

Chapter Med 19

OCCUPATIONAL THERAPY

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Med 19.01 Authority and purpose. The rules in this chapter are adopted by the medical examining board under the authority of ss. 15.08 (5), 227.11 (2) and 448.05, Stats., to govern the certification and regulation of occupational therapists and occupational therapy assistants.

History: Cr. Register, October, 1989, No. 406, eff. 11-1-89.

Med 19.02 Definitions. As used in this chapter,

(1) "Assessment" means the process of determining the need for, nature of, and estimated time of treatment at different intervals during the treatment, determining needed coordination with or referrals to other disciplines, and documenting these activities.

(2) "Consultation" means a work-centered, problem-solving helping relationship in which knowledge, experience, abilities and skills are shared with other professionals in the process of helping to rehabilitate through the use of occupational therapy.

(3) "Entry-level" means the person has no demonstrated experience in a specific position, such as a new graduate, a person new to the position, or a person in a new setting with no previous experience in that area of practice.

(4) "Evaluation" means documented reporting of the results of the use of structured or standardized evaluative tools and professional observations to determine an individual's functional abilities and deficits.

(5) "Experienced" means demonstrated competence in the performance of duties in a given area of practice.

(6) "Habilitation" means the education, training or support services provided to individuals to assist them in acquiring skills not yet gained or learned. This enables them to learn, practice and refine skills needed for independent living, productive employment and community participation.

(7) "Level I fieldwork" is an integral part of didactic courses and includes varied learning experiences. Students are supervised in observation and assistance with clients during short term contacts.

(8) "Level II fieldwork" is extended fieldwork which emphasizes the application and integration of academically acquired knowledge and skills in the supervised delivery of occupational therapy services to clients.

(9) "Occupational performance areas" means the activities that occupational therapy addresses when determining functional abilities which include activities of daily living, work and productive activities, and play or leisure activities.

(10) "Occupational performance components" means the skills and abilities that an individual uses to engage in performance areas including sensorimotor, cognitive, psychosocial and psychological components.

(10m) "Occupational performance contexts" means situations or factors that influence an individual's engagement in desired or required occupational performance areas including temporal aspects and environmental aspects.

(11) "Occupational therapist training program" means an educational program and supervised internship in occupational therapy recognized by the medical examining board and accredited by the accreditation council for occupational therapy education of the American occupational therapy association or a program approved by the world federation of occupational therapy.

(12) "Occupational therapy assistant training program" means an educational program and supervised internship in occupational therapy recognized by the medical examining board and accredited by the accreditation council for occupational therapy education of the American occupational therapy association or a program approved by the world federation of occupational therapy.

(13) "Prevention" means the fostering of normal development, sustaining and protecting existing functions and abilities, preventing disability or supporting levels of restoration or change to enable individuals to maintain maximum independence.

(14) "Referral" means the practice of requesting occupational therapy services and delegating the responsibility for evaluation and treatment to an occupational therapist.

(15) "Rehabilitation" means the process of treatment and education to restore a person's ability to live and work as normally as possible after a disabling injury or illness.

(16) "Screening" means the review of a person's condition to determine the need for evaluation and treatment.

(17) "Supervision" of an occupational therapy assistant means a process in which an occupational therapy assistant performs duties delegated by an occupational therapist in a joint effort to promote, establish, maintain, and evaluate the occupational therapy assistant's level of performance and service.

History: Cr. Register, October, 1989, No. 406, eff. 11-1-89; renum. (9) to (15) to be (11) to (17), cr. (9) and (10), Register, November, 1991, No. 431, eff. 12-1-91; am. (9), (10), (11), (12), cr. (10m), Register, March, 1996, No. 483, eff. 4-1-96.

Med 19.03 Applications and credentials. (1) Every applicant for initial certification as an occupational therapist or occupational therapy assistant shall submit:

(a) A completed application form;

(b) Evidence that the applicant is certified as an occupational therapist or occupational therapy assistant by the national board for certification in occupational therapy; or, that the applicant has completed an occupational therapist training program or an occupational therapy assistant training program as defined in s. Med 19.02;

(c) Written verification from the national board for certification in occupational therapy that the applicant has passed the examination required by this chapter; and,

(d) A recent passport type photograph of the applicant.

