



AK OT Scope Modernization Work Group - June 3, 2025

Alaska Division of Corporations, Business and Professional Licensing
Zoom
2025-06-03 07:00 - 09:00 AKDT

Table of Contents

1. Call to Order

Please update your Zoom to Name, City

A. Roll Call

Workgroup Members

- 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

B. Review future meeting dates

- ??

2. Public Comment

3. Purpose and Summary of Workgroup - review

A. OT Workgroup Objectives

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. Identify needs for change/improvement in the current draft of scope of practice language. Modify the current language to address any needs that the workgroup identifies. Address the role of OTAs in scope of practice language. Develop and updated draft of scope of practice language for future action steps for recommendation to the PHY Board.

B. Completed Topics.....3

- Physical agent modalities
- Feeding, eating, and swallowing
- Pelvic floor and Women's health
- Diagnostic Imaging
- OTA Definition
- Mental health

OT Scope Modernization DRAFT Language updated 05-20-2025.docx.....	3
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C. Open-ended topics:

- Cognitive assessment
- Direct access

4. Review - Statutes vs. Regulations

Statutes (laws) AS 08.84

Regulations (rules) 12 AAC 54.xxx

5. Discussion Topics

A. Direct Access.....	5
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- Do we want to address/protect direct access with our scope of practice? This is currently already in practice in Alaska.
- Draft language

Direct Access draft language - 5.20.docx.....	5
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AOTA model practice act.direct access.pdf.....	6
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Each states SOP AOTA 2024. direct access.pdf.....	21
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AOTA referral requirements.pdf.....	73
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B. Cognitive Assessment.....	85
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- Address identified language concerns from AKOTA
- other needs

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6. Scope of Practice draft language

- Review in its entirety
- Make any final changes if needed

7. Legislative Plan of Action

- Timeline - Scope of Practices Committee Mtg = June 6
 - PHY Full Board - unknown timeframe
 - Soft overall deadline: August 30
 - Discuss how we will collaborate between stakeholders to seek out bill sponsorship
- Anyone is welcome to attend Scope of Practices Committee meeting and full Board meeting(s) and speak during public comment period.

8. Action Steps

1. Tori Daugherty to bring draft language to next Scope of Practices committee
2. AKOTA next steps
3. Sponsorship next steps

9. Adjourn

OT Scope of Practice Modernization Work Group

Revised NEW OT Scope of Practice DRAFT Language:

(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, psychological, 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, psychological, 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 to electro-physical agents; thermal, mechanical, and instrument-assisted modalities; wound care, and 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.

OT Scope of Practice Modernization Work Group

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

Replace 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.

Highlighted text:

yellow = Diagnostic Imaging

blue = Feeding, eating, and swallowing

orange = Pelvic floor and Women's Health

green = Direct Access

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.

OT Scope of Practice Modernization Work Group

Language from AOTA Model Practice Act:

4.10 Duty to Refer

(1) An Occupational Therapist may evaluate, initiate, and provide occupational therapy treatment for a client without a referral from other health service providers.

~~(2) An Occupational Therapist shall refer recipients to other service providers or consult with other service providers when additional knowledge and expertise are required or when this would further the client's care needs and health outcomes.~~

Discussion:

Tabled to next meeting on Tuesday, June 3 at 7:00 am.

MODEL OCCUPATIONAL THERAPY PRACTICE ACT

The Model Occupational Therapy Practice Act (Model Practice Act) has been developed by the State Affairs Group of the American Occupational Therapy Association, in collaboration with the Commission on Practice for use by state occupational therapy associations or state regulatory boards interested in developing or revising legislation to regulate the practice of Occupational Therapy. The Model Practice Act also includes the definition of Occupational Therapy, which is approved by the Representative Assembly Coordinating Committee (RACC) on behalf of the Representative Assembly (RA) and is included in the Scope of Practice Official Document¹. The current definition was approved in 2021.

The Model Practice Act must be reviewed and carefully adapted to comply with a state's legislative requirements and practices. It must also be adapted to reflect a state's administrative and regulatory laws and other legal procedures. The Model Practice Act leaves blanks or indicates alternatives in brackets when further detail needs to be considered or when adaptations are especially necessary. The term "state" is used throughout the document for ease of reading. Other jurisdictions, such as the District of Columbia and Puerto Rico, will need to modify the language accordingly.

¹ American Occupational Therapy Association. (2021). Occupational therapy scope of practice. *American Journal of Occupational Therapy*, 75(Suppl. 3), 7513410030. <https://doi.org/10.5014/ajot.2021.75S3005>

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Article I. General Provisions

1.01 Title [Title should conform to state requirements. The following is suggested for appropriate adaptation.]

An Act providing for the licensure of Occupational Therapists and Occupational Therapy Assistants; for a Board of Occupational Therapy practice and its powers and duties; and for related purposes.

1.02 Short Title

This Act shall be known and may be cited as the “Occupational Therapy Practice Act.”

1.03 Legislative Intent and Purpose

The Legislature finds and declares that the Occupational Therapy Practice Act is enacted to safeguard public health, safety, and welfare; to protect the public from incompetent, unethical, or unauthorized persons; to assure a high level of professional conduct on the part of Occupational Therapists and Occupational Therapy Assistants; and to assure the availability of high quality Occupational Therapy services to persons in need of such services. It is the purpose of this Act to provide for the regulation of persons representing themselves as Occupational Therapists or as Occupational Therapy Assistants, or performing services that constitute Occupational Therapy.

1.04 Definitions

- (1) “Act” means the Occupational Therapy Practice Act.
- (2) “Aide” means a person who is not licensed by the Board and who provides supportive services to Occupational Therapists and Occupational Therapy Assistants. An Aide shall function only under the guidance, responsibility, and supervision of the licensed Occupational Therapist or an Occupational Therapy Assistant who is appropriately supervised by an Occupational Therapist. An Aide does not provide occupational therapy services. An Aide must first demonstrate competence before performing assigned, delegated, client related and non–client related tasks.
- (3) “Association” means the _____ State Occupational Therapy Association.
- (4) “Board” means the _____ State Board of Occupational Therapy.
- (5) “Good Standing” means the individual’s license is not currently suspended or revoked by any State regulatory entity.
- (6) “Continuing Competence” means the process in which an occupational therapist or occupational therapy assistant develops and maintains the knowledge, critical reasoning, interpersonal skills, performance skills, and ethical practice necessary to perform their occupational therapy responsibilities.
- (7) “The Practice of Occupational Therapy” means the therapeutic use of everyday life occupations with persons, groups, or populations (clients) to support occupational performance and participation. Occupational therapy practice includes clinical reasoning and professional judgment to evaluate, analyze, and diagnose occupational challenges (e.g., issues with client factors, performance patterns, and performance skills) and provide occupation-based interventions to address them. Occupational therapy services include habilitation, rehabilitation, and the promotion of physical and mental health and wellness for clients with all levels of ability-related needs. These services are provided for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Through the provision of skilled services and engagement in everyday activities, occupational therapy promotes physical and mental health and well-being by supporting occupational performance in people with, or at risk of experiencing, a range of developmental,

physical, and mental health disorders. The practice of occupational therapy includes the following components:

- a) Evaluation of factors affecting activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation, including
 - 1. Context (environmental and personal factors) and occupational and activity demands that affect performance
 - 2. Performance patterns including habits, routines, roles, and rituals
 - 3. Performance skills, including motor skills (e.g., moving oneself or moving and interacting with objects), process skills (e.g., actions related to selecting, interacting with, and using tangible task objects), and social interaction skills (e.g., using verbal and nonverbal skills to communicate)
 - 4. Client factors, including body functions (e.g., neuromuscular, sensory, visual, mental, psychosocial, cognitive, pain factors), body structures (e.g., cardiovascular, digestive, nervous, integumentary, and genitourinary systems; structures related to movement), values, and spirituality
- b) Methods or approaches to identify and select interventions, such as
 - 1. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline
 - 2. Compensation, modification, or adaptation of occupations, activities, and contexts to improve or enhance performance
 - 3. Maintenance of capabilities to prevent decline in performance in everyday life occupations
 - 4. Health promotion and wellness to enable or enhance performance in everyday life activities and quality of life
 - 5. Prevention of occurrence or emergence of barriers to performance and participation, including injury and disability prevention
- c) Interventions and procedures to promote or enhance safety and performance in ADLs, IADLs, health management, rest and sleep, education, work, play, leisure, and social participation, for example:
 - 1. Therapeutic use of occupations and activities
 - 2. Training in self-care, self-management, health management (e.g., medication management, health routines), home management, community/work integration, school activities, and work performance
 - 3. Identification, development, remediation, or compensation of physical, neuromusculoskeletal, sensory-perceptual, emotional regulation, visual, mental, and cognitive functions; pain tolerance and management; praxis; developmental skills; and behavioral skills
 - 4. Education and training of persons, including family members, caregivers, groups, populations, and others
 - 5. Care coordination, case management, and transition services
 - 6. Consultative services to persons, groups, populations, programs, organizations, and communities
 - 7. Virtual interventions (e.g., simulated, real-time, and near-time technologies, including telehealth and mobile technology)
 - 8. Modification of contexts (environmental and personal factors in settings such as home, work, school, and community) and adaptation of processes, including the application of ergonomic principles

9. Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices
 10. Assessment, recommendation, and training in techniques to enhance functional mobility, including fitting and management of wheelchairs and other mobility devices
 11. Exercises, including tasks and methods to increase motion, strength, and endurance for occupational participation
 12. Remediation of and compensation for visual deficits, including low vision rehabilitation
 13. Driver rehabilitation and community mobility
 14. Management of feeding, eating, and swallowing to enable eating and feeding performance
 15. Application of physical agent and mechanical modalities and use of a range of specific therapeutic procedures (e.g., wound care management; techniques to enhance sensory, motor, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills
 16. Facilitating the occupational participation of persons, groups, or populations through modification of contexts (environmental and personal) and adaptation of processes
 17. Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their everyday life occupations
 18. Group interventions (e.g., use of dynamics of group and social interaction to facilitate learning and skill acquisition across the life course).
- (8) "Occupational Therapist" means a person licensed to practice Occupational Therapy under this Act. The Occupational Therapist is responsible for and directs the evaluation process, develops the intervention plan, and provides occupational therapy services.
 - (9) "Occupational Therapy Assistant" means a person licensed to assist in the practice of Occupational Therapy under this Act and who shall work under the appropriate supervision of and in partnership with an Occupational Therapist.
 - (10) "Person" means any individual, partnership, unincorporated organization, limited liability entity, or corporate body, except that only an individual may be licensed under this Act.
 - (11) "Supervision" means a collaborative process for responsible, periodic review and inspection of all aspects of occupational therapy services. The Occupational Therapist is accountable for occupational therapy services provided by the Occupational Therapy Assistant and the Aide. In addition, the Occupational Therapy Assistant is accountable for occupational therapy services they provide. Within the scope of occupational therapy practice, supervision is aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and development.
 - (12) "Telehealth" means the application of evaluation, consultative, preventative, and therapeutic services delivered through information and communication technology.

Article II. Board of Occupational Therapy

2.01 Board Created

There is hereby established the _____ Board of Occupational Therapy hereafter referred to as the Board, which shall be responsible for the implementation and enforcement of this Act.

2.02 Board Composition

- (1) The Board shall be composed of at least five individuals appointed by the Governor.
- (2) At least two members shall be licensed as Occupational Therapists in this state.
- (3) At least one member shall be an Occupational Therapy Assistant licensed in this state.
- (4) At least two members shall be representatives of the public with an interest in the rights of consumers of health and wellness services (public member) and a representative of healthcare or education (consumer member).

2.03 Qualifications

- (1) Public and Consumer Members must reside in this state for at least 5 years immediately preceding their appointment. Public members and consumer members shall understand or be willing to learn the specific responsibilities of the Board; be willing to learn about and develop contacts with major community service, civic, consumer, public service, religious, and other organizations in their state that have an interest in health care delivery and health care policy, including organizations that represent disadvantaged communities, rural, and non-English speaking populations; and have a track record of advocacy related to furthering consumer interests, especially in the area of health care. Public and consumer members may not be or have ever been Occupational Therapists or Occupational Therapy Assistants or in training to become an Occupational Therapist or Occupational Therapy Assistant. Public and consumer members may not be related to or have a household member who is an Occupational Therapist or an Occupational Therapy Assistant. The consumer member shall have knowledge of the profession of occupational therapy through personal experience. The public member shall have knowledge of the profession of occupational therapy through professional experience in health care reimbursement, regulatory, or policy arenas.
- (2) Occupational Therapy and Occupational Therapy Assistant members must be licensed consistent with state law and reside in the state for at least 5 years, or have a privilege to practice through the Occupational Therapy Licensure Compact, and have been engaged in: rendering occupational therapy services to the public; teaching; consultation; or research in occupational therapy for at least 5 years, including the 3 years immediately preceding their appointment.
- (3) No member shall be a current officer, Board member, or employee of a statewide organization established for the purpose of advocating for the interests of persons licensed under this Act.

2.04 Appointments

- (1) Within 90 days after the enactment of this Act, the first Board shall be appointed by the Governor from a list of names submitted by the State Occupational Therapy Association and from nominations submitted by interested organizations or persons in the state.
- (2) Each subsequent appointment shall be made from recommendations submitted by the State Occupational Therapy Association or from recommendations submitted by other interested organizations or persons in the state.

2.05 Terms

- (1) Appointments to the Board shall be for a period of 3 years, except for the initial appointments which shall be staggered terms of 1, 2, and 3 years. Members shall serve until the expiration of the term for which they have been appointed or until their successors have been appointed to serve on the Board. No member may serve more than two consecutive 3-year terms or for six consecutive years.

- (2) Terms shall begin on the first day of the calendar year and end on the last day of the calendar year or until successors are appointed, except for the first appointed members who shall serve through the last calendar day of the year in which they are appointed, before commencing the terms prescribed by this section.

2.06 Vacancies

In the event of a vacancy in the office of a member of the Board other than by expiration of a term, the Governor shall appoint a qualified person to fill the vacancy for the unexpired term.

2.07 Removal of Board Members

The Governor or the Board may remove a member of the Board for incompetence, professional misconduct, conflict of interest, or neglect of duty after written notice and opportunity for a hearing. The Board shall be responsible for defining the standards for removal for regulation.

2.08 Compensation of Board Members

Members of the Board shall receive no compensation for their services, but shall be entitled to reasonable reimbursement for travel and other expenses incurred in the execution of their powers and duties.

2.09 Administrative Provisions

- (1) The Board may employ and discharge an Administrator and such officers and employees as it deems necessary, and shall determine their duties in accordance with [applicable State statute].
- (2) [This subsection should be used to include administrative detail covering revenues and expenditures, authentication and preservation of documents, promulgation of rules and regulations, etc., in accordance with prevailing state practice, and to the extent that such detail is not already taken care of in state laws of general applicability.]

2.10 Meetings

- (1) The Board shall, at the first meeting of each calendar year, select a Chairperson and conduct other appropriate business.
- (2) At least three additional meetings shall be held before the end of each calendar year.
- (3) Other meetings, including telecommunication conference meetings, may be convened at the call of the Chairperson or the written request of two or more Board members.
- (4) A majority of the members of the Board shall constitute a quorum for all purposes. The quorum must include at least one Occupational Therapist.
- (5) The Board shall conduct its meetings and keep records of its proceedings in accordance with the provisions of the Administrative Procedure Act of this state.
- (6) All Board meetings and hearings shall be open to the public. The Board may, in its discretion and according to the state's Administrative Procedures Act [or other comparable statute], conduct any portion of its meetings or hearings in executive session, closed to the public.
- (7) The Board shall develop and implement policies that provide the public with a reasonable opportunity to appear before the Board and to speak on any issue under Board jurisdiction.

2.11 Powers and Duties

- (1) The Board shall, in accordance with the Administrative Procedures Act, perform all lawful functions consistent with this Act, or otherwise authorized by state law including that it shall:
 - a. Administer, coordinate, and enforce the provisions of this Act;
 - b. Evaluate applicants' qualifications for licensure in a timely manner;
 - c. Establish licensure fees and issue, renew, or deny licenses;
 - d. Issue subpoenas, examine witnesses, and administer oaths;
 - e. Investigate allegations of practices violating the provisions of this Act;
 - f. Make, adopt, amend, and repeal such rules as may be deemed necessary by the Board from time to time for the proper administration and enforcement of this Act;
 - g. Conduct hearings and keep records and minutes;
 - h. Establish a system for giving the public, including its regulated profession, reasonable advance notice of all open Board and committee meetings. Emergency meetings, including telephone or other telecommunication conference meetings, shall be held in accordance with applicable Administrative Procedures Act provisions;
 - i. Communicate disciplinary actions to relevant state and federal authorities, the National Board for Certification in Occupational Therapy (NBCOT), the American Occupational Therapy Association (AOTA) Ethics Commission, and to other State OT licensing authorities;
 - j. Publish at least annually Board rulings, opinions, and interpretations of statutes or rules in order to guide persons regulated by this Act; and
 - k. Establish a system for tracking the amount of time the Board takes to issue an initial license or licensure renewal to an applicant.
- (2) No member of the Board shall be civilly liable for any act or failure to act performed in good faith in the performance of his or her duties as prescribed by law.

2.12 Training of New Members

The Board shall conduct and new members shall attend a training program designed to familiarize new members with their duties. A training program for new members shall be held as needed.

Article III. Licensing and Examination

3.01 Requirements for Licensure

An applicant applying for a license as an Occupational Therapist or as an Occupational Therapy Assistant shall file a written application provided by the Board, demonstrating to the satisfaction of the Board that the applicant

- (1) Is in good standing as defined in Section 1.04;
- (2) Has successfully completed the minimum academic requirements of an educational program for Occupational Therapists or Occupational Therapy Assistants that is accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education (ACOTE) or predecessor organizations;
- (3) Has successfully completed a minimum period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements described in Section 3.03 (2); and
- (4) Has passed an examination administered by the National Board for Certification in Occupational Therapy (NBCOT), a predecessor organization, or another nationally recognized credentialing body as approved by the Board.

3.02 Internationally Educated Applicants

An Occupational Therapist who is a graduate of a school of occupational therapy that is located outside of the United States and its territories shall:

- (1) Complete occupational therapy education programs (including fieldwork requirements) that are deemed comparable by the credentialing body recognized by the state occupational therapy regulatory board or agency to entry-level occupational therapy education programs in the United States.
- (2) Fulfill examination requirement described in section 3.01(4).

3.03 Limited Permit

- (1) A limited permit to practice occupational therapy may be granted to a person who has completed the academic and fieldwork requirements for Occupational Therapist of this Act and has not yet taken or received the results of the entry-level certification examination. This permit shall be valid for ___ months and shall allow the person to practice occupational therapy under the direction and appropriate supervision of an Occupational Therapist licensed under this Act. This permit shall expire when the person is issued a license under Section 3.01 or if the person is notified that they did not pass the examination. The limited permit may not be renewed.
- (2) A limited permit to assist in the practice of occupational therapy may be granted to a person who has completed the academic and fieldwork requirements of Occupational Therapy Assistant of this Act and has not yet taken or received the results of the entry-level certification examination. This permit shall be valid for ___ months and shall allow the person to practice occupational therapy under the direction and appropriate supervision of an Occupational Therapist licensed under this Act. This permit shall expire when the person is issued a license under Section 3.01 or if the person is notified that they did not pass the examination. The limited permit may not be renewed.

3.04 Temporary License

An applicant who is currently licensed and in good standing to practice in another jurisdiction and meets the requirements for licensure by endorsement may obtain a temporary license while the application is being processed by the Board.

3.05 Issuance of License

The Board shall issue a license to any person who meets the requirements of this Act, as described in sections 3.01 or 3.02, upon payment of the prescribed license fee as described in Section 3.09.

3.06 Renewal of License

- (1) Any license issued under this Act shall be subject to annual [biennial] renewal and shall expire unless renewed in the manner prescribed by the rules and regulations of the Board.
- (2) The Board shall prescribe by rule continuing competence requirements as a condition for renewal of licensure.
- (3) The Board may provide late renewal of a license upon the payment of a late fee in accordance with its rules and regulations.
- (4) Licensees are granted a grace period of 30 days after the expiration of their licenses in which to renew retroactively if they meet statutory requirements for renewal and pay to the Board the renewal fee and any late fee set by the Board.

- (5) A suspended license is subject to expiration and may be renewed as provided in this Act, but such renewal shall not entitle the licensee, while the license remains suspended and until it is reinstated, to engage in the licensed activity, or in any other conduct or activity in violation of the order of judgement by which the license was suspended.
- (6) A license revoked on disciplinary grounds may not be renewed or restored.

3.07 Inactive License

- (1) Upon request, the Board shall grant inactive status to a licensee who is in good standing and maintains continuing competence requirements established by the Board, and
 - a. Does not practice during such "inactive" period as an Occupational Therapist or an Occupational Therapy Assistant, and
 - b. Does not during such "inactive" period hold themselves out as an Occupational Therapist or an Occupational Therapy Assistant.

3.08 Re-entry

- (1) Reentering Occupational Therapists and Occupational Therapy Assistants are individuals who have previously practiced in the field of occupational therapy and have not engaged in the practice of occupational therapy for a minimum of 24 months.
- (2) Occupational Therapists and Occupational Therapy Assistants who are seeking re-entry must fulfill re-entry requirements as prescribed by the Board in regulations.

3.09 Fees

- (1) Consistent with the Administrative Procedures Act, the Board shall prescribe, and publish in the manner established by its rules, fees in amounts determined by the Board for the following:
 - a. Initial license fee
 - b. Renewal of license fee
 - c. Late renewal fee
 - d. Limited permit fee
 - e. Temporary license fee
 - f. Any other fees it determines appropriate.
- (2) These fees shall be set in such an amount as to reimburse the state, to the extent feasible, for the cost of the services rendered.

Article IV. Regulation of Practice

4.01 Unlawful Practice

- (1) No person shall practice occupational therapy or assist in the practice of occupational therapy or provide occupational therapy services or hold themselves as an Occupational Therapist or Occupational Therapy Assistant, or as being able to practice occupational therapy or assist in the practice of occupational therapy or provide occupational therapy services in this state unless they are licensed under the provisions of this Act.
- (2) It is unlawful for any person not licensed as an Occupational Therapist in this state or whose license is suspended or revoked to use in connection with their name or place of business in this state, the words "Occupational Therapist," "licensed Occupational Therapist," "Doctor of Occupational Therapy," or the professional abbreviations "O.T.," "O.T.L.," "M.O.T.," "O.T.D.," "M.O.T./L.," "O.T.D./L." or any word, title, letters, or designation that implies that the person practices or is authorized to practice occupational therapy.

- (3) It is unlawful for any person not licensed as an Occupational Therapy Assistant in this state or whose license is suspended or revoked to use in connection with their name or place of business in this state, the words "Occupational Therapy Assistant," "licensed Occupational Therapy Assistant," or the professional abbreviations "O.T.A." or "O.T.A./L.," or use any word, title, letters, or designation that implies that the person assists in, or is authorized to assist in, the practice of occupational therapy as an Occupational Therapy Assistant.

4.02 Exemptions

This Act does not prevent or restrict the practice, service, or activities of:

- (1) Any person licensed or otherwise regulated in this state by any other law from engaging in their profession or occupation as defined in the Practice Act under which they are licensed.
- (2) Any person pursuing a course of study leading to a degree in occupational therapy at an accredited educational program, if that person is designated by a title that clearly indicates their status as a student and if they act under appropriate instruction and supervision.
- (3) Any person fulfilling the supervised fieldwork experience requirements of Section 3.01 of this Act, if the experience constitutes a part of the experience necessary to meet the requirement of that section and they act under appropriate supervision.
- (4) Any person fulfilling a supervised or mentored occupational therapy doctoral capstone experience.
- (5) An Occupational Therapist or Occupational Therapy Assistant who is authorized to practice occupational therapy in any jurisdiction, if they practice occupational therapy in this state for the purpose of education, consulting, or training, for the duration of the purpose, as preapproved by the Board;

4.03 Titles and Designations

- (1) A licensed Occupational Therapist may use the words "occupational therapist," "licensed occupational therapist," or any words, title, letters, or other appropriate designation that indicates licensure, including but not limited to OT or OT/L, MOT/L, MSOT/L, and OTD/L that identifies the person as a licensed Occupational Therapist in connection with:
 - a. Their name or place of business; and
 - b. Any activity, practice, or service, so long as they are at all times in conformance with the requirements of this Act when providing occupational therapy services.
- (2) A licensed Occupational Therapy Assistant may use the words "occupational therapy assistant," "licensed occupational therapy assistant," or any word, title, letters, or other appropriate designation that indicates licensure including, but not limited to OTA or OTA/L that identifies the person as a licensed Occupational Therapy Assistant in connection with:
 - a. Their name or place of business; and
 - b. Any activity, practice, or service, so long as they are at all times in conformance with the requirements of this Act when providing occupational therapy services.

