

AGENDA ITEM 4

REVIEW AND VOTE ON APPROVAL OF THE MARCH 1, 2024, COMMITTEE MEETING MINUTES.

THE FOLLOWING IS INCLUDED:

- Draft Practice Committee Minutes from March 1, 2024.



****DRAFT****

PRACTICE COMMITTEE MEETING MINUTES

March 1, 2024

Committee Members Present

Christine Wietlisbach, OT, Board Member/Chair
Lynne Andonian, OT
Richard Bookwalter, OT, Board Member
Bob Candari, OT
Elizabeth Gomes, OT
Diane Laszlo, OT Retired
Jeannette Nakamura, OT
Carlin Daley Reaume, OT
Chi-Kwan Shea, OT
Floyd Tran, OT

Board Staff Present

Heather Martin, Executive Officer
Jody Quesada Novey, Manager
Rachael Hutchison, Analyst

Committee Members Absent

Lynne Andonian, OT (joined late)
Lynna Do, Board Member
Ernie Escovedo, OT
Danielle Meglio, OTA (technical difficulties)

Friday, March 1, 2024

3:00 pm – Committee Meeting

The public may provide comment on any issue before the Board at the time the agenda item is discussed. If public comment is not specifically requested, members of the public should feel free to request an opportunity to comment.

1. Call to order, roll call, establishment of a quorum.

The meeting was called to order at 3:16 pm, roll was called, and a quorum was established.

2. Chairperson opening remarks.

Chair Christine Wietlisbach thanked all the committee volunteers and members of the public for their attendance at the meeting. Chair Wietlisbach reported the removal of

agenda item six because it was completed at a previous meeting and ten because the items delegated were previously prioritized.

3. Introductions by all Committee Members.

All committee members present chose to introduce themselves.

4. Public Comment for Items Not on the Agenda.

Samia Rafeedie and Bryant Edwards chose to introduce themselves.

There were no additional Board member remarks.

There were no additional public comments.

5. Review and vote on approval of the December 8, 2023, committee meeting minutes.

Elizabeth Gomes asked that “retired” be removed from her name in the minutes as she is still practicing.

- Richard Bookwalter moved to approve the December 8, 2023, Practice Committee meeting minutes as written and directed Board staff to make non-substantive changes.
- Carlin Daley Reaume seconded the motion.

Board Member Vote

Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Bob Candari	Yes
Mary Kay Gallagher	Abstain
Elizabeth Gomes	Yes
Heather Kitching	Abstain
Diane Laszlo	Yes
Jeannette Nakamura	Yes
Carlin Daley Reaume	Yes
Chi-Kwan Shea	Yes
Floyd Tran	Yes

The motion carried.

Board staff asked the committee to revisit a public comment handled at the October 13, 2023, committee meeting to decide if the response that staff was asked to deliver would differ since it was discovered that the commenter was not an occupational therapy practitioner but a physical therapist.

Recap from October 13, 2023, Practice Committee Minutes.

“The consensus of the committee was that the question was very generic in nature, and they agreed that guidelines cannot be provided for every workplace scenario. Their final

recommendation was to remove the item from the purview of the Practice Committee and have staff advise the commenter that they should call upon their knowledge, skills, and abilities along with the protocol of their specific employer.”

Diane Laszlo stated that the fact that the commenter is a physical therapist rather than an occupational therapist did not change her opinion to respond with the same instruction for the commenter to review the laws of the OT profession and consult the administration of the site they work for.

Chair Wietlisbach and Mr. Bookwalter agreed that board staff should still include links to the OT Practice Act in the response.

Carlin Daley Reaume confirmed that her thoughts remained unchanged.

The consensus of the committee was unchanged.

There were no additional Board member remarks.

There were no additional public comments.

6. Consideration and possible recommendation to the Board on whether suture removal is within the occupational therapy scope of practice.

Removed from the agenda.

7. Consideration and possible recommendation to the Board on whether advanced practice approval in hand therapy is required to treat carpal tunnel syndrome, repetitive motion injuries, or finger/hand pain, wrist pain or elbow pain that is not due to injury or surgery.