(2) Requests for verification from the national board for certification in occupational therapy shall be made by the applicant.

(3) An application for certification is not complete until the board has received both a completed application form and verifi-

cation of certification from the national board for certification in occupational therapy.

History: Cr. Register, October, 1989, No. 406, eff. 11-1-89; am. (3), Register, March, 1996, eff. 4-1-96; am. (1) (b), (c), (2) and (3), Register, February, 1997, No. 494, eff. 3-1-97.

Med 19.035 Biennial renewal outside of established renewal period. Certified occupational therapists and certified occupational therapy assistants may renew their certificates outside of the biennial renewal period provided in s. 448.07, Stats., by making application for renewal, paying the renewal fees specified in s. 440.05, Stats., and by furnishing evidence satisfactory to the board that the applicant has satisfactorily completed the continuing education requirements for the 2 year period prior to the date of such application.

History: Cr. Register, October, 1989, No. 406, eff. 11-1-89.

Med 19.04 Examinations, panel review of applications. (1) Applicants for certification as an occupational therapist or occupational therapy assistant shall pass the certification examination for occupational therapist or the certification examination for occupational therapy assistant of the national board for certification in occupational therapy, and shall complete an open book examination on statutes and rules governing the practice of occupational therapy in Wisconsin.

(2) The medical examining board designates the occupational therapy examining council as its agent for conducting examinations. At the request of the council, the board shall provide a medical consultant to the council to provide assistance in evaluating applicants examined under sub. (3) (a) and (b).

(3) An applicant may be required to complete an oral examination if the applicant:

(a) Has a medical condition which in any way impairs or limits the applicant's ability to practice occupational therapy with reasonable skill and safety.

(b) Uses chemical substances so as to impair in any way the applicant's ability to practice occupational therapy with reasonable skill and safety.

(c) Has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

(d) Has been convicted of a crime the circumstances of which substantially relate to the practice of occupational therapy.

(e) Has not practiced occupational therapy for a period of 3 years prior to application, unless the applicant has been graduated from a school of occupational therapy within that period. Practice for the purposes of this paragraph includes direct patient treatment and education, occupational therapy instruction in an occupational therapy program recognized by the board, occupational therapy research, and service in administrative positions for health care providers or governmental bodies with responsibility relating to occupational therapy.

(f) Has been found negligent in the practice of occupational therapy or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of occupational therapy.

(g) Was a resident of Wisconsin and eligible for certification as an occupational therapist or occupational therapy assistant on August 1, 1989, but did not apply for certification until after August 1, 1991.

(h) Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.

(i) Has within the past 2 years engaged in the illegal use of controlled substances.

(j) Has been subject to adverse formal action during the course of occupational therapy education, postgraduate training, hospital practice, or other occupational therapy employment.

(k) Has been graduated from an occupational therapy school not approved by the board.

(4) An application filed under s. Med 19.03 shall be reviewed by the occupational therapy examining council to determine whether an applicant is required to complete an oral examination under sub. (3). If the application review panel is not able to reach unanimous agreement on whether an applicant is eligible for certification without completing an oral examination, the application shall be referred to the medical examining board for a final determination.

(5) All examinations shall be conducted in the English language.

(6) Where both written and oral examinations are required they shall be scored separately and the applicant shall achieve a passing grade on all examinations to qualify for a license.

(7) If after receipt of additional information from applicants who have been treated for alcohol or drug abuse or impairment or from applicants who have been treated for an acute or chronic psychological impairment the council decides that an oral examination shall be administered, the examination shall be limited to a determination whether at the time of application the applicant's disability appears to pose an actual risk to the health, safety or welfare of patient or public arising from the applicant's demonstrated inability to safely carry out necessary duties and responsibilities inherent to the practice of occupational therapy.

