

AGENDA ITEM 4

REVIEW AND VOTE ON APPROVAL OF THE APRIL 25, 2025, COMMITTEE MEETING MINUTES.

INCLUDES THE FOLLOWING:

- 4.1 APRIL 25, 2025, PRACTICE COMMITTEE MEETING DRAFT MINUTES.



**** DRAFT ****

PRACTICE COMMITTEE MEETING MINUTES

April 25, 2025

Committee Members Present

Christine Wietlisbach (Chair) (Board Vice President)
Richard Bookwalter (Board Secretary)
Mary Kay Gallagher
Elizabeth Gomes
Diane Laszlo
Danielle Meglio
Jeanette Nakamura
Carlin Daley Reaume
Chi-Kwan Shea
Ernie Escovedo (joined at 1:27 pm)

Board Staff Present

Austin Porter, Interim Executive Officer
Jody Quesada Novey, Manager
Karina Clark, Analyst

Committee Members Absent

Lynne Andonian
Heather Kitching
Bob Candari

Friday, April 25, 2025

1:00 pm – Committee Meeting

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

The meeting was called to order at 1:06 pm, roll was called, and a quorum was established.

2. Chairperson opening remarks.

Chairperson Christine Wietlisbach welcomed all and advised that the majority, if not total discussion would relate to potentially recommending changing the training and education hours for Board approval in hand therapy.

3. Public Comment for Items Not on the Agenda.

There was no public comment for items not on the agenda.

4. Review and vote on approval of the October 11, 2024, committee meeting minutes.

- Richard Bookwalter moved to approve the October 11, 2025, committee meeting minutes with the following edits:
 - Correct the spelling of Chi-Kwan Shea's last name.
- Diane Laszlo seconded the motion.

Public Comment

There were no public comments.

Committee Member Vote

Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Mary Kay Gallagher	Yes
Elizabeth Gomes	Yes
Diane Laszlo	Yes
Danielle Meglio	Yes
Jeanette Nakamura	Yes
Carlin Daley-Reaume	Abstain
Chi-Kwan Shea	Yes

The motion carried.

5. Consideration and possible recommendation to the Board on whether the education and training requirements for licensees demonstrating competency in the advanced practice area of hand therapy should be reduced.

Chair Wietlisbach welcomed ACOTE's Director of Accreditation Teresa Brininger and thanked her for making time in her busy schedule to attend the meeting.

Chair Wietlisbach explained that Ms. Brininger was invited so that she could speak to ACOTE's opinion on whether the Board's regulations on education and training requirements for licensees demonstrating competency in hand therapy should be reduced based on the evolution and update of ACOTE's education requirements.

Ms. Brininger agreed with the Practice committee's opinion that **BPC 2570.3 (e)** areas 1-5 are being met during an accredited OT program. Ms. Brininger also agreed that area 6, Surgical procedures of the upper extremity and their postoperative course, is not being met.

- (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.*

Ms. Bringer encouraged the committee and/or Board to write a letter to the ACOTE Educational Standards Review Committee to request that area 6, Surgical procedures of the upper extremity and their postoperative course, be added to the required curriculum in the future.

Following a lengthy discussion pertaining to the modification of the Board's regulations surrounding the required areas of education and the correlating training hours, the committee members agreed that Chair Wietlisbach would recommend reduction of the education and training hours to the Board.

It was agreed that Interim Executive Officer Austin Porter would work with Board counsel to formulate proper regulatory language using the concepts provided in the next two motions.

- Richard Bookwalter moved to recommend to the Board modifications to CCR Section 4151 to recognizing that subject areas 1-5 pertaining to hand therapy are now covered through ACOTE standards. Additionally subject area 6, Surgical procedures of the upper extremity and their postoperative course, is not covered. The required contact hours should be reduced from 45 to 8 hours which will focus on subject area 6. The recommendation would also include a critical "on or after" date that coincides with the effective date of ACOTE guidelines.
- Carlin Daley Reaume seconded the motion.

Public Comment

Ada Boone Hoerl offered that she did the math while listening and that a reduction by five sixths would equal 7.5 hours education contact hours and 80 supervised training hours.

