Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
July 15, 2008
10:13 a.m.

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

Members Absent
Kimberly Lawler, OTR/L

Public Member
Gary Weiss

Legal Counsel
Yvonne Tertel, AAG

Staff
Andrew Snouffer, Investigator
Diane Moore, Executive Assistant
Jeffrey Rosa, Executive Director
Lisa Ratinaud, Enforcement Division Supervisor

Guest
Carole Weiss
Jacquelyn Chamberlain

Call to Order
Nanette Shoemaker, Chairperson, called the meeting to order at 10:13 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: Rebecca Finni moved to approve the May 15, 2008 minutes as amended. Rebecca LeBron seconded the motion. The motion carried.

Executive Director's Report
- The Executive Director reported that Fiscal Year 2009 has begun.
- The office staff has been busy processing applications for summer graduates.
- Occupational therapy renewal update: 3573 licensees renewed their license on time, 96 percent of licensees renewed online, 172 licensees did not renew. Licensure staff processed 600 renewal applications within the last two weeks of the renewal deadline. Future renewals will be printed on white plain paper. The Section will implement the late fee charge for licensees not renewing their license by May 31st.
- The Executive Director reported that he is in the process of completing the budget for fiscal year 2010 – 2011.
- The Office of Budget and Management granted permission to post the two vacant positions. The posting will end on July 18, 2008.
- The Joint Board draft rule language that the Board approved in May 2008 will be submitted with the budget bill.
- The Executive Director reported that he will set-up a conference call with the leadership for with the Speech Language Pathology and Audiology Board.

Administrative Reports

Continuing Education Report

The Section discussed the minimum length of time for granting credit for continuing education for ethics education. The Section determined that any continuing education activity dealing with ethics must be at least a minimum of 30 consecutive minutes in duration to be counted towards meeting the one hour of continuing education requirement for ethics education required per renewal cycle.

Action: Mary Stover moved to approve 86 applications for contact hour approval and deny 4 continuing education applications. Rebecca LeBron seconded the motion. The motion carried.

The Board reviewed the continuing education appeal request from Nicole Niemiec. **Action:** Rebecca Finni moved to deny the appeal for continuing education submitted by Nicole Niemiec. Nanette Shoemaker seconded the motion. The motion carried.

Licensure Report

Action: Mary Stover 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 May 15, 2008 through, July 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 LeBron seconded the motion. Nanette Shoemaker abstained from voting on the reinstatement application for Sharon Kay Ashworth. The motion carried.

Occupational Therapist – Examination

Borom, Meredith	Buckwell, Stephanie	Johns, Holly
Kerby, Shawn	Luebbe, Chyi	Nicka, Aaron

Occupational Therapy Assistant – Examination

Cadwell, Stacy	Durban, Antoinette	Griffis, Jillian
Schmitmeyer, Holly		

Occupational Therapist – Endorsement

Anderson,Jason	Callender, Jennifer	Crunelle, Amie
Hall, Crystal	Kahre, Amy	Kalyango, Jennifer
King, Julie	Knebel, Gina	Loor, Katie
Metz, Betsy	Neufeld, Stephanie	Noll, Derek
Patterson, Kirsten	Reisinger, Kay	Skarbek,Gregory
Turley, Pamela	Weilnau, Stephanie	

Occupational Therapy Assistant – Endorsement

Tadsen, Heather	Weilnau, Jason

Occupational Therapist – Reinstatement

Ashworth, Sharon	Davis, Julie

Occupational Therapy Assistant – Reinstatement

Kearns, Erica	Mahrt, Jacquelyn

Occupational Therapist – Limited Permit

Applegate, Samantha	Bertalan, Sara	Cipoletti, Allison
Gross, Joseph	Hasenmeier, Melissa	Hatfield, Amanda
Klos, Margaret	Leibacher, Karrie	Lyons, Elizabeth
McPeck, Danielle	Pomeroy, Meghan	Prebonick, Sarah
Rechetnikov, Rouslan	Sensel, Andrea	Slaby, Jaryn
Triplett, Carrie		