Chairperson Wietlisbach reminded the committee that the legal definition of hand therapy found in Occupational therapy Practice Act Section 2570.2 states it is the art and science of rehabilitation of the hand, wrist or forearm....

California Code of Regulation Section 4150 (f) further defines that rehabilitation refers to occupational therapy services performed as a result of surgery or injury to the hand, wrist, or forearm. Treating chronic or repetitive pain that did not result from an injury or surgery would not be hand therapy but general occupational therapy.

Ms. Daley Reaume questioned from an ergonomic background lens. Her question was reproductive in nature and centered around an injury caused from carrying an infant. Ms. Daley Reaume opined that she saw it as a neutral body mechanics issue and felt that general OTs could/should treat in this situation. Ms. Daley Reaume summed up her comment by saying that with her experience and training if she felt like the situation called for a more specialized treatment that she would refer.

Chair Wietlisbach commented that she felt Ms. Daley Reaume's example was not treating an injury but speaking to good body mechanics.

A robust discussion ensued about the fact that the word “injury” was used in the question from the public commenter along with the topics of ergonomics, repetitive strain injuries,

treatment settings, access to care and where a practitioner should draw the line with generalized pain and symptoms and refer to a hand therapist is needed.

Ms. Wietlisbach stated that she believed repetitive strain injuries should be considered an injury.

Diane Laszlo questioned what the impetus of this public comment was.

Executive Officer Heather Martin confirmed that due to her personal conversations with the commenter and their colleagues she informed the committee that the question about treating carpal tunnel came from an employment lens and involved capacity issues. The commenter was hoping that a general occupational therapy practitioner could provide treatment for repetitive strain injuries.

The use of the word “injury” in the question became a point of contention. The definition of hand therapy says if it involves surgery or injury of the hand, wrist or forearm it should be treated by a hands approved occupational therapist and if it’s not then it may be treated by a general occupational therapy practitioner.

The consensus of the committee was to answer with the language of the law. This would entail a definition of hand therapy and if the needed treatment doesn’t fall under that definition, then a general practitioner can treat.

There were no additional Board member remarks.
There were no additional public comments.

8. Consideration and possible recommendation to the Board following a review of the ACOTE Guidelines to consider reducing or eliminating advanced practice education and training requirements for students graduating after a certain (TBD) date.

Due to time constraints, Chair Wietlisbach gave an overview of what would be discussed at the next meeting.

9. Consideration and possible recommendation to the Board on whether the education and training requirements for licensees demonstrating competence in the advanced practice areas should be reduced.

Due to time constraints, Chair Wietlisbach gave an overview of what would be discussed at the next meeting.

10. Committee discussion and prioritization of practice issues delegated by the Board to the Committee for evaluation and possible recommendation(s) to the Board.

Removed from the agenda.

11. New suggested agenda items for a future meeting.

Board staff to provide both sets of ACOTE standards for next meeting.

There were no additional Board member remarks.

There were no additional public comments.

12. Discussion on scheduling time(s) for future meetings.

The consensus of the committee was to have a Doodle poll sent out for June 17th and June 24th as possible committee meeting dates.

The meeting adjourned at 4:54 p.m.

AGENDA ITEM 5

CONSIDERATION AND POSSIBLE RECOMMENDATION TO THE BOARD, FOLLOWING A REVIEW OF THE ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION (ACOTE) GUIDELINES, TO CONSIDER REDUCING OR ELIMINATING ADVANCED PRACTICE EDUCATION AND TRAINING REQUIREMENTS FOR STUDENTS GRADUATING AFTER A CERTAIN (TBD) DATE.

PLEASE NOTE: THE LINKS FOR THE ACOTE STANDARDS ARE INCLUDED BELOW.

