AGENDA ITEM 4

DISCUSSION WITH ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION (ACOTE) DIRECTOR OF ACCREDITATION TERESA BRININGER PERTAINING TO ACOTE STANDARDS RELATING TO EDUCATION REQUIREMENTS FOR STUDENTS DEMONSTRATING COMPETENCE IN THE ADVANCED PRACTICE AREA OF SWALLOWING ASSESSMENT, EVALUATION, OR INTERVENTION.

INCLUDES THE FOLLOWING:

4.1 LAWS AND REGULATIONS RELEVANT TO ADVANCED PRACTICE APPROVAL IN SWALLOWING.

4.2 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/

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
	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 • Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).	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 • 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).	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. Interpret evaluation findings of occupational performance and participation deficits to develop occupation-based intervention plans and strategies. Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.	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. Identify and appropriately delegate components of the evaluation to an occupational therapy assistant. Demonstrate intraprofessional collaboration to establish and document an occupational therapy assistant's competence regarding screening and assessment tools.

Digestive, Structures (continued)	B.5.1	B.5.1		
	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: • Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).	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: • 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			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). **EATING**: "…keeping and manipulating food or fluid in the mouth and swallowing it" (AOTA, 2014, p. S19). **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). **SWALLOWING**: "…moving food from the mouth to the stomach" (AOTA, 2014, p. S19).	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). **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). **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).

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).	“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). **FORMATIVE EVALUATION:** Evaluation method that includes data collected on an ongoing basis to determine incremental changes in a process or program. **SUMMATIVE EVALUATION:** Evaluation method that occurs less frequently than formative evaluation. Data is typically collected at the end of a process or program.

Agenda Item 5

Review and vote on approval of the July 11, 2025, committee meeting minutes.

Includes the following:

July 11, 2025, Practice Committee Meeting Draft Minutes.

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
1610 Arden Way, Suite 121, Sacramento, CA 95815
P (916) 263-2294 | cbot@dca.ca.gov | www.bot.ca.gov

DRAFT*

PRACTICE COMMITTEE MEETING MINUTES

July 11, 2025

Committee Members Present	Board Staff Present
Christine Wietlisbach (Chair) (Board Vice President)	Austin Porter, Executive Officer
Richard Bookwalter (Board Secretary)	Jody Quesada Novey, Manager
Lynne Andonian	Karina Clark, Analyst
Bob Candari	
Carlin Daley Reaume	
Ernie Escovedo	
Heather Kitching	
Jeanette Nakamura	
Chi-Kwan Shea	

Committee Members Absent
Bob Candari
Mary Kay Gallagher
Diane Laszlo
Danielle Meglio

Friday, July 11, 2025
1:00 pm – Committee Meeting

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

   The meeting was called to order at 1:00 pm, roll was called, and a quorum was established.

2. Chairperson opening remarks.

   Chairperson Christine Wietlisbach welcomed and thanked all in attendance. She announced the committee was two-thirds of the way through this very important task of discussing and deciding whether the approval requirements for advanced practice (AP) can be reduced based on the evolution of the ACOTE guidelines.

   Chair Wietlisbach informed the committee that they would be tackling the final area of Swallowing/Dysphagia AP approval.

3. Public Comment for Items Not on the Agenda.
   Please note: The Committee may not discuss or take action on this agenda item except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125 and 11125.7(a)]

There were no public comments for items not on the agenda.

4. Review and vote on approval of the April 25, 2025, committee meeting minutes.

   - Carlin Daley Reaume moved to approve the April 25, 2025, committee meeting minutes.
   - Ernie Escovedo seconded the motion.

   Public Comment
   There were no public comments.

   Committee Member Vote

Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Lynne Andonian	Yes
Bob Candari	Yes
Ernie Escovedo	Yes
Carlin Daley-Reaume	Yes
Heather Kitching	Yes
Jeanette Nakamura	Yes
Chi-Kwan Shea	Abstain

   The motion carried.