Occupational Therapy Assistant – Limited Permit

Adams,Megan	Anderson, Whitney	Baringer, Kristen
Beidler, Sheri	Bishop, Denae	Capifali, Crystal
Clunen, Carol	Davis, Cheryl	Dogoda, Linda
Gauthier, Janet	Gay, Christina	Glover, Amy
Gordon, Brynn	Houpt, Amie	John, Sherry
Kurtz, Jaime	Metcalf, Abigail	Minor, Lauren
Stuck, Megan	Tournoux, Celeste	Vargas, Sandra
Webb, Angela		

Occupational Therapist– Escrow Restoration

Calvert, Edna

Occupational Therapy Assistant – Escrow Restoration

Brighton, Amy	Gash, Patricia

Limited Licensure Agreements

Jeffrey Rosa informed the Section that Kimberly Clement complied with the terms and conditions of her limited license and was released from the terms of her agreement.

The Section recommended that a clarification letter be sent to the credential file number 4620193 to clarify that the applicant can be hired with limited licensure. The Section will inform the applicant that the applicant can request an extension to complete the supervised practice hours if needed. The applicant must specify how long they would need to complete the supervised practice hours.

Mary Stover recommended that the Section grant an extension for the limited license for credential file number 4625915 to complete the required 260 hours of supervised practice hours by Mid-August 2008. **Action:** Nanette Shoemaker moved to grant an extension for limited license for credential file number 4625915 to complete the 260 hours of supervised practice no later than December 31, 2008. Rebecca Lebron seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover 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 4804462., 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:** Nanette Shoemaker moved that Section grant a limited occupational therapy assistant license to applicant 4804462. Rebecca LeBron seconded the motion. Mary Stover abstained from voting. The motion carried.

Investigative Report

The Enforcement Division opened two new cases and closed two cases since the May 15, 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.

Assistant Attorney General's Report

Yvonne Tertel had no formal report for the Section.

Old Business

Occupational Therapy Section Retreat Recap

The Section members felt that the retreat was a success. The Section reviewed the strategic plan, time lines, goals, discussed discipline standards and fees, and service extenders. Kimberly Lawler and Rebecca Finni were assigned to look at potential rule changes and restructuring the supervision and delegation rules. The Section updated the standard responses to reflect changes in the laws and rules.

Consumer Education
The Section anticipates updating the Board's website to have all the consumer education listed on one page for all three Sections of the Board. The Occupational Therapy Section's future goals are to design a consumer pamphlet, have educational sessions for consumers, and make the website ADA compliant.

Impaired Practitioners Task Force
No report was given.

New Business
Standard Response Revisions
The Section made additional revisions to the standard responses. The draft standard response number 28 will be held until the Board receives feedback from occupational therapy ACOTE approved programs.

Occupational Therapy Section Code of Ethics
This topic was tabled until the September 2008 meeting.

Occupational Therapy Jurisprudence Examination Revisions
This topic was tabled until the September 2008 meeting.

Open Forum
The Section revisited the topic of whether medication reconciliation falls within the scope of occupational therapy. The process of medication reconciliation involves an individual entering the medication into the system and the computer will check to see if there is a medical conflict. If there is an interaction, the individual would be required to contact the physician for further action. The Section upheld the previous position regarding medication reconciliation. It is the position of the Occupational Therapy Section that medication reconciliation does not fall under the scope of practice for occupational therapy. Pursuant to rule 4755-7-08 (A)(4) of the Administrative Code, occupational therapy practitioners shall achieve and continually maintain high standards of competence.

OOTA Report
Jacquelyn Chamberlain reported that the Ohio Occupational Therapy Association wrote a letter of recommendation for the occupational therapy board member vacancy. Ms. Chamberlain requested that the Occupational Therapy Section reference the AOTA for additional information on the consumer education.