4.04 Grounds for Disciplinary Action

The Board may take action against a licensee as described in Section 4.08 for unprofessional conduct including:

- (1) Obtaining a license by means of fraud, misrepresentation, or concealment of material facts.

- (2) Being guilty of unprofessional conduct as defined by the rules established by the Board, or violating the Code of Ethics adopted and published by the Board.
- (3) Being convicted of a crime in any court except for minor offenses.
- (4) Violating any lawful order, rule, or regulation rendered or adopted by the Board.
- (5) Violating any provision of this Act (or regulations pursuant to this Act).
- (6) Practicing beyond the scope of the practice of occupational therapy.
- (7) Providing substandard care as an Occupational Therapist due to a deliberate or negligent act or failure to act regardless of whether actual injury to the client is established.
- (8) Providing substandard care as an Occupational Therapy Assistant, including exceeding the authority to perform components of intervention selected and delegated by the supervising Occupational Therapist regardless of whether actual injury to the client is established.
- (9) Knowingly delegating responsibilities to an individual who does not have the knowledge, skills, or abilities to perform those responsibilities.
- (10) Failing to provide appropriate supervision to an Occupational Therapy Assistant or Aide in accordance with this Act and Board rules.
- (11) Practicing as an Occupational Therapist or Occupational Therapy Assistant when competent services to recipients may not be provided due to the practitioner's own physical or mental impairment.
- (12) Having had an Occupational Therapist or Occupational Therapy Assistant license revoked or suspended, other disciplinary action taken, or an application for licensure reused, revoked, or suspended by the proper authorities of another state, territory, or country, irrespective of intervening appeals and stays.
- (13) Engaging in sexual misconduct. For the purposes of this paragraph, sexual misconduct includes:
 - a. Engaging in or soliciting a sexual relationship, whether consensual or non-consensual, while an Occupational Therapist or Occupational Therapy Assistant/client relationship exists with that person.
 - b. Making sexual advances, requesting sexual favors, or engaging in physical contact of a sexual nature with patients or clients.
- (14) Aiding or abetting a person who is not licensed as an Occupational Therapist or Occupational Therapy Assistant in this state and who directly or indirectly performs activities requiring a license.
- (15) Abandoning or neglecting a patient or client under and in need of immediate professional care, without making reasonable arrangements for the continuation of such care.

4.05 Complaints

- (1) Any individual, group, or entity may file a complaint with the Board against any licensed Occupational Therapist or licensed Occupational Therapy Assistant in the state charging that person with having violated the provisions of this Act.
- (2) The complaint shall specify charges in sufficient detail so as to disclose to the accused fully and completely the alleged acts of misconduct for which they are charged.
 - a. "Sufficient Detail" is defined as a complainant's full name and contact information, respondent's full name and contact information when available, alleged violations of Standards of Conduct from the Code, signature or e-signature, and supporting documentation.
- (3) Upon receiving a complaint, the Board shall notify the licensee of the complaint and request a written response from the licensee.

- (4) The Board shall keep an information file about each complaint filed with the Board. The information in each complaint file shall contain complete, current, and accurate information including, but not limited to:
 - a. All persons contacted in relation to the complaint;
 - b. A summary of findings made at each step of the complaint process;
 - c. An explanation of the legal basis and reason for the complaint that is dismissed; and
 - d. Other relevant information.

4.06 Due Process

- (1) Before the Board imposes disciplinary actions, it shall give the individual against whom the action is contemplated an opportunity for a hearing before the Board.
- (2) The Board shall give notice and hold a hearing in accordance with the state's Administrative Procedures Act [or other comparable statute].
- (3) The individual shall be entitled to be heard in their defense, alone or with counsel, and may produce testimony and testify on their own behalf, and present witnesses, within reasonable time limits.
- (4) Any person aggrieved by a final decision of the Board may appeal in accordance with the Administrative Procedures Act [or other comparable statute].

4.07 Investigation

To enforce this Act, the Board is authorized to:

- (1) Receive complaints filed against licensees and conduct a timely investigation.
- (2) Conduct an investigation at any time and on its own initiative without receipt of a written complaint if the Board has reason to believe that there may be a violation of this Act.
- (3) Issue subpoenas to compel the attendance of any witness or the production of any documentation relative to a case.
- (4) For good cause, take emergency action ordering the summary suspension of a license or the restriction of the licensee's practice or employment pending proceedings by the Board.
- (5) Appoint hearing officers authorized to conduct hearings. Hearing officers shall prepare and submit to the Board findings of fact, conclusions of law, and an order that shall be reviewed and voted on by the Board.
- (6) Require a licensee to be examined in order to determine the licensee's professional competence or resolve any other material issue arising from a proceeding.
- (7) Take the following actions if the Board finds that the information received in a complaint or an investigation is not of sufficient seriousness to merit disciplinary action against a licensee:
 - a. Dismiss the complaint if the Board believes the information or complaint is without merit or not within the purview of the Board. The record of the complaint shall be expunged from the licensee's record.
 - b. Issue a confidential advisory letter to the licensee. An advisory letter is non-disciplinary and notifies a licensee that, while there is insufficient evidence to begin disciplinary action, the Board believes that the licensee should be aware of an issue.
- (8) Take other lawful and appropriate actions within its scope of functions and implementation of this Act.

The licensee shall comply with a lawful investigation conducted by the Board.

4.08 Penalties

- (1) Consistent with the Administrative Procedures Act, the Board may impose separately, or in combination, any of the following disciplinary actions on a licensee as provided in this Act:
 - a. Refuse to issue or renew a license;
 - b. Suspend or revoke a license;
 - c. Impose probationary conditions;
 - d. Issue a letter of reprimand, concern, public order, or censure;
 - e. Require restitution of fees;
 - f. Impose a fine not to exceed \$____, which deprives the licensee of any economic advantage gained by the violation and which reimburses the Board for costs of the investigation and proceeding;
 - g. Impose practice and/or supervision requirements;
 - h. Require licensees to participate in continuing competence activities specified by the Board;
 - i. Accept a voluntary surrendering of a license; or
 - j. Take other appropriate corrective actions including advising other parties as needed to protect their legitimate interests and to protect the public.
- (2) If the Board imposes suspension or revocation of license, application may be made to the Board for reinstatement, subject to the limits of section 3.06. The Board shall have the discretion to accept or reject an application for reinstatement and may require an examination or other satisfactory proof of eligibility for reinstatement.
- (3) If a licensee is placed on probation, the Board may require the license holder to:
 - a. Report regularly to the Board on matters that are the basis of probation;
 - b. Limit practice to the areas prescribed by the Board;
 - c. Continue to review continuing competence activities until the license holder attains a degree of skill satisfactory to the Board in those areas that are the basis of the probation;
 - d. Provide other relevant information to the Board.

4.09 Injunction

- (1) The Board is empowered to apply for relief by injunction, without bond, to restrain any person, partnership, or corporation from any threatened or actual act or practice that constitutes an offense against this Act. It shall not be necessary for the Board to allege and prove that there is no adequate remedy at law in order to obtain the relief requested. The members of the Board shall not be individually liable for applying for such relief.
- (2) If a person other than a licensed Occupational Therapist or Occupational Therapy Assistant threatens to engage in or has engaged in any act or practice that constitutes an offense under this Act, a district court of any county on application of the Board may issue an injunction or other appropriate order restraining such conduct.

4.10 Duty to Refer

- (1) An Occupational Therapist may evaluate, initiate, and provide occupational therapy treatment for a client without a referral from other health service providers.
- (2) An Occupational Therapist shall refer recipients to other service providers or consult with other service providers when additional knowledge and expertise are required or when this would further the client's care needs and health outcomes.

4.11 Telehealth

A licensee may provide occupational therapy services to a client utilizing a telehealth visit if the occupational therapy services are provided in accordance with all requirements of this Act.

- (1) "Telehealth Visit" means the provision of occupational therapy services by a licensee to a client using technology where the licensee and client are not in the same physical location for the occupational therapy service.
- (2) A licensee engaged in a telehealth visit shall utilize technology that is secure and compliant with state and federal law.
- (3) A licensee engaged in a telehealth visit shall be held to the same standard of care as a licensee who provides in-person occupational therapy. A licensee shall not utilize a telehealth visit if the standard of care for the particular occupational therapy services cannot be met using technology.
- (4) Occupational therapy services provided by telehealth can be synchronous or asynchronous.
 - a. "Asynchronous" means using any transmission to another site for review at a later time that uses a camera or other technology to capture images or data to be recorded.
 - b. "Synchronous" means real-time interactive technology.
- (5) Supervision of Occupational Therapy Assistants, Aides, and students using telehealth technologies must follow existing state law and guidelines regarding supervision, regardless of the method of supervision.

Article V. Other

5.01 Severability

- (1) If a part of this Act is held unconstitutional or invalid, all valid parts that are severable from the invalid or unconstitutional part shall remain in effect.
- (2) If a part of this Act is held unconstitutional or invalid in one or more of its applications, the part shall remain in effect in all constitutional and valid applications that are severable from the invalid applications.

5.02 Effective Date

- (1) The Act, except for Section 3.01, shall take effect ninety (90) days after enactment [unless State practice or requirements require another effective date].
- (2) Section 3.01 of this Act shall take effect 180 days after enactment.

Occupational Therapy Profession—Scope of Practice Definitions

State	Scope of Practice ¹
Alabama	<p>Statute: Alabama Code §34-39-3 (4) OCCUPATIONAL THERAPY.</p> <p>a. The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. The practice of occupational therapy includes:</p> <ol style="list-style-type: none"> 1. Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation including all of the following: <ol style="list-style-type: none"> (i) Client factors, including body functions, such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors; body structures such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement; values, beliefs, and spirituality. (ii) Habits, routines, roles, rituals, and behavior patterns. (iii) Physical and social environments, cultural, personal, temporal, and virtual contexts, and activity demands that affect performance. (iv) Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication, and social skills. 2. Methods or approaches selected to direct the process of interventions such as: <ol style="list-style-type: none"> (i) Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline. (ii) Compensation, modification, or adaptation of activity or environment to enhance performance, or to prevent injuries, disorders, or other conditions. (iii) Retention and enhancement of skills or abilities without which performance in everyday life activities would decline (iv) Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities. (v) Prevention of barriers to performance and participation, including injury and disability prevention. 3. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation including all of the following: <ol style="list-style-type: none"> (i) Therapeutic use of occupations, exercises, and activities. (ii) Training in self-care, self-management, health management and maintenance, home management, community/work reintegration, and school activities and work performance. (iii) Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills. (iv) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process. (v) Education and training of individuals, including family members, caregivers, groups, populations, and others.

¹ **DISCLAIMER:** This chart is provided for informational and educational purposes only and is not a substitute for legal advice or the professional judgment of health care professionals in evaluating and treating patients. Contact your state licensing board, committee, or agency with any questions regarding this information or to verify the accuracy of this information.

Occupational Therapy Profession- Scope of Practice

	<p>(vi) Care coordination, case management, and transition services.</p> <p>(vii) Consultative services to groups, programs, organizations, or communities.</p> <p>(viii) Modification of environments, including home, work, school, or community, and adaptation of processes, including the application of ergonomic principles.</p> <p>(ix) Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, training in the use of prosthetic devices, orthotic devices, and the design, fabrication and application of selected splints or orthotics.</p> <p>(x) Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.</p> <p>(xi) Low vision rehabilitation when the patient or client is referred by a licensed optometrist, a licensed ophthalmologist, a licensed physician, a licensed assistant to physician acting pursuant to a valid supervisory agreement, or a licensed certified registered nurse practitioner in a collaborative practice agreement with a licensed physician.</p> <p>(xii) Driver rehabilitation and community mobility.</p> <p>(xiii) Management of feeding, eating, and swallowing to enable eating and feeding performance.</p> <p>(xiv) Application of physical agent modalities, and use of a range of specific therapeutic procedures such as wound care management, interventions to enhance sensory-perceptual and cognitive processing, and manual therapy, all to enhance performance skills.</p> <p>(xv) Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.</p> <p>b. An occupational therapist or occupational therapy assistant is qualified to perform the above activities for which they have received training and any other activities for which appropriate training or education, or both, has been received. Notwithstanding any other provision of this chapter, no occupational therapy treatment programs to be rendered by an occupational therapist, occupational therapy assistant, or occupational therapy aide shall be initiated without the referral of a licensed physician, a licensed chiropractor, a licensed optometrist, a licensed assistant to a physician acting pursuant to a valid supervisory agreement, a licensed certified registered nurse practitioner in a collaborative practice agreement with a licensed physician, a licensed psychologist, or a licensed dentist who shall establish a diagnosis of the condition for which the individual will receive occupational therapy services. In cases of long-term or chronic disease, disability, or dysfunction, or any combination of the foregoing, requiring continued occupational therapy services, the person receiving occupational therapy services shall be reevaluated by a licensed physician, a licensed chiropractor, a licensed optometrist, a licensed assistant to a physician acting pursuant to a valid supervisory agreement, a licensed certified registered nurse practitioner in a collaborative practice agreement with a licensed physician, a licensed psychologist, or a licensed dentist at least annually for confirmation or modification of the diagnosis. Occupational therapists performing services that are not related to injury, disease, or illness that are performed in a wellness or community setting for the purposes of enhancing performance in everyday activities are exempt from this referral requirement. Occupational therapists employed by state agencies and those employed by the public schools and colleges of this state who provide screening and rehabilitation services for the educationally related needs of the students are exempt from this referral requirement.</p> <p>c. Nothing in this chapter shall be construed as giving occupational therapists the authority to examine or diagnose patients or clients for departures from the normal of human eyes, visual systems or their adjacent structures, or to prescribe or modify ophthalmic materials including, but not limited to, spectacles, contacts, or spectacle-mounted low vision devices.</p>
Alaska	<p><u>Statute: Alaska Statutes 08.84.190</u></p> <p>(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</p>

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	<p>(A) developing daily living, play, leisure, social, and developmental skills;</p> <p>(B) facilitating perceptual-motor and sensory integrative functioning;</p> <p>(C) enhancing functional performance, prevocational skills, and work capabilities using specifically designed exercises, therapeutic activities and measure, manual intervention, and appliances;</p> <p>(D) design, fabrication, and application of splints or selective adaptive equipment;</p> <p>(E) administering and interpreting standardized and nonstandardized assessments, including sensory, manual muscle, and range of motion assessments, necessary for planning effective treatment; and</p> <p>(F) adapting environments for the disabled;</p>
Arizona	<p><u>Statute: Arizona Revised Statutes §32-3401</u></p> <p>6. "Occupational therapy" means the use of therapeutic activities or modalities to promote engagement in activities with individuals who are limited by physical or cognitive injury or illness, psychosocial dysfunction, developmental or learning disabilities, sensory processing or modulation deficits or the aging process in order to achieve optimum functional performance, maximize independence, prevent disability and maintain health. Occupational therapy includes evaluation, treatment and consultation based on the client's temporal, spiritual and cultural values and needs.</p> <p>8. "Occupational therapy services" includes the following:</p> <p>(a) Developing an intervention and training plan that is based on the occupational therapist's evaluation of the client's occupational history and experiences, including the client's daily living activities, development, activity demands, values and needs.</p> <p>(b) Evaluating and facilitating developmental, perceptual-motor, communication, neuromuscular and sensory processing function, psychosocial skills and systemic functioning, including wound, lymphatic and cardiac functioning.</p> <p>(c) Enhancing functional achievement, prevocational skills and work capabilities through the use of therapeutic activities and modalities that are based on anatomy, physiology and kinesiology, growth and development, disabilities, technology and analysis of human behavioral and occupational performance.</p> <p>(d) Evaluating, designing, fabricating and training the individual in the use of selective orthotics, prosthetics, adaptive devices, assistive technology and durable medical equipment as appropriate.</p> <p>(e) Administering and interpreting standardized and nonstandardized tests that are performed within the practice of occupational therapy, including manual muscle, sensory processing, range of motion, cognition, developmental and psychosocial tests.</p> <p>(f) Assessing and adapting environments for individuals with disabilities or who are at risk for dysfunction.</p>
Arkansas	<p><u>Statute: Arkansas Code §17-88-102</u></p> <p>(5)</p> <p>(A) "Occupational therapy" means the evaluation and treatment of individuals whose ability to cope with the tasks of living is threatened or impaired by developmental deficits, the aging process, poverty or cultural differences, environmental or sensory deprivation, physical injury or illness, or psychological and social disability.</p> <p>(B) The treatment utilizes task-oriented activities to prevent or correct physical or emotional deficits or to minimize the disabling effect of these deficits in the life of the individual so that he or she might perform tasks normally performed at his or her stage of development.</p> <p>(C) Specific occupational therapy techniques include, but are not limited to:</p> <p>(i) Instruction in activities of daily living, design, fabrication, application, recommendation, and instruction in the use of selected orthotic or prosthetic devices and other adaptive equipment;</p> <p>(ii) Perceptual-motor and sensory integrative activities;</p> <p>(iii) The use of specifically designed crafts;</p> <p>(iv) Exercises to enhance functional performance; and</p> <p>(v) Prevocational evaluation and treatment.</p>

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	(D) The techniques are applied in the treatment of individual patients or clients, in groups, or through social systems;
California	<p>Statute: California Business & Professions Code §2570.2 & 2570.3</p> <p>§2570.2</p> <p>(j) "Occupational therapy services" means the services of an occupational therapist or the services of an occupational therapy assistant under the appropriate supervision of an occupational therapist.</p> <p>(l) "Occupational therapy" means the therapeutic use of purposeful and meaningful goal-directed activities (occupations) with individuals, groups, populations, or organizations, to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness for clients with disability- and nondisability-related needs or to those who have, or are at risk of developing, health conditions that limit activity or cause participation restrictions. Occupational therapy services encompass occupational therapy assessment, treatment, education, and consultation. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perception and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability. Through engagement in everyday activities, occupational therapy promotes mental health by supporting occupational performance in people with, or at risk of experiencing, a range of physical and mental health disorders. Occupational therapy techniques that are used for treatment involve teaching activities of daily living (excluding speech-language skills); designing or fabricating orthotic devices, and applying or training in the use of assistive technology or orthotic and prosthetic devices (excluding gait training). Occupational therapy consultation provides expert advice to enhance function and quality of life. Consultation or treatment may involve modification of tasks or environments to allow an individual to achieve maximum independence. Services are provided individually, in groups, or populations.</p> <p>(m) "Hand therapy" is the art and science of rehabilitation of the hand, wrist, and forearm requiring comprehensive knowledge of the upper extremity and specialized skills in assessment and treatment to prevent dysfunction, restore function, or reverse the advancement of pathology. This definition is not intended to prevent an occupational therapist practicing hand therapy from providing other occupational therapy services authorized under this act in conjunction with hand therapy.</p> <p>(n) "Physical agent modalities" means techniques that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity. These techniques are used as adjunctive methods in conjunction with, or in immediate preparation for, occupational therapy services.</p> <p>2570.3.</p> <p>(d) An occupational therapist may provide advanced practices if the therapist has the knowledge, skill, and ability to do so and has demonstrated to the satisfaction of the board that he or she has met educational training and competency requirements. These advanced practices include the following:</p> <ol style="list-style-type: none"> (1) Hand therapy. (2) The use of physical agent modalities. (3) Swallowing assessment, evaluation, or intervention. <p>(e) An occupational therapist providing hand therapy services shall demonstrate to the satisfaction of the board that he or she has completed education and training in all of the following areas:</p> <ol style="list-style-type: none"> (1) Anatomy of the upper extremity and how it is altered by pathology.

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	<p>(2) Histology as it relates to tissue healing and the effects of immobilization and mobilization on connective tissue.</p> <p>(3) Muscle, sensory, vascular, and connective tissue physiology.</p> <p>(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.</p> <p>(5) The effects of temperature and electrical currents on nerve and connective tissue.</p> <p>(6) Surgical procedures of the upper extremity and their postoperative course.</p> <p>(f) An occupational therapist using physical agent modalities shall demonstrate to the satisfaction of the board that he or she has completed education and training in all of the following areas:</p> <p>(1) Anatomy and physiology of muscle, sensory, vascular, and connective tissue in response to the application of physical agent modalities.</p> <p>(2) Principles of chemistry and physics related to the selected modality.</p> <p>(3) Physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of a modality.</p> <p>(4) Guidelines for the preparation of the client, including education about the process and possible outcomes of treatment.</p> <p>(5) Safety rules and precautions related to the selected modality.</p> <p>(6) Methods for documenting immediate and long-term effects of treatment.</p> <p>(7) Characteristics of the equipment, including safe operation, adjustment, indications of malfunction, and care.</p>
Colorado	<p><u>Statute: Colorado Revised Statutes §12-270-104. Definitions</u></p> <p>(1) "Activities of daily living" means activities that are oriented toward taking care of one's own body, such as bathing, showering, bowel and bladder management, dressing, eating, feeding, functional mobility, personal device care, personal hygiene and grooming, sexual activity, sleep, rest, and toilet hygiene.</p> <p>(3) "Instrumental activities of daily living" means activities that are oriented toward interacting with the environment and that may be complex. These activities are generally optional in nature and may be delegated to another person. "Instrumental activities of daily living" include care of others, care of pets, child-rearing, communication device use, community mobility, financial management, health management and maintenance, home establishment and management, meal preparation and cleanup, safety procedures and emergency responses, and shopping.</p> <p>(4) "Low vision rehabilitation services" means the evaluation, diagnosis, management, and care of the low vision patient in visual acuity and visual field as it affects the patient's occupational performance, including low vision rehabilitation therapy, education, and interdisciplinary consultation.</p> <p>(6) "Occupational therapy" means the therapeutic use of everyday life activities with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. The practice of occupational therapy includes:</p> <p>(a) Methods or strategies selected to direct the process of interventions such as:</p> <p>(I) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired;</p> <p>(II) Compensation, modification, or adaptation of an activity or environment to enhance performance;</p> <p>(III) Maintenance and enhancement of capabilities without which performance of everyday life activities would decline;</p> <p>(IV) Promotion of health and wellness to enable or enhance performance in everyday life activities; and</p> <p>(V) Prevention of barriers to performance, including disability prevention;</p> <p>(b) Evaluation of factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, including:</p> <p>(I) Client factors, including body functions such as neuromuscular, sensory, visual, perceptual, and cognitive functions, and body structures such as cardiovascular, digestive, integumentary, and genitourinary systems;</p> <p>(II) Habits, routines, roles, and behavior patterns;</p> <p>(III) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance; and</p>

