section if an occupational therapy assistant can upgrade short term goals. **Reply:** It is the position of the Occupational Therapy Section that the initial plan, long-term goals, and initial short-term goals must be written by the occupational therapist. The occupational therapist may collaborate with the occupational therapy assistant in the development of these items. Once the initial plan of care and goals are established, the occupational therapy assistant may establish short-term goals. Please review rule 4755-7-03 (B) of the Administrative Code for additional information on the roles and responsibilities of the occupational therapist and occupational therapy assistant.
7. **Christy Bowers:** Ms. Bowers asked the Section questions regarding whether an occupational therapist can assign an ICD-9 treatment code on an Ohio Medicaid School Program billing form. **Reply:** It is the position of the Occupational Therapy Section that establishing a treatment code to describe the condition the occupational therapy intervention/treatment plan is addressing does fall within the responsibility of an occupational therapy practitioner as described in rule 4755-7-3(A)(3) of the Ohio Administrative Code. Please be advised that there are a large number of therapy oriented ICD-9 codes to choose from. If Ms. Bowers is not able to find an appropriate ICD-9 code on her listing, further research is recommended to identify a more appropriate code. The Section recommends that Ms. Bowers contact the Ohio Occupational Therapy Association's pediatrics member support group coordinator concerning questions about the Ohio Medicaid School Program. Ms. Bowers can contact the Ohio Occupational Therapy Association at [www.oota.org](http://www.oota.org).
8. **Leon Kline:** Mr. Kline asked the Section a question regarding the frequency of treatment sessions for clients treated in an occupational therapy outpatient setting. **Reply:** According to the Occupational Therapy Section, the Ohio Occupational Therapy Practice Act remains the same in all practice settings where occupational therapy is provided. The Occupational Therapy Section does not address frequency and/or duration of treatment sessions. It is the occupational therapist's responsibility to assure that treatments are rendered according to safe and ethical standards and in compliance with occupational therapy code of ethical conduct established in rule 4755-7-08(A) of the Administrative Code.

9. **Sharyn Brock:** Ms. Brock asked the Section questions regarding documenting progress notes. **Reply:** In accordance with the code of ethics established in rule 4755-7-08 (A) of the Administrative Code: (5) Occupational therapy practitioners shall comply with the laws and rules governing the practice of occupational therapy. (c) Occupational therapy practitioners shall maintain accurate and timely documentation of occupational therapy services. (d) Occupational therapy practitioners shall not document or bill for services not actually provided. It is the occupational therapist's responsibility to assure that treatments are rendered according to safe and ethical standards and in compliance with occupational therapy code of ethical conduct established in rule 4755-7-08(A) of the Administrative Code. It is the position of the Section that after the occupational therapy assistant completes progress note documentation, the notes should be reviewed by the supervising therapist, and the date of the review should be indicated, such as in the collaboration log. When the occupational therapy assistant and occupational therapist collaborate on formal assessments and reports, the reports should be signed by both practitioners. It is the responsibility of the occupational therapy practitioner to establish evidence that supervision has occurred. The collaboration log is generally the best place to document collaboration between the occupational therapy assistant and occupational therapist. However, the Section recommends that Ms. Brock review the facility policies to determine if they have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act.

### **OT/PT Joint Correspondence**

**JB1. Melissa Massengill:** Ms. Massengill asked the Sections whether education of heart failure patients falls within the scope of practice of occupational and physical therapy and regarding endurance training as a primary focus of physical therapy. **Reply:** There is nothing in the Physical Therapy Practice Act that would prohibit a physical therapist or physical therapist assistant from providing educational materials about the management of heart failure. It is the position of the Physical Therapy Section that physical therapy practitioners may provide the patient with previously prepared and approved information about food content or about medications (e.g. side effects, adverse reactions, when to call the physician), as long as the therapist does not advise the patient on initiating or stopping a medication without the patient talking with his/her physician. The Physical Therapy Section recommends that the patient be referred to a licensed dietitian if he/she has further questions about dietary restrictions. Ms. Massengill's second question relates primarily to insurance policies, which may not consider endurance training as skilled for reimbursement, although the monitoring of cardiorespiratory response to progressive activities, mobility, or ADL's may be viewed as requiring the skills of licensed practitioners. There is nothing in the Occupational and Physical Therapy Practice Acts or code of ethics that would prohibit treatment that is beneficial to a patient regardless of reimbursement criteria. There is nothing in the Ohio Revised Code that prohibits the occupational therapist from completing the Outcome and Assessment Information Set (OASIS). In accordance with section 4755.04 (A) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may perform endurance training and activities within the provision of occupational therapy services if the occupational therapy practitioner has demonstrated and has documented competency in the knowledge, skills and ability of the assessment being performed.