Correspondence
1. **Jacqueline Mayle:** Ms. Mayle asked the Section a question regarding delegation and supervision requirements of a level two occupational therapy student. **Reply:** Pursuant to rule 4755-7-09 of the Ohio Administrative Code, the supervising occupational therapy practitioner shall only assign duties or functions to the occupational therapist student or occupational therapy assistant student that are commensurate with the student's education or training. The Occupational Therapy Practice Act is silent on student supervision requirements. However, the Occupational Therapy Section encourages occupational therapy practitioners to provide on-site supervision for students. The occupational therapy student must function under the supervision of an occupational therapist. The occupational therapy assistant student must function under the supervision of an occupational therapist or an occupational therapy assistant. On-site supervision requires that supervising therapists use their professional judgment in delegating tasks that either require the supervising therapist to provide direct supervision or be within the same building. Rule 4755-7-01(C)(3) of the Administrative Code states that supervision requires an interactive process between the supervising occupational therapist and the occupational therapy assistant. The interactive process must include, but is not limited to, review of the following: client assessment, reassessment, treatment plan, intervention and the discontinuation of intervention, and/or treatment plan. Co-signing client documentation alone does not meet the minimum level of supervision. The Section recommended that Ms. Mayle contact the facility, third party payers, and review the Accreditation Council for Occupational Therapy Education (ACOTE) Standards regarding supervision of students and reimbursement. The standards adopted by ACOTE, third party payers, and the facility's policies may be more restrictive that the Ohio Occupational Therapy Practice Act.

2. **Annette Bernard-Moulton:** Ms. Bernard-Moulton asked the Section a questions regarding whether an occupational therapy assistant can perform the "P" 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.

3. **Jeanne Bens:** Ms. Bens asked the Section whether an occupational therapy assistant can fabricate a splint without an initial evaluation by the occupational therapist. **Reply:** The occupational therapy assistant may not evaluate independently or initiate treatment/intervention, including splint fabrication, before the supervising occupational therapist performs an evaluation/assessment. An occupational therapy assistant must work under the supervision of an occupational therapist. 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.

4. **Joelana Dowell:** Ms. Dowell asked the Section a question regarding the appropriate signature designation for an occupational therapist with a master degree. **Reply:** It is the position of the Ohio Occupational Therapy Section that licensure should be designated at a minimum appropriate regulatory credential. The therapist's signature sequence should be the therapist's name, followed by the regulatory professional credential that allows the therapist to practice occupational therapy. For example: Jane Doe, OT/L. The Ohio Practice Act is silent on the education credential and the order in which it is placed. Ohio law does not require individuals to maintain certification by NBCOT or membership in AOTA to renew a license to practice occupational therapy in the State of Ohio. Therefore, NBCOT recertification is not necessary for Ohio licensure, nor is membership in AOTA. Those occupational therapy practitioners choosing not to be recertified by NBCOT should use the following designations: OT/L for occupational therapists and OTA/L for occupational therapy assistants. However, accrediting bodies and/or reimbursement agencies may require NBCOT certification for reimbursement of services. Individuals holding current NBCOT certification should use OTR/L.

5. **Monica Robinson:** Ms. Robinson asked the Section a question regarding the appropriate signature designation for an occupational therapist and an occupational therapy assistant. **Reply:** It is the position of the Ohio Occupational Therapy Section that licensure should be designated at a minimum appropriate regulatory credential. The therapist's signature sequence should be the therapist's name, followed by the regulatory professional credential that allows the therapists to practice occupational therapy. For example: Jane Doe, OT/L. The Ohio Practice Act is silent on the education credential and the order in which it is placed. Ohio law does not require individuals to maintain certification by NBCOT or membership in AOTA to renew a license to practice occupational therapy in the State of Ohio. Therefore, NBCOT recertification is not necessary for Ohio licensure, nor is membership in AOTA. Those occupational therapy practitioners choosing not to be recertified by NBCOT should use the following designations: OT/L for occupational therapists and OTA/L for occupational therapy assistants. However, accrediting bodies and/or reimbursement agencies may require NBCOT certification for reimbursement of services. Individuals holding current NBCOT certification should use OTR/L for occupational therapists and COTA/L for occupational therapy assistants.