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	<p>(IV) Performance skills, including motor, process, and communication and interaction skills;</p> <p>(c) Interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, including:</p> <p>(I) Therapeutic use of occupations, exercises, and activities;</p> <p>(II) Training in self-care, self-management, home management, and community and work reintegration;</p> <p>(III) Identification, development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions, sensory processing, and behavioral skills;</p> <p>(IV) Therapeutic use of self, including a person's personality, insights, perceptions, and judgments, as part of the therapeutic process;</p> <p>(V) Education and training of individuals, including family members, caregivers, and others;</p> <p>(VI) Care coordination, case management, and transition services;</p> <p>(VII) Consultative services to groups, programs, organizations, or communities;</p> <p>(VIII) Modification of environments such as home, work, school, or community and adaptation of processes, including the application of ergonomic principles;</p> <p>(IX) Assessment, design, fabrication, application, fitting, and training in assistive technology and adaptive and orthotic devices and training in the use of prosthetic devices, excluding glasses, contact lenses, or other prescriptive devices to correct vision unless prescribed by an optometrist;</p> <p>(X) Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management;</p> <p>(XI) Driver rehabilitation and community mobility;</p> <p>(XII) Management of feeding, eating, and swallowing to enable eating and feeding performance;</p> <p>(XIII) Application of physical agent modalities and therapeutic procedures such as wound management; techniques to enhance sensory, perceptual, and cognitive processing; and manual techniques to enhance performance skills; and</p> <p>(XIV) The use of telehealth pursuant to rules as may be adopted by the director.</p> <p>(9) "Vision therapy services" means the assessment, diagnosis, treatment, and management of a patient with vision therapy, visual training, visual rehabilitation, orthoptics, or eye exercises.</p>
Connecticut	<p><u>Statute: Connecticut General Statutes §376a, Sec.20-74a, Definitions</u></p> <p>As used in this chapter:</p> <p>(1) "Occupational therapy" means the evaluation, planning, and implementation of a program of purposeful activities to develop or maintain adaptive skills necessary to achieve the maximal physical and mental functioning of the individual in his daily pursuits. The practice of "occupational therapy" includes, but is not limited to, evaluation and treatment of individuals whose abilities to cope with the tasks of living are threatened or impaired by developmental deficits, the aging process, learning disabilities, poverty and cultural differences, physical injury or disease, psychological and social disabilities, or anticipated dysfunction, using</p> <p>(A) such treatment techniques as task-oriented activities to prevent or correct physical or emotional deficits or to minimize the disabling effect of these deficits in the life of the individual,</p> <p>(B) such evaluation techniques as assessment of sensory motor abilities, assessment of the development of self-care activities and capacity for independence, assessment of the physical capacity for prevocational and work tasks, assessment of play and leisure performance, and appraisal of living areas for the handicapped,</p> <p>(C) specific occupational therapy techniques such as activities of daily living skills, the fabrication and application of splinting devices, sensory motor activities, the use of specifically designed manual and creative activities, guidance in the selection and use of adaptive equipment, specific exercises to enhance functional performance, and treatment techniques for physical capabilities for work activities.</p>

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	Such techniques are applied in the treatment of individual patients or clients, in groups, or through social systems. Occupational therapy also includes the establishment and modification of peer review.
Delaware	<p>Statute: Delaware Code Title 24, Chapter 20, Subtitle I, §2002</p> <p>(9) a. "Occupational therapy services" includes any of the following:</p> <ol style="list-style-type: none"> 1. The assessment, treatment, and education of or consultation with an individual, family, or other persons. 2. Interventions directed toward developing, improving, or restoring daily living skills, work readiness or work performance, play skills, or leisure capacities, or enhancing educational performance skills. 3. Providing for the development, improvement, or restoration of sensorimotor, oralmotor, perceptual or neuromuscular functioning, or emotional, motivational, cognitive, or psychosocial components of performance. <p>b. "Occupational therapy services" or "practice of occupational therapy" may require assessment of the need for use of interventions such as the design, development, adaptation, application, or training in the use of assistive technology devices; the design, fabrication, or application of rehabilitative technology such as selected orthotic devices; training in the use of assistive technology, orthotic or prosthetic devices; the application of thermal agent modalities, including paraffin, hot and cold packs, and fluído therapy, as an adjunct to, or in preparation for, purposeful activity; the use of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness.</p> <p>c. "Occupational therapy services" or "practice of occupational therapy" may be provided through the use of telemedicine in a manner deemed appropriate by regulation and may include participation in telehealth as further defined in regulation. Telemedicine or telehealth regulations may not require the use of technology permitting visual communication.</p> <p>(12) "Practice of occupational therapy" means the use of goal-directed activities with individuals who are limited by physical limitations due to injury or illness, psychiatric and emotional disorders, developmental or learning disabilities, poverty and cultural differences, or the aging process, in order to maximize independence, prevent disability, and maintain health.</p>
District of Columbia	<p>Statute: Code of DC, §3-1201.02</p> <p>(9) (A) "Practice of occupational therapy" means:</p> <ol style="list-style-type: none"> (i) The therapeutic use of everyday life activities and the use of other occupational therapy techniques to engage clients who have disability- or non-disability-related needs in everyday life occupations to enable participation in activities at home, school, the workplace, or other community settings to promote habilitation, rehabilitation, and health and wellness, with or without compensation. (ii) Addressing the physical, cognitive, psycho-social, sensory, or other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life; (iii) The education and training of persons in the direct care of clients through the use of occupational therapy; and (iv) The education and training of persons in the field of occupational therapy. <p>Regulation: DC Municipal Regulations §17-6305. Scope of practice for occupational therapists.</p> <p>§6305.1. An occupational therapist shall exercise sound judgment and provide adequate care within the practice when using methods that include but are not exclusive of the following American Occupational Therapy Association (AOTA) standards for the scope of practice:</p> <ol style="list-style-type: none"> (a) Establishment, remediation or restoration of skill or ability in a client; (b) Compensation, modification, or adaptation of activity or environment to enhance performance; (c) Maintenance and enhancement of capabilities without which performance in everyday life would decline; (d) Health and wellness promotion to enable or enhance performance in everyday life activities; and (e) Prevention of barriers to performance, including disability prevention.

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	<p>§6305.2. An occupational therapist shall exercise sound judgment when evaluating factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation. These factors may include:</p> <ul style="list-style-type: none"> (a) Body functions and body structures; (b) Habits, routines, roles, and behavior patterns; (c) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance; and (d) Performance skills including motor, process, and communication or interaction skills. <p>§6305.3. An occupational therapist shall exercise sound judgment and provide adequate care to a client when administering interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, which may include the following:</p> <ul style="list-style-type: none"> (a) Therapeutic use of occupations, exercises, and activities; (b) Training in self-care, self-management, home management, and community work reintegration; (c) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions, and behavioral skills; (d) Therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process (e) Education and training of individuals, involved in the care of the client; (f) Care coordination, case management, and transition services; (g) Consultative services to groups, programs, organizations, or communities; (h) Modification of environments and adaptation of processes, including the application of ergonomic principles; (i) Assessment, design, fabrication, application, fitting and training in assistive technology, adaptive devices and orthotic devices, and training in the use of prosthetic devices; (j) Assessment, recommendation, and training in techniques to enhance mobility including wheelchair management; (k) Driver rehabilitation and community mobility; (l) Management of feeding, eating, and swallowing to enable eating and feeding performance; and (m) Application of physical agent modalities, and use of a range of specific therapeutic procedures to enhance performance skills. <p><u>Regulation: DC Municipal Regulations §17-7313. Responsibilities (Occupational therapy assistants)</u></p> <p>7313.1. An occupational therapy assistant shall exercise sound judgment and provide adequate care in the performance of duties in accordance with nationally recognized standards of practice while treating patients or supervising the treatment of patients.</p> <p>7313.2. An occupational therapy assistant supervising a student, an occupational therapy aide, or a person authorized to practice under supervision shall be responsible for all of the student's, aide's, or authorized person's actions performed within the scope of practice during the time of supervision and shall be subject to disciplinary action for any violation of the Act or this chapter by the person supervised.</p> <p>7313.3. An occupational therapist supervising an occupational therapy assistant who supervises a student, an occupational therapy aide, or a person authorized to practice under supervision shall be responsible for the actions of all supervised persons.</p>
Florida	<p><u>Statute: Florida Statutes Title XXXII, Chapter 468, Part III, Section 468.203, Definitions.</u></p> <p>(4) "Occupational therapy" means the therapeutic use of occupations through habilitation, rehabilitation, and the promotion of health and wellness with individuals, groups, or populations, along with their families or organizations, to support participation, performance, and function in the home, at school, in the workplace, in the community, and in other settings for clients who have, or who have been identified as being at risk of developing, an illness, an injury, a disease, a disorder, a condition, an impairment, a disability, an activity limitation, or a participation restriction.</p> <p>(a) For the purposes of this subsection:</p>

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	<ol style="list-style-type: none"> 1. "Activities of daily living" means functions and tasks for self-care which are performed on a daily or routine basis, including functional mobility, bathing, dressing, eating and swallowing, personal hygiene and grooming, toileting, and other similar tasks 2. "Assessment" means the use of skilled observation or the administration and interpretation of standardized or nonstandardized tests and measurements to identify areas for occupational therapy services. 3. "Health management" means therapeutic services designed to develop, manage, and maintain health and wellness routines, including self-management, performed with the goal of improving or maintaining health to support participation in occupations. 4. "Instrumental activities of daily living" means daily or routine activities a person must perform to live independently within the home and community. 5. "Occupational performance" means the ability to perceive, desire, recall, plan, and carry out roles, routines, tasks, and subtasks for the purpose of self-maintenance, self-preservation, productivity, leisure, and rest, for oneself or for others, in response to internal or external demands of occupations and contexts. 6. "Occupational therapy services in mental health" means occupation-based interventions and services for individuals, groups, populations, families, or communities to improve participation in daily occupations for individuals who are experiencing, are in recovery from, or are identified as being at risk of developing mental health conditions. 7. "Occupations" means meaningful and purposeful everyday activities performed and engaged in by individuals, groups, populations, families, or communities which occur in contexts and over time, such as activities of daily living, instrumental activities of daily living, health management, rest and sleep, education, work, play, leisure, and social participation. The term includes more specific occupations and the execution of multiple activities that are influenced by performance patterns, performance skills, and client factors, and that result in varied outcomes. <p>(b) The practice of occupational therapy includes, but is not limited to, the following services:</p> <ol style="list-style-type: none"> 1. Assessment, treatment, and education of or consultation with individuals, groups, and populations whose abilities to participate safely in occupations, including activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation, are impaired or have been identified as being at risk of impairment due to issues related to, but not limited to, developmental deficiencies, the aging process, learning disabilities, physical environment and sociocultural context, physical injury or disease, cognitive impairments, or psychological and social disabilities. 2. Methods or approaches used to determine abilities and limitations related to performance of occupations, including, but not limited to, the identification of physical, sensory, cognitive, emotional, or social deficiencies. 3. Specific occupational therapy techniques used for treatment which include, but are not limited to, training in activities of daily living; environmental modification; assessment of the need for the use of interventions such as the design, fabrication, and application of orthotics or orthotic devices; selecting, applying, and training in the use of assistive technology and adaptive devices; sensory, motor, and cognitive activities; therapeutic exercises; manual techniques; physical agent modalities; and occupational therapy services in mental health. <p>(c) The use of devices subject to 21 C.F.R. s. 801.109 and identified by the board is expressly prohibited except by an occupational therapist or occupational therapy assistant who has received training as specified by the board. The board shall adopt rules to carry out the purpose of this provision.</p>
Georgia	<p><u>Statute: Georgia Code §43-28-3, Definitions.</u></p> <p>(4) "Occupations" means activities of daily living in which people engage.</p> <p>(6) "Occupational therapy" means the therapeutic use of occupations with individuals, groups, populations, or organizations to support participation, performance, and function in life roles. Occupational therapy is provided for habilitation, rehabilitation, and the promotion of health</p>

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	<p>and wellness to those who have or are at risk for developing activity limitation or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations promoting health, well-being, and quality of life. The practice of occupational therapy, including that which may be provided through telehealth, includes, but is not limited to, the following:</p> <p>(A) Evaluation, treatment, education of, and consultation with, individuals, groups, and populations whose abilities to participate safely in occupations, including activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, are impaired or at risk for impairment due to issues related, but not limited to, developmental deficiencies, the aging process, learning disabilities, physical environment and sociocultural context, physical injury or disease, cognitive impairments, and psychological and social disabilities;</p> <p>(B) Evaluation to determine abilities and limitations related to performance of occupations, including the identification of physical, sensory, cognitive, emotional, or social deficiencies. Treatment based on such evaluation utilizes task oriented, purposeful, and meaningful goal directed activities to prevent, correct, minimize, or compensate for deficiencies to maximize independence in daily life and promote overall health and wellbeing; and</p> <p>(C) Specific occupational therapy techniques used for treatment that involve, but are not limited to, training in activities of daily living; environmental modification; the designing, fabrication, and application of orthotic or orthotic devices; selecting, applying, and training in the use of assistive technology and adaptive devices; sensory, motor, and cognitive activities; therapeutic exercises; manual therapy techniques that do not include adjustment or manipulation of the articulations of the human body; and physical agent modalities. Such techniques are applied in the treatment of individuals, groups, or through organizational-level practices to enhance physical functional performance, work capacities, and community participation.</p> <p>(10) "Orthotic" or "orthotic device" means a rigid or semi-rigid device or splint used to support a weak or deformed body part. An orthotic may be used to restrict, eliminate, or enhance motion; to support a healing body part; or to substitute for lost function or motion and can be custom fabricated, custom fitted, or prefabricated.</p> <p>(12) "Physical agent modalities" means occupational therapy treatment techniques, both superficial and deep tissue, which may, but are not required to utilize the following agents: thermal, mechanical, electromagnetic, water, and light for a specific therapeutic effect to promote functional outcomes.</p>
<p style="text-align: center;">Guam</p>	<p><u>Statute: Guam Code Annotated Title 10, Chapter 12, Article 14 Occupational Therapy.</u></p> <p><u>§121401 Definitions.</u></p> <p>For the purposes of this Article, the following words and phrases have been defined to mean:</p> <p>(b) Occupational therapy means the evaluation and treatment provided to people whose lives have been disrupted by physical injury, illness, developmental problems, the aging process, or psychosocial or cognitive difficulties.</p> <p>(1) Treatment entails the assessment, evaluation and treatment to assist each individual to achieve or return to an independent and productive life through techniques which prevent disability, assisting the individual in recovery from illness or accident and by promoting the development of functions which may have been impaired or delayed.</p> <p>(2) The treatment provided may include, but shall not be limited to, the adaptation of the environment and the selection, design and fabrication of assistive and orthotic devices, and other technology to facilitate development and promote the acquisition of functional skills through purposeful activity.</p>

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	<p>§121409. Scope of practice; Occupational Therapist.</p> <p>(a) An occupational therapist may enter a case for the purposes of providing direct or indirect service, consulting, evaluating an individual as to the need for services, and other occupational therapy services for any individual who has an injury, illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental or learning disability, physical disability, or other disorder or condition. It includes assessment by skilled observation or evaluation through the administration and interpretation of standardized or nonstandardized tests and measurements. Occupational therapy services include, but are not limited to, the following:</p> <ol style="list-style-type: none"> (1) the assessment and provision of treatment in consultation with the individual, family or other appropriate persons; (2) interventions directed toward developing, improving, sustaining or restoring daily living skills, including self-care skills and activities that involve interactions with others and the environment, work readiness or work performance, play skills or leisure capacities, or enhancing educational performance skills; (3) developing, improving, sustaining or restoring sensorimotor, oral-motor, perceptual or neuromuscular functioning, emotional, motivational, cognitive or psychosocial components of performance; and (4) education of the individual, family or other appropriate persons in carrying out appropriate interventions. <p>(b) Services may encompass assessment of need and the design, development, adaptation, application or training in the use of assistive technology devices; the design, fabrication or application of rehabilitative technology, such as selected orthotic devices; training in the use of orthotic or prosthetic devices; the application of physical agent modalities as an adjunct to or in preparation for purposeful activity; the application of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness.</p> <p>(c) Such evaluation shall be the occupational therapist's assessment of a patient's problem, and the therapist shall make an occupational therapy assessment and evaluation and treat accordingly. The therapist shall consult with an authorized health care practitioner if a patient's problem is outside the scope of occupational therapy. If, at any time, a patient requires further services of an authorized health care provider, a referral shall be made.</p> <p>§ 121410. Scope of Practice; Occupational Therapy Assistant.</p> <p>The occupational therapy assistant works under the supervision of the occupational therapist. The amount, degree and pattern of supervision a practitioner requires varies depending on the employment setting, method of service provision, the practitioner's competence and the demands of service. The occupational therapist is responsible for the evaluation of the client or patient. The treatment plan may be developed by the occupational therapist in collaboration with the occupational therapy assistant. Once the evaluation and treatment plans are established, the occupational therapy assistant may implement and modify various therapeutic interventions, as permitted by the Board under the supervision of the occupational therapist.</p>
<p style="text-align: center;">Hawaii</p>	<p><u>Statute:</u> Hawaii Revised Statutes §457G-1.5, Practice of occupational therapy.</p> <p>(a) The practice of occupational therapy is the therapeutic use of everyday life activities with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. It includes:</p> <ol style="list-style-type: none"> (1) Evaluation of factors affecting activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation, including: <ol style="list-style-type: none"> (A) Client factors, including body functions, such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors; body structures, such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement, values, beliefs, and spirituality; (B) Habits, routines, roles, rituals, and behavior patterns; (C) Occupational and social environments, cultural, personal, temporal, and virtual contexts and activity demands that affect performance; and

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	<p>(D) Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication, and social skills;</p> <p>(2) Methods or approaches selected to direct the process of interventions, including:</p> <ul style="list-style-type: none"> (A) Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline; (B) Compensation, modification, or adaptation of activity or environment to enhance performance or prevent injuries, disorders, or other conditions; (C) Retention and enhancement of skills or abilities without which performance in everyday life activities would decline; (D) Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities; and (E) Prevention of barriers to performance and participation, including injury and disability prevention; and <p>(3) Interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation, including:</p> <ul style="list-style-type: none"> (A) Therapeutic use of occupations, exercises, and activities; (B) Training in self-care, self-management, health management and maintenance, home management, community reintegration, work reintegration, school activities, and work performance; (C) Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions; pain tolerance and management; and behavioral skills; (D) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process; (E) Education and training of individuals, including family members, caregivers, groups, populations, and others; (F) Care coordination, case management, and transition services; (G) Consultative services to groups, programs, organizations, or communities; (H) Modification of environments, such as home, work, school, or community, and adaptation of processes, including the application of ergonomic principles; (I) Assessment, design, fabrication, application, fitting, and training in seating and positioning; assistive technology; adaptive devices; orthotic devices; and training in the use of prosthetic devices; (J) Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices; (K) Low vision rehabilitation; (L) Driver rehabilitation and community mobility; (M) Management of feeding, eating, and swallowing to enable eating and feeding performance; (N) Application of physical agent modalities and use of a range of specific therapeutic procedures, such as wound care management, interventions to enhance sensory-perceptual and cognitive processing, and manual therapy, to enhance performance skills; and (O) Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.
Idaho	<p><u>Statute: Idaho Code §54-3702</u></p> <p>(10) "Occupational therapy" means the care and services provided by or under the direction and supervision of an occupational therapist.</p> <p>(13) "Practice of occupational therapy" means the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive,</p>

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	<p>psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being and quality of life. The practice of occupational therapy includes:</p> <ul style="list-style-type: none"> (a) Development of occupation-based plans, methods or strategies selected to direct the process of interventions such as: <ul style="list-style-type: none"> (i) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired. (ii) Compensation, modification, or adaptation of activity or environment to enhance performance. (iii) Maintenance and enhancement of capabilities without which performance in everyday life activities would decline. (iv) Health promotion and wellness to enable or enhance performance in everyday life activities. (v) Prevention of barriers to performance, including disability prevention. (b) Evaluation of factors affecting a client's occupational performance areas of activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including: <ul style="list-style-type: none"> (i) Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive), values, beliefs, and spirituality, and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems). (ii) Performance patterns, including habits, routines, roles, and behavior patterns. (iii) Contexts and activity demands that affect performance, including cultural, physical, environmental, social, virtual and temporal. (iv) Performance skills, including sensory perceptual skills, motor and praxis skills, emotional regulation skills, cognitive skills, communication and social skills. (c) Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, rest and sleep, including: <ul style="list-style-type: none"> (i) Therapeutic use of occupations, exercises, and activities. (ii) Training in self-care, self-management, home management, and community/work reintegration. (iii) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavioral skills. (iv) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process. (v) Education and training of individuals, including family members, caregivers, and others. (vi) Care coordination, case management, and transition services. (vii) Consultative services to groups, programs, organizations, or communities. (viii) Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles. (ix) Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, orthotic devices, and prosthetic devices. (x) Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management. (xi) Driver rehabilitation and community mobility. (xii) Management of feeding, eating, and swallowing to enable eating and feeding performance. (xiii) Application of superficial, thermal and mechanical physical agent modalities, and use of a range of specific therapeutic procedures (such as basic wound management; techniques to enhance sensory, perceptual, and cognitive processing; therapeutic exercise techniques to facilitate participation in occupations) to enhance performance skills. (xiv) Use of specialized knowledge and skills as attained through continuing education and experience for the application of deep thermal and electrotherapeutic modalities, therapeutic procedures specific to occupational therapy and wound care management for treatment to enhance participation in occupations as defined by rules adopted by the board.
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	(d) Engaging in administration, consultation, testing, education and research as related to paragraphs (a), (b) and (c) of this subsection and further established in rule.
Illinois	<p>Statute: Illinois Compiled Statutes 225 ILCS 75/2</p> <p>(6) "Occupational therapy" means the therapeutic use of everyday life occupations and activities with recipients , groups, or populations to support occupational performance and participation. "Occupational therapy practice" includes clinical reasoning and professional judgment to evaluate, analyze, and address occupational challenges, including issues with client factors, performance patterns, and performance skills and provide occupation-based interventions to address the challenges. Through the provision of skilled services and engagement in everyday activities, occupational therapy promotes physical and mental health and well-being by supporting occupational performance in people with, or are at risk of experiencing, a range of developmental, physical, and mental health disorders. Occupational therapy may be provided via technology or telecommunication methods, also known as telehealth, however the standard of care shall be the same whether a patient or recipient is seen in person, through telehealth, or other method of electronically enabled health care. Occupational therapy practice may include any of the following components:</p> <ul style="list-style-type: none"> (a) evaluation of factors affecting activities of daily living, instrumental activities of daily living, health management, rest and sleep, education, work, play, leisure, and social participation; (b) methods or approaches to identify and select interventions; and (c) interventions and procedures including: <ul style="list-style-type: none"> (i) remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes; (ii) modification or adaptation of task, process, or the environment or the teaching of compensatory techniques in order to enhance performance; (iii) disability prevention methods and techniques that facilitate the development or safe application of performance skills; and (iv) health and wellness promotion strategies, including self-management strategies, and practices that enhance performance abilities. <p>The licensed occupational therapist or licensed occupational therapy assistant may assume a variety of roles in the licensee's career including, but not limited to, practitioner, supervisor of professional students and volunteers, researcher, scholar, consultant, administrator, faculty, clinical instructor, fieldwork educator, and educator of consumers, peers, family members, and care-partners.</p> <p>(7) "Occupational therapy services" means services that may be provided to individuals, groups, and populations, when provided to treat an occupational therapy need, including the following:</p> <ul style="list-style-type: none"> (a) evaluating, developing, improving, sustaining, or restoring skills in self-care, self-management, health management, including medication-management, health routines, rest and sleep, home management, community and work integration, school activities, work performance, and play and leisure activities; (b) identification, development, and remediation or compensation for deficits in physical, neuromusculoskeletal, sensory-perceptual, emotional regulation, visual, mental, and cognitive functions; pain tolerance and management; praxis; developmental skills; and behavioral skills or psychosocial components of performance with considerations for cultural context and activity demands that affect performance; (c) assessing, designing, fabricating, applying, or training in the use of assistive technology, adaptive devices, seating and positioning, orthoses and training in the use of prostheses; (d) modification of contexts in settings, such as home, school, work, and community, and adaptation of processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles; (e) for the occupational therapist or occupational therapy assistant possessing advanced training, skill, and competency as demonstrated through criteria that shall be determined by the Department, applying physical agent modalities as an adjunct to or in preparation for engagement in occupations;