**JB2. Nicole Wolfe:** Ms. Wolfe asked the Sections questions regarding the use of electronic signatures and co-signing notes. **Reply:** In accordance with rule 4755-27-07 of the Administrative Code, a handwritten or electronic signature is acceptable by a physical therapist or physical therapist assistant. When using an electronic signature, a hard copy of the individual's printed name and handwritten signature must be kept on file at the practice location, and the physical therapist or physical therapist assistant must assure that the electronic signature can be tracked to a unique logon code used only by that individual. Should the computer system or program not permit counter-signature by the physical therapist for notes entered by a physical therapist assistant, then therapist needs to make arrangements with the vendor for the computer system to be revised or improved to permit such counter-signature. Should Ms. Wolfe not electronically be capable of dual signatures, Ms. Wolfe may enter a separate note within the same documentation system, referencing the date of the note(s) being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan or Ms. Wolfe may produce a hard paper copy that is co-signed by the physical therapist. It is the position of the Occupational Therapy Section that electronic signatures are acceptable for occupational therapy practitioners' documentation as long as security and integrity have been maintained. Co-signature of occupational therapy assistant and limit permit holders'

all documentation related to occupational therapy practice, written or electronic. 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 patient/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. When using an electronic signature, a copy of the individual's name, handwritten signature, and electronic signature must be on file at the location where the electronic signature is used.

**JB3.** Jocelyn Metzger: Ms. Metzger asked the Sections if occupational therapy assistants and physical therapist assistants can perform screens. **Reply:** According to rule 4755-27-03 (E)(5) of the Ohio Administrative Code, a physical therapist assistant may gather data about a patient to perform a screening that is non-evaluative in nature. Screens include a review of the patient's medical information and/or verbal contact with other health care practitioners, family, or the patient to review the patient's medical history and past functional ability but do not include physical contact with the patient. Interpretation of this information, including the need for a physical therapy evaluation, is the responsibility of the physical therapist. Under the Ohio Physical Therapy Practice Act, physical therapists and/or physical therapist assistants may perform screens without a physician's referral and without notification of a health care professional under direct access rules. It is the position of the Occupational Therapy Section that screens, or identification of candidates for therapy, may be performed by an occupational therapy assistant. The Section interprets a screen to be only data gathering and non-evaluative in nature. In accordance with rule 4755-7-03 of the Administrative Code, the occupational therapist interprets the data and makes necessary recommendations. All screens must be cosigned by the occupational therapist, and collaboration with the occupational therapist must be documented.

**JB4.** Duany de la Cruz: Mr. De la Cruz asked the Sections a questions regarding frequency of supervisory visits for occupational therapy assistants and physical therapist assistants in a home health setting and discharging the client from therapy services. **Reply:** Please be aware that the regulation of these professions is undertaken by two separate entities. Occupational therapy and physical therapy practitioners may not treat pursuant to an evaluation, plan of care, or discharge established by the other discipline. Physical therapists and physical therapist assistants may only treat pursuant to the physical therapy evaluation, plan of care and discharge. Therefore, both the occupational therapist and physical therapist must make discharge visits in home health; although only the final clinician needs to complete the discharge OASIS. If by "both clinicians" Mr. De la Cruz are referring to the physical therapist and physical therapist assistant, the physical therapy laws and rules do not require the assistant to accompany the therapist on the discharge visit. Pursuant to rule 4755-7-01 of the Administrative Code, 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. 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 occupational therapy assistant may not initiate or modify a client's treatment plan without first consulting with the supervising occupational therapist. 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 (e.g.: collaboration log), that the supervision took place. 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 discharge plan development, as indicated in rule 4755-7-03 of the Ohio Administrative Code. The collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. The Ohio Physical Therapy Practice Act is silent on how often the supervising physical therapist must treat or re-evaluate patients delegated to physical therapist assistants. In all practice settings, the physical therapist should re-evaluate a patient in