- 2018 ACOTE Standards and Interpretive Guide (Eff July 31, 2020)

<https://acoteonline.org/download/3751/>

- 2023 ACOTE Standards and Interpretive Guide (Eff July 31, 2025)

<https://acoteonline.org/download/5856/?tmstv=1706886053>

History of ACOTE Standards re PAMs

2023 Standards effective 7/2025

Demonstrate use and knowledge of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.

2018 Standards effective 7/2020 (CURRENT)

Demonstrate knowledge and use of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions

2013

Demonstrate safe and effective application of superficial thermal and mechanical modalities as a preparatory measure to manage pain and improve occupational performance, including foundational knowledge, underlying principles, indications, contraindications, and precautions.

(Language below from Interpretive Guideline)

SKILLS, KNOWLEDGE, AND COMPETENCIES FOR ENTRY-LEVEL PRACTICE ARE DERIVED FROM AOTA PRACTICE DOCUMENTS AND NBCOT PRACTICE ANALYSIS STUDIES. SUPERFICIAL THERMAL MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, HYDROTHERAPY/WHIRLPOOL, CRYOTHERAPY (COLD PACKS, ICE), FLUIDOTHERAPY, HOT PACKS, PARAFFIN, WATER, AND INFRARED. MECHANICAL MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, VASOPNEUMATIC DEVICES AND CONTINUOUS PASSIVE MOTION.

THE WORD “DEMONSTRATE” DOES NOT REQUIRE THAT A STUDENT ACTUALLY PERFORM THE TASK TO VERIFY KNOWLEDGE AND UNDERSTANDING. THE PROGRAM MAY SELECT THE TYPES OF LEARNING ACTIVITIES AND ASSESSMENTS THAT WILL INDICATE COMPLIANCE WITH THE STANDARD.

2008

Explain the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance, including foundational knowledge, underlying principles, indications, contraindications, and precautions. Demonstrate safe and effective application of superficial thermal

SKILLS, KNOWLEDGE, AND COMPETENCIES FOR ENTRY-LEVEL PRACTICE ARE DERIVED FROM AOTA PRACTICE DOCUMENTS AND NBCOT PRACTICE ANALYSIS STUDIES. SUPERFICIAL THERMAL MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, HYDROTHERAPY/WHIRLPOOL, CRYOTHERAPY (COLD PACKS, ICE), FLUIDOTHERAPY™,

HOT PACKS, PARAFFIN, WATER, AND INFRARED. MECHANICAL MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, VASOPNEUMATIC DEVICES AND CONTINUOUS PASSIVE MOTION (CPM).

THE WORD “DEMONSTRATE” DOES NOT REQUIRE THAT A STUDENT ACTUALLY PERFORMS THE TASK TO VERIFY KNOWLEDGE AND UNDERSTANDING. THE PROGRAM MAY SELECT THE TYPES OF LEARNING ACTIVITIES AND ASSESSMENTS THAT WILL INDICATE COMPLIANCE WITH THE STANDARD.

SKILLS, KNOWLEDGE, AND COMPETENCIES FOR ENTRY-LEVEL PRACTICE ARE DERIVED FROM AOTA PRACTICE DOCUMENTS AND **NBCOT PRACTICE ANALYSIS STUDIES**. DEEP THERMAL MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, THERAPEUTIC ULTRASOUND AND PHONOPHORESIS. ELECTROTHERAPEUTIC MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, BIOFEEDBACK, NEUROMUSCULAR ELECTRICAL STIMULATION, FUNCTIONAL ELECTRICAL STIMULATION, TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION, ELECTRICAL STIMULATION FOR TISSUE REPAIR, HIGH-VOLTAGE GALVANIC STIMULATION, AND IONTOPHORESIS.

AGENDA ITEM 6

CONSIDERATION AND POSSIBLE RECOMMENDATION TO THE BOARD ON WHETHER THE EDUCATION AND TRAINING REQUIREMENTS FOR LICENSEES DEMONSTRATING COMPETENCE IN THE ADVANCED PRACTICE AREAS SHOULD BE REDUCED.

THE FOLLOWING ARE INCLUDED:

- Business and Professions Code §2570.2 and §2570.3
- California Code of Regulations §4150 – §4155

Business and Professions Code (BPC) § 2570.2 and § 2570.3

2570.2.