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	<p>(f) evaluating and providing intervention in collaboration with the recipient, family, caregiver, or others;</p> <p>(g) educating the recipient, family, caregiver, groups, populations, or others in carrying out appropriate nonskilled interventions;</p> <p>(h) consulting with groups, programs, organizations, or communities to provide population-based services;</p> <p>(i) assessing, recommending, and training in techniques to enhance functional mobility, including wheelchair fitting and management and other mobility devices;</p> <p>(j) driver rehabilitation and community mobility;</p> <p>(k) management of feeding, eating, and swallowing to enable or enhance performance of these tasks;</p> <p>(l) low vision rehabilitation;</p> <p>(m) lymphedema and wound care management;</p> <p>(n) pain management;</p> <p>(o) care coordination, case management, and transition services;</p> <p>(p) exercises, including tasks and methods to increase motion, strength, and endurance for occupational participation;</p> <p>(q) virtual interventions, including simulated, real-time, and near-time technologies, consisting of telehealth and mobile technology;</p> <p>(r) evaluating and treating problems of rest and sleep;</p> <p>(s) group interventions, including the use of dynamics of group and social interaction to facilitate learning and skill acquisition across the life course; and</p> <p>(t) habilitation, rehabilitation, and the promotion of physical and mental health and wellness for clients with all levels of ability-related needs and for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, and activity limitation or participation restriction.</p>
Indiana	<p><u>Statute:</u> Indiana Code Title 25, Article 23.5, Chapter 1, Definitions.</p> <p>§25-23.5-1-5</p> <p>Sec. 5. "Practice of occupational therapy" means the therapeutic use of everyday life occupations and occupational therapy services to:</p> <ol style="list-style-type: none"> (1) aid individuals or groups to participate in meaningful roles and situations in the home, school, the workplace, the community, or other settings; (2) promote health and wellness through research and practice; and (3) serve individuals or groups who are well but have been or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. <p>The practice of occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect a person's health, well-being, and quality of life throughout the person's life span.</p> <p>§25-23.5-1-6.5</p> <p>Sec. 6.5. "Occupational therapy services" means services that are provided to promote health and wellness, prevent disability, preserve functional capabilities, prevent barriers for occupational performance from occurring, and enable or improve performance in everyday activities, including services that do the following:</p> <ol style="list-style-type: none"> (1) Establish, remediate, or restore a skill or ability that is impaired or not yet developed. Occupational therapy services include identifying speech, language, and hearing that are impaired or not yet developed, but does not include the remediation of speech, language, and hearing skills and abilities. (2) Modify or adapt a person or an activity or environment of a person or compensate for a loss of a person's functions. (3) Evaluate factors that affect daily living activities, instrumental activities of daily living, and other activities relating to work, play, leisure, education, and social participation. These factors may include body functions, body structure, habits, routines, role

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	<p>performance, behavior patterns, sensory motor skills, cognitive skills, communication and interaction skills, and cultural, physical, psychosocial, spiritual, developmental, environmental, and socioeconomic contexts and activities that affect performance.</p> <p>(4) Perform interventions and procedures relating to the factors described in subdivision (3), including the following:</p> <ul style="list-style-type: none"> (A) Task analysis and therapeutic use of occupations, exercises, and activities. (B) Education and training in self-care, self-management, home management, and community or work reintegration. (C) Care coordination, case management, transition, and consultative services. (D) Modification of environments and adaptation processes, including the application of ergonomic and safety principles. (E) Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices. However, this does not include the following: <ul style="list-style-type: none"> (i) Gait training. (ii) Training in the use of hearing aids, tracheoesophageal valves, speaking valves, or electrolarynx devices related to the oral production of language. (iii) Remediation of speech, language, and hearing disorders. (iv) Fabrication of shoe inserts. (F) Assessment, recommendation, and training in techniques to enhance safety, functional mobility, and community mobility, including wheelchair management and mobility. However, this does not include gait training. (G) Management of feeding, eating, and swallowing to enable eating and feeding performance. (H) Application of physical agent modalities and use of a range of specific therapeutic procedures used in preparation for or concurrently with purposeful and occupation based activities, including techniques to enhance sensory-motor, perceptual, and cognitive processing, manual therapy techniques, and adjunctive and preparatory activities for occupational performance. However, manual therapy does not include spinal manipulation, spinal adjustment, or grade 5 mobilization.
Iowa	<p><u>Statute: Iowa Code §148b.2</u></p> <p>3. “Occupational therapy” means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. “Occupational therapy” includes but is not limited to providing assessment, design, fabrication, application, and fitting of selected orthotic devices and training in the use of prosthetic devices.</p> <p><u>Regulation: Iowa Administrative Code Inspections and Appeals Department 481, Chapter 804, Licensure of Occupational Therapists and Occupational Therapy Assistants.</u></p> <p>481–804.1. Definitions. For purposes of these rules, the following definitions shall apply:</p> <p>“Occupational therapy practice” means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations, to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. The practice of occupational therapy includes:</p>

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| | <p>1. Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:</p> <ul style="list-style-type: none"> • Client factors, including body functions (such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors) and body structures (such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement) and values, beliefs, and spirituality. • Habits, routines, roles, rituals, and behavior patterns. • Physical and social environments; cultural, personal, temporal and virtual contexts; and activity demands that affect performance. • Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication and social skills. <p>2. Methods or approaches selected to direct the process of interventions, including:</p> <ul style="list-style-type: none"> • Establishment of a skill or ability that has not yet developed or remediation or restoration of a skill or ability that is impaired or is in decline.Ch 206, p.2 IAC • Compensation, modification, or adaptation of activity or environment to enhance performance or to prevent injuries, disorders, or other conditions. • Retention and enhancement of skills or abilities without which performance in everyday life activities would decline. • Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities. • Prevention of barriers to performance and participation, including injury and disability prevention. <p>3. Interventions and procedures to promote or enhance safety and performance in ADL, IADL, rest and sleep, education, work, play, leisure, and social participation, including:</p> <ul style="list-style-type: none"> • Therapeutic use of occupations, exercises, and activities. • Training in self-care, self-management, health management and maintenance, home management, community/work reintegration, and school activities and work performance. • Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills. • Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process. • Education and training of individuals, including family members, caregivers, groups, populations, and others. • Care coordination, case management, and transition services. • Consultative services to groups, programs, organizations, or communities. • Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles. • Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices. • Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices. • Low vision rehabilitation. • Driver rehabilitation and community mobility. • Management of feeding, eating, and swallowing to enable eating and feeding performance. • Application of physical agent modalities and use of a range of specific therapeutic procedures (such as wound care management, interventions to enhance sensory-perceptual and cognitive processing, and manual therapy) to enhance performance skills. • Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes. |
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	<p>"Occupational therapy screening" means a brief process that is directed by an occupational therapist in order for the occupational therapist to render a decision as to whether the individual warrants further, in-depth evaluation and that includes:</p> <ol style="list-style-type: none"> 1. Assessment of the medical and social history of an individual; 2. Observations related by that individual's caregivers; or 3. Observations or nonstandardized tests, or both, administered to an individual by the occupational therapist or an occupational therapy assistant under the direction of the occupational therapist. <p>Nothing in this definition shall be construed to prohibit licensed occupational therapists and occupational therapy assistants who work in preschools or school settings from providing short-term interventions to children prior to an evaluation, not to exceed 16 sessions per concern per school year, in accordance with state and federal educational policy.</p>
Kansas	<p><u>Statute: Kansas Statutes §65-5402</u></p> <p>(b) "Practice of occupational therapy" means the therapeutic use of purposeful and meaningful occupations or goal-directed activities to evaluate and treat individuals who have a disease or disorder, impairment, activity limitation or participation restriction that interferes with their ability to function independently in daily life roles and to promote health and wellness.</p> <ol style="list-style-type: none"> (1) Occupational therapy intervention may include: <ol style="list-style-type: none"> (A) Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological cognitive processes; (B) adaptation of tasks, process, or the environment or the teaching of compensatory techniques in order to enhance performance; (C) disability prevention methods and techniques that facilitate the development or safe application of performance skills; and (D) health promotion strategies and practices that enhance performance abilities. (2) The "practice of occupational therapy" does not include the practice of any branch of the healing arts or making a medical diagnosis. <p>(c) "Occupational therapy services" include, but are not limited to:</p> <ol style="list-style-type: none"> (1) Evaluating, developing, improving, sustaining, or restoring skills in activities of daily living (ADL), work or productive activities, including instrumental activities of daily living (IADL) and play and leisure activities; (2) evaluating, developing, remediating, or restoring sensorimotor, cognitive or psychosocial components of performance; (3) designing, fabricating, applying, or training in the use of assistive technology or orthotic devices and training in the use of prosthetic devices; (4) adapting environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles; (5) applying physical agent modalities as an adjunct to or in preparation for engagement in occupations; (6) evaluating and providing intervention in collaboration with the client, family, caregiver or others; (7) educating the client, family, caregiver or others in carrying out appropriate nonskilled interventions; and (8) consulting with groups, programs, organizations or communities to provide population-based services.
Kentucky	<p><u>Statute: Kentucky Revised Statutes §319A.010</u></p> <p>(2) "Practice of occupational therapy" means the therapeutic use of purposeful and meaningful occupations (goal-directed activities) to evaluate and treat individuals who have a disease or disorder, impairment, activity limitation, or participation restriction that interferes with their ability to function independently in daily life roles, and to promote health and wellness. Occupational therapy intervention may include:</p> <ol style="list-style-type: none"> (a) Remediation or restoration, through goal-directed activities, of those performance abilities that are limited due to impairment in biological, physiological, or neurological processes; (b) Adaptation of task, process, or the environment or the teaching of compensatory techniques to enhance performance;

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- (c) Disability prevention methods and techniques that facilitate the development or safe application of performance skills; and
- (d) Health promotion strategies and practices that enhance performance abilities;
- (6) "Occupational therapy services" include but are not limited to:
 - (a) Evaluating, developing, improving, sustaining, or restoring skills in basic and instrumental activities of daily living (BADLs and IADLs), work or productive activities, and play and leisure activities;
 - (b) Evaluating, developing, remediating, or restoring components of performance as they relate to sensorimotor, cognitive, or psychosocial aspects;
 - (c) Designing, fabricating, applying, and training in the use of assistive technology or orthotic devices and training in the use of prosthetic devices for functional mobility and activities of daily living;
 - (d) Adapting environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles;
 - (e) Applying superficial physical agent modalities as an adjunct to or in preparation for engagement in occupations;
 - (f) Applying deep physical agent modalities as an adjunct to or in preparation for engagement in occupations, in accordance with KRS 319A.080;
 - (g) Evaluating and providing intervention in collaboration with the client, family, caregiver, or others;
 - (h) Educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions; and
 - (i) Consulting with groups, programs, organizations, or communities to provide population based services;
- (8) "Deep physical agent modalities" means any device that uses sound waves or agents which supply or induce an electric current through the body, which make the body a part of the circuit, including iontophoresis units with a physician's prescription, ultrasound, transcutaneous electrical nerve stimulation units and functional electrical stimulation, or microcurrent devices; and
- (9) "Superficial physical agent modalities" means hot packs, cold packs, ice, fluidotherapy, paraffin, water, and other commercially available superficial heating and cooling devices.

Regulation: Kentucky Administrative Regulations 201 KAR 28:10

Section 1. Definitions.

- (5) "Basic activities of daily living" means tasks or activities that are oriented toward taking care of one's own body; those tasks that are performed daily by an individual that pertain to and support one's self-care, mobility, and communication; and includes the following activities:
 - (a) Bathing and showering;
 - (b) Bowel and bladder management;
 - (c) Dressing;
 - (d) Swallowing, eating, and feeding;
 - (e) Functional mobility;
 - (f) Personal device care;
 - (g) Personal hygiene and grooming;
 - (h) Sexual activity;
 - (i) Sleep and rest; and
 - (j) Toileting and toilet hygiene
- (7) "Components of performance" means activity and occupational demands, client factors, performance skills, context, and environment.
- (10) "Functional mobility" means moving from one (1) position or place to another including in-bed mobility, wheelchair mobility, transportation of objects through space, and functional ambulating transfers, driving, and community mobility.
- (12) "Instrumental activities of daily living" means complex tasks or activities that are oriented toward interacting with the environment and are essential to self-maintenance matters which extend beyond personal care, including:

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- (a) Care of others;
- (b) Care of pets;
- (c) Child rearing;
- (d) Communication management;
- (e) Financial management;
- (f) Health management and maintenance;
- (g) Home establishment, management, and maintenance;
- (h) Meal preparation and cleanup;
- (i) Safety and emergency maintenance;
- (j) Shopping;
- (k) Spiritual activities; and
- (l) Selection and supervision of caregivers.

(14) "Occupations" means activities, tasks or roles that individuals engage in which provide intrinsic value and meaning for the individual, society, and culture.

(20) "Performance abilities" means the utilization of performance skills in the participation of active daily life.

(21) "Performance skills" means the observable actions of a person that have implicit functional purposes, including motor skills, processing skills, interaction skills, and communication skills.

(22) "Restoration" means to restore a performance skill or ability that has been impaired.

Regulation: Kentucky Administrative Regulations, 201 KAR 28:190

Section 1. Definitions.

(3) "Low-vision services" means occupational therapy services designed for the purpose of maximizing the use of residual vision in order to maintain or restore function in daily life roles and activities. Low-vision services include:

- (a) Occupational profiling, analysis of occupational performance, and intervention planning that focuses on adapting or altering environments and processes and the implementation of the intervention plan; and
- (b) Training in the use of assistive technology for the purpose of improving performance skills and performance abilities in basic and instrumental activities of daily living, work or productive activities, play, and leisure.

(5) "Visual-therapy services" means occupational therapy services designed for the purpose of maximizing visual perceptual components of performance in order to restore or maintain daily life roles and activities.

(6) "Visually related rehabilitative treatment plan" means a comprehensive vision plan of care for the rehabilitation and treatment of the visually-impaired or legally-blind individual which is developed by the optometrist, ophthalmologist, or physician after the evaluation and diagnosis of the individual client and which includes a general description of the low-vision services and the visual therapy services that are to be provided by the OT/L. A visually-related rehabilitative treatment plan is periodically reviewed by the optometrist, ophthalmologist, or physician.

Section 2. Provision of Low-vision and Visual-therapy Services.

(1) An OT/L shall not develop a visually-related rehabilitation plan, but an OT/L may provide low-vision or visual-therapy services to a client as prescribed in writing by an optometrist, ophthalmologist, or physician who has personally examined and evaluated the client for low vision rehabilitation services and who has referred the client to the OT/L.

- (2) (a) The low-vision or visual-therapy services which an OT/L may provide shall include:
 - 1. Adapting environments and processes; and
 - 2. Training in the use of assistive technology for the purpose of improving performance skills and performance abilities in basic and instrumental activities of daily living, work or productive activities and play and leisure.

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	(b) Low-vision and visual-therapy services shall not include independent diagnostic vision evaluations or the development of a comprehensive vision plan for the rehabilitation and treatment for individuals with visual impairments.
Louisiana	<p>Statute: Louisiana Revised Statutes §37:3003</p> <p>(3) (a) "Occupational therapy" means the application of any activity in which one engages for the purposes of evaluation, interpretation, treatment planning, and treatment of problems interfering with functional performance in persons impaired by physical illness or injury, emotional disorders, congenital or developmental disabilities, or the aging process, in order to achieve optimum functioning and prevention and health maintenance. The occupational therapist may enter a case for the purposes of providing consultation and indirect services and evaluating an individual for the need of services. Prevention, wellness, and education related services shall not require a referral; however, in workers' compensation injuries preauthorization shall be required by the employer or workers' compensation insurer or provider. Implementation of direct occupational therapy to individuals for their specific medical condition or conditions shall be based on a referral or order from a physician, advanced practice registered nurse, dentist, podiatrist, or optometrist licensed to practice. Practice shall be in accordance with published standards of practice established by the American Occupational Therapy Association, Inc., and the essentials of accreditation established by the agencies recognized to accredit specific facilities and programs.</p> <p>(b) Specific occupational therapy services include, but are not limited to activities of daily living (ADL); the design, fabrication, and application of prescribed temporary splints; sensorimotor activities; the use of specifically designed crafts; guidance in the selection and use of adaptive equipment; therapeutic activities to enhance functional performance; prevocational evaluation and training and consultation concerning the adaptation of physical environments for persons with disabilities. These services are provided to individuals or groups through medical, health, educational, and social systems.</p>
Maine	<p>Statute: Maine Revised Statutes, Title 32, Chapter 32, § 2272</p> <p>12-D. Occupational therapy. "Occupational therapy" means the therapeutic use of everyday life activities and occupations with individuals or groups to enhance or enable participation, performance or function in roles and situations in home, school, workplace, community and other settings for the purpose of promoting health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory and other aspects of performance in a variety of contexts to support engagement in everyday occupations that affect physical and mental health, well-being and quality of life. "Occupational therapy" includes:</p> <p>A. Methods and strategies selected to direct the process of interventions such as:</p> <ol style="list-style-type: none"> (1) Facilitating establishment, remediation or restoration of a skill or ability that has not yet developed, is impaired or is in decline; (2) Compensation, modification or adaptation of an activity or environment to enhance performance or to prevent injuries, disorders or other conditions; (3) Maintenance and enhancement of capabilities without which performance of everyday life activities would decline; (4) Health promotion and wellness to enable or enhance performance in everyday life activities; and (5) Prevention or remediation of barriers to performance, including disability prevention; <p>B. Evaluation of client factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure and social participation, including:</p> <ol style="list-style-type: none"> (1) Body functions such as neuromuscular, sensory, visual, perceptual, mental and cognitive functions; pain factors; bodily systems such as cardiovascular, digestive, integumentary and genitourinary systems; and structures related to movement; (2) Habits, routines, roles and behavior patterns; (3) Cultural, physical, environmental, social and spiritual contexts and activity demands that affect performance; and (4) Performance skills, including motor, process, emotional regulation, cognitive, sensory perceptual, communication and social interaction skills; and

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	<p>C. Interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, education, work, play, leisure and social participation, including:</p> <ol style="list-style-type: none"> (1) Therapeutic use of occupations, exercises and activities; (2) Training in self-care, self-management, home management, community and work integration and reintegration, school activities and work performance; (3) Development, remediation or compensation of physical, mental and cognitive functions, neuromuscular and sensory functions, pain tolerance and management, developmental skills and behavioral skills; (4) Therapeutic use of self, including one's personality, insights, perceptions and judgments, as part of the therapeutic process; (5) Education and training of other individuals, including family members and caregivers; (6) Care coordination, case management and transition services; (7) Consultative services to groups, programs, organizations and communities; (8) Modification of environments such as home, school, workplace and community settings and adaptation of processes, including the application of ergonomic principles; (9) Assessment, design, fabrication, application, fitting and training in assistive technology, adaptive devices and orthotic devices and training in the use of prosthetic devices; (10) Assessment, recommendation and training in techniques to enhance functional mobility, including seating and positioning and wheelchair management; (11) Driver rehabilitation and community mobility; (12) Management of feeding, eating and swallowing to enable eating and feeding performance; and (13) Application of physical agent modalities and use of a range of specific therapeutic procedures to enhance performance skills; techniques to enhance sensory, perceptual and cognitive processing; and manual therapy techniques.
Maryland	<p><u>Statute: Annotated Code of Maryland, Health Occupations Article § 10-101</u></p> <p>(l) "Occupational therapy" means the therapeutic use of purposeful and meaningful goal-directed activities to evaluate, consult, and treat individuals who:</p> <ol style="list-style-type: none"> (1) Have a disease or disorder, impairment, activity limitation, or participation restriction that interferes with their ability to function independently in daily life roles; or (2) Benefit from the prevention of impairments and activity limitations. <p>(n) "Occupational therapy practice" or "limited occupational therapy practice" means to carry out a treatment program that applies the principles and procedures of occupational therapy.</p> <p>(o) "Occupational therapy principles" include:</p> <ol style="list-style-type: none"> (1) The use of therapeutic activities that promote independence in daily life roles; (2) Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes; (3) In order to enhance performance, the adaption of task, process, or the environment, or the teaching of compensatory techniques; (4) Methods and techniques for preventing disability that facilitate the development or safe application of performance skills; (5) Health promotion strategies and practices that enhance performance abilities; and (6) Education, instruction, and research in the practice of occupational therapy. <p>(p) (1) "Occupational therapy procedures" include:</p> <ol style="list-style-type: none"> (i) Developing, improving, sustaining, or restoring skills in activities of daily living, work, or productive activities, including: <ol style="list-style-type: none"> 1. Instrumental activities of daily activity; and 2. Play and leisure activities;

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	<ul style="list-style-type: none"> (ii) Developing, remediating, or restoring sensorimotor, perceptual, cognitive, or psychological components of performance; (iii) Designing, fabricating, applying, or training in the use of assistive technology, splinting, or orthotic devices, including training in the use of prosthetic devices; (iv) Adapting environments and processes, including the application of ergonomic principles to enhance performance and safety in daily life roles; (v) Applying physical agent modalities as adjuncts to or in preparation for purposeful activity with appropriate training, as specified by the Board in regulations; (vi) Promoting safe, functional mobility in daily life tasks; (vii) Providing intervention in collaboration with the client, the client's family, the client's caregiver, or others; (viii) Educating the client, the client's family, the client's caregiver, or others in carrying out appropriate nonskilled interventions; and (ix) Consulting with groups, programs, organizations, and communities to provide population-based services. <p>(2) "Occupational therapy procedures" do not include the adjustment or manipulation of any of the osseous structures of the body or spine.</p>
Massachusetts	<p><u>Statute: Massachusetts General Laws Part 1, Title XVI, Chapter 112, Section 23a</u></p> <p>"Occupational therapy", the application of principles, methods and procedures of evaluation, problem identification, treatment, education, and consultation which utilizes purposeful activity in order to maximize independence, prevent or correct disability, and maintain health. These services are used with individuals, throughout the life span, whose abilities to interact with their environment are limited by physical injury or illness, disabilities, poverty and cultural differences or the aging process. Occupational therapy includes but is not limited to:</p> <ul style="list-style-type: none"> (1) administering and interpreting tests necessary for effective treatment planning; (2) developing daily living skills, perceptual motor skills, sensory integrative functioning, play skills and prevocational and vocational work capacities; (3) designing, fabricating or applying selected orthotic and prosthetic devices or selected adaptive equipment; (4) utilizing designated modalities, superficial heat and cold, and neuromuscular facilitation techniques to improve or enhance joint motion muscle function; (5) designing and applying specific therapeutic activities and exercises to enhance or monitor functional or motor performance and to reduce stress; and (6) adapting environments for the handicapped. These services are provided to individuals or groups through medical, health, educational, industrial or social systems. <p>Occupational therapy shall also include delegating of selective forms of treatment to occupational therapy assistants and occupational therapy aides; provided, however, that the occupational therapist so delegating shall assume the responsibility for the care of the patient and the supervision of the occupational therapy assistant or the occupational therapy aide.</p> <p><u>Regulation: Code of Massachusetts Regulations 259 CMR 3.01</u></p> <p>Treatment. A treatment program shall be consistent with the statutory scope of practice and shall:</p> <ul style="list-style-type: none"> (a) Include the therapeutic use of goal-directed activities, exercises and techniques and the use of group process to enhance occupational performance. Treatment also includes the use of therapeutic agents or techniques in preparation for, or as an adjunct to, purposeful activity to enhance occupational performance. Treatment is directed toward maximizing functional skill and task-related performance for the development of a client's vocational, avocational, daily living or related capacities. (b) Relate to physical, perceptual, sensory neuromuscular, sensory-integrative, cognitive or psychosocial skills. (c) Include, where appropriate for such purposes, and under appropriate conditions, therapeutic agents and techniques based on approaches taught in an occupational therapy curriculum, included in a program of professional education in occupational therapy,

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	<p>specific certification programs, continuing education or in-service education. Such continuing education or in-service education must include documented educational goals and objective testing (written examination, practical examination, and/or written simulation or case study) to ascertain a level of competence. Therapeutic procedures provided must be consistent with the individual's level of competence.</p> <p>(d) Require that appropriate supervision take place when an occupational therapist delegates treatment, including the employment of therapeutic agents and techniques to occupational therapy assistants, students, temporary license holders or occupational therapy aides, rehabilitation aides or persons known by other similar titles.</p> <p>(e) Require that the occupational therapist, occupational therapy assistant, occupational therapist student, and occupational therapy assistant student shall:</p> <ol style="list-style-type: none"> 1. comply with federal and state laws and Board regulations; 2. comply with the AOTA Standards of Practice and Code of Ethics; and 3. provide only those services that are in the best interest of the client.
Michigan	<p><u>Statute: Michigan Compiled Laws, Public Health Code §333.18301</u></p> <p>(c) "Occupational therapy services" means those services provided to promote health and wellness, prevent disability, preserve functional capabilities, prevent barriers, and enable or improve performance in everyday activities, including, but not limited to, the following:</p> <ol style="list-style-type: none"> (i) Establishment, remediation, or restoration of a skill or ability that is impaired or not yet developed. (ii) Compensation, modification, or adaptation of a person, activity, or environment. (iii) Evaluation of factors that affect activities of daily living, instrumental activities of daily living, and other activities relating to education, work, play, leisure, and social participation. Those factors include, but are not limited to, body functions, body structure, habits, routines, role performance, behavior patterns, sensory motor skills, cognitive skills, communication and interaction skills, and cultural, physical, psychosocial, spiritual, developmental, environmental, and socioeconomic contexts and activities that affect performance. (iv) Interventions and procedures, including, but not limited to, any of the following: <ol style="list-style-type: none"> (A) Task analysis and therapeutic use of occupations, exercises, and activities. (B) Training in self-care, self-management, home management, and community or work reintegration. (C) Development remediation, or compensation of client factors such as body functions and body structure. (D) Education and training. (E) Care coordination, case management, transition, and consultative services. (F) Modification of environments and adaptation processes such as the application of ergonomic and safety principles. (G) Assessment, design, fabrication, application, fitting, and training in rehabilitative and assistive technology, adaptive devices, and low temperature orthotic devices, and training in the use of prosthetic devices. For the purposes of this sub-subparagraph, the design and fabrication of low temperature orthotic devices does not include permanent orthotics. (H) Assessment, recommendation, and training in techniques to enhance safety, functional mobility, and community mobility such as wheelchair management and mobility. (I) Management of feeding, eating, and swallowing. (J) Application of physical agent modalities and use of a range of specific therapeutic procedures, including, but not limited to, techniques to enhance sensory-motor, perceptual, and cognitive processing, manual therapy techniques, and adjunctive and preparatory activities. (K) Providing vision therapy services or low vision rehabilitation services, if those services are provided pursuant to a referral or prescription from, or under the supervision or comanagement of, a physician licensed under part 170 or 175 or an optometrist licensed under part 174.

