



## **STATE OF WISCONSIN**

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### **Positions Statements Related to Occupational Therapy Issued by the Occupational Therapists Affiliated Credentialing Board**

#### **WHAT IS THE MEANING OF “SPECIFIC MEDICAL CONDITIONS” AS USED IN S. OT 4.03(2)(A), WIS. ADMIN. CODE?**

The phrase “specific medical conditions” is not defined in either the statutes or the administrative rules that govern the practice of occupational therapy.

#### **DOES THE DEFINITION OF “PHYSICIAN” INCLUDE A DOCTOR OF OSTEOPATHY AS USED IN S. OT 4.03(2)(A), WIS. ADMIN. CODE?**

Section 448.01 of the Wisconsin Statutes defines the term “physician” and includes an individual who possesses the degree of doctor of osteopathy. Accordingly, doctors of osteopathy are considered to be physicians as used in s. OT 4.03(2)(a), Wis. Admin. Code.

#### **IS THERE A DIFFERENCE BETWEEN A VERBAL ORDER AND AN ORAL REFERRAL?**

There is no difference between a verbal order and an oral referral.

#### **IS THERE A DIFFERENCE BETWEEN A “REFERRAL” AND A “PHYSICIAN ORDER” AS USED IN S. OT 4.03(2)(D)?**

“Referral” and “physician order” are defined in s. OT 1.02(16), Wis. Admin. Code, and mean the practice of requesting and, where applicable, ordering occupational therapy services and delegating the responsibility for evaluation and treatment to an occupational therapist. Accordingly, the two may be used interchangeably.

#### **WHAT TYPES OF OCCUPATIONAL THERAPY SERVICES MAY BE PROVIDED UNDER A “REFERRAL” AS OPPOSED TO A “PHYSICIAN ORDER”?**

Because the two terms may be used interchangeably, there is no difference in the type of occupation services that can be provided under a referral versus a physician's order.

#### **UNDER S. OT 4.04(4), WIS. ADMIN. CODE, MUST THE SUPERVISING OCCUPATIONAL THERAPIST MEET SIMULTANEOUSLY WITH THE OCCUPATIONAL THERAPY ASSISTANT AND THE CLIENT OR MAY THESE REQUIRED MEETINGS BE HELD SEPARATELY?**

Simultaneous meetings are permissible. Meetings may be held separately, that is, one meeting between the Occupational Therapist and the Occupational Therapy Assistant, and one with the Occupational Therapist and the client. These meetings do not need to be held at or during a treatment session. On-premises meetings are intended to review the progress and effectiveness of treatment.

**WHAT TYPE OF DOCUMENTATION SHOULD LICENSEES MAINTAIN AS PROOF OF HAVING COMPLETED THE REQUIRED CONTINUING EDUCATION?**

Examples of satisfactory proof of having completed the required continuing education include, but are not limited to, certificates of attendance, proof of payment, agendas, etc.

**WHAT ROLE MAY A CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (COTA) PLAY IN SCREENING OR EVALUATING PATIENTS FOR PHYSICAL FUNCTION?**

Section OT 4.03 (1) of the Wisconsin Administrative Code provides that a COTA may collaborate with an OT in screening or evaluating patients for physical function.

**IS IT WITHIN THE SCOPE OF PRACTICE FOR AN OCCUPATIONAL THERAPIST TO PROVIDE A MEDICATION CONTAINER TO A CLIENT AND TO INSTRUCT THE CLIENT ABOUT HOW TO USE IT?**

Providing a medication container and training a client in how to use it is a non-skilled intervention and therefore falls under the scope of practice as found in s. OT 4.02 (2) (h), Wis. Admin. Code.

