OT STATUTORY SCOPE MODERNIZATION

Work Group Summary Document

Abstract

Occupational Therapy Stakeholder Work Group convened by the Physical Therapy and Occupational Therapy Board to continue statutory scope modernization.

Tori Daugherty

OT Scope Modernization Workgroup Summary Document

The OT Scope Modernization Workgroup met six times from March 2025 to June 2025 with the goal to review the current draft of OT scope of practice language, which had been initially developed by a similar, prior workgroup in 2023. The Board adopted the language recommended by the prior workgroup on June 16, 2023.

The goal of the workgroup had been to gather stakeholder feedback related to the current draft language and to update the draft language accordingly.

The Board had reached out to occupational therapist and occupational therapy assistants through the Board's Listserv. Additionally, Sheri Ryan had reached out to leadership from AKOTA and national organizations. The first meeting gathered feedback from all stakeholders present to develop an agenda of concerns to address during workgroup meetings, as well as to establish if stakeholders present would be interested in participating in the workgroup. The subsequent meetings were coordinated to facilitate active participation from workgroup members in modifying the draft language based on stakeholder feedback.

Workgroup objectives:

1. Develop a collaborative plan to address modernization of our scope of practice between all stakeholders (including the state licensing board, AKOTA, national organizations, and licensees) to create statutory change.
2. Identify needs for change/improvement in the current draft of scope of practice language.
3. Modify the current language to address any needs that the workgroup identifies.
4. Address the role of OTAs in scope of practice language
5. Develop and updated draft of scope of practice language for future action steps for recommendation to the PHY Board.

Workgroup participation:

- Victoria "Tori" Daugherty, OTR - Board Member
- Kristen Neville - AOTA
- Katie Walker, OTD, OTR/L - AKOTA
- Jean Keckhut, OTR/L, CHT
- Alfred G. Bracciano, MSA, EdD, OTR/L, CPAM, FAOTA
- Kirsten Owen, OTR/L
- Audra Yewchin, OTR/L
- Sarah Rhodes, COTA
- Kathleen Hansen, OTD/OTR/L

Workgroup meeting dates and attendance:

- March 25, 2025:Tori Daugherty, Kristen Neville AOTA, Jean Keckhut, Sarah Huot = 4

- April 8, 2025: Tori Daugherty, Kristin Neville AOTA, Alfred Bracciano, Jean Keckhut = 4
- April 22, 2025: Tori Daugherty, Katie (Walker) Johnson AKOTA, Kristen Neville AOTA , Jean Keckhut, and Kathleen Hansen = 5
- May 20, 2025: Tori Daugherty, Katie (Walker) Johnson AKOTA, Kristen Neville AOTA, Sarah Rhodes COTA, Jean Keckhut = 5
- June 3, 2025: Tori Daugherty, Katie (Walker) Johnson AKOTA, and Kristen Neville AOTA = 3
- June 30, 2025: Tori Daugherty, Katie (Walker) Johnson AKOTA, and Kristen Neville AOTA = 3; Megan Moody guest (public)

The workgroup identified the following topics of concern to discuss, review, and consider language changes. Each topic was addressed by the work group and changes to the draft language were made if needed.

- Physical agent modalities
- Feeding, eating, and swallowing
- Pelvic floor and women's health
- Diagnostic Imaging
- OTA definition
- Mental health
- Direct access
- Cognitive assessment

The following action steps were identified at the final meeting with the goal of moving this draft language forward toward legislative sponsorship.

- Katie (Walker) Johnson to meet with AKOTA board to facilitate discussions about the potential for a taskforce aimed at pursuing legislative sponsorship.
- Katie (Walker) Johnson would like to invite Kristen Neville (AOTA) and Tori Daugherty (Physical Therapy and Occupational Therapy Board) to join AKOTA's taskforce.
- Katie (Walker) Johnson will follow up with AKOTA's lobbyist regarding recommendations for next steps
- Tori Daugherty will present the workgroup's draft language to the Scope of Practice Committee on July 11
- Scope of Practices Committee will discuss the recommended draft language on July 11 and determine if this draft language should be recommended to the full Board at the next full Board meeting.
- At the next full Board meeting, Tori Daugherty will present AKOTA's request for Daugherty to serve as a member on the AKOTA taskforce, specifically requesting the Board delegate Daugherty to attend the AKOTA taskforce as a Physical Therapy and Occupational Therapy Board representative

OT Scope of Practice Modernization Work Group

Revised NEW OT Scope of Practice DRAFT Language:

(2) "occupational therapist" means a person who practices occupational therapy; **An Occupational Therapist may evaluate, initiate, and provide occupational therapy treatment for a client without a referral from other health service providers.**