History: Cr. Register, October, 1989, No. 406, eff. 11-1-89; am. (1) to (3) (intro.), (c) to (f) and (6), r. and recr. (3) (a) and (b), cr. (3) (h) to (k) and (7), Register, February, 1997, No. 494, eff. 3-1-97.

Med 19.05 Exemption from written examination for certain occupational therapy assistant applicants.

An applicant for certification as an occupational therapy assistant who graduated from an occupational therapy assistant training program prior to 1977 is exempt from the requirements for a written certification examination for occupational therapy assistant.

History: Cr. Register, October, 1989, No. 406, eff. 11-1-89; am. Register, February, 1997, No. 494, eff. 3-1-97.

Med 19.053 Examination review by applicant.

(1) An applicant who fails the oral or statutes and rules examination may request a review of that examination by filing a written request and required fee with the board within 30 days of the date on which examination results are mailed.

(2) Examination reviews are by appointment only.

(3) An applicant may review the statutes and rules examination for not more than one hour.

(4) An applicant may review the oral examination for not more than 2 hours.

(5) The applicant may not be accompanied during the review by any person other than the proctor.

(6) At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet or oral tape and a copy of the master answer sheet.

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any items in the examination. Bound reference books shall be permitted. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if desired. The proctor shall not defend the examination nor attempt to refute claims of error during the review.

(8) An applicant may not review the examination more than once.

History: Cr. Register, February, 1997, No. 494, eff. 3-1-97.

Med 19.056 Board review of examination error claim.

(1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was reviewed. The request shall include all of the following:

- (a) The applicant's name and address.
- (b) The type of license for which the applicant applied.
- (c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.
- (d) The facts which the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.

(2) The board shall review the claim, make a determination of the validity of the objections and notify the applicant in writing of the board's decision and any resulting grade changes.

(3) If the decision does not result in the applicant passing the examination, a notice of denial of license shall be issued. If the board issues a notice of denial following its review, the applicant may request a hearing under s. RL 1.05.

Note: The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Cr. Register, February, 1997, No. 494, eff. 3-1-97.

Med 19.06 Temporary certificate. (1) An applicant for certification may apply to the board for a temporary certificate to practice as an occupational therapist or occupational therapy assistant if the applicant:

- (a) Remits the fee specified in s. 440.05 (6), Stats.; and,
- (b) Is a graduate of an approved school and is scheduled to take the national certification examination for occupational therapist or occupational therapist assistant or has taken the national certification examination and is awaiting results.

(2) Practice during the period of the temporary certificate shall be in consultation, at least monthly, with an occupational therapist who shall at least once each month endorse the activities of the person holding the temporary certificate.

(3) Except as specified in sub. (4), a temporary certificate expires on the date the applicant is notified that he or she has failed the national certification examination for permanent certification or on the date the board grants or denies an applicant permanent certification, whichever is later.

(4) A temporary certificate expires on the first day of the next regularly scheduled national certification examination for permanent certification if the applicant is required to take, but failed to apply for, the examination.

(5) A temporary certificate may not be renewed.

History: Cr. Register, October, 1989, No. 406, eff. 11-1-89; am. (3), Register, January, 1994, No. 457, eff. 2-1-94.

Med 19.07 Continuing education. (1) Each holder of a certificate as an occupational therapist shall, at the time of applying for renewal of a certificate of registration under s. 448.07, Stats., certify that he or she has, in the 2 years preceding the renewal due date, completed at least 18 points of acceptable continuing education.

(2) Each holder of a certificate as an occupational therapy assistant shall, at the time of applying for renewal of a certificate of registration under s. 448.07, Stats., certify that he or she has, in the 2 years preceding the renewal due date, completed at least 12 points of acceptable continuing education.

(3) Points shall be accumulated through professional activities related to occupational therapy in 2 of the following categories:

- (a) Attendance at university, college or vocational technical adult education courses: 4 points per credit hour.
- (b) Attendance at seminars, workshops, or institutes: 1 point per direct hour of contact.
- (c) Attendance at educational telephone network courses: 1 point per direct hour of contact.
- (d) Attendance at videotaped presentations of educational courses, seminars, workshops, or institutes: 1 point per direct hour of contact.