**IS IT WITHIN THE SCOPE OF PRACTICE FOR AN OCCUPATIONAL THERAPIST TO CONDUCT AN EVALUATION OF SOMEONE WHO HAS LOW VISION AND TO PROVIDE APPROPRIATE TREATMENT OPTIONS FOR THAT PERSON?**

Once a person has been diagnosed as having low vision, an occupational therapist may conduct an evaluation to determine what type of deficits exist for that person and may assist in treating the problem by recommending and implementing appropriate accommodations. See ss. OT 4.02 (1) (a-d); 4.02 (2) (a) and (e); and 4.03 (2) (a), Wis. Admin. Code.

**MAY AN OCCUPATIONAL THERAPIST BE INVOLVED IN DETERMINING WHETHER THE NEED FOR RESTRAINTS IS AN APPROPRIATE OPTION FOR PATIENTS IN A SKILLED NURSING FACILITY?**

While an occupational therapist is not the ultimate decision maker in determining whether the use of restraints should be used on a patient in a skilled nursing facility, he or she may participate and provide input during the patient evaluation process. Typically, the physician, in collaboration with other allied health professionals (including OTs), makes the decision as to the use of restraints. See ss. OT 4.02 (2) (e) and 4.03 (2) (a), Wis. Admin. Code.

**MAY AN OCCUPATIONAL THERAPIST WHO HAS OBTAINED CERTIFICATION FOR HAND THERAPY UTILIZE IT AS A PHYSICAL AGENT MODALITY?**

Under s. OT 4.02 (2) (f), Wis. Admin. Code, an occupational therapist may engage in a physical agent modality provided he or she is an experienced therapist with documented evidence of theoretical background, technical skill, and competence. By obtaining special training, for instance, through a hand certification program, an occupational therapist may meet the theoretical piece; however, the occupational therapist must have the required technical skill and experience before engaging in the modality.

**IS A PHYSICIAN REFERRAL REQUIRED BEFORE AN OCCUPATIONAL THERAPIST MAY ENGAGE IN CRANIOSACRAL TREATMENT?**

Under ss. OT 4.03 (2) (a) and (c), Wis. Admin. Code, craniosacral treatment may be provided by an occupational therapist with or without a physician referral. Regardless of whether or not there is a referral, an occupational therapist must be properly trained in this treatment modality before utilizing it.

**IS A PHYSICIAN ORDER REQUIRED BEFORE AN OCCUPATIONAL THERAPIST CAN UTILIZE MYOFACIAL RELEASE FOR THE TREATMENT OF TMJ?**

TMJ is a specific, medically diagnosed condition and is appropriately treated with myofacial release. Referrals for treatment may be made by physicians and chiropractors to occupational therapists, but self referrals would not be appropriate. See ss. OT 4.03 (2) (a) and (b), Wis. Admin. Code.

**DO REFERRALS NEED A PHYSICIAN'S SIGNATURE?**

Under s. OT 4.03 (2) (b), Wis. Admin. Code, referrals are not required to have a physician signature. However, under s. OT 4.03 (2) (d), physician orders must be in writing.

**MAY AN OCCUPATIONAL THERAPIST ACCEPT REFERRALS FROM PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS?**

Yes. Occupational therapists may accept referrals from physician assistants and nurse practitioners under s. OT 4.03 (2) (c), Wis. Admin. Code.

**IS IT ACCEPTABLE FOR A NURSE PRACTITIONER TO PROVIDE A REFERRAL OR AN ORDER FOR OCCUPATIONAL THERAPY?**

Yes, under s. OT 4.03 (2) (b), Wis. Admin. Code, referrals may be accepted from advanced practice nurses.

**IF AN OPTOMETRIST MAKES A REFERRAL FOR OCCUPATIONAL THERAPY, DOES THERE ALSO NEED TO BE A PHYSICIAN ORDER?**

Under s. OT 4.03 (2) (b), Wis. Admin. Code, referrals for occupational therapy may be accepted from optometrists.