6. **Kareen Livingston:** Ms. Livingston asked the Section questions regarding an occupational therapy assistant documentation and co-signature requirements. **Reply:** In accordance with rule 4755-7-01 of the Administrative Code, "any documentation written by an occupational therapy assistant…for inclusion in the client's official record shall be co-signed by the supervising occupational therapist." The intent of co-signature is to ensure adequate supervision and collaboration and to make it clear that the occupational therapist has read and agreed with the documentation written by the occupational therapy assistant. It is the position of the Occupational Therapy Section that if the client documentation includes any type of treatment grid, a single co-signature and date of review on the form is sufficient. An example of a treatment grid in school-based documentation would be the occupational therapy assistant's weekly therapy log. Co-signature verifies that the supervisor has reviewed the document and agrees with its contents. It is the position of the Section that for any electronic

documentation, the supervising occupational therapist must co-sign and reference the dates of entries into the client's record. If the electronic program does not allow for electronic signature, the supervising therapist shall make a separate record referencing the date of review of the record. An example of electronic documentation in school-based practice would be completion of IEP progress notes on an electronic IEP program. 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 supervision log. When the occupational therapy assistant and occupational therapist collaborate on formal assessments and reports, such as the multifactored evaluation, the reports should be signed by both practitioners. If both the occupational therapy assistant and occupational therapist attend an IEP meeting, both should sign the document. If the occupational therapy assistant attends the meeting without the occupational therapist present, only the occupational therapy assistant signs the IEP since the signature page indicates participation at the meeting. Co-signature is not necessary since the supervising therapist was not in attendance. It is the responsibility of the occupational therapy practitioner to establish evidence that supervision occurred. In school-based practice, the supervision log is generally the best place to document collaboration between the occupational therapy assistant and occupational therapist.

7. **Courtney Dugan:** Ms. Dugan asked the Section additional questions regarding what an occupational therapist should do when there is no occupational therapist available to transfer/terminate the care of a patient. **Reply:** Mary Stover will contact Ms. Dugan to request additional information.

8. **Becky Ford:** Ms. Ford asked the Section a question regarding whether an occupational therapist can accept a physician order. **Reply:** There is nothing in the Occupational Therapy Practice Act that prohibits any healthcare practitioner from making direct referrals to occupational therapy. Occupational therapists are not required to have a physician's referral to evaluate or treat patients in the State of Ohio. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, including requiring a physician's verbal referral, which need to be met for accreditation and/or reimbursement purposes.

9. **Debbie Williams:** Ms. Williams asked the Section a question regarding how long an occupational therapy assistant can continue to practice when an occupational therapist resigns. **Reply:** The occupational therapy assistant may not practice unless the case is transferred to an occupational therapist. The collaboration supervision may come from a PRN occupational therapist until the position can be filled.

10. **Stephanie Arnold:** Ms. Arnold asked the Section whether it's acceptable for an occupational therapy practitioner to laminate their pocket id card. **Reply:** There is nothing in the Ohio Occupational Practice Act that would prohibit Ms. Arnold from laminating her pocket ID card as long as the integrity of the card is kept intact.

11. **Angela Houchins:** Ms. Houchins asked the Section whether an occupational therapist can accept a referral from a developmental optometrist. **Reply:** There is nothing in the Occupational Therapy Practice Act that prohibits any healthcare practitioner from making direct referrals to occupational therapy. Occupational therapists are not required to have a physician's referral to evaluate or treat patients in the State of Ohio. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, including requiring a physician's verbal referral, which need to be met for accreditation and/or reimbursement purposes.