As used in this chapter, unless the context requires otherwise:

(a) “Appropriate supervision of an aide” means that the responsible occupational therapist or occupational therapy assistant shall provide direct in-sight supervision when the aide is providing delegated client-related tasks and shall be readily available at all times to provide advice or instruction to the aide. The occupational therapist or occupational therapy assistant is responsible for documenting the client’s record concerning the delegated client-related tasks performed by the aide.

(b) “Aide” means an individual who provides supportive services to an occupational therapist or occupational therapy assistant and who is trained by an occupational therapist or occupational therapy assistant to perform, under appropriate supervision, delegated, selected client and nonclient-related tasks for which the aide has demonstrated competency. An occupational therapist or occupational therapy assistant licensed pursuant to this chapter may utilize the services of one aide engaged in client-related tasks to assist the occupational therapist or occupational therapy assistant in the practice of occupational therapy. The occupational therapist shall be responsible for the overall use and actions of the aide.

(c) “Association” means the Occupational Therapy Association of California or a similarly constituted organization representing occupational therapists in this state.

(d) “Board” means the California Board of Occupational Therapy.

(e) “Continuing competence” means a dynamic and multidimensional process in which the occupational therapist or occupational therapy assistant develops and maintains the knowledge, performance skills, interpersonal abilities, critical reasoning, and ethical reasoning skills necessary to perform current and future roles and responsibilities within the profession.

(f) “Examination” means an entry level examination for occupational therapists and occupational therapy assistants administered by the National Board for Certification in Occupational Therapy or by another nationally recognized credentialing body.

(g) “Good standing” means that the person has a current, valid license to practice occupational therapy or assist in the practice of occupational therapy and has not been disciplined by the recognized professional licensing or standard-setting body within five years prior to application or renewal of the person’s license.

(h) “Occupational therapist” means an individual who meets the minimum education requirements specified in Section 2570.6 and is licensed pursuant to the provisions of this chapter and whose license is in good standing as determined by the board to practice occupational therapy under this chapter. The occupational therapist is responsible for and directs the evaluation process and develops the intervention plan.

(i) “Occupational therapy assistant” means an individual who is licensed pursuant to the provisions of this chapter, who is in good standing as determined by the board, and based thereon, who is qualified to assist in the practice of occupational therapy under this chapter, and who works under the appropriate supervision of a licensed occupational therapist.

(j) “Occupational therapy services” means the services of an occupational therapist or the services of an occupational therapy assistant under the appropriate supervision of an occupational therapist.

(k) “Person” means an individual, partnership, unincorporated organization, or corporation.

(l) “Occupational therapy” means the therapeutic use of purposeful and meaningful goal-directed activities (occupations) with individuals, groups, populations, or organizations, to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness for clients with disability- and nondisability-related needs or to those who have, or are at risk of developing, health conditions that limit activity or cause participation restrictions. Occupational therapy services encompass occupational therapy assessment, treatment, education, and consultation. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perception and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability. Through engagement in everyday activities, occupational therapy promotes mental health by supporting occupational performance in people with, or at risk of experiencing, a range of physical and mental health disorders. Occupational therapy techniques that are used for treatment involve teaching activities of daily living (excluding speech-language skills); designing or fabricating orthotic devices, and applying or training in the use of assistive technology or orthotic and prosthetic devices (excluding gait training). Occupational therapy consultation provides expert advice to enhance function and quality of life. Consultation or treatment may involve modification of tasks or environments to allow an individual to achieve maximum independence. Services are provided individually, in groups, or populations.

(m) “Hand therapy” is the art and science of rehabilitation of the hand, wrist, and forearm requiring comprehensive knowledge of the upper extremity and specialized skills in assessment and treatment to prevent dysfunction, restore function, or reverse the advancement of pathology. This definition is not intended to prevent an occupational therapist practicing hand therapy from providing other occupational therapy services authorized under this act in conjunction with hand therapy.