## **Old Business**

### **Public Rules Hearing**

The Section held a public rules hearing from 1:30 pm to 1:36 pm to receive input on the proposed changes to rules 4755-3-11, 4755-7-01, and 4755-9-01.

### **Proposed Changes to the Code of Ethics**

The Section reviewed the matrix of the content for the code of ethics and will continue work on grouping topics in logical sequence. The Section requested that the topics be placed on individual index cards to aid in the retreat discussions. The Section also requested information from the Enforcement Division to assist the Section in identifying related items.

### **Occupational Therapy Jurisprudence Examination Revisions Update**

The Section determined that the exam will be composed of all multiple choice questions. The Section reviewed the examination content outline and established the percentages of questions for each section. The percentages were assigned as follows:

<b><i>OT Jurisprudence Examination Content</i></b>	<b><i>% of Questions</i></b>
1000 Legislative Content and Definitions	12.5%
2000 Powers and Duties of the Board	10%
3000 Licensure and Examination	20%
4000 Patient Care Management	27.5%
5000 Disciplinary Actions, Unlawful Practice, and Ethical Conduct	25%
6000 Consumer Advocacy	5%

Nanette Shoemaker will continue to work on the exam questions and will submit revisions at the July Section meeting. Rebecca Finni will assist Ms. Shoemaker in categorizing the exam questions in correlation with the exam content outline to determine if all content areas are adequately represented. The Section will solicit volunteers from licensees that have been practicing for more than five years and new graduates to participate in the pilot testing of the revised test questions.

### **OT/PT School Based Institute Presentation August 10, 2010**

The Section members will continue work on the presentation slides. The Section discussed using data from previous slides, frequently asked questions, and recent presentations dealing with school-based practice issues to discuss at the upcoming event. The Executive Director will email the draft to the Section members for comment and feedback.

### **Retreat Planning**

The Section will hold the Section Retreat on June 21, 2010 at 2140 Lane Road, Columbus, Ohio. The retreat is scheduled to begin at 9:00 am and end at 3:00pm. The Section will review the strategic plan, discuss potential changes to code of ethics and review the presentation slides for the OT/PT School-Based Institute.

## **New Business**

### **Limited License Reference Guide**

The Section reviewed the draft of the Limited License Reference Guide. The Section will use this guide as a base for reviewing potential additional requirements for individuals have been out of practice for five years or more. The

Section was in agreement of the content listed on the guide. The Executive Assistant will put the final document in the Section Binders for future reference.

**Open Forum**

The Executive Director informed the Section that Mary Stover and Mary Kay Eastman will accompany him to present at the OAPSA meeting on May 21, 2010 to discuss the school-based practice issues for occupational and physical therapy practitioners.

**Ohio Occupational Therapy Association (OOTA) Report**

There was no formal report.

**Items for Next Meeting**

- Jurisprudence examination update
- Proposed changes to code of ethics
- Presentation planning for OT/PT School Based Institute

**Next Meeting Date**

The next regular meeting date of the Occupational Therapy Section is scheduled for Tuesday, July 20, 2010.

**Action:** Rebecca Finni moved to adjourn the meeting. Jean Halpin seconded the motion. The motion carried. The meeting adjourned at 1:37 p.m.

Respectfully submitted,  
*Diane Moore*

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Kimberly Lawler, OTR/L, Chairperson  
Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board, OT Section

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Jean Halpin, OTR/L, Secretary  
Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board, OT Section

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

**JH:jmr:dm**