12. **Lori McGonagle:** Ms. McGonagle asked the Section a question regarding co-signature and the use of use of electronic signature in occupational therapy practice. **Reply:** Co-signature of occupational therapy assistant's and limit permit holders' documentation continues to be a requirement. 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 has been maintained. 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. 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. The Occupational Therapy, Physical Therapy, and Athletic Trainers Board investigators shall have access to **all** documentation related to occupational therapy practice, written or electronic. In accordance with rule 4755-7-01 of the Administrative Code, 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 patient/client medical record. If needed, 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.

13. **Brenda Brodbeck:** Ms. Brodbeck asked the Section questions regarding the use of rubber stamps and electronic signatures in occupational therapy practice and asked how many supervising occupational therapists can an occupational therapy assistant have. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits the use of rubber stamps. It is the position of the Occupational Therapy Section a rubber stamp can be used by the individual who owns it, as long as security and integrity have been maintained. Co-signature of occupational therapy assistant and limit permit holders' documentation continues to be a requirement. 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 has been maintained. 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. 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. The Occupational Therapy, Physical Therapy, and Athletic Trainers Board investigators shall have access to **all** documentation related to occupational therapy practice, written or electronic. Ms. Brodbeck asked about the number of supervising occupational therapists an occupational therapy assistant may have. There is no limit to the number of supervising therapists per assistant, but each supervising therapist must meet the supervision requirements outlined in rule 4755-7-01 of the Ohio Administrative Code. Then, Ms. Brodbeck asked about supervising and/or training educational assistants. As stated in rule 4755-7-02 of the Ohio Administrative Code, licensed occupational therapy practitioners may delegate non-treatment tasks to unlicensed personnel. Some examples of allowable delegation include department maintenance, transport of patients, preparation of work area, assisting with patient's personal needs during treatment, assisting in the construction of adaptive equipment and splints, and other clerical or administrative functions. The following all violate the Ohio Occupational Therapy Practice Act: 1. Delegating evaluative procedures; 2. Delegating treatment procedures; 3. Documenting in the client's official record; 4. Acting on behalf of the licensed occupational therapy practitioner in any matter related to occupational therapy that requires decision making. Professionals holding a license other than an occupational therapy license are considered unlicensed personnel in the provision of occupational therapy services. Therefore, the occupational therapy practitioner may not delegate the above tasks to professionals such as licensed nurses, physical therapists, physical therapist assistants, speech language pathologists, etc. Pursuant to section 4755.11 (A)(11) of the Revised Code, a licensed occupational therapist may face disciplinary action if he/she delegates the tasks indicated in rule 4755-7-02 (B) of the Ohio Administrative Code to unlicensed personnel. Lastly, Ms. Brodbeck asked about maintaining client files. The Section does not have a policy for records retention. The Section recommended that she contact her legal counsel regarding an appropriate record retention policy.

14. **Amy Smith:** Amy Smith asked the Section whether wound care falls in the scope of practice for occupational therapy. **Reply:** 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 wound care, dressing treatment, and/or suture removal provided the occupational therapy practitioner demonstrates and documents the appropriate knowledge, skills and ability in the treatment(s) being performed and is practicing within the occupational therapy scope of practice. The Section recommends that you contact your third party payers as they may have policies that are more restrictive than the Ohio Occupational Therapy Practice Act.

OT/PT Joint Correspondence

JB 1. **Marina Krivonos:** Ms. Krivonos asked the Sections whether it is within the scope of practice for an occupational therapy assistant and a physical therapist assistant to perform screens. **Reply:** 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 data gathering and non

evaluative in nature. 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. It is the position of the Physical Therapy Section that 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 to determine the need for an evaluation by the physical therapist. Under the Ohio Physical Therapy Practice Act, physical therapist assistants may perform screens as long as they do not involve direct exam and evaluation of a patient. Such screens do not require a physician's referral. The physical therapist has ultimate responsibility for all care and services delivered as physical therapy. The physical therapist must then assure that the treatments are rendered according to safe and ethical standards, and in compliance with section 4755.481 of the Ohio Revised Code.