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	<p>(e) "Practice of occupational therapy" means the therapeutic use of everyday life occupations and occupational therapy services to aid individuals or groups to participate in meaningful roles and situations in the home, school, workplace, community, and other settings, to promote health and wellness through research and practice, and to serve those individuals or groups who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. The practice of occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect a person's health, well-being, and quality of life throughout his or her life span. The practice of occupational therapy does not include any of the following:</p> <ul style="list-style-type: none"> (i) The practice of medicine or osteopathic medicine and surgery or medical diagnosis or treatment. (ii) The practice of physical therapy. (iii) The practice of optometry.
Minnesota	<p><u>Statute: Minnesota Statutes Chapter 148, Occupational Therapists and Occupational Therapy Assistants</u></p> <p>148.6402 DEFINITIONS</p> <p>Subd. 15. Occupational therapy.</p> <p>"Occupational therapy" means the use of purposeful activity to maximize the independence and the maintenance of health of an individual who is limited by a physical injury or illness, a cognitive impairment, a psychosocial dysfunction, a mental illness, a developmental or learning disability, or an adverse environmental condition. The practice encompasses evaluation, assessment, treatment, and consultation. Occupational therapy services may be provided individually, in groups, or through social systems. Occupational therapy includes those services described in section 148.6404.</p> <p>148.6404 SCOPE OF PRACTICE.</p> <p>(a) The practice of occupational therapy means the therapeutic use of everyday activities with individuals or groups for the purpose of enhancing or enabling participation. It is the promotion of health and well-being through the use of occupational therapy services that includes screening, evaluation, intervention, and consultation to develop, recover, and maintain a client's:</p> <ul style="list-style-type: none"> (1) sensory integrative, neuromuscular, or motor, emotional, motivational, cognitive, or psychosocial components of performance; (2) daily living skills; (3) feeding and swallowing skills; (4) play and leisure skills; (5) educational participation skills; (6) functional performance and work participation skills; (7) community mobility; and (8) health and wellness. <p>Occupational therapy services include, but are not limited to:</p> <ul style="list-style-type: none"> (1) designing, fabricating, or applying rehabilitative technology, such as selected orthotic and prosthetic devices, and providing training in the functional use of these devices; (2) designing, fabricating, or adapting assistive technology and providing training in the functional use of assistive devices; (3) adapting environments using assistive technology such as environmental controls, wheelchair modifications, and positioning; and (4) employing physical agent modalities, in preparation for or as an adjunct to purposeful activity to meet established functional occupational therapy goals. <p>(b) Occupational therapy services must be based on nationally established standards of practice.</p>

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<p style="text-align: center;">Mississippi</p>	<p><u>Statute: Mississippi Code §73-24-13</u></p> <p>7. Occupational therapy means the therapeutic use of purposeful and meaningful (goal-directed) activities and/or exercises to evaluate and treat an individual who has, or is at risk for, a disease or disorder, impairment, activity limitation or participation restriction which interferes with his ability to function independently in daily life roles and to promote health and wellness across his lifespan.</p> <p>8. Occupational therapy intervention includes:</p> <ul style="list-style-type: none"> a. remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological processes; b. adaptation of task, process or the environment, or the teaching of compensatory techniques in order to enhance functional performance; c. disability prevention methods and techniques which facilitate the development or safe application of functional performance skills; or d. health promotion strategies and practices which enhance functional performance abilities. <p>9. Occupational therapy service includes, but is not limited to:</p> <ul style="list-style-type: none"> a. evaluating, developing, improving, sustaining or restoring skill in activities of daily living (ADLS), work or productive activities, including instrumental activities of daily living (IADLS), play and leisure activities; b. evaluating, developing, remediating or restoring physical, sensorimotor, cognitive or psycho social components of performance; c. designing, fabricating, applying or training in the use of assistive technology or orthotic devices, and training in the use of prosthetic devices; d. adaptation of environments and processes, including the application of ergonomic principles, to enhance functional performance and safety in daily life roles; e. application of physical agent modalities as an adjunct to or in preparation for engagement in an occupation or functional activity; f. evaluating and providing intervention in collaboration with the client, family, caregiver or other person responsible for the client; g. educating the client, family, caregiver or others in carrying out appropriate nonskilled interventions; h. consulting with groups, programs, organizations or communities to provide population-based services; or i. participation in administration, education, and research, including both clinical and academic environments.
<p style="text-align: center;">Missouri</p>	<p><u>Statute: Missouri Revised Statutes §324.050</u></p> <p>(6) "Occupational therapy", the use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability and which develop, improve, sustain or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental or learning disability, physical disability or other disorder or condition. It shall include assessment by means of skill observation or evaluation through the administration and interpretation of standardized or nonstandardized tests and measurements. Occupational therapy services include, but are not limited to:</p> <ul style="list-style-type: none"> (a) The assessment and provision of treatment in consultation with the individual, family or other appropriate persons; (b) Interventions directed toward developing, improving, sustaining or restoring daily living skills, including self-care skills and activities that involve interactions with others and the environment, work readiness or work performance, play skills or leisure capacities or enhancing educational performances skills; (c) Developing, improving, sustaining or restoring sensorimotor, oral-motor, perceptual or neuromuscular functioning; or emotional, motivational, cognitive or psychosocial components of performance; and (d) Education of the individual, family or other appropriate persons in carrying out appropriate interventions. <p>Such services may encompass assessment of need and the design, development, adaptation, application or training in the use of assistive technology devices; the design, fabrication or application of rehabilitative technology such as selected orthotic devices, training in the use of orthotic or prosthetic devices; the application of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness;</p>

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Montana	<p>Statute: Montana Code §37-24-103</p> <p>(5) "Occupational therapy" means the therapeutic use of purposeful goal-directed activities and interventions to achieve functional outcomes to maximize the independence and the maintenance of health of an individual who is limited by disease or disorders, impairments, activity limitations, or participation restrictions that interfere with the individual's ability to function independently in daily life roles. The practice encompasses evaluation, assessment, treatment, consultation, remediation, and restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes. Occupational therapy services may be provided individually, in groups, or through social systems. Occupational therapy interventions include but are not limited to:</p> <ul style="list-style-type: none"> (a) evaluating, developing, improving, sustaining, or restoring skills in activities of daily living, work or productive activities, including instrumental activities of daily living, and play and leisure activities; (b) developing perceptual-motor skills and sensory integrative functioning; (c) developing play skills and leisure capacities and enhancing educational performance skills; (d) designing, fabricating, or applying orthotic or prosthetic devices, applying and training in the use of assistive technology, and training in the use of orthotic and prosthetic devices; (e) providing for the development of emotional, motivational, cognitive, psychosocial, or physical components of performance; (f) providing assessment and evaluation, including the use of skilled observation or the administration and interpretation of standardized or nonstandardized tests and measurements to identify areas for occupational therapy services; (g) adaptation of task, process, or the environment, as well as teaching of compensatory techniques, in order to enhance performance; (h) developing feeding and swallowing skills; (i) enhancing and assessing work performance and work readiness through occupational therapy intervention, including education and instruction, activities to increase and improve general work behavior and skill, job site evaluation, on-the-job training and evaluation, development of work-related activities, and supported employment placement; (j) providing neuromuscular facilitation and inhibition, including the activation, facilitation, and inhibition of muscle action, both voluntary and involuntary, through the use of appropriate sensory stimulation, including vibration or brushing, to evoke a desired muscular response; (k) application of physical agent modalities, as defined in this section, as an adjunct to or in preparation for engagement in purposeful goal-directed activity; (l) promoting health and wellness; (m) evaluating and providing intervention in collaboration with the client, family, caregiver, or others; (n) educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions; (o) consulting with groups, programs, organizations, or communities to provide population-based services; and (p) use of prescribed topical medications. <p>(8) "Physical agent modalities" means those modalities that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity. Physical agent modalities are characterized as adjunctive methods used in conjunction with or in immediate preparation for patient involvement in purposeful activity. Superficial physical agent modalities include hot packs, cold packs, ice, fluidotherapy, paraffin, water, and other commercially available superficial heating and cooling devices. Use of superficial physical agent modalities is limited to the shoulder, arm, elbow, forearm, wrist, and hand and is subject to the provisions of 37-24-105. Use of sound and electrical physical agent modality devices is limited to the shoulder, arm, elbow, forearm, wrist, and hand and is subject to the provisions of 37-24-106.</p>
Nebraska	<p>Statute: Nebraska Code §§38-2510 & 38-2526</p> <p>38-2510. Occupational therapy, defined.</p> <p>(1) Occupational therapy means the use of purposeful activity with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the aging process in order to maximize independent function, prevent further disability, and achieve and maintain health and productivity.</p>

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	<p>(2) Occupational therapy encompasses evaluation, treatment, and consultation and may include (a) remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes, (b) adaptation of task, process, or the environment, or the teaching of compensatory techniques, in order to enhance performance, (c) disability prevention methods and techniques which facilitate the development or safe application of performance skills, and (d) health promotion strategies and practices which enhance performance abilities.</p> <p>38-2526. Occupational therapist; services authorized. Occupational therapy services mean an occupational therapist may perform the following services:</p> <ol style="list-style-type: none"> 1. Evaluate, develop, improve, sustain, or restore skills in activities of daily living, work activities, or productive activities, including instrumental activities of daily living, and play and leisure activities; 2. Evaluate, develop, remediate, or restore sensorimotor, cognitive, or psychosocial components of performance; 3. Design, fabricate, apply, or train in the use of assistive technology or orthotic devices and train in the use of prosthetic devices; 4. Adapt environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles; 5. If certified pursuant to section 38-2530, apply physical agent modalities as an adjunct to or in preparation for engagement in occupations when applied by a practitioner who has documented evidence of possessing the theoretical background and technical skills for safe and competent use; 6. Evaluate and provide intervention in collaboration with the client, family, caregiver, or others; 7. Educate the client, family, caregiver, or others in carrying out appropriate nonskilled interventions; and 8. Consult with groups, programs, organizations, or communities to provide population-based services.
<p style="text-align: center;">Nevada</p>	<p><u>Statute: Nevada Revised Statutes §640A.050</u> "Occupational therapy" defined. "Occupational therapy" means the use of evaluations, teachings and interventions to facilitate the activities of daily living of a client in groups or on an individual basis to enable the client to participate in and perform activities of daily living in various settings, including, without limitation, at home, at school, in the workplace and in the community. The term includes:</p> <ol style="list-style-type: none"> 1. Providing services for habilitation, rehabilitation and the promotion of health and wellness to a client; 2. Assisting a client in achieving the highest practicable physical, cognitive and psychosocial well-being to improve the physical and mental health of the client and the quality of life of the client; 3. Teaching a client skills for daily living; 4. Assisting a client in the development of cognitive and perceptual motor skills, and in the integration of sensory functions; 5. Assisting a client in learning to play and to use his or her leisure time constructively; 6. Assisting a client in developing functional skills necessary to be considered for employment; 7. Assessing the need for, designing, constructing and training a client in the use and application of selected orthotic devices and adaptive equipment; 8. Assessing the need for prosthetic devices for the upper body and training a client in the functional use of prosthetic devices; 9. Teaching a client crafts and exercises designed to enhance his or her ability to function normally; 10. Administering to a client manual tests of his or her muscles and range of motion, and interpreting the results of those tests; 11. Incorporating into the treatment of a client the safe and appropriate use of physical agent modalities and techniques which have been acquired through an appropriate program of education approved by the Board pursuant to subsection 2 of NRS 640A.120, or through a program of continuing education or higher education; and 12. Adapting the environment of a client to reduce the effects of handicaps.

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New Hampshire	<p>Statute: New Hampshire Revised Statutes Title 30 §326-C:1</p> <p>III. "Occupational therapy " means the therapeutic use of purposeful and meaningful occupations or goal-directed activities to evaluate and treat individuals who have a disease or disorder, impairment, activity limitation, or participation restriction which interferes with their ability to function independently in daily life roles, and to promote health and wellness.</p> <p>(a) Occupational therapy intervention may include:</p> <ol style="list-style-type: none"> (1) Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes. (2) Adaptation of task, process, or the environment, or the teaching of compensatory techniques, in order to enhance performance. (3) Disability prevention methods and techniques which facilitate the development or safe application of performance skills. (4) Health promotion strategies and practices which enhance performance abilities. <p>(b) Occupational therapy services include, but are not limited to:</p> <ol style="list-style-type: none"> (1) Evaluating, developing, improving, sustaining or restoring skills in activities of daily living, work or productive activities, including instrumental activities of daily living, and play and leisure activities. (2) Evaluating, developing, remediating, or restoring sensorimotor, cognitive, or psychosocial components of performance. (3) Designing, fabricating, applying, or training in the use of assistive technology or orthotic devices, and training in the use of prosthetic devices. (4) Adaptation of environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles. (5) Application of physical agent modalities as an adjunct to, or in preparation for, engagement in purposeful activities and occupations. (6) Evaluating and providing intervention in collaboration with the client, family, caregiver, or others. (7) Educating the client, family, caregiver, or others in carrying out appropriate non-skilled interventions. (8) Consulting with groups, programs, organizations, or communities to provide population-based services. <p>Statute: New Hampshire Revised Statutes Title 30 §326-C:1 (effective July 18, 2023)</p> <p>IV. "Occupational therapy" means the care and services provided by an occupational therapist or occupational therapy assistant who are licensed pursuant to this chapter. Areas of occupation include but are not limited to:</p> <ol style="list-style-type: none"> (a) Activities of daily living, which are the routine activities a person completes to meet their basic health and survival needs. (b) Instrumental activities of daily living, which are activities a person completes to live independently and participate in the community. (c) Health management. (d) Rest and sleep. (e) Education. (f) Work. (g) Play. (h) Leisure. (i) Social participation. <p>V. "Practice of occupational therapy" means the therapeutic use of everyday life occupations and activities with persons, groups, or populations to support occupational performance across their lifespans.</p> <p>(a) Practice of occupational therapy includes but is not limited to:</p> <ol style="list-style-type: none"> (1) Evaluation, analysis, and diagnosis of occupational performance, as well as interventions designed to address occupational performance and engagement in occupations.
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- (2) Assessment of occupations, occupational performance, and engagement which may include client performance skills (motor, process, social interaction), performance patterns (habits, roles, routines, rituals), contexts (environments and personal factors), and client factors (body functions and structures, values, beliefs, and spirituality).
- (3) Identification, development, remediation, or compensation of physical, neuromusculoskeletal, sensory-perceptual, emotional regulation, social interaction, visual, mental, and behavioral skills; cognitive functions; pain and pain management; praxis and developmental skills to improve or enhance occupational performance and engagement.
- (4) Compensation, modification, or adaptation of occupations, activities, performance patterns, and contexts, including the application of universal design and ergonomic principles to improve or enhance occupational performance and engagement.
- (5) Habilitation, rehabilitation, and the promotion of physical and mental health and wellness for clients with all levels of ability-related needs. This includes occupational skills or performance abilities and patterns that are impaired, in decline, at risk of decline or impairment, or have not yet developed.
- (6) Health promotion, injury and disease management, and disability prevention through the identification and remediation of client skills, habits, roles, routines as well as current or potential contextual barriers impacting occupational performance and engagement.
- (7) Therapeutic exercises, including tasks and methods to increase motion, strength, endurance, and enhance healthy routines to support occupational performance and engagement.
- (8) Assessment, design, fabrication, application, fitting and training in seating and positioning, assistive technology, adaptive devices and orthotic devices, and training in the use of prosthetic devices.
- (9) Application of physical agent and mechanical modalities and use of a range specific therapeutic procedures (e.g. wound care management; techniques to enhance sensory, motor, perceptual, and cognitive processing; manual therapy techniques) to enhance occupational performance and engagement.
- (10) Education and training of persons, including family members, caregivers, groups, populations to address occupational performance and engagement.
- (11) Consultative services to persons, groups, populations, programs, organizations and communities to address occupational performance and engagement.
- (12) Advocacy directed toward promoting opportunities for occupational performance and engagement that empower clients to seek and obtain resources to fully participate in their everyday life occupations.
- (13) Care coordination, case management, and transition services.

VI. Occupational performance refers to the way occupations and related activities are completed in everyday life.

Regulation: New Hampshire Administrative Rules Chapter Occ 100, Organizational Rules, Part Occ 102 Definitions

Occ 102.03 "Occupational therapy" means "occupational therapy" as defined in RSA 326-C:1, III, namely the therapeutic use of purposeful and meaningful occupations or goal-directed activities to evaluate and treat individuals who have a disease or disorder, impairment, activity limitation, or participation restriction which interferes with their ability to function independently in daily life roles, and to promote health and wellness.

(a) Occupational therapy intervention may include:

- (1) Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes.
- (2) Adaptation of task, process, or the environment, or the teaching of compensatory techniques, in order to enhance performance.
- (3) Disability prevention methods and techniques which facilitate the development or safe application of performance skills.
- (4) Health promotion strategies and practices which enhance performance abilities.

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	<p>(b) Occupational therapy services include, but are not limited to:</p> <ol style="list-style-type: none"> (1) Work or productive activities, including instrumental activities of daily living, and play and leisure activities. (2) Evaluating, developing, remediating, or restoring sensorimotor, cognitive, or psychosocial components of performance. (3) Designing, fabricating, applying, or training in the use of assistive technology or orthotic devices, and training in the use of prosthetic devices. (4) Adaptation of environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles. (5) Application of physical agent modalities as an adjunct to, or in preparation for, engagement in purposeful activities and occupations. (6) Evaluating and providing intervention in collaboration with the client, family, caregiver, or others. (7) Educating the client, family, caregiver, or others in carrying out appropriate non-skilled interventions. (8) Consulting with groups, programs, organizations, or communities to provide population-based services."
New Jersey	<p><u>Statute: New Jersey Revised Statutes § 45:9-37.53</u></p> <p>"Occupational therapy" means the evaluation, planning, and implementation of a program of purposeful activities to develop or maintain functional skills necessary to achieve the maximal physical or mental functioning, or both, of the individual in the person's daily occupational performance. The tasks of daily living may be threatened or impaired by physical injury or illness, developmental disability, sensorimotor disability, psychological and social disability, the aging process, poverty, or cultural deprivation. Occupational therapy utilizes task oriented activities adapted to prevent or correct physical or emotional disabilities as well as to minimize the disabling effects of those disabilities on the life of the individual. Occupational therapy services include the use of specific techniques which enhance functional performance and include, but are not limited to, the evaluation and assessment of an individual's self-care, lifestyle performance patterns, work skills, performance related cognitive, sensory, motor, perceptual, affective, interpersonal and social functioning, vocational, and prevocational capacities, the design, fabrication, and application of adaptive equipment or prosthetic or orthotic devices, excluding dental devices, the administration of standardized and nonstandardized assessments, and consultation concerning the adaptation of physical environments for persons with disabilities. These services are provided to individuals or groups through medical, health, educational and social systems.</p> <p>"Purposeful activities" means acts and occupations of craftsmanship and workmanship, as well as creative, educational, or other activities, which in whole or in part are used to correct, compensate for or prevent dysfunction in the tasks and activities of everyday living, and which simultaneously incorporate personally and culturally relevant biological, psychological and social elements that produce positive adaptation and motivational behavior.</p> <p><u>Regulations: New Jersey Administrative Code Title 13, Chapter 44K</u></p> <p>13:44K-1.2 DEFINITIONS</p> <p>"Occupational therapy services" means the use of specific techniques which enhance the functional performance of a client, including the evaluation and assessment of a client's selfcare, lifestyle performance patterns, work skills, performance related cognitive, sensory, motor, perceptual, affective, interpersonal and social functioning, vocational and prevocational capacities. Occupational therapy services also includes the design, fabrication and application of adaptive equipment or prosthetic or orthotic devices, excluding dental devices, the utilization of physical agent modalities, the administration of standardized and non-standardized assessments and consultation, including recommendations for the adaptation of physical environments.</p> <p>13:44K-5.1 SCOPE OF PRACTICE OF A LICENSED OCCUPATIONAL THERAPIST</p> <p>a) The scope of practice of a licensed occupational therapist shall include:</p>

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	<p>1) The provision of direct, indirect and/or consultative services to a client affected by physical, psycho-social, cognitive, congenital and/or developmental disorders or the aging process, to improve and/or prevent loss of physical or mental functioning and to promote wellness;</p> <p>2) The administration of standardized and/or non-standardized assessments and/or the observation of a client and the environment to identify areas of functional abilities or deficits. Areas, which may be assessed shall include the performance of activities of daily living, including recreation, leisure or work related skills, which are affected by sensory, motor, developmental, perceptual, cognitive and/ or psycho-social abilities;</p> <p>3) The interpretation of the results of the assessment process described in (a) 2 above, to determine the need for an intervention plan for the client. Such a plan shall be developed and administered by the occupational therapist in collaboration with the client, the client's family and related medical, health, educational or social agencies or professionals;</p> <p>4) The development and utilization of, and education and training in, purposeful, task oriented activities for the client to improve, restore and/or maintain optimal performance of life skills, roles and functions including work, recreation, leisure skills and activities of daily living;</p> <p>5) The design, fabrication, application and/or selection of adaptive equipment, prosthetics and/or orthotic devices, except dental devices;</p> <p>6) Consultation concerning the adaptation of physical environments; and</p> <p>7) The utilization of physical agent modalities, consistent with N.J.A.C. 13:44K-5.4, as an adjunct to, or in preparation for, purposeful activities to enhance occupational performance with which the licensee is familiar as a result of training and experience.</p> <p>13:44K-5.2 SCOPE OF PRACTICE OF A LICENSED OCCUPATIONAL THERAPY ASSISTANT</p> <p>a) The scope of practice of a licensed occupational therapy assistant, working under the supervision of a licensed occupational therapist as provided in N.J.A.C. 13:44K-6.1, shall include:</p> <p>1) The provision of direct, indirect and/or consultative services to a client affected by physical, psycho-social, cognitive, congenital and/or developmental disorders or the aging process, to improve and/or prevent loss of physical or mental functioning and to promote wellness;</p> <p>2) The administration of standardized and/or non-standardized assessments and/or the observation of a client and the environment to assist in the identification of functional abilities or deficits. Areas, which may be assessed shall include the performance of activities of daily living, including recreation, leisure or work related skills which are affected by sensory, motor, developmental, perceptual, cognitive and/or psycho-social abilities;</p> <p>3) Assisting in the development and implementation of an intervention plan for the client;</p> <p>4) The development and utilization of, and education and training in, purposeful, task oriented activities for the client to improve, restore and/or maintain optimal performance of life skills, roles and functions including work, recreation, leisure skills and the activities of daily living;</p> <p>5) The design, fabrication, application and/or selection of adaptive equipment, prosthetics and/or orthotic devices, except dental devices;</p> <p>6) Consultation concerning the adaptation of physical environments; and</p> <p>7) The utilization of physical agent modalities, consistent with N.J.A.C. 13:44K-5.4, as an adjunct to, or in preparation for, purposeful activity to enhance occupational performance with which the licensee is familiar as a result of training and experience.</p>
New Mexico	<p>Statute: New Mexico Revised Statutes §§61-12A-3 & 61-12A-4</p> <p>61-12A-3. Definitions.</p> <p>F. "occupational therapy" means the therapeutic use of occupations, including everyday life activities with persons across the life span, including groups, populations or organizations, to enhance or enable participation, performance or function in roles, habits and routines in</p>

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home, school, workplace, community and other settings. Occupational therapy services are provided for habilitation, rehabilitation and the promotion of health and wellness to those clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation or participation restriction.