(n) “Physical agent modalities” means techniques that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity. These techniques are used as adjunctive methods in conjunction with, or in immediate preparation for, occupational therapy services.

(Amended by Stats. 2018, Ch. 490, Sec. 1. (AB 2221) Effective January 1, 2019.)

2570.3.

(a) A person shall not practice occupational therapy or hold themselves out as an occupational therapist or as being able to practice occupational therapy, or to render occupational therapy services in this state unless the person is licensed as an occupational therapist under the provisions of this chapter. A person shall not hold themselves out as an occupational therapy assistant or work as an occupational therapy assistant under the supervision of an occupational therapist unless the person is licensed as an occupational therapy assistant under this chapter.

(b) Only an individual may be licensed under this chapter.

(c) This chapter does not authorize an occupational therapist to practice physical therapy, as defined in Section 2620; speech-language pathology or audiology, as defined in Section 2530.2; nursing, as defined in Section 2725; psychology, as defined in Section 2903; marriage and family therapy, as defined in Section 4980.02; clinical social work, as defined in Section 4996.9; professional clinical counseling, as defined in Section 4999.20, educational psychology, as defined in Section 4989.14; or spinal manipulation or other forms of healing, except as authorized by this section.

(d) An occupational therapist may provide advanced practices if the occupational therapist has the knowledge, skill, and ability to do so and has demonstrated to the satisfaction of the board that the occupational therapist has met educational training and competency requirements. These advanced practices include the following:

- (1) Hand therapy.
- (2) The use of physical agent modalities.
- (3) Swallowing assessment, evaluation, or intervention.

(e) An occupational therapist providing hand therapy services shall demonstrate to the satisfaction of the board that the occupational therapist has completed education and training in all of the following areas:

- (1) Anatomy of the upper extremity and how it is altered by pathology.
- (2) Histology as it relates to tissue healing and the effects of immobilization and mobilization on connective tissue.
- (3) Muscle, sensory, vascular, and connective tissue physiology.
- (4) Kinesiology of the upper extremity, such as biomechanical principles of pulleys, intrinsic and extrinsic muscle function, internal forces of muscles, and the effects of external forces.
- (5) The effects of temperature and electrical currents on nerve and connective tissue.
- (6) Surgical procedures of the upper extremity and their postoperative course.

(f) An occupational therapist using physical agent modalities shall demonstrate to the satisfaction of the board that the occupational therapist has completed education and training in all of the following areas:

- (1) Anatomy and physiology of muscle, sensory, vascular, and connective tissue in response to the application of physical agent modalities.
- (2) Principles of chemistry and physics related to the selected modality.
- (3) Physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of a modality.
- (4) Guidelines for the preparation of the client, including education about the process and possible outcomes of treatment.
- (5) Safety rules and precautions related to the selected modality.
- (6) Methods for documenting immediate and long-term effects of treatment.
- (7) Characteristics of the equipment, including safe operation, adjustment, indications of malfunction, and care.

(g) An occupational therapist in the process of achieving the education, training, and competency requirements established by the board for providing hand therapy or using physical agent modalities may practice these techniques under the supervision of an occupational therapist who has already met the requirements established by the board, a physical therapist, or a physician and surgeon.

(h) The board shall develop and adopt regulations regarding the educational training and competency requirements for advanced practices in collaboration with the Speech-Language Pathology and Audiology Board, the Board of Registered Nursing, and the Physical Therapy Board of California.

(i) This chapter does not authorize an occupational therapist to seek reimbursement for services other than for the practice of occupational therapy as defined in this chapter.

(j) "Supervision of an occupational therapy assistant" means that the responsible occupational therapist shall at all times be responsible for all occupational therapy services provided to the client. The occupational therapist who is responsible for appropriate supervision shall formulate and document in each client's record, with the occupational therapist's signature, the goals and plan for that client, and shall make sure that the occupational therapy assistant assigned to that client functions under appropriate supervision. As part of the responsible occupational therapist's appropriate supervision, the occupational therapist shall conduct at least weekly review and inspection of all aspects of occupational therapy services by the occupational therapy assistant.