Committee Member Vote

Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Mary Kay Gallagher	Yes
Ernie Escovedo	Yes
Elizabeth Gomes	Yes
Diane Laszlo	Yes
Danielle Meglio	Yes
Jeanette Nakamura	Yes
Carlin Daley-Reaume	Yes
Chi-Kwan Shea	Yes

The motion carried.

- Carlin Daley Reaume moved to recommend reducing the required on-the-job, supervised training hours for Advanced Practice approval in Hand Therapy for all licensed Occupational Therapists from 480 hours to 80 hours.
- Chi-Kwan Shea seconded the motion.

Public Comment

There was no public comment.

Committee Member Vote

Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Mary Kay Gallagher	Yes
Elizabeth Gomes	Yes
Diane Laszlo	Yes
Danielle Meglio	Yes
Jeanette Nakamura	Yes
Carlin Daley-Reaume	Yes
Chi-Kwan Shea	Yes
Ernie Escovedo	Yes

The motion carried.

6. Consideration and possible recommendation to the Board on whether the education and training requirements for licensees demonstrating competence in the advanced practice area of swallowing assessment, evaluation, or intervention should be reduced.

Chair Wietlisbach stated that due to the length and depth of the conversation regarding hand therapy, that discussion and possible recommendation on swallowing assessment, evaluation, or intervention would be discussed at a future committee meeting.

7. New suggested agenda items for a future meeting.

There were no new suggested agenda items.

Meeting adjournment.

The meeting adjourned at 2:30 p.m.

AGENDA ITEM 5

CONSIDERATION AND POSSIBLE ACTION TO RECOMMEND TO THE FULL BOARD TO INITIATE A RULEMAKING PACKAGE TO AMEND CALIFORNIA CODE OF REGULATIONS (CCR), TITLE 16, DIVISION 39, ARTICLE 6, SECTION 4153, SWALLOWING ASSESSMENT, EVALUATION, OR INTERVENTION, AND SECTION 4155, APPLICATION FOR APPROVAL IN ADVANCED PRACTICE AREAS.

INCLUDES THE FOLLOWING:

- 5.1 SUMMARY OF CHANGES ALREADY RECOMMENDED BY THE COMMITTEE AND APPROVED BY THE BOARD (PHYSICAL AGENT MODALITIES AND HAND THERAPY).
- 5.2 LAWS AND REGULATIONS RELEVANT TO ADVANCED PRACTICE APPROVAL IN SWALLOWING.
- 5.3 COMPARISON OF THE ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION (ACOTE) STANDARDS PERTAINING TO SWALLOWING.

The complete ACOTE standards for 2025 are available here:

<https://acoteonline.org/accreditation-explained/standards/>

Changes to Approval in Advanced Practice Areas Approved by the Board so Far

Physical Agent Modalities (PAMs)

- Occupational Therapists (OTs) having started their qualifying degree program on or after August 1, 2020, need not complete the 30 contact hours of education required by CCR 4152.
 - These OTs will still need to apply for approval, but will be exempt from the education hours based on their transcripts.
- The number of supervised training hours required for approval are reduced by five sixths, from 240 hours to 40 hours. This change applies to all OTs applying for PAMs approval.

Hand Therapy

- OTs having completed their qualifying degree program on or after August 1, 2025, need only complete 8 contact hours of education in surgical procedures of the upper extremity and their post operative course. This reduces the total number of required contact hours for these OTs by approximately five sixths, from 45 contact hours to 8 contact hours.
- The number of supervised training hours required for approval are reduced by five sixths, from 480 hours to 80 hours. This change applies to all OTs applying for Hand Therapy approval.

***These changes are not yet effective and are pending the approval of a regulatory package to be submitted to the Office of Administrative Law.**

Business and Professions Code (BPC) - Law

BPC 2570.3

(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.

California Code of Regulations (CCR) - Regulation

CCR 4150. Definitions

(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.

CCR 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 they have 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 neurophysiology 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 the occupational therapist is competent to perform.

CCR 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.

CCR 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.