JB 2. **Jeremy Hess:** Mr. Hess asked the Sections whether an occupational therapist can treat physical therapy patients. **Reply:** The occupational therapist, working under a physical therapy plan of care, would be considered "other licensed personnel" under the Ohio Physical Therapy Practice Act. Thus, the occupational therapist would require direct supervision by the physical therapist and could not legally change the plan of care. If care is transferred to an occupational therapist, the occupational therapist must complete an evaluation and develop an occupational therapy plan of care that should not be represented as physical therapy. The supervising physical therapist must be able to demonstrate knowledge and competency in any procedure or services which have been delegated. In addition, the physical therapist must demonstrate competency in order to appropriately delegate and supervise procedures. If the physical therapists in question do not feel that they meet the competency levels required then clearly they should not be delegating physical therapy services. It would seem more appropriate to transfer the care to another physical therapist or an occupational therapist who has the required competencies. The Occupational Therapy Section strongly discourages occupational therapy practitioners from working in the role of other licensed personnel under the direction of the physical therapist. The scenario described in your letter could be viewed as misrepresentation of the provider to external sources including the client and/or third party payor. Joint evaluations between occupational therapy and physical therapy may be done; however, the physical therapist and physical therapist assistant may only treat pursuant to the physical therapy evaluation and plan of care and the occupational therapist and occupational therapy assistant may only treat pursuant to the occupational therapy evaluation and plan of care. Occupational therapy and physical therapy practitioners may not treat pursuant to an evaluation and plan of care established by the other discipline.

JB 3. **Jacquelyn Ryan :** Ms. Ryan asked the Sections if occupational and physical therapy practitioners can take verbal orders for medications and enter these orders into the client's record. **Reply:** It is the position of the Physical Therapy Section that a physical therapist or physical therapist assistant may relay communication from the physician to the patient regarding an existing prescription if the patient is unable to speak directly with the physician. In such a case, the physical therapy practitioner is not prescribing a medication nor making a clinical judgment outside the scope of physical therapy practice, but is merely serving as a conduit of information between the physician and patient. Both the information provided by the physical therapy practitioner to the physician and that relayed from the physician to the patient should be documented in the medical record. Such actions are considered in the best interest of the patient, regardless of the level of emergency. It is the position of the Occupational Therapy Section that the occupational therapist can assist the patient in contacting the physician or in receiving emergency care or facilitating direct contact between the patient and physician. However, it is not within the occupational therapy scope of practice to administer medications or receive verbal or written orders concerning medications, outside of topical medications (in accordance with section 4755.04). The Sections recommended that Ms. Ryan contact her legal counsel regarding this issue.

JB 4. **Kim Stebbings:** Ms. Stebbings asked the Sections whether it is within the scope of practice for occupational and physical therapy practitioners to perform Anodyne Infrared Photo-Thermal Therapy. **Reply:** 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 Anodyne Infrared Photo-Thermal Therapy 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. It is the position of the Physical Therapy Section that physical therapy practitioners may perform Anodyne Infrared Photo-Thermal Therapy in the

provision of physical therapy services, so long as the therapist documents competency in the modality and is practicing within the scope of physical therapy practice.

Items for Next Meeting

- Standard Response Revisions
- Review Ohio Occupational Therapy Code of Ethics
- Ohio Jurisprudence Exam Revisions
- Draft Rule for student signature designation
- Occupational Therapy Late Renewal Fee

Next Meeting Date

The next meeting date of the Occupational Therapy Section is scheduled for Thursday, September 25, 2008.

Action: Rebecca Finni moved to adjourn the meeting. Mary Stover seconded the motion. The motion carried. The meeting adjourned at 3:43 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