- (1) The supervising occupational therapist has the continuing responsibility to follow the progress of each client, provide direct care to the client, and to assure that the occupational therapy assistant does not function autonomously.

(2) An occupational therapist shall not supervise more occupational therapy assistants, at any one time, than can be appropriately supervised in the opinion of the board. Three occupational therapy assistants shall be the maximum number of occupational therapy assistants supervised by an occupational therapist at any one time, but the board may permit the supervision of a greater number by an occupational therapist if, in the opinion of the board, there would be adequate supervision and the public's health and safety would be served. In no case shall the total number of occupational therapy assistants exceed three times the number of occupational therapists regularly employed by a facility at any one time.

(Amended by Stats. 2022, Ch. 290, Sec. 1. (AB 2671) Effective January 1, 2023.)

California Code of Regulations (CCR), §4150 - §4155

§ 4150. Definitions§

For the purpose of this article:

- (a) "ACOTE" means the Accreditation Council for Occupational Therapy Education.
- (b) "Post professional education and training" means education and training obtained subsequent to the qualifying degree program or beyond current ACOTE standards for the qualifying degree program.
- (c) "Contact hour" means sixty (60) minutes of coursework or classroom instruction.
- (d) "Semester unit" means fifteen (15) contact hours.
- (e) "Quarter unit" means ten (10) contact hours.
- (f) "Rehabilitation of the hand, wrist, and forearm" as used in Code section 2570.2(l) refers to occupational therapy services performed as a result of surgery or injury to the hand, wrist, or forearm.
- (g) "Upper extremity" as used in Code section 2570.3(e) includes education relating to the hand, wrist, or forearm.
- (h) "Swallowing" as used in Code section 2570.3 is the passage of food, liquid, or medication through the pharyngeal and esophageal phases of the swallowing process.
- (i) "Instrumental evaluation" is the assessment of any aspect of swallowing using imaging studies that include, but are not limited to, endoscopy and video fluoroscopy
 - (1) "Endoscopic evaluation of swallowing" or "endoscopy" is the process of observing structures and function of the swallowing mechanism to include the nasopharynx, oropharynx, and hypopharynx.
 - (2) "Video fluoroscopic swallowing study" or "video fluoroscopy" is the fluoroscopic recording and videotaping of the anatomy and physiology of the oral cavity, pharynx, and upper esophagus using a variety of bolus consistencies to assess swallowing function. This procedure may also be known as video fluorography, modified barium study, oral-pharyngeal motility study and video radiography.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code.
Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

§ 4151. Hand Therapy

- (a) Hand therapy services may be performed only when an occupational therapist has demonstrated to the Board in an application filed pursuant to section 4155 that he or she has met the post professional education and training requirements established by this section as follows:
 - (1) Education: Completion of 45 contact hours in the subjects listed in Code section 2570.3(e), including 30 hours specifically relating to the hand, wrist, and forearm.
 - (2) Training: Completion of 480 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to hand therapy.
- (b) An occupational therapist whose application pursuant to section 4155 provides proof of current certification as a Certified Hand Therapist, issued by the Hand Therapy Certification Commission, shall be deemed to have met the education and training requirements established by this section.
- (c) An occupational therapist providing hand therapy services using physical agent

modalities must also comply with the requirements of section 4152. A maximum of 8 contact hours and 60 hours of supervised on-the-job training, clinical internship or affiliation, paid or voluntary, completed under section 4152 will be credited toward the requirements of this section.

(d) An occupational therapist may provide only those hand therapy services he or she is competent to perform.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code.
Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

§ 4152. Physical Agent Modalities

(a) Physical agent modalities may be used only when an occupational therapist has demonstrated to the Board in an application filed pursuant to section 4155 that he or she has met the post professional education and training requirements established by this section as follows:

(1) Education: Completion of 30 contact hours in the subjects listed in Code section 2570.3(f).

(2) Training: Completion of 240 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to physical agent modalities.