(e) Attendance at educational sessions at state and national conferences relating to occupational therapy: 1 point per hour of attendance.

(f) Satisfactory completion of American occupational therapy association approved self-study course: 1 point per unit.

(g) Publication or presentations:

1. Authorship of a published book: 16 points.
2. Authorship of a published book chapter or professional journal article: 4 points.
3. Professional presentation: 2 points (per hour of presentation with no additional points for subsequent presentation of same content).
4. Development of alternative media (computer software, video or audio tapes): 4 points.

(h) Research as the principal researcher provided an abstract of the research is retained to prove participation: 12 points.

(i) Ongoing professional development:

1. Student supervision - Level I fieldwork: 1 point for each student supervised.
2. Student supervision - Level II fieldwork: 4 points for each student supervised.
3. In service training (including grand rounds): 1 point per hour attended.
4. Quality assurance studies/peer review: 1 point per study or review.
5. Review of papers and proposals for presentation: 1 point.

(4) Evidence of compliance shall be retained by each certificate holder through the biennium for which credit is required for renewal of registration.

(5) The board may require any certificate holder to submit his or her evidence of compliance for audit by the board at any time during the biennium for which credit is required for renewal of registration.

History: Cr. Register, October, 1989, No. 406, eff. 11-1-89; renum. (3) (f) to (h) to be (3) (g) to (i), cr. (3) (f), Register, November, 1991, No. 431, eff. 12-1-91.

Med 19.08 Standards of practice. Occupational therapists and occupational therapy assistants shall adhere to the minimum standards of practice of occupational therapy that have become established in the profession, including but not limited to the following areas:

(1) **SCREENING.** (a) An occupational therapist or occupational therapy assistant, when practicing either independently or as a member of a treatment team, shall identify individuals who present problems in occupational performance areas. The occupational therapist, when practicing either independently or as a member of a treatment team, shall identify individuals who present problems in occupational therapy performance components.

(b) Screening methods shall take into consideration the occupational performance contexts relevant to the individual.

(c) Screening methods may include interviews, observation, testing and records review.

(d) The occupational therapist or occupational therapy assistant shall transmit screening results and recommendations to all appropriate persons.

(2) **REFERRAL.** (a) Evaluation and rehabilitative treatment shall be based on a referral from a licensed physician, dentist, psychologist, chiropractor or podiatrist.

(b) An occupational therapist or occupational therapy assistant may accept a referral for the purpose of providing services which include, but are not limited to, consultation, habilitation, screening, prevention and patient education services.

(c) Referrals may be for an individual case or may be for an established treatment program that includes occupational therapy services. If programmatic, the individual shall meet the cri-

teria for admission to the program and protocol for the treatment program shall be established by the treatment team members.

(d) Referrals shall be in writing. However, oral referrals may be accepted if they are followed by a written and signed request of the person making the referral within 14 days from the date on which the patient consults with the occupational therapist or occupational therapy assistant.

(3) **EVALUATION.** (a) An occupational therapist alone or in collaboration with the occupational therapy assistant shall prepare an occupational therapy evaluation for each individual referred for occupational therapy services.

(b) The evaluation shall consider the individual's medical, vocational, social, educational, family status, and personal and family goals; and shall include an assessment of the individual's functional abilities and deficits in occupational performance areas and occupational performance components.

(c) Evaluation methods may include observation, interviews, records review, and the use of structured or standardized evaluation tools or techniques.

(d) When standardized evaluation tools are used, the tests shall have normative data for the individual's characteristics. If normative data are not available, the results shall be expressed in a descriptive report. Collected evaluation data shall be analyzed and summarized to indicate the individual's current status.

(e) Evaluation results shall be documented in the individual's record and shall indicate the specific evaluation tools and methods used.

(f) Evaluation results shall be communicated to the referral source and to the appropriate persons in the facility and community.

(g) If the results of the evaluation indicate areas that require intervention by other health care professionals, the individual shall be appropriately referred or an appropriate consultation shall be requested.

(h) Initial evaluation shall be completed and results documented within the time frames established by the applicable facility, community, regulatory, or funding body.