Comparison of ACOTE Standards Pertaining to Swallowing by Effective Year

	STANDARDS			
	2008	2013	2020	2025
Swallowing, Feeding, Dysphagia	B.5.12	B.5.14	B.4.16	B.3.13
	Provide management of feeding and eating to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors.	Provide management of feeding, eating, and swallowing to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and swallowing assessment and management) and train others in precautions and techniques while considering client and contextual factors.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.

Digestive, Structures	B.4.4	B.4.4	B.4.4	B.3.3
	<p>Evaluate client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes</p> <ul style="list-style-type: none"> • Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems). 	<p>Evaluate client(s)' occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes</p> <ul style="list-style-type: none"> • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems). 	<p>Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client.</p> <p>Interpret evaluation findings of occupational performance and participation deficits to develop occupation-based intervention plans and strategies.</p> <p>Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.</p>	<p>Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client.</p> <p>Identify and appropriately delegate components of the evaluation to an occupational therapy assistant.</p> <p>Demonstrate intraprofessional collaboration to establish and document an occupational therapy assistant's competence regarding screening and assessment tools.</p>

Digestive, Structures (continued)	B.5.1	B.5.1		
	<p>Use evaluation findings to diagnose occupational performance and participation based on appropriate theoretical approaches, models of practice, frames of reference, and interdisciplinary knowledge. Develop occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:</p> <ul style="list-style-type: none"> • Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems). 	<p>Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:</p> <ul style="list-style-type: none"> • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems). 		

Anatomy, Physiology, Neuroscience, Biomechanics	B.1.4	B.1.1	B.1.1	B.1.1
	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.	Demonstrate knowledge of: • The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.	Demonstrate knowledge of: • The structure and function of the human body that must include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.
	B.5.10	B.5.11		
	Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.	Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and participation. Train in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.		

	DEFINITIONS			
	2008	2013	2020	2025
Body Functions	the physiological functions of body systems (including psychological functions).	The physiological functions of body systems (including psychological functions).	“Physiological functions of body systems (including psychological functions)” (World Health Organization [WHO], 2001).	
Body Structures	anatomical parts of the body such as organs, limbs, and their components.	Anatomical parts of the body such as organs, limbs, and their components.	“Anatomical parts of the body, such as organs, limbs, and their components” that support body functions (WHO, 2001).	
Dysphagia			<p>Dysfunction in any stage or process of eating. It includes any difficulty in the passage of food, liquid, or medicine, during any stage of swallowing that impairs the client’s ability to swallow independently or safely (AOTA, 2017).</p> <p>EATING: “...keeping and manipulating food or fluid in the mouth and swallowing it” (AOTA, 2014, p. S19).</p> <p>FEEDING: “...setting up, arranging, and bringing food [or fluid] from the plate or cup to the mouth; sometimes called self-feeding” (AOTA, 2014, p. S19).</p> <p>SWALLOWING: “...moving food from the mouth to the stomach” (AOTA, 2014, p. S19).</p>	<p>Dysfunction in any stage or process of eating. It includes any difficulty in the passage of food, liquid, or medicine, during any stage of swallowing that impairs the client’s ability to swallow independently or safely (AOTA, 2017).</p> <p>EATING AND SWALLOWING: “...keeping and manipulating food or fluid in the mouth, swallowing it (i.e., moving it from the mouth to the stomach)” (AOTA, 2020b, p. 30).</p> <p>FEEDING: “Setting up, arranging, and bringing food or fluid from the vessel to the mouth (includes self-feeding and feeding others)” (AOTA, 2020b, p. 30).</p>

Evaluations	the physiological functions of body systems (including psychological functions).	The physiological functions of body systems (including psychological functions).	“The process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results” (AOTA, 2010, p. S107).	<p>“The comprehensive process of obtaining and interpreting the data necessary to understand the person, system, or situation... Evaluation requires synthesis of all data obtained, analytic interpretation of that data, reflective clinical reasoning, and reconsideration of occupational performance and contextual factors” (Hinojosa et al, 2014, as cited in AOTA, 2020b, p. 76).</p> <p>FORMATIVE EVALUATION: Evaluation method that includes data collected on an ongoing basis to determine incremental changes in a process or program.</p> <p>SUMMATIVE EVALUATION: Evaluation method that occurs less frequently than formative evaluation. Data is typically collected at the end of a process or program.</p>
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