(b) An occupational therapist whose application pursuant to section 4155 provides proof of current certification as a Certified Hand Therapist, issued by the Hand Therapy Certification Commission, shall be deemed to have met the education and training requirements established by this section.

(c) An occupational therapist may use only those physical agent modalities he or she is competent to use.

Note: Authority Cited: Sections 2570.3 and 2570.20, Business and Professions Code.
Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

§ 4152.1. Use of Topical Medications

(a) As used in this section, "topical medications" means medications applied locally to the skin or underlying tissue where such medications require a prescription or order under federal or state law. The following medications are applicable to the practice of occupational therapy and may be used by an occupational therapist:

- (1) Bacteriocidal agents;
- (2) Debriding agents;
- (3) Topical anesthetic agents;
- (4) Anti-inflammatory agents;
- (5) Antispasmodic agents; and
- (6) Adrenocortico-steroids.

(b) An occupational therapist shall apply or administer topical medications in accordance with this subsection.

(1) Any topical medication applied or administered shall have been ordered on a specific or standing basis by a practitioner legally authorized to order or prescribe such

medication pursuant to Business and Professions Code section 2571(a).

(2) An occupational therapist may administer a topical medication by the use of a physical agent modality, only if the occupational therapist is approved by the Board in the advanced practice area of physical agent modalities.

(3) An occupational therapist shall follow written protocols in applying or administering topical medications. The protocols shall:

(A) Be prepared by the facility within which the topical medications are being applied or administered;

(B) Be approved by the medical director or equivalent of the facility;

(C) Include a description of each medication, its actions, its indications and contraindications, and the proper procedure and technique for application;

(D) Require that the administration be consistent with the manufacturer's guidelines for any equipment to be used in the administration of the topical medication; and

(E) Be based on research and evidence-based practice, pharmaceutical standards of practice and known desired outcomes.

(4) Supervision of the application or administration of topical medications by an occupational therapy assistant under this section shall be in accordance with Article 9.

(c) Under no circumstance does this section authorize an occupational therapist or occupational therapist assistant to administer a medication via injection.

Note: Authority cited: Sections 163.5 and 2570.20, Business and Professions Code.

Reference: Section 2571, Business and Professions Code.

§ 4153. Swallowing Assessment, Evaluation, or Intervention

(a) The role of an occupational therapist in instrumental evaluations is to observe structure and function of the swallowing mechanism in order to assess swallowing capability and determine swallowing interventions. The occupational therapist may not perform the physically invasive components of the instrumental evaluation.

(b) Swallowing assessment, evaluation or intervention may be performed only when an occupational therapist has demonstrated to the Board that he or she has met the post professional education and training requirements established by this section as follows:

(1) Education: Completion of 45 contact hours in the following subjects:

(A) Anatomy, physiology and neuropsychology of the head and neck with focus on the structure and function of the aerodigestive tract;

(B) The effect of pathology on the structures and functions of the aerodigestive tract including medical interventions and nutritional intake methods used with patients with swallowing problems;

(C) Interventions used to improve pharyngeal swallowing function.

(2) Training: Completion of 240 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to swallowing assessment, evaluation or intervention. An occupational therapist in the process of completing the training requirements of this section may practice swallowing assessment, evaluation or intervention under the supervision of an occupational therapist who has been approved under this article, a speech language pathologist with expertise in this area, or a physician and surgeon.

(c) An occupational therapist may provide only those swallowing assessment, evaluation or intervention services he or she is competent to perform.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code.
Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

§ 4154. Post Professional Education and Training

(a) Post professional education courses shall be obtained at any of the following:

- (1) College or university degree programs accredited or approved by ACOTE;
- (2) College or university degree programs accredited or approved by the Commission on Accreditation in Physical Therapy Education;
- (3) Colleges or universities with Speech and Hearing Programs accredited or approved by the Council on Academic Accreditation in Audiology and Speech-Language Pathology;

(4) Any approved provider. To be approved by the Board the provider shall submit the following:

(A) A clear statement as to the relevance of the course to the advanced practice area.