"Occupational therapy" includes addressing the physical, cognitive, psychosocial, sensory-perceptual and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being and quality of life. Occupational therapy uses everyday life activities to promote mental health and support functioning in people with or at risk of experiencing a range of mental health disorders, including psychiatric, behavioral, emotional and substance abuse disorders;

61-12A-4. Occupational therapy services.

The practice of occupational therapy includes the following processes and services:

A. evaluation of factors affecting all areas of occupation, including activities of daily living, instrumental activities of daily living, rest and sleep, education, work, productivity, play, leisure and social participation; including:

- (1) client factors, including neuromuscular, sensory, visual, mental, cognitive and pain factors and body structures, including cardiovascular, digestive, integumentary and genitourinary systems and structures related to movement;
- (2) habits, routines, roles and behavior patterns;
- (3) cultural, physical, environmental, social and spiritual contexts and activity demands that affect performance; and
- (4) performance skills, including motor process and communication and interaction skills;

B. activity analysis to determine activity demands of occupations performed;

C. design, implementation and modification of therapeutic interventions, including the following activities related to selection of intervention strategies to direct the process of interventions:

- (1) establishment, remediation or restoration of a skill or ability that has not yet developed, is impaired or is in decline;
- (2) compensation, modification or adaptation of activity or environment to enhance performance or to prevent injuries, disorders or other conditions;
- (3) retention, maintenance and enhancement of skills and capabilities without which performance in everyday life activities would decline;
- (4) promotion of health and wellness, including the use of self-management strategies to enable or enhance performance in everyday life activities;
- (5) prevention of barriers to performance, including injury and disability prevention; and
- (6) interventions and procedures to promote or enhance safety and performance in areas of occupation, including:
 - (a) therapeutic use of occupations, exercises and activities;
 - (b) training in self-care, self-management, health management and maintenance, home management, community-work reintegration, school activities and work performance;
 - (c) development, remediation or compensation of neuromusculoskeletal, sensory-perceptual, sensory-integrative and modulation, visual, mental and cognitive functions, pain tolerance and management, developmental skills and behavioral skills;
 - (d) therapeutic use of self, including one's personality, insights, perceptions and judgments, as part of the therapeutic process;
 - (e) education and training of persons, including family members, caregivers, groups, populations and others;
 - (f) care coordination, case management and transition services;
 - (g) consultative services to groups, programs, organizations or communities;
 - (h) modification of home, work, school and community environments and adaptation of processes, including the application of ergonomic principles;
 - (i) assessment, design, fabrication, application, fitting and training in seating and positioning, assistive technology, adaptive devices and orthotic devices and training in the use of prosthetic devices;

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	<p>(j) assessment, recommendation and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices;</p> <p>(k) low-vision rehabilitation;</p> <p>(l) driver rehabilitation and community mobility;</p> <p>(m) management of feeding, eating and swallowing;</p> <p>(n) application of physical agent modalities and use of a range of specific therapeutic procedures such as wound care management; techniques to enhance sensory, perceptual and cognitive processing; and manual therapy techniques to enhance performance skills;</p> <p>(o) facilitating the occupational performance of groups, populations or organizations; and</p> <p>(p) management of a client's mental health, functioning and performance; and</p> <p>D. use of means to measure the outcomes and effects of interventions to reflect the attainment of treatment goals, including:</p> <ol style="list-style-type: none"> (1) improved quality of life; (2) the degree of participation; (3) role competence; (4) well-being; (5) improved life function; (6) enhanced performance; and (7) prevention criteria.
New York	<p><u>Statute:</u> New York Education Law Title 8, Article 156, §7901, Definition.</p> <p>The practice of the profession of occupational therapy is defined as the functional evaluation of the client, the planning and utilization of a program of purposeful activities, the development and utilization of a treatment program, and/or consultation with the client, family, caregiver or organization in order to restore, develop or maintain adaptive skills, and/or performance abilities designed to achieve maximal physical, cognitive and mental functioning of the client associated with his or her activities of daily living and daily life tasks. A treatment program designed to restore function, shall be rendered on the prescription or referral of a physician, nurse practitioner or other health care provider acting within his or her scope of practice pursuant to this title. However, nothing contained in this article shall be construed to permit any licensee hereunder to practice medicine or psychology, including psychotherapy or to otherwise expand such licensee's scope of practice beyond what is authorized by this chapter.</p> <p><u>Regulation:</u> New York Codes, Rules and Regulations, Title 8 Education Department, Chapter II, Subchapter B, Part 76</p> <p>§76.5 Definition of occupational therapy practice.</p> <p>a. A functional evaluation within the meaning of Education Law, section 7901 may include screening, observing, consulting, administering and/or interpreting standardized and non-standardized assessment tools, and simulating and analyzing activities or environments for the purpose of:</p> <ol style="list-style-type: none"> 1. assessing levels of functional abilities and deficits resulting from developmental deficit, injury, disease or any limiting condition; and/or 2. identifying areas of function and dysfunction in daily life tasks; and/or 3. determining the need for and the types of initial and/or subsequent occupational therapy. <p>b. Purposeful activity is defined as goal-directed behavior aimed at the development of functional daily living skills in the categories of self-care, work, homemaking or play/leisure.</p> <p>c. A treatment program within the meaning of Education Law, section 7901 shall be consistent with the statutory scope of practice and may:</p>

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1. Include the therapeutic use of goal-directed activities, exercises, or techniques to maximize the client's physical and/or mental functioning in life tasks. Treatment is directed toward maximizing functional skill and task-related performance for the development of a client's vocational, avocational, daily living or related capacities.
2. Relate to physical, perceptual, sensory, neuromuscular, sensory-integrative, cognitive or psychosocial skills.
3. Include, where appropriate for such purposes, and under appropriate conditions, modalities and techniques based on approaches taught in an occupational therapy curriculum and included in a program of professional education in occupational therapy registered by the department, and consistent with areas of individual competence. These approaches are based on:
 - i. The neurological and physiological sciences as taught in a registered occupational therapy professional education program. Modalities and techniques may be based on, but not limited to, any one or more of the following:
 - a. sensory integrative approaches;
 - b. developmental approaches;
 - c. sensorimotor approaches;
 - d. neurophysiological treatment approaches;
 - e. muscle reeducation;
 - f. superficial heat and cold; or
 - g. cognitive and perceptual remediation.
 - ii. The behavioral and social sciences as taught in a registered occupational therapy professional education program. Modalities and techniques may be based on, but not limited to, any one or more of the following:
 - a. behavioral principles;
 - b. work-related programs and simulation;
 - c. group dynamics and process; or
 - d. leisure/avocational activities.
 - iii. The biomechanical sciences as taught in a registered occupational therapy professional education program. Modalities and techniques may be based on, but not limited to, any one or more of the following:
 - a. passive, active assistive, and active range of motion;
 - b. muscle strengthening and conditioning;
 - c. positioning;
 - d. participation in design, fabrication, and/or application, and patient education related to orthotics and adaptive equipment;
 - e. evaluation of appropriateness, participation in design concept, application and patient education related to prosthetics;
 - f. daily life tasks;
 - g. adapting the client's environment; or
 - h. work-related programs.
- d. Any treatment program described in this regulation shall be rendered on the prescription or referral of a physician. In accordance with section 7901 and articles 131 and 153 of the Education Law, nothing contained in this regulation shall be construed to permit any licensee hereunder to engage in the practice of medicine or psychology, including psychotherapy.

§76.6 Definition of occupational therapy assistant practice and the use of the title occupational therapy assistant.

- a. An occupational therapy assistant shall mean a person licensed or otherwise authorized in accordance with this Part who provides occupational therapy services under the direction and supervision of an occupational therapist or licensed physician and performs client related activities assigned by the supervising occupational therapist or licensed physician. Only a person licensed or otherwise authorized under this

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	<p>Part shall participate in the practice of occupational therapy as an occupational therapy assistant, and only a person licensed or otherwise authorized under this Part shall use the title occupational therapy assistant.</p> <p>b. As used in this section, client related activities shall mean:</p> <ol style="list-style-type: none"> 1. contributing to the evaluation of a client by gathering data, reporting observations and implementing assessments delegated by the supervising occupational therapist or licensed physician; 2. consulting with the supervising occupational therapist or licensed physician in order to assist him or her in making determinations related to the treatment plan, modification of client programs or termination of a client's treatment; 3. the utilization of a program of purposeful activities, a treatment program, and/or consultation with the client, family, caregiver, or other health care or education providers, in keeping with the treatment plan and under the direction of the supervising occupational therapist or licensed physician; 4. the use of treatment modalities and techniques that are based on approaches taught in an occupational therapy assistant educational program registered by the department or accredited by a national accreditation agency which is satisfactory to the department, and that the occupational therapy assistant has demonstrated to the occupational therapist or licensed physician that he or she is competent to use; or 5. the immediate suspension of any treatment intervention that appears harmful to the client and immediate notification of the occupational therapist or licensed physician.
North Carolina	<p><u>Statute: North Carolina General Statutes §90-270.67</u></p> <p>4. "Occupational therapy" means a health care profession providing evaluation, treatment and consultation to help individuals achieve a maximum level of independence by developing skills and abilities interfered with by disease, emotional disorder, physical injury, the aging process, or impaired development. Occupational therapists use purposeful activities and specially designed orthotic and prosthetic devices to reduce specific impairments and to help individuals achieve independence at home and in the work place.</p> <p><u>Regulation: 21 NCAC §38.0103</u></p> <p>(12) "Occupational Therapy", as defined in G.S. 90-270.67(4), may include evaluation of activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.</p> <p>(13) "Occupational Therapy evaluation, treatment, and consultation" include the following:</p> <ol style="list-style-type: none"> (a) remediation or restitution of performance abilities that are limited due to impairment in biological, physiological, psychosocial, and developmental process; (b) adaptation of skills, process or environment, or the teachings of compensatory techniques in order to enhance performance; (c) disability prevention methods and techniques that facilitate the development or safe application of performance skills; (d) promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction; and (e) interpretation of the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life. <p>(15) "Occupational therapy services" include the following:</p> <ol style="list-style-type: none"> (a) Methods or strategies selected to direct the process of interventions such as: <ol style="list-style-type: none"> (i) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired; (ii) Compensation, modification, or adaptation of activity or environment to enhance performance; (iii) Maintenance and enhancement of capabilities without which performance in everyday life activities would decline; (iv) Health promotion and wellness to enable or enhance performance in everyday life activities; and (v) Prevention of barriers to performance, including disability prevention.

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	<p>(b) Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:</p> <ul style="list-style-type: none"> (i) Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive) and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems); (ii) Habits, routines, roles, and behavior patterns; (iii) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance; and (iv) Performance skills, including motor, process, and communication/interaction skills. <p>(c) Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure and social participation, including:</p> <ul style="list-style-type: none"> (i) Therapeutic use of occupations, exercises, and activities; (ii) Training in self-care, self-management, home management, and community or work reintegration; (iii) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavioral skills; (iv) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process; (v) Education and training of individuals, including family members, caregivers, and others; (vi) Care coordination, case management, and transition services; (vii) Consultative services to groups, programs, organizations, or communities; (viii) Modification of home, work, school, or community environments and adaptation of processes, including the application of ergonomic principles; (ix) Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices; (x) Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management; (xi) Driver rehabilitation and community mobility; (xii) Management of feeding, eating, and swallowing to enable eating and feeding performance; and (xiii) Application of physical agent modalities and use of a range of specific therapeutic procedures to enhance performance skills.
<p>North Dakota</p>	<p><u>Statute: North Dakota Century Code §43-40</u></p> <p>5. "Occupational therapy practice" means the use of occupation and purposeful activity or intervention designed to achieve functional outcomes that promote health, prevent injury or disability, and which develop, improve, sustain, or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental or learning disability, physical disability or other disorder or condition, and occupational therapy education. Occupational therapy encompasses evaluation, treatment, consultation, research, and education. Occupational therapy practice includes evaluation by skilled observation, administration, and interpretation of standardized and nonstandardized tests and measurements. The occupational therapy practitioner designs and implements interventions directed toward developing, improving, sustaining, and restoring sensorimotor, neuromuscular, emotional, cognitive, or psychosocial performance components. Interventions include activities that contribute to optimal occupational performance including self-care; daily living skills; skills essential for productivity, functional communication and mobility; positioning; social integration; cognitive mechanisms; enhancing play and leisure skills; and the design, provision, and training in the use of assistive technology, devices, orthotics, or prosthetics or environmental adaptations to accommodate for loss of occupational performance. Therapy may be provided individually or in groups to prevent secondary conditions, promote community integration, and support the individual's health and well-being within the social and cultural contexts of the individual's natural environment.</p>

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Regulation: North Dakota Administrative Code, Chapter 55.5-03-01, Scope of Practice

55.5-03-01-03. Specific occupational therapy services.

The “Occupational Therapy Practice Framework: Domain and Process” (4th edition 2020) describes the practice of occupational therapy. The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness, including methods delivered via telerehabilitation to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life.

55.5-03-01-04. Occupational therapy evaluation.

Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), health maintenance, rest and sleep, education, work, play, leisure, and social participation, includes:

1. Client factors, including body functions (mental functions, sensory functions, neuromusculoskeletal, immunological, and respiratory system functions, voice and speech functions, skin and related structure functions)) and body structures, values, beliefs, and spirituality.
2. Performance patterns, including habits, routines, roles, and rituals.
3. Context is the environmental and personal factors specific to each client (person, group, population) that influences engagement and participation in occupations. Examples include physical and social environments, cultural, personal, temporal, and virtual contexts and activity demands.
4. Performance skills, including motor, cognitive, communication and social skills, process skills, and social interaction skills.

55.5-03-01-05. Occupational therapy intervention.

1. Methods or approaches selected to direct the process of interventions include:
 - a. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or in decline.
 - b. Compensation, modification, or adaptation of activity or environment to enhance performance or to prevent injuries, disorders, or other conditions.
 - c. Maintenance, retention, and enhancement of skills or abilities without which performance in everyday life activities would decline.
 - d. Creation, promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities.
 - e. Prevention of barriers to performance and participation, including injury and disability prevention.
2. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), health maintenance, rest and sleep, education, work, play, leisure, and social participation, including:
 - a. Therapeutic use of occupations, exercises, and activities.
 - b. Training in self-care, self-management, health management and maintenance, home management, community or work reintegration, and school activities and work performance.
 - c. Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills.
 - d. Therapeutic use of self, including one's personality, insights, perceptions, and judgements, as part of the therapeutic process.
 - e. Education and training of individuals, including family members, caregivers, groups, populations, and others.
 - f. Care coordination, case management, and transition services.

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	<p>g. Consultative services to groups, programs, organizations, or communities.</p> <p>h. Modification of home, work, school, or community environments and adaptation of processes, including the application of ergonomic principles.</p> <p>i. Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.</p> <p>j. Assessment, recommendations, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.</p> <p>k. Low vision rehabilitation.</p> <p>l. Driver rehabilitation and community mobility.</p> <p>m. Management of feeding, eating, and swallowing to enable eating and feeding performance.</p> <p>n. Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management, interventions to enhance sensory-perceptual and cognitive processing, and manual therapy) to enhance performance skills. An occupational therapist may purchase, store, and administer topical medications, including aerosol medications, as part of the practice of occupational therapy, but shall not dispense or sell any of the medications to patients. An occupational therapist shall comply with any protocols of the United States pharmacopoeia for storage of medications. A valid order or prescription for medication classified as a legend drug is needed before administration to a patient. Occupational therapy facilities must work with a pharmacist to assist with proper protocols for storage of medications. A record of dosage, for, quantity, and strength of medication administered to each patient is required in the medical record.</p> <p>o. Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.</p> <p>p. Advocacy in promoting and empowering clients to seek and obtain resources.</p>
Ohio	<p><u>Statute: Ohio Revised Code §4755.04, Occupational therapist definitions.</u></p> <p>(A) "Occupational therapy" means the therapeutic use of everyday life activities or occupations with individuals or groups for the purpose of participation in roles and situations in the home, school, workplace, community, and other settings. The practice of occupational therapy includes all of the following:</p> <ol style="list-style-type: none"> (1) Methods or strategies selected to direct the process of interventions, including, but not limited to, establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired and compensation, modification, or adaptation of activity or environment to enhance performance; (2) Evaluation of factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, including, but not limited to, sensory motor abilities, vision, perception, cognition, psychosocial, and communication and interaction skills; (3) Interventions and procedures to promote or enhance safety and performance in activities of daily living, education, work, play, leisure, and social participation, including, but not limited to, application of physical agent modalities, use of a range of specific therapeutic procedures to enhance performance skills, rehabilitation of driving skills to facilitate community mobility, and management of feeding, eating, and swallowing to enable eating and feeding performance; (4) Consultative services, case management, and education of patients, clients, or other individuals to promote self- management, home management, and community and work reintegration; (5) Designing, fabricating, applying, recommending, and instructing in the use of selected orthotic or prosthetic devices and other equipment which assists the individual to adapt to the individual's potential or actual impairment; (6) Administration of topical drugs that have been prescribed by a licensed health professional authorized to prescribe drugs, as defined in section 4729.01 of the Revised Code.

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Oklahoma	<p><u>Statute: Oklahoma Statutes, Title 59, Section §888.3</u></p> <p>"Occupational therapy" is a health profession for which practitioners provide assessment, treatment, and consultation through the use of purposeful activity with individuals who are limited by or at risk of physical illness or injury, psycho-social dysfunction, developmental or learning disabilities, poverty and cultural differences or the aging process, in order to maximize independence, prevent disability, and maintain health. Specific occupational therapy services include but are not limited to the use of media and methods such as instruction in daily living skills and cognitive retraining, facilitating self-maintenance, work and leisure skills, using standardized or adapted techniques, designing, fabricating, and applying selected orthotic equipment or selective adaptive equipment with instructions, using therapeutically applied creative activities, exercise, and other media to enhance and restore functional performance, to administer and interpret tests which may include sensorimotor evaluation, psycho-social assessments, standardized or nonstandardized tests, to improve developmental skills, perceptual and motor skills, and sensory integrative function, and to adapt the environment for the handicapped. These services are provided individually, in groups, via telehealth or through social systems;</p>
Oregon	<p><u>Statute: Oregon Revised Statute §675.210</u></p> <p>(3) "Occupational therapy" means the analysis and use of purposeful activity with individuals who are limited by physical injury or illness, developmental or learning disabilities, psycho-social dysfunctions or the aging process in order to maximize independence, prevent disability and maintain health. The practice of occupational therapy encompasses evaluation, treatment and consultation. Specific occupational therapy services includes but is not limited to: Activities of daily living (ADL); perceptual motor and sensory integrated activity; development of work and leisure skills; the design, fabrication or application of selected orthotics or prosthetic devices; the use of specifically designed crafts; guidance in the selection and use of adaptive equipment; exercises to enhance functional performance; prevocational evaluation and training; performing and interpreting manual muscle and range of motion test; and appraisal and adaptation of environments for people with mental and physical disabilities. The services are provided individually, in groups, or through social systems.</p> <p><u>Regulation: Oregon Administrative Rule §339-01-0005</u></p> <p>(6) "Occupational Therapy" further defines scope of practice as meaning the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life:</p> <ul style="list-style-type: none"> (a) Occupational Therapists use selected methods or strategies to direct the process of interventions such as: <ul style="list-style-type: none"> (A) Establish, remediate or restore skill or ability that has not yet developed or is impaired; (B) Compensate, modify, or adapt activity or environment to enhance performance; (C) Maintain and enhance capabilities without which performance in everyday life activities would decline; (D) Promote health and wellness to enable or enhance performance in everyday life activities; (E) Prevent barriers to performance, including disability prevention. (b) Occupational Therapists evaluate factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including: <ul style="list-style-type: none"> (A) Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive) and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems); (B) Habits, routines, roles and behavior patterns; (C) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance; (D) Performance skills, including motor, process, and [communication/] interaction skills. (c) Occupational Therapists use the following interventions and procedures to promote or enhance safety and performance in activities

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	<p>of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:</p> <ul style="list-style-type: none"> (A) Therapeutic use of occupations, exercise, and activities; (B) Training in self-care, self-management, home management and community/work reintegration; (C) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavior skills; (D) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process; (E) Education and training of individuals, including family members, caregivers, and others; (F) Care coordination, case management, and transition services; (G) Consultative services to groups, programs, organizations, or communications; (H) Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles; (I) Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive device, and orthotic devices, and training in the use of prosthetic devices; (J) Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management; (K) Driver rehabilitation and community mobility; (L) Management of feeding, eating, and swallowing to enable eating and feeding performance; (M) Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management; techniques to enhance sensory, perceptual, and cognitive processing, manual therapy techniques) to enhance performance skills as they relate to occupational therapy services.
Pennsylvania	<p><u>Statute: 63 P.L. 502, No. 140 Cl. 63</u></p> <p>"Occupational therapy." The evaluation of learning and performance skills and the analysis, selection and adaptation of activities for an individual whose abilities to cope with the activities of daily living, to perform tasks normally performed at a given stage of development and to perform essential vocational tasks which are threatened or impaired by that person's developmental deficiencies, aging process, environmental deprivation or physical, psychological, injury or illness, through specific techniques which include:</p> <ul style="list-style-type: none"> (1) Planning and implementing activity programs to improve sensory and motor functioning at the level of performance normal for the individual's stage of development. (2) Teaching skills, behaviors and attitudes crucial to the individual's independent, productive and satisfying social functioning. (3) The design, fabrication and application of splints, not to include prosthetic or orthotic devices, and the adaptation of equipment necessary to assist patients in adjusting to a potential or actual impairment and instructing in the use of such devices and equipment. (4) Analyzing, selecting and adapting activities to maintain the individual's optimal performance of tasks to prevent disability.
Puerto Rico	<p><u>Statute: 20 L.P.R.A. § 1047</u></p> <p>d) Occupational therapy. — Means the science that studies occupation by means of the therapeutic use of activities of daily living (occupations) with individuals or groups of individuals so that they may participate in their roles and situations at home, in school, at work, in the community and in other scenarios. Occupational therapy services are provided with the purpose of promoting health and well-being for those who have developed or are at risk of developing illnesses, injuries, disorders, conditions, disabilities, deficiencies, limitations in activities or social participation restrictions. Occupational therapy addresses physical, cognitive, and sensory aspects, as well as other aspects of performance in a variety of contexts to support participation in daily living activities that affect health, well-being and quality of life.</p>
Rhode Island	<p><u>Statute: Rhode Island General Laws §5-40.1-3</u></p> <p>(g) (1) "Occupational therapy" (OT) is the use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability, and develop, improve, sustain, or restore the highest possible level of independence of any</p>