~~(3) "occupational therapy" means, for compensation, the use of purposeful activity, evaluation, treatment, and consultation with human beings whose ability to cope with the tasks of daily living are threatened with, or impaired by developmental deficits, learning disabilities, aging, poverty, cultural differences, physical injury or illness, or psychological and social disabilities to maximize independence, prevent disability, and maintain health; "occupational therapy" includes~~

- ~~(A) developing daily living, play, leisure, social, and developmental skills;~~
- ~~(B) facilitating perceptual-motor and sensory integrative functioning;~~
- ~~(C) enhancing functional performance, prevocational skills, and work capabilities using specifically designed exercises, therapeutic activities and measure, manual intervention, and appliances;~~
- ~~(D) design, fabrication, and application of splints or selective adaptive equipment;~~
- ~~(E) administering and interpreting standardized and nonstandardized assessments, including sensory, manual muscle, and range of motion assessments, necessary for planning effective treatment; and~~
- ~~(F) adapting environments for the disabled;~~

Replace (3) above with:

(3) "occupational therapy" means the therapeutic use of goal-directed life activities (occupations) with individuals, groups, or populations who have, or are at risk for injury, disorder, impairment, disability, activity limitation or participation restriction. Occupational therapists evaluate, analyze, and diagnose occupational challenges and provide interventions to support, improve, and/or restore function and engagement in meaningful tasks and activities. This includes treating pain and/or physical, cognitive, psychosocial, sensory-perceptive, visual, and other aspects of performance in a variety of contexts to support and enhance engagement and participation in occupations that affect health, well-being, and quality of life. Occupational therapy services include but are not limited to:

A. Evaluation, treatment and consultation to promote or enhance safety and performance in areas of activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation;
B. Administration, evaluation, and interpretation of tests and measurements of

bodily functions and structures;

C. Establishment, remediation, compensation or prevention of barriers to performance skills including; client factors (body structures, body functions), performance patterns (habits, routines, roles), performance skills (physical, neuromusculoskeletal, cognitive, psychosocial, sensory-perceptive, communication and interaction, pain), and contexts (environmental, personal factors);
D. Management of feeding, eating, and swallowing to enable eating and feeding performance;
E. Design, fabrication, application, fitting, and training in seating and positioning; assistive technology; adaptive devices; orthotic devices; and training in the use of prosthetic devices;
F. Assessment, recommendation, and training in techniques to enhance functional and community mobility;
G. Application of adjunctive interventions and therapeutic procedures in preparation for or concurrently with occupation-based activities including but not limited:
    - electrophysical agents
    - thermal, mechanical, and instrument-assisted modalities
    - wound care
    - manual therapy; and
H. Provide therapeutic interventions to prevent pain and dysfunction, restore function and/or reverse the progression of pathology in order to enhance an individual's ability to execute tasks and to participate fully in life activities.

~~(4) "occupational therapy assistant" means a person who assists in the practice of occupational therapy under the supervision of an occupational therapist;~~

Replace (4) above with:
(4) "occupational therapy assistant" means a person who provides occupational therapy services in collaboration with and under the supervision of a licensed occupational therapist. An occupational therapist delegates to an occupational therapy assistant selective activities that are commensurate with the occupational therapy assistant's service competence. The occupational therapy assistant may contribute to the evaluation process by implementing the delegated assessments by providing verbal or written reports of assessments to the supervising occupational therapist.

Add new definition in 08.84.190 Definitions:

(8) "tests and measurements" are the standard methods and techniques used to obtain data

about the patient or client, including diagnostic imaging and electrodiagnostic and electrophysiological tests and measures.

BOLD and Underlined = adding language to existing statutory language
Strikethrough = remove language from existing statutory language

OT Scope of Practice Modernization Work Group

Highlighted text:
yellow = Diagnostic Imaging
blue = Feeding, eating, and swallowing
red = Pelvic floor and Women's Health
green = Direct Access – this will not necessarily change the practice of private payers
teal = Cognitive Assessment
grey = Dry needling
pink = Mental health; "Psychological" primarily focuses on individual mental and emotional states, while "psychosocial" considers the interaction between an individual's psychological state and their social environment.

- **Psychosocial:** This term emphasizes the interconnectedness of individual psychological processes and social contexts. It considers how social factors, like culture, relationships, and community, influence an individual's psychological well-being and behavior. Psychosocial approaches often explore how social interactions, group dynamics, and environmental influences impact mental health and functioning. While psychological focuses on the individual's internal world, psychosocial acknowledges the broader context of social relationships and environmental influences on that internal world.

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