(B) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) particularly as it relates to the advanced practice area.

(C) Information that shows the course instructor's qualifications to teach the content being taught (e.g., his or her education, training, experience, scope of practice, licenses held, and length of experience and expertise in the relevant subject matter), particularly as it relates to the advanced practice area.

(D) Information that shows the course provider's qualifications to offer the type of course being offered (e.g., the provider's background, history, experience, and similar courses previously offered by the provider), particularly as it relates to the advanced practice area; or

(5) A provider that has not been approved by the Board, if the applicant occupational therapist demonstrates that the course content meets the subject matter requirements set forth in sections 2570.3(e) or 2570.3(f) of the Code, or section 4153 of these regulations, and submits the following:

(A) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) particularly as it relates to the advanced practice area.

(B) Information that shows the course instructor's qualifications to teach the content being taught (e.g., his or her education, training, experience, scope of practice, licenses held, and length of experience and expertise on the relevant subject matter), particularly as it relates to the advanced practice area.

(b) Post professional training shall be supervised which means, at a minimum:

(1) The supervisor and occupational therapist have a written agreement, signed and dated by both parties prior to accruing the supervised experience, outlining the plan of supervision and training in the advanced practice area. The level of supervision is determined by the supervisor whose responsibility it is to ensure that the amount, degree, and pattern of supervision is consistent with the knowledge, skill and ability of the occupational therapist, and appropriate for the complexity of client needs and

number of clients for whom the occupational therapist is providing advanced practice services.

(2) The supervisor is readily available in person or by telecommunication to the occupational therapist while the therapist is providing advanced practice services.

(3) The supervisor does not have a co-habitative, familial, intimate, business, excluding employment relationships, or other relationship that could interfere with professional judgment and objectivity necessary for effective supervision, or that violates the Ethical Standards of Practice, pursuant to section 4170.

(c) Any course instructor providing post-professional education under section 4154(a)(4) or (5) who is a health care practitioner as defined in section 680 of the Code shall possess an active, current, and unrestricted license.

(d) Post professional education and training must be completed within the five years immediately preceding the application for approval in each advanced practice area.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code.
Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

§ 4155. Application for Approval in Advanced Practice Areas

In order to provide any of the advanced practice services set forth in Code section 2570.3(d), an occupational therapist shall apply to the Board and receive approval in that advanced practice area.

(a) To apply for approval, an occupational therapist shall submit to the Board an application as specified in subsections (1), (2), or (3), along with the required documentation.

(1) Applicants seeking approval in the area of Hand Therapy shall submit the [Application for Advanced Practice Approval in Hand Therapy](#) (Form APH, Rev. 10/09), hereby incorporated by reference;

(2) Applicants seeking approval in the use of physical agent modalities shall submit the [Application for Advanced Practice Approval in Physical Agent Modalities](#) (Form APP, Rev. 07/11), hereby incorporated by reference;

(3) Applicants seeking approval in the area of Swallowing Assessment, Evaluation, or Intervention shall submit the [Application for Advanced Practice Approval in Swallowing](#) (Form APS, Rev. 10/09), hereby incorporated by reference;

(b) The documentation must include the following:

(1) Documented proof of attendance and completion of each course (i.e., certificate of completion or transcript).

(2) Evidence of the number of contact hours completed for each course for courses that are not Board approved.

(3) Outline or syllabus of each course for courses that are not Board approved.

(4) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) as it relates to the advanced practice area.

(5) Resume or credentials of each instructor for courses that are not Board approved.

(6) Verification of completion of supervised on-the-job training, clinical internship or affiliation reflecting the nature of the training and the number of hours. Such verification must be signed by the supervisor(s) under penalty of perjury.

- (c) An advanced practice application not completed within six months of receipt or notification of deficiency, whichever is later, shall be deemed abandoned.
- (d) An application submitted subsequent to the abandonment of a previous application shall be treated as a new application.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code.
Reference: Sections 2570.2 and 2570.3, Business and Professions Code.