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	<p>individual who has an injury, illness, cognitive impairment, sensory impairment, psychosocial dysfunction, mental illness, developmental or learning disability, physical disability, or other disorder or condition.</p> <p>(2) Occupational therapy includes evaluation by means of skilled observation of functional performance and/or assessment through the administration and interpretation of standardized or non-standardized tests and measurements.</p> <p>(j) (1)"Occupational therapy services" includes, but is not limited to:</p> <ul style="list-style-type: none"> (i) Evaluating and providing treatment in consultation with the individual, family, or other appropriate persons; (ii) Interventions directed toward developing, improving, sustaining, or restoring daily living skills, including self-care skills and activities that involve interactions with others and the environment, work readiness or work performance, play skills or leisure capacities or educational performance skills; (iii) Developing, improving, sustaining, or restoring sensory-motor, oral-motor, perceptual, or neuromuscular functioning; or emotional, motivational, cognitive, or psychosocial components of performance; and (iv) Educating the individual, family, or other appropriate persons in carrying out appropriate interventions. <p>(2) These services may encompass evaluating need; and designing, developing, adapting, applying, or training in the use of assistive technology devices; designing, fabricating or applying rehabilitative technology, such as selected orthotic devices; training in the functional use of orthotic or prosthetic devices; applying therapeutic activities, modalities, or exercise as an adjunct to or in preparation for functional performance; applying ergonomic principles; adapting environments and processes to enhance daily living skills; or promoting health and wellness.</p>
South Carolina	<p><u>Statute: South Carolina Code of Laws §40-36-20</u></p> <p>(7) "Occupational therapy" means the functional evaluation and treatment of individuals whose ability to cope with the tasks of living are threatened or impaired by developmental deficits, the aging process, poverty and cultural differences, physical injury or illness, or psychological or social disability. The treatment utilizes occupational, namely goal-oriented activities, to prevent or correct physical or emotional deficits or to minimize the disabling effect of these deficits in the life of the individual. Specific occupational therapy techniques include, but are not limited to, activities of daily living (ADL), the fabrication and application of splints, sensory-motor activities, the use of specifically designed crafts, guidance in the selection and use of adaptive equipment, exercises to enhance functional performance, prevocational evaluation and treatment and consultation concerning adaption of physical environments for the handicapped. These techniques are applied in the treatment of individual patients or clients, in groups, or through social systems.</p>
South Dakota	<p><u>Statute: South Dakota Codified Laws §36-31-1</u></p> <p>(4) "Occupational therapy," the evaluation, planning and implementation of a program of purposeful activities to develop or maintain adaptive skills necessary to achieve the maximal physical and mental functioning of the individual in his or her daily pursuits. The practice of occupational therapy includes consultation, evaluation, and treatment of individuals whose abilities to cope with the tasks of living are threatened or impaired by developmental deficits, the aging process, learning disabilities, poverty and cultural differences, physical injury or disease, psychological and social disabilities, or anticipated dysfunction. Occupational therapy services include such treatment techniques as task-oriented activities to prevent or correct physical or emotional deficits or to minimize the disabling effect of these deficits in the life of the individual; such evaluation techniques as assessment of sensory integration and motor abilities, assessment of development of self-care and feeding, activities and capacity for independence, assessment of the physical capacity for prevocational and work tasks, assessment of play and leisure performance, and appraisal of living areas for the handicapped; physical agent modalities limited to the upper extremities to enhance physical functional performance, if certified in accordance with § 36-31-6; and specific occupational therapy techniques such as activities of daily living skills, designing, fabricating, or applying selected orthotic devices or selecting adaptive equipment, sensory integration and motor activities, the use of specifically designed manual and creative activities, specific exercises to enhance functional performance, and treatment techniques for physical capabilities for work activities. Such techniques are applied in the treatment of individual patients or clients, in groups, or through social systems;</p>

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Tennessee	<p><u>Statute:</u> Tennessee Code §63-13-103, Chapter definitions (10)</p> <p>(A) “Occupational therapy practice” means the therapeutic use of everyday life activities (occupations) for the purpose of enabling individuals or groups to participate in roles and situations in home, school, workplace, community and other settings. Occupational therapy addresses the physical, cognitive, psychosocial and sensory aspects of performance in a variety of contexts to support engagement in occupations that affect health, well-being and quality of life. “Occupational therapy practice” includes, but is not limited to:</p> <ul style="list-style-type: none"> (i) Screening, evaluation, assessment, planning, implementation or discharge planning in order to determine an occupational therapy treatment diagnosis, prognosis, plan on therapeutic intervention, or discharge plan, or to assess the ongoing effect of intervention; (ii) Selection and administration of standardized and nonstandardized tests and measurements to evaluate factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure and social participation, including: <ul style="list-style-type: none"> (a) Body functions and body structures; (b) Habits, routines, roles and behavior patterns; (c) Cultural, physical, environmental, social and spiritual context and activity demands that affect performance; and (d) Performance skills, including motor, process and communication/interaction skills; (iii) Methods or strategies selected to direct the process of interventions, such as: <ul style="list-style-type: none"> (a) Modification or adaptation of an activity or the environment to enhance performance; (b) Establishment, remediation or restoration of a skill or ability that has not yet developed or is impaired; (c) Maintenance and enhancement of capabilities without which performance in occupations would decline; (d) Health promotion and wellness to enable or enhance performance and safety of occupations; and (e) Prevention of barriers to performance, including disability prevention; (iv) Interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, education, work, play, leisure and social participation, including: <ul style="list-style-type: none"> (a) Therapeutic use of occupations, exercises and activities; (b) Training in self-care, self-management, home management and community/work reintegration; (c) Development, remediation or compensation of physical, cognitive, neuromuscular and sensory functions and behavioral skills; (d) Therapeutic use of self, including an individual's personality, insights, perceptions and judgments as part of the therapeutic process; (e) Education and training of individuals, family members, caregivers and others; (f) Care coordination, case management, discharge planning and transition services; (g) Consulting services to groups, programs, organizations or communities; (h) Assessment, recommendations and training in techniques and equipment to enhance functional mobility, including wheelchair management; (i) Driver rehabilitation and community mobility; and (j) Management of feeding and eating skills to enable feeding and eating performance; (v) Management of occupational therapy services, including the planning, organizing, staffing, coordinating, directing or controlling of individuals and organizations; (vi) Providing instruction in occupational therapy to students in an accredited occupational therapy or occupational therapy assistant educational program by persons who are trained as occupational therapists or occupational therapy assistants; and (vii) Administration, interpretation and application of research to occupational therapy services;
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	<p>(B) Occupational therapy services are provided for the purpose of promoting health and wellness to those clients who have, or are at risk of developing, illness, injury, disease, disorder, impairment, disability, activity limitation or participation restriction and may include:</p> <ul style="list-style-type: none"> (i) Training in the use of prosthetic devices; (ii) Assessment, design, development, fabrication, adaptation, application, fitting and training in the use of assistive technology and adaptive and selective orthotic devices; (iii) Application of physical agent modalities with proper training and certification; (iv) Assessment and application of ergonomic principles; and (v) Adaptation or modification of environments, at home, work, school or community, and use of a range of therapeutic procedures, such as wound care management, techniques to enhance sensory, perceptual and cognitive processing and manual therapy techniques, to enhance performance skills, occupational performance or the promotion of health and wellness; (vi) Practice of dry needling of the upper limb, with proper training and certification; <p>(C) Occupational therapy practice may occur in a variety of settings, including, but not limited to:</p> <ul style="list-style-type: none"> (i) Institutional inpatient settings, such as acute rehabilitation facilities, psychiatric hospitals, community and specialty hospitals, nursing facilities and prisons; (ii) Outpatient settings, such as clinics, medical offices and therapist offices; (iii) Home and community settings, such as homes, group homes, assisted living facilities, schools, early intervention centers, daycare centers, industrial and business facilities, hospices, sheltered workshops, wellness and fitness centers and community mental health facilities; (iv) Research facilities; and (v) Educational institutions; (vi) Telehealth, telemedicine, or provider-based telemedicine, as authorized by §63-1-155; <p>(D) "Occupational therapy practice" includes specialized services provided by occupational therapists or occupational therapy assistants who are certified or trained in areas of specialization that include, but are not limited to, hand therapy, neurodevelopmental treatment, dry needling of the upper limb, sensory integration, pediatrics, geriatrics and neurorehabilitation, through programs approved by AOTA or other nationally recognized organizations;</p>
Texas	<p><u>Statute:</u> Texas Health and Safety Code § 454.006, PRACTICE OF OCCUPATIONAL THERAPY.</p> <p>(a) In this section, "diagnosis" means the identification of a disease from its symptoms.</p> <p>(b) A person practices occupational therapy if the person:</p> <ul style="list-style-type: none"> (1) evaluates or treats a person whose ability to perform the tasks of living is threatened or impaired by developmental deficits, the aging process, environmental deprivation, sensory impairment, physical injury or illness, or psychological or social dysfunction; (2) uses therapeutic goal-directed activities to: <ul style="list-style-type: none"> (A) evaluate, prevent, or correct physical or emotional dysfunction; or (B) maximize function in a person's life; or (3) applies therapeutic goal-directed activities in treating patients on an individual basis, in groups, or through social systems, by means of direct or monitored treatment or consultation. <p>(c) The practice of occupational therapy does not include diagnosis or psychological services of the type typically performed by a licensed psychologist.</p> <p><u>Regulation:</u> Texas Administrative Code, Title 40, Part 12, § 362.1</p> <p>(32) Occupational Therapy Practice--Includes:</p> <ul style="list-style-type: none"> (A) Methods or strategies selected to direct the process of interventions such as: <ul style="list-style-type: none"> (i) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired.

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	<ul style="list-style-type: none"> (ii) Compensation, modification, or adaptation of activity or environment to enhance performance. (iii) Maintenance and enhancement of capabilities without which performance in everyday life activities would decline. (iv) Health promotion and wellness to enable or enhance performance in everyday life activities. (v) Prevention of barriers to performance, including disability prevention. <p>(B) Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:</p> <ul style="list-style-type: none"> (i) Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive) and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems). (ii) Habits, routines, roles and behavior patterns. (iii) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance. (iv) Performance skills, including motor, process, and communication/interaction skills. <p>(C) Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:</p> <ul style="list-style-type: none"> (i) Therapeutic use of occupations, exercises, and activities. (ii) Training in self-care, self-management, home management and community/work reintegration. (iii) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavioral skills. (iv) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process. (v) Education and training of individuals, including family members, caregivers, and others. (vi) Care coordination, case management and transition services. (vii) Consultative services to groups, programs, organizations, or communities. (viii) Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles. (ix) Assessment, design, fabrication, application, fitting and training in assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices. (x) Assessment, recommendation, and training in techniques to enhance functional mobility including wheelchair management. (xi) Driver rehabilitation and community mobility. (xii) Management of feeding, eating, and swallowing to enable eating and feeding performance. (xiii) Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management; techniques to enhance sensory, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills.
Utah	<p><u>Statute: Utah Code §58-42a-102</u></p> <p>(6)</p> <p>(a) "Practice of occupational therapy" means the therapeutic use of everyday life activities with an individual:</p> <ul style="list-style-type: none"> (i) that has or is at risk of developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction; and (ii) to develop or restore the individual's ability to engage in everyday life activities by addressing physical, cognitive, psychosocial, sensory, or other aspects of the individual's performance. <p>(b) "Practice of occupational therapy" includes:</p> <ul style="list-style-type: none"> (i) establishing, remediating, or restoring an undeveloped or impaired skill or ability of an individual; (ii) modifying or adapting an activity or environment to enhance an individual's performance; (iii) maintaining and improving an individual's capabilities to avoid declining performance in everyday life activities;

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	<p>(iv) promoting health and wellness to develop or improve an individual's performance in everyday life activities;</p> <p>(v) performance-barrier prevention for an individual, including disability prevention;</p> <p>(vi) evaluating factors that affect an individual's activities of daily living in educational, work, play, leisure, and social situations, including:</p> <ul style="list-style-type: none"> (A) body functions and structures; (B) habits, routines, roles, and behavioral patterns; (C) cultural, physical, environmental, social, virtual, and spiritual contexts and activity demands that affect performance; and (D) motor, process, communication, interaction, and other performance skills; <p>(vii) providing interventions and procedures to promote or enhance an individual's safety and performance in activities of daily living in educational, work, and social situations, including:</p> <ul style="list-style-type: none"> (A) the therapeutic use of occupations and exercises; (B) training in self-care, self-management, home-management, and community and work reintegration; (C) the development, remediation, or compensation of behavioral skills and physical, cognitive, neuromuscular, and sensory functions; (D) the education and training of an individual's family members and caregivers; (E) care coordination, case management, and transition services; (F) providing consulting services to groups, programs, organizations, or communities, (G) modifying the environment and adapting processes, including the application of ergonomic principles; (H) assessing, designing, fabricating, applying, fitting, and providing training in assistive technology, adaptive devices, orthotic devices, and prosthetic devices; (I) assessing, recommending, and training an individual in techniques to enhance functional mobility, including wheelchair management; (J) driver rehabilitation and community mobility; (K) enhancing eating and feeding performance; and (L) applying physical agent modalities, managing wound care, and using manual therapy techniques to enhance an individual's performance skills, if the occupational therapist has received the necessary training as determined by division rule in collaboration with the board.
Vermont	<p><u>Statute: Vermont Statutes Title 26, Chapter 71, §3351, Definitions.</u></p> <p>(5) "Occupational therapy practice" means the therapeutic use of purposeful and meaningful occupations (goal-directed activities) to evaluate and treat individuals who have a disease or disorder, impairment, activity limitation, or participation restriction that interferes with their ability to function independently in daily life roles, and to promote health and wellness. Occupational therapy intervention may include:</p> <ul style="list-style-type: none"> (A) remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes; (B) adaptation of task, process, or the environment, or the teaching of compensatory techniques, in order to enhance performance; (C) disability prevention methods and techniques that facilitate the development of safe application of performance skills; (D) health promotion strategies and practices that enhance performance abilities. <p>(6) "Occupational therapy services" include:</p> <ul style="list-style-type: none"> (A) evaluating, developing, improving, sustaining, or restoring skills in activities of daily living, work, or productive activities, including instrumental activities of daily living, and play and leisure activities; (B) evaluating, developing, remediating, or restoring sensorimotor, cognitive, or psychosocial components of performance; (C) designing, fabricating, applying, or training in the use of assistive technology or orthotic devices, and training in the use of prosthetic devices;

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	<p>(D) adaptation of environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles;</p> <p>(E) application of physical agent modalities as an adjunct to or in preparation for engagement in occupations;</p> <p>(F) evaluating and providing intervention in collaboration with the individual receiving treatment, family, caregiver, or others;</p> <p>(G) educating the individual receiving treatment, family, caregiver, or others in carrying out appropriate nonskilled interventions; and</p> <p>(H) consulting with groups, programs, organizations, or communities to provide population-based services.</p>
Virginia	<p><u>Statute: Code of Virginia §54.1-2900, Definitions.</u> "Practice of occupational therapy" means the therapeutic use of occupations for habilitation and rehabilitation to enhance physical health, mental health, and cognitive functioning and includes the evaluation, analysis, assessment, and delivery of education and training in basic and instrumental activities of daily living; the design, fabrication, and application of orthoses (splints); the design, selection, and use of adaptive equipment and assistive technologies; therapeutic activities to enhance functional performance; vocational evaluation and training; and consultation concerning the adaptation of physical, sensory, and social environments.</p> <p><u>Regulation: Virginia Administrative Code, 18 VA C85-80-90 and 18VAC85-80-100</u> 18 VAC 85-80-90. General responsibilities. A. An occupational therapist renders services of assessment, program planning, and therapeutic treatment upon request for such service. The practice of occupational therapy includes therapeutic use of occupations for habilitation and rehabilitation to enhance physical health, mental health, and cognitive functioning. The practice of occupational therapy may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services. B. An occupational therapy assistant renders services under the supervision of an occupational therapist that do not require the clinical decision or specific knowledge, skills and judgment of a licensed occupational therapist and do not include the discretionary aspects of the initial assessment, evaluation or development of a treatment plan for a patient.</p> <p>18VAC 85-80-100. Individual responsibilities. A. An occupational therapist provides assessment by determining the need for, the appropriate areas of, and the estimated extent and time of treatment. His responsibilities include an initial screening of the patient to determine need for services and the collection, evaluation and interpretation of data necessary for treatment. B. An occupational therapist provides program planning by identifying treatment goals and the methods necessary to achieve those goals for the patient. The therapist analyzes the tasks and activities of the program, documents the progress, and coordinates the plan with other health, community or educational services, the family and the patient. The services may include but are not limited to education and training in basic and instrumental activities of daily living (ADL); the design, fabrication, and application of orthoses (splints); the design, selection, and use of adaptive equipment and assistive technologies; therapeutic activities to enhance functional performance; vocational evaluation and training; and consultation concerning the adaptation of physical, sensory, and social environments. C. An occupational therapist provides the specific activities or therapeutic methods to improve or restore optimum functioning, to compensate for dysfunction, or to minimize disability of patients impaired by physical illness or injury, emotional, congenital or developmental disorders, or by the aging process. D. An occupational therapy assistant is responsible for the safe and effective delivery of those services or tasks delegated by and under the direction of the occupational therapist. Individual responsibilities of an occupational therapy assistant may include: 1. Participation in the evaluation or assessment of a patient by gathering data, administering tests, and reporting observations and client capacities to the occupational therapist; 2. Participation in intervention planning, implementation, and review; 3. Implementation of interventions as determined and assigned by the occupational therapist;</p>

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	<p>4. Documentation of patient responses to interventions and consultation with the occupational therapist about patient functionality;</p> <p>5. Assistance in the formulation of the discharge summary and follow-up plans; and</p> <p>6. Implementation of outcome measurements and provision of needed patient discharge resources.</p>
Washington	<p><u>Statute: Washington Revised Code Chapter 18.59, Occupational Therapy</u></p> <p>§18.59.020. Definitions.</p> <p>(4) "Occupational therapy" is the scientifically based use of purposeful activity with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the aging process in order to maximize independence, prevent disability, and maintain health. The practice encompasses evaluation, treatment, and consultation. Specific occupational therapy services include but are not limited to: Using specifically designed activities and exercises to enhance neurodevelopmental, cognitive, perceptual motor, sensory integrative, and psychomotor functioning; administering and interpreting tests such as manual muscle and sensory integration; teaching daily living skills; developing prevocational skills and play and avocational capabilities; designing, fabricating, or applying selected orthotic and prosthetic devices or selected adaptive equipment; wound care management as provided in RCW 18.59.170; and adapting environments for persons with disabilities. These services are provided individually, in groups, or through social systems.</p> <p>(10) "Sharp debridement" means the removal of loose or loosely adherent devitalized tissue with the use of tweezers, scissors, or scalpel, without any type of anesthesia other than topical anesthetics. "Sharp debridement" does not mean surgical debridement.</p> <p>(11) "Wound care management" means a part of occupational therapy treatment that facilitates healing, prevents edema, infection, and excessive scar formation, and minimizes wound complications. Treatment may include: Assessment of wound healing status; patient education; selection and application of dressings; cleansing of the wound and surrounding areas; application of topical medications, as provided under RCW 18.59.160; use of physical agent modalities; application of pressure garments and nonweight-bearing orthotic devices, excluding high-temperature custom foot orthotics made from a mold; sharp debridement of devitalized tissue; debridement of devitalized tissue with other agents; and adapting activities of daily living to promote independence during wound healing.</p> <p>18.59.170. Scope of practice—Wound care management.</p> <p>(1) (a) An occupational therapist licensed under this chapter may provide wound care management only:</p> <p style="padding-left: 40px;">(i) In the course of occupational therapy treatment to return patients to functional performance in their everyday occupations under the referral and direction of a physician or other authorized health care provider listed in RCW 18.59.100 in accordance with their scope of practice. The referring provider must evaluate the patient prior to referral to an occupational therapist for wound care; and</p> <p style="padding-left: 40px;">(ii) After filing an affidavit under subsection (2)(b) of this section.</p> <p style="padding-left: 40px;">(b) An occupational therapist may not delegate wound care management, including any form of debridement.</p> <p>(2) (a) Debridement is not an entry-level skill and requires specialized training, which must include: Indications and contraindications for the use of debridement; appropriate selection and use of clean and sterile techniques; selection of appropriate tools, such as scissors, forceps, or scalpel; identification of viable and devitalized tissues; and conditions which require referral back to the referring provider. Training must be provided through continuing education, mentoring, cotreatment, and observation. Consultation with the referring provider is required if the wound exposes anatomical structures underlying the skin, such as tendon, muscle, or bone, or if there is an obvious worsening of the condition, or signs of infection.</p> <p style="padding-left: 40px;">(b) (i) Occupational therapists may perform wound care management upon showing evidence of adequate education and training by submitting an affidavit to the board attesting to their education and training as follows:</p> <p style="padding-left: 80px;">(A) For occupational therapists performing any part of wound care management, except sharp debridement with a scalpel, a minimum of fifteen hours of mentored training in a clinical setting is required to be documented in the affidavit. Mentored training includes observation, cotreatment, and supervised treatment by a licensed occupational therapist who is authorized to perform wound care management under this section or a health care provider who is</p>

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	<p>authorized to perform wound care management in his or her scope of practice. Fifteen hours mentored training in a clinical setting must include a case mix similar to the occupational therapist's expected practice;</p> <p>(B) For occupational therapists performing sharp debridement with a scalpel, a minimum of two thousand hours in clinical practice and an additional minimum of fifteen hours of mentored sharp debridement training in the use of a scalpel in a clinical setting is required to be documented in the affidavit. Mentored training includes observation, cotreatment, and supervised treatment by a licensed occupational therapist who is authorized to perform sharp debridement with a scalpel under this section or a health care provider who is authorized to perform wound care management, including sharp debridement with a scalpel, in his or her scope of practice. Both the two thousand hours in clinical practice and the fifteen hours of mentored training in a clinical setting must include a case mix similar to the occupational therapist's expected practice.</p> <p>(ii) Certification as a certified hand therapist by the hand therapy certification commission or as a wound care specialist by the national alliance of wound care or equivalent organization approved by the board is sufficient to meet the requirements of (b)(i) of this subsection.</p> <p>(c) The board shall develop an affidavit form for the purposes of (b) of this subsection.</p> <p>Regulation: Washington Administrative Code §246-847-010</p> <p>(1) "Adapting environments for individuals with disabilities" includes assessing needs, identifying strategies, implementing and training in the use of strategies, and evaluating outcomes. Occupational therapy focuses on the interaction of an individual's skills and abilities, the features of the environment, and the demands and purposes of activities.</p> <p>(4) "Client-related tasks" are routine tasks during which an occupational therapy aide may interact with the client but does not act as a primary service provider of occupational therapy services. The following factors must be present when an occupational therapist or occupational therapy assistant delegates a selected client-related task to the aide:</p> <ul style="list-style-type: none"> (a) The outcome anticipated for the delegated task is predictable; (b) The status of the client and the environment is stable and will not require that the aide make judgments, interpretations, or adaptations; (c) The client has demonstrated some previous performance ability in executing the task; and (d) The task routine and process have been clearly established. <p>(7) "Evaluation" means the process of obtaining and interpreting data necessary for treatment which includes, but is not limited to, planning for and documenting the evaluation process and results. The evaluation data may be gathered through record review, specific observation, interview, and the administration of data collection procedures which include, but are not limited to, the use of standardized tests, performance checklists, and activities and tasks designed to evaluate specific performance abilities.</p> <p>(11) "Scientifically based use of purposeful activity" means the treatment of individuals using established methodology based upon the behavioral and biological sciences and includes the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. "Occupations" are activities having unique meaning and purpose in an individual's life.</p> <p>(12) "Teaching daily living skills" means the instruction in daily living skills by an occupational therapist or occupational therapy assistant based upon the evaluation of all the components of the individual's disability and the adaptation or treatment based on the evaluation.</p>
West Virginia	<p>Statute: West Virginia Code §§30-28-3 and 30-28-4.</p> <p>§30-28-3. Definitions</p> <p>(n) "The practice of occupational therapy" means the therapeutic use of everyday life activities or occupations to address the physical, cognitive, psychosocial, sensory, and other aspects of performance of individuals or groups of individuals, including those who have or are at</p>

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risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation or participation restriction, to promote health, wellness and participation in roles and situations in home, school, workplace, community and other settings.

§30-28-4. Scope of practice;

(a) The scope of practice of occupational therapy includes, but is not limited to:

(1) Methods or strategies selected to direct the process of interventions such as:

- (A) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired;
- (B) Compensation, modification, or adaptation of activity or environment to enhance performance;
- (C) Maintenance and enhancement of capabilities without which performance in everyday life activities would decline;
- (D) Health promotion and wellness to enable or enhance performance in everyday life activities; and
- (E) Prevention of barriers to performance, including disability prevention.