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]. The Committee will consider 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 recounted previous committee recommendations presented to the Board regarding Physical Agent Modalities (PAMs) and Hand Therapy approval as follows:

   - PAMs - reduce supervised training hours from 240-40 hours and licensees that started their qualifying degree program after August 1, 2020, would not be required to submit any education contact hours, only the 40 hours of supervised training.

   - Hands Approval – reduce supervised training from 480-80 hours for everybody and licensees that started their qualifying degree program after August 1, 2025, must submit their 80 supervised training hours. Contact hours would be reduced from 45-8 and those 8 hours would pertain specifically to upper extremity surgical procedures.

   Chair Wietlisbach asked the committee to discuss, deliberate and possibly conclude reducing education and/or training hours for swallowing/dysphagia approval under the evolved ACOTE guidelines.

An extensive, passionate, experience driven conversation ensued around updated ACOTE standards for the qualifying degree programs and whether the minimum entry level qualifications are currently being met. If so, could the requirements for education and training be reduced and by how much.

A concern about the Speech Language Pathologists historically being opposed to Occupational Therapists (OTs) being approved to provide swallowing, dysphagia services arose and whether that profession was hindering forward momentum for OTs.

Member of the public Ada Boone Hoerl, Sacramento City College Occupational Therapy Assistant Program Coordinator reported that she listened to the Speech Language Pathology Board's Practice committee meeting from April 2025 and throughout the entire conversation she did not detect any concern being expressed that OTs can provide swallowing/dysphagia services.

Chair Wietlisbach reminded the committee that any decision to adjust the education and/or training hours should be based off entry level competency being met, not expert level.

Richard Bookwalter suggested reducing the supervised hours from 240 to 25 on the basis that the ACOTE guidelines for qualifying degree programs have significantly advanced in the swallowing/dysphagia standards and OTs are performing only noninvasive treatments. Mr. Bookwalter arrived at his recommended 25 hours because he is approved in swallowing/dysphagia and based his data on an OT being able to easily do 1 swallowing assessment per day multiplied by 5 days a week and 1 feeding per day at 1 hour also multiplied by 5, totaling 25-30 hours in three weeks, which he feels is a reasonable amount of supervised training to perform non-invasive procedures.

- Richard Bookwalter moved to reduce the supervised training hours for swallowing/dysphagia from 240 to 25 hours.
- Chi-Kwan Shea seconded the motion.

Public Comment
There were no public comments.

Committee Member Vote

Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Lynne Andonian	Yes
Bob Candari	Yes
Ernie Escovedo	Yes
Carlin Daley-Reaume	Yes
Heather Kitching	Yes
Jeanette Nakamura	Yes
Chi-Kwan Shea	Yes

The motion carried.

Chair Wietlisbach summarized that the committee wished to recommend to the Board that the supervised training hours for swallowing/dysphagia be reduced from 240 to 25

hours and that Board staff would reach out to Dr. Teresa Brininger, Director of Accreditation at ACOTE to come and talk with the committee about what the ACOTE standards cover regarding the content areas for education so the committee can make an informed recommendation on whether they can reduce required education hours. The current requirement is 45 hours of additional education.

6. New suggested agenda items for a future meeting.

   There were no new suggested agenda items.

   Chair Wietlisbach thanked the committee and Board staff and informed the committee members that a poll

Meeting adjournment.

The meeting adjourned at 1:41 p.m.

Agenda Item 6

Discussion, 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 CCR, Title 16, Division 39, Article 6, Section 4155, Application for Approval in Advanced Practice Areas. The Committee will consider whether the education and training requirements for licensees demonstrating competence in the advanced practice area of swallowing assessment, evaluation, or intervention should be reduced.

Includes the following:

6.1 Summary of changes already recommended by the committee and approved by the Board (physical agent modalities and hand therapy).

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.**