(4) **PROGRAM PLANNING.** (a) An occupational therapist alone or in collaboration with the occupational therapy assistant shall use the results of the evaluation to develop an individual occupational therapy program.

(b) The program shall be stated in measurable and reasonable terms appropriate to the individual's needs, goals and prognosis and shall identify short and long-term goals.

(c) The program shall be consistent with current principles and concepts of occupational therapy theory and practice.

(d) In developing the program, the occupational therapist alone or in collaboration with the occupational therapy assistant shall also collaborate, as appropriate, with the individual, family, other health care professionals and community resources; shall select the media, methods, environment, and personnel needed to accomplish the goals; and shall determine the frequency and duration of occupational therapy services provided.

(e) The program shall be prepared and documented within the time frames established by the applicable facility, community, regulatory, or funding body.

(5) **PROGRAM IMPLEMENTATION.** (a) The occupational therapy program shall be implemented according to the program plan previously developed.

(b) The individual's occupational performance areas and occupational performance components shall be periodically evaluated and documented.

(c) Program modifications shall be formulated and implemented consistent with the changes in the individual's occupational performance areas, occupational performance components and occupational performance contexts.

(d) All aspects of the occupational therapy program shall be periodically and systematically reviewed for effectiveness and efficiency.

(6) **DISCONTINUATION OF SERVICES.** (a) Occupational therapy services shall be discontinued when the individual has achieved the program goals or has achieved maximum benefit from occupational therapy.

(b) A comparison of the initial and current state of functional abilities and deficits in occupational performance areas and occupational performance components shall be made and documented.

(c) A discharge plan shall be prepared, consistent with the services provided, the individual's goals, and the expected prognosis. Consideration shall be given to the individual's occupational performance contexts including appropriate community resources for referral, and environmental factors or barriers that may need modification.

(d) Sufficient time shall be allowed for the coordination and effective implementation of the discharge plan.

(e) Recommendations for follow-up or reevaluation shall be documented.

History: Cr. Register, October, 1989, No. 406, eff. 11-1-89; r. and rec. Register, November, 1991, No. 431, eff. 12-1-91; am. (1) (b), (5) (c), (6) (c), Register, March, 1996, No. 483, eff. 4-1-96.

Med 19.09 Practice by occupational therapy assistants. An occupational therapy assistant may not practice without the supervision of an occupational therapist unless the occupational therapy assistant is providing screening, habilitation, prevention, patient consultation or patient education outside of rehabilitation.

History: Cr. Register, October, 1989, No. 406, eff. 11-1-89.

Med 19.10 Supervision of occupational therapy assistants by occupational therapists. (1) Supervision of an occupational therapy assistant by an occupational therapist shall be either close or general. The supervising occupational therapist shall have responsibility for the outcome of the performed service.

(a) When close supervision is required, the supervising occupational therapist shall have daily, direct contact on the premises with the occupational therapy assistant. The occupational therapist shall provide initial direction in developing the plan of treatment and shall periodically inspect the actual implementation of the plan. The occupational therapist shall counter sign all patient related documents prepared by the occupational therapy assistant.

(b) When general supervision is allowed, the supervising occupational therapist shall have direct contact on the premises with the occupational therapy assistant at least once each month. In the interim between direct contacts, the occupational therapist shall maintain contact with the occupational therapy assistant by telephone, written reports and group conferences. The occupational therapist shall record in writing a specific description of the supervisory activities undertaken for each occupational therapy assistant.

(c) Close supervision is required for all rehabilitative services provided by an entry level occupational therapy assistant. All other occupational therapy services provided by an occupational therapy assistant may be performed under general supervision, if the supervising occupational therapist determines, under the facts of the individual situation, that general supervision is appropriate using established professional guidelines.

(2) In extenuating circumstances, when the supervising occupational therapist is absent from the job, the occupational therapy assistant may carry out established programs for 30 calendar days. The occupational therapist must provide up-to-date documentation prior to absence.

History: Cr. Register, October, 1989, No. 406, eff. 11-1-89.