(2) Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure and social participation, including:

- (A) Client factors, including body functions and body structures;
- (B) Habits, routines, roles and behavior patterns;
- (C) Cultural, physical, environmental, social and spiritual contexts and activity that affect performance; and
- (D) Performance skills, including motor, process and communication/interaction skills.

(3) Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure and social participation, including:

- (A) Therapeutic use of occupations and preparatory, adjunctive and functional activities;
- (B) Training in self-care, self-management home management and community/work reintegration;
- (C) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions, visual, vestibular and behavioral skills;
- (D) Therapeutic use of self, including one's personality, insights, perceptions and judgments, as part of the therapeutic process;
- (E) Education and training of individuals, including family members, care givers and others;
- (F) Care coordination, case management and transition services;
- (G) Consultative services to groups, programs, organizations or communities;
- (H) Modification of environments (home, work, school or community) and adaptation of processes, including the application of ergonomic principles;
- (I) Assessment, design, fabrication, application, fitting and training in assistive technology, adaptive devices, orthotic devices and training in the use of prosthetic devices to enhance occupational performance;
- (J) Assessment, recommendation and training in techniques to enhance functional mobility, including wheelchair management;
- (K) Community mobility and re-entry;
- (L) Management of feeding, eating and swallowing to enable eating and feeding performance; and
- (M) Application of physical agent modalities, and use of a range of specific therapeutic procedures and techniques to enhance occupational performance skills. Use of physical agent modalities by occupational therapy assistants must be consistent with their education (e.g. superficial thermal and mechanical modalities) and used under the general supervision of an occupational therapist.

The use of deep thermal or electrical modalities may only be performed by the occupational therapy assistant under the direct supervision of an occupational therapist, until the board shall promulgate rules as well as establish competency standards for the use of the modalities.

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Wisconsin	<p><u>Statute: Wisconsin Statutes §448.96</u> (5) "Occupational therapy" means the therapeutic use of purposeful and meaningful occupations to evaluate and treat individuals of all ages who have a disease, disorder, impairment, activity limitation or participation restriction that interferes with their ability to function independently in daily life roles and environments and to promote health and wellness.</p> <p><u>Regulation: Wisconsin Administrative Code OT 1.02 and 4.02</u> OT 1.02 Definitions. (2) "Assessment" is a component part of the evaluation process, and 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. (7) "Consultation" means a work-centered, problem-solving helping relationship in which knowledge, experience, abilities, and skills are shared with client, family, caregivers, and other professionals, including physicians, in the process of helping to habilitate or rehabilitate through the use of occupational therapy. (9) "Evaluation" means the process of obtaining and interpreting data necessary for understanding the individual system or situation. This includes planning for and documenting the evaluation process, results, and recommendations, including the need for intervention and potential change in the intervention plan. (11) "Habilitation" means an occupational therapy intervention designed for the education, training or support services provided to individuals to assist them in acquiring and maintaining skills not yet gained or learned, thus enabling them to learn, practice, and refine skills needed for independent living, productive employment, activity, and community participation. (23) "Rehabilitation" means the process of treatment and education to restore a person's ability to live and work as independently as possible after a disabling injury or illness. (24) Screening" means the review of occupational performance skills in natural environments or educational, or clinical settings to determine the significance of any discrepancy between current performance and expected level of performance, which may be done in consultation with a physician. (25) "Service competence" means the determination made by various methods that 2 people performing the same or equivalent procedures will obtain the same or equivalent results.</p> <p>OT 4.02 Scope of practice. (1) "Occupational therapy," as defined at s. 448.96 (5), Stats., may include the following interventions: (a) Remediation or restitution of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological processes. (b) Adaptation of task, process or environment, or the teaching of compensatory techniques, in order to enhance performance. (c) Disability prevention methods and techniques which facilitate the development or safe application of performance skills. (d) Health promotion strategies and practices which enhance performance abilities. (2) Occupational therapy interventions include the following: (a) Screening, evaluating, developing, improving, sustaining, or restoring skills in activities of daily living, work or productive activities, instrumental activities of daily living, play, leisure activities, rest and sleep, education and social participation. (b) Evaluating, developing, remediating, or restoring sensorimotor, sensoriperceptual neuromusculoskeletal, emotional regulation, cognition, communication, social skills, or psychosocial components of performance. (c) Designing, fabricating or training in the use of assistive technology, upper extremity orthotic devices and lower extremity positioning orthotic devices. (d) Training in the use of prosthetic devices, excluding gait training.</p>
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	<p>(e) Adaptation of environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles.</p> <p>(f) Application of physical agent modalities. Application is performed by an experienced therapist with demonstrated and documented evidence of theoretical background, technical skill and competence.</p> <p>(g) Evaluating and providing intervention and care in collaboration with the client, family, caregiver or other involved individuals or professionals.</p> <p>(h) Educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions.</p> <p>(i) Consulting with groups, programs, organizations, or communities to provide population-based services.</p> <p>(j) Therapeutic use of occupations, exercises, and activities.</p> <p>(k) Training in self-care, self-management, health management and maintenance, home management, community work reintegration, and school activities and work performance.</p> <p>(l) Therapeutic use of self, including one's personality, insights, perceptions and judgments, as part of the therapeutic process.</p> <p>(m) Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchair and other mobility devices.</p> <p>(n) Vision and low vision rehabilitation.</p> <p>(o) Driver rehabilitation and community mobility.</p> <p>(p) Management of feeding, eating, and swallowing to enable eating and feeding performance.</p> <p>(q) Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and adaptation processes.</p> <p>(r) Use of a range of specific therapeutic procedures, including wound care management; techniques to enhance sensory, perceptual, and cognitive processing; and pain management, lymphedema management, and manual therapy techniques, to enhance performance skills.</p>
Wyoming	<p><u>Statute: Wyoming Statutes §33-40-102</u></p> <p>(iii) "Occupational therapy" means:</p> <p>(J) The therapeutic use of occupations including everyday life activities with individuals, groups, populations or organizations to support participation, performance and function in roles and situations in home, school, workplace, community and other settings;</p> <p>(K) The provision of services for habilitation, rehabilitation and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation or participation restriction;</p> <p>(M) Addressing the physical, cognitive, psychosocial, sensory-perceptual and other aspects of performance in a variety of contexts and environments to support engagement in occupations, contexts and environments that affect physical and mental health, well-being and quality of life;</p> <p>(N) Performing the tasks of occupational therapy through personal interaction or appropriate use of telecommunication services and other communication technologies;</p> <p>(O) Performing the tasks of an occupational therapist or occupational therapy assistant commensurate with his education, training and experience;</p> <p>(P) The practice of occupational therapy which includes:</p> <p style="padding-left: 40px;">(I) The evaluation of factors affecting activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure and social participation;</p> <p style="padding-left: 40px;">(II) The use of methods or approaches to direct the process of interventions; and</p> <p style="padding-left: 40px;">(III) The use of interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure and social participation.</p>

OCCUPATIONAL THERAPY - REFERRAL REQUIREMENTS

NOTE: Third-party payer referral requirements should be consulted in all states.

State	Referral Requirement Provision ¹
Alabama	<p><u>Statute: Code of Alabama §34–39–3</u> Notwithstanding any other provision of this chapter, no occupational therapy treatment programs to be rendered by an occupational therapist, occupational therapy assistant, or occupational therapy aide shall be initiated without the referral of a licensed physician, a licensed chiropractor, a licensed optometrist, a licensed assistant to a physician acting pursuant to a valid supervisory agreement, a licensed certified registered nurse practitioner in a collaborative practice agreement with a licensed physician, a licensed psychologist, or a licensed dentist who shall establish a diagnosis of the condition for which the individual will receive occupational therapy services. In cases of long-term or chronic disease, disability, or dysfunction, or any combination of the foregoing, requiring continued occupational therapy services, the person receiving occupational therapy services shall be reevaluated by a licensed physician, a licensed chiropractor, a licensed optometrist, a licensed assistant to a physician acting pursuant to a valid supervisory agreement, a licensed certified registered nurse practitioner in a collaborative practice agreement with a licensed physician, a licensed psychologist, or a licensed dentist at least annually for confirmation or modification of the diagnosis. Occupational therapists performing services that are not related to injury, disease, or illness that are performed in a wellness or community setting for the purposes of enhancing performance in everyday activities are exempt from this referral requirement. Occupational therapists employed by state agencies and those employed by the public schools and colleges of this state who provide screening and rehabilitation services for the educationally related needs of the students are exempt from this referral requirement.</p> <p><u>Regulation: Alabama Administrative Code 625–X-9–.02 Unprofessional Conduct.</u> Code of Alabama 1975, §34–39–3, provides in part, that no occupational therapy treatment programs to be rendered by an Occupational Therapist or Occupational Therapy Assistant, or Occupational Therapy Aide shall be initiated without a referral of a physician or dentist who shall establish a medical diagnosis of the condition for which the individual will receive occupational therapy services, except Occupational Therapists employed by state agencies and those employed by the public schools and colleges of this state who provide screening and rehabilitation services for the educationally related needs of the students.</p> <p><u>AG Opinion 2002–107:</u> Optometrists in the State of Alabama may refer patients for occupational therapy services, establish a plan of treatment, and review said treatment to the limited extent permitted by 42 U.S.C.S. §1395x of the Social Security Act.</p>
Alaska	No referral requirements
Arizona	No referral requirements
Arkansas	No referral requirements
California	<p><u>Statute: Business and Professions Code, Chapter 5.6, §2570.2</u> (I) “Occupational therapy” means the therapeutic use of purposeful and meaningful goal-directed activities (occupations) with individuals, groups, populations, or organizations, to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness for clients with disability- and nondisability-related needs or to those who have, or are at risk of developing, health conditions that limit activity or cause participation restrictions. Occupational therapy services encompass occupational therapy assessment, treatment, education, and consultation. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perception and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy</p>

¹ This chart is provided for informational and educational purposes only and is not a substitute for legal advice or the professional judgment of health care professionals in evaluating and treating patients. Contact your state licensing board, committee, or agency with any questions regarding this information or to verify the accuracy of this information.

	<p>treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability. Through engagement in everyday activities, occupational therapy promotes mental health by supporting occupational performance in people with, or at risk of experiencing, a range of physical and mental health disorders. Occupational therapy techniques that are used for treatment involve teaching activities of daily living (excluding speech-language skills); designing or fabricating orthotic devices, and applying or training in the use of assistive technology or orthotic and prosthetic devices (excluding gait training). Occupational therapy consultation provides expert advice to enhance function and quality of life. Consultation or treatment may involve modification of tasks or environments to allow an individual to achieve maximum independence. Services are provided individually, in groups, or populations.</p> <p>Regulation: California Code of Regulations, Title 16, Division 39, §4170 (d) Occupational therapy practitioners shall perform occupational therapy services only when they are qualified by education, training, and experience to do so and shall refer to or consult with other service providers whenever such a referral or consultation is necessary for the care of the client. Such referral or consultation shall be done in collaboration with the client.</p> <p>§4182 (b) The supervising occupational therapist shall assume responsibility for the following activities regardless of the setting in which the services are provided: (1) Interpretation of referrals or prescriptions for occupational therapy services. (2) Interpretation and analysis for evaluation purposes. (A) The occupational therapy assistant may contribute to the evaluation process by gathering data, administering standardized tests and reporting observations. The occupational therapy assistant may not evaluate independently or initiate treatment before the supervising occupational therapist performs an assessment/evaluation. (3) Development, interpretation, implementation, and modifications of the treatment plan and the discharge plan. (A) The supervising occupational therapist shall be responsible for delegating the appropriate interventions to the occupational therapy assistant. (B) The occupational therapy assistant may contribute to the preparation, implementation and documentation of the treatment and discharge summary.</p>
Colorado	<p>Statute: Colorado Revised Statutes §12-270-104 Definitions. (4) "Low vision rehabilitation services" means the evaluation, diagnosis, management, and care of the low vision patient in visual acuity and visual field as it affects the patient's occupational performance, including low vision rehabilitation therapy, education, and interdisciplinary consultation. (9) "Vision therapy services" "Vision therapy services" means the assessment, diagnosis, treatment, and management of a patient with vision therapy, visual training, visual rehabilitation, orthoptics, or eye exercises.</p> <p>Statute: Colorado Revised Statutes §12-270-111, Limitations on authority. Nothing in this article shall be construed to authorize an occupational therapist to engage in the practice of medicine as defined in section 12-240-107; physical therapy as defined in article 285 of this title 12; vision therapy services or low vision rehabilitation services except under the referral, prescription, supervision, or comanagement of an ophthalmologist or optometrist: or any other form of healing except as authorized by this article 270.</p>
Connecticut	No referral requirements
Delaware	No referral requirements
District of Columbia	No referral requirements
Florida	No referral requirements
Georgia	No referral requirements
Hawaii	No referral requirements
Idaho	No referral requirements

Illinois	<p>Statute: 225 Illinois Compiled Statutes 75/3.1 Referrals.</p> <p>(a) A licensed occupational therapist or licensed occupational therapy assistant may evaluate, initiate, and provide occupational therapy services and consult with, educate, evaluate, and monitor services for individuals, groups, and populations concerning occupational therapy needs without a referral.</p> <p>(b) (blank)</p> <p>(c) Referral from a physician or other health care provider is not required for evaluation or intervention for children and youths if an occupational therapist or occupational therapy assistant provides services in a school-based or educational environment, including the child's home.</p> <p>(d) An occupational therapist shall refer a patient to the patient's treating health care professional of record, or to a health care professional of the patient's choosing if there is no health care professional of record, if:</p> <ol style="list-style-type: none"> (1) the patient does not demonstrate measurable or functional improvement after 10 visits or 15 business days, whichever occurs first, and continued improvement thereafter; (2) the patient was under the care of an occupational therapist without a diagnosis established by a health care professional of a chronic disease that may benefit from occupational therapy and returns for services for the same or similar condition 30 calendar days after being discharged by the occupational therapist; or (3) the patient's medical condition, at the time of evaluation or services, is determined to be beyond the scope of practice of the occupational therapist. <p>Regulation: Title 68, Chapter VII, Subchapter B; Section 1315.165(c)(5)</p> <p>5) Occupational therapy practitioners shall refer recipients to other service providers or consult with other service providers when additional knowledge and expertise are required.</p>
Indiana	<p>Statute: Indiana Code 25–23.5–3–1.5 Referral requirements; exceptions</p> <p>(a) An occupational therapist may provide occupational therapy services to an individual during a period of not more than forty-two (42) calendar days beginning on the day on which the occupational therapist first provides occupational therapy services to the individual.</p> <p>(b) Except as provided in subsection (c), to provide occupational therapy services to an individual after the period referred to in subsection (a), the occupational therapist must obtain a referral from, or act on the order of, one of the following:</p> <ol style="list-style-type: none"> (1) A physician or osteopathic physician licensed under IC 25-22.5. (2) A podiatrist licensed under IC 25-29. (3) An advanced practice nurse licensed under IC 25-23. (4) A psychologist licensed under IC 25-33. (5) A chiropractor licensed under IC 25-10. (6) An optometrist licensed under IC 25-24. (7) A physician assistant licensed under IC 25-27.5. <p>The occupational therapist shall report to the practitioner as specified by the practitioner who provided the referral or order. However, if the practitioner does not specify a reporting requirement, the occupational therapist shall report to the practitioner upon completion or termination of occupational therapy services.</p> <p>(c) An occupational therapist may provide the following services without a referral or order from a health care provider listed in subsection (b)(1) through (b)(7):</p> <ol style="list-style-type: none"> (1) Ergonomic or home assessment. (2) Injury or illness prevention education and wellness services. (3) Occupational therapy activities provided in an educational setting. (4) Occupational therapy activities that the board determines, after reviewing the recommendations of the committee, are appropriate to be conducted in a community based environment.
Iowa	<p>Statute: Iowa Code §148B.3A</p> <p>Occupational therapy may be provided by an occupational therapist without referral from a physician, podiatric physician, dentist, or chiropractor, except that a hospital may require that occupational therapy provided in the hospital be performed only following prior review by and authorization of the performance of the occupational therapy by a member of the hospital medical staff.</p> <p>Regulation: Iowa Administrative Code 645–208.1, Code of ethics for occupational therapists and occupational therapy assistants.</p> <p>(1) Occupational therapy. The practice of occupational therapy shall minimally consist of:</p> <ol style="list-style-type: none"> a. Interpreting all referrals; <p>(2) An occupational therapist shall:</p>

	<p>b. Inform a referring practitioner when any requested treatment procedure is inadvisable or contraindicated and shall refuse to carry out such orders;</p>
Kansas	<p><u>Statute: §65–5418. Construction of occupational therapy practice act and practice of occupational therapy.</u></p> <p>(d) Education related therapy services provided by an occupational therapist to school systems or consultation regarding prevention, ergonomics and wellness within the occupational therapy scope of practice shall not require a referral, supervision, order or direction of a physician, a licensed podiatrist, a licensed dentist or a licensed optometrist. However, when in the course of providing such services an occupational therapist reasonably believes that an individual may have an underlying injury, illness, disease, disorder or impairment, the occupational therapist shall refer the individual to a physician, a licensed podiatrist, a licensed dentist or a licensed optometrist, as appropriate.</p> <p><u>Statute: §65-5422. Occupational therapy services without healthcare practitioner referral; when permitted; limitations.</u></p> <p>(a) Except as otherwise provided in subsection (c), an occupational therapist may evaluate and initiate occupational therapy treatment on a patient without referral from a healthcare practitioner.</p> <p>(1) An occupational therapist who is treating a patient without a referral from a healthcare practitioner shall obtain a referral from an appropriate healthcare practitioner prior to continuing treatment if the patient:</p> <p>(A) Is not progressing toward documented treatment goals as demonstrated by objective, measurable or functional improvement, or any combination thereof, after ten patient visits or in a period of 30 calendar days from the initial treatment visits following the initial evaluation visit; or</p> <p>(B) within one year from the initial treatment visits following the initial evaluation visit, returns to the occupational therapist seeking treatment for the same condition or injury.</p> <p>(b) Occupational therapists may provide services without a referral to:</p> <p>(1) Employees solely for the purpose of education and instruction related to workplace injury prevention;</p> <p>(2) the public for the purpose of health promotion, education, and functional independence in activities of daily living;</p> <p>(3) special education students who need occupational therapy services to fulfill the provisions of their individualized education plan* (IEP) or individualized family service plan (IFSP).</p> <p>(c) Nothing in this section shall be construed to prevent a hospital or ambulatory surgical center from requiring a physician order or make a referral for occupational therapy services for a patient currently being treated in such facility.</p> <p>(d) When a patient self-refers to an occupational therapist pursuant to this section, the occupational therapist, prior to commencing treatment, shall provide written notice to the patient that an occupational therapy diagnosis is not a medical diagnosis by a physician.</p> <p>(f)** Occupational therapists shall perform wound care management services only after approval by a person licensed to practice medicine and surgery.</p> <p>(g)*** As used in this section, "healthcare practitioner" means: A person licensed by the state board of healing arts to practice medicine and surgery, osteopathic medicine and surgery or chiropractic; a "mid-level practitioner" as defined in K.S.A. 65-1626, and amendments thereto; or a licensed dentist or licensed optometrist in appropriately related cases.</p> <p>Revisor's Note:</p> <p>* The word "plan" should have been "program" instead.</p> <p>** Subsection (f) should have been designated as subsection (e).</p> <p>*** Subsection (g) should have been designated as subsection (f).</p>
Kentucky	<p><u>Statute: 319A.090</u></p> <p>(3) Occupational therapy services shall also not include independent diagnostic evaluation for the determination of visually related rehabilitative treatment plans or the testing and prescription of optical, electronic, or assistive technology low-vision devices. Occupational therapists may only provide low-vision or visual therapy services, as defined in administrative regulation, under the direct supervision of an optometrist, ophthalmologist, or physician, or by written prescription from an optometrist, ophthalmologist, or physician. These services shall be provided in accordance with a written evaluation and clinical treatment plan from an optometrist, ophthalmologist, or physician. The board shall promulgate administrative regulations pursuant to this subsection in collaboration with the Kentucky Board of Optometric Examiners.</p>

	<p><u>Regulation: 201 KAR 28:140.</u> Section 2. Failure to comply with any of the provisions in this section shall constitute unprofessional conduct in the practice of occupational therapy. (7) An OT/L or an OTA/L shall inform the referring source when any requested occupational therapy service is contraindicated, in the professional judgment of the licensee, and may refuse to carry out that request. (8) An OT/L shall competently provide the following minimum services: (a) Proper interpretation of all referrals;</p> <p><u>Regulation: 201 KAR 828: 190.</u> Section 2. Provision of Low-vision and Visual-therapy Services (1) An OT/L shall not develop a visually-related rehabilitation plan, but an OT/L may provide low-vision or visual-therapy services to a client as prescribed in writing by an optometrist, ophthalmologist, or physician who has personally examined and evaluated the client for low vision rehabilitation services and who has referred the client to the OT/L. (2) (a) The low-vision or visual-therapy services which an OT/L may provide shall include: 1. Adapting environments and processes; and 2. Training in the use of assistive technology for the purpose of improving performance skills and performance abilities in basic and instrumental activities of daily living, work or productive activities and play and leisure. (b) Low-vision and visual-therapy services shall not include independent diagnostic vision evaluations or the development of a comprehensive vision plan for the rehabilitation and treatment for individuals with visual impairments. (3) An OT/L who is providing low-vision services or visual-therapy services under the direct supervision of an optometrist, ophthalmologist, or physician shall ensure that: (a) The optometrist, ophthalmologist, or physician is always available in the OT/L's place of employment or place where the services are offered to a client; or (b) The optometrist, ophthalmologist, or physician is available to the OT/L but not necessarily within the individual's place of employment or place where the services are offered to a client if all of the following conditions are met: 1. A client shall be accepted for treatment only on the order of an optometrist, ophthalmologist, or physician who has the sole authority to develop a visually related rehabilitative treatment plan for the client; 2. A client shall be seen by an optometrist, ophthalmologist, or physician at least once every thirty (30) days unless another time is justified and documented by the optometrist, ophthalmologist, or physician in the client's record; 3. For each client there shall be a written occupational profile, an analysis of occupational performance, and an intervention plan which is developed by the OT/L in consultation with the optometrist, ophthalmologist, or physician making the referral; 4. The intervention plan shall be reviewed by the referring optometrist, ophthalmologist, or physician once every thirty (30) days unless another time is justified and documented by the optometrist, ophthalmologist, or physician in the client's record; and 5. The optometrist, ophthalmologist, or physician shall be promptly notified of any changes in the client's condition. (4) An OT/L who has reason to believe that a client may require independent diagnostic evaluation shall advise the client to return to the referring optometrist, ophthalmologist, or physician and further communicate this information to the optometrist, ophthalmologist, or physician. (5) The OT/L who provides low-vision or visual-therapy services shall not deviate from the referral or written evaluation and clinical treatment plan from the optometrist, ophthalmologist, or physician without consultation, approval from the individual who made the initial referral, and documentation of the same.</p>
Louisiana	<p><u>Statute: RS 37 §3003.</u> (4)(a) The occupational therapist may enter a case for the purposes of providing consultation and indirect services and evaluating an individual for the need of services. Prevention, wellness, and</p>

	<p>education related services shall not require a referral; however, in workers' compensation injuries preauthorization shall be required by the employer or workers' compensation insurer or provider. Implementation of direct occupational therapy to individuals for their specific medical condition or conditions shall be based on a referral or order from a physician, advanced practice registered nurse, dentist, podiatrist, or optometrist licensed to practice. Practice shall be in accordance with published standards of practice established by the American Occupational Therapy Association, Inc., and the essentials of accreditation established by the agencies recognized to accredit specific facilities and programs.</p> <p>Regulation: Louisiana Administrative Code Title 46, §4903. <i>Occupational Therapy</i>—the application of any activity in which one engages for the purposes of evaluation, interpretation, treatment planning, and treatment of problems interfering with functional performance in persons impaired by physical illness or injury, emotional disorders, congenital or developmental disabilities, or the aging process, in order to achieve optimum functioning and prevention and health maintenance. The occupational therapist may enter a case for the purposes of providing consultation and indirect services and evaluating an individual for the need of services. Prevention, wellness and education related services shall not require referral, however, in workers' compensation injuries