**DO ALL CLIENTS HAVE TO BE REFERRED TO OCCUPATIONAL THERAPY IN ORDER TO RECEIVE SERVICES?**

No, under ss. OT 4.03 (c) and (e), Wis. Admin. Code, there are circumstances under which a referral is not necessary in order to receive occupational therapy

**MAY OCCUPATIONAL THERAPY ASSISTANTS (OTA) COMPLETE RE-EVALUATIONS AND DISCHARGE EVALUATIONS?**

While an occupational therapy assistant does not have the independent authority to complete either a re-evaluation or a discharge evaluation, they may be done in collaboration with an occupational therapist, under ss. OT 4.03 (4) (a) and (5) (a), Wis. Admin. Code.

**WHAT CONSTITUTES OCCUPATIONAL THERAPY ASSISTANT ENTRY-LEVEL COMPETENCIES?**

Occupational therapy assistant entry-level competencies will vary based on the individual OTA's abilities and the various occupational therapy practice settings. Under s. OT 4.04, Wis. Admin. Code, supervisors will be in the best position to determine when, for instance, close supervision is no longer required for rehabilitation, neonate, early intervention, and school system services for entry-level OTAs.

**HOW LONG DO ENTRY-LEVEL OCCUPATIONAL THERAPY ASSISTANTS REQUIRE CLOSE SUPERVISION**

Occupational therapy assistant entry-level competencies will vary based on the individual OTA's abilities and the various occupational therapy practice settings. A supervisor is likely in the best position to assess the competency of an entry-level OTA. Once competency has been achieved, close supervision would no longer be required under s. OT 4.04 (5), Wis. Admin. Code.

**CAN AN OCCUPATIONAL THERAPY ASSISTANT ENGAGE IN CARDIAC PROGRAMS IF THERE IS ON-SITE SUPERVISION AVAILABLE?**

Yes, provided the OTA has demonstrated competency in this practice area, he may engage in cardiac programs. See ss. OT 4.03 (5) (a) and 4.04, Wis. Admin. Code.

**CAN AN OCCUPATIONAL THERAPY ASSISTANT DO PRE AND POST-JOINT REPLACEMENT TREATMENT?**

Yes, provided the OTA has demonstrated his competency in this practice area, she may engage in pre and post-joint replacement treatment. See ss. OT 4.03 (5) (a) and 4.04, Wis. Admin. Code.

## **HOW DOES SUPERVISION OF OCCUPATIONAL THERAPY ASSISTANTS IN SCHOOLS DIFFER FROM OTHER SETTINGS?**

There is no substantive difference between the supervision that occurs in schools versus other settings. See s. OT 4.04 (5), Wis. Admin. Code. However, the Department of Public Instruction also has provisions that apply to occupational therapists and occupational therapy assistants. For further information on that topic, practitioners should consult with the Department of Public Instruction.

## **CAN AN OCCUPATIONAL THERAPY ASSISTANT TAKE A PHYSICIAN ORDER UNDER DIRECT SUPERVISION?**

Wis. Stat. Admin. Code § OT 4.04(1) directs that the occupational therapist is responsible for delivery of occupational therapy services, including those provided by the occupational therapy assistant. The occupational therapist must determine which occupational therapy services may be delegated to someone other than the occupational therapist. Therefore, An OTA may accept an order from a physician, but must refer the order to the supervising occupational therapist for implementation.

## **ARE THERE ANY GUIDELINES FOR CO-SIGNING?**

Co-signature references can be found in ss. OT 4.04 (3) and (4), Wis. Admin. Code.

## **IS THERE A RECOMMENDED FORMAT FOR DOCUMENTING SUPERVISION?**

No, other than the requirements must include the items such as name, status, and plan, as found in s. OT 4.04 (4), Wis. Admin. Code.

## **IS A SUPERVISING OCCUPATIONAL THERAPIST REQUIRED TO BE PRESENT WHEN AN OCCUPATIONAL THERAPY ASSISTANT PROVIDES IN-HOME CARE?**

The objective of on-premises meetings is review of the progress and effectiveness of treatment. The supervising occupational therapist is responsible for the occupational therapy services provided, including those provided by an occupational therapy assistant. The supervising occupational therapist is therefore responsible for determining the level of supervision necessary to avoid unacceptable risk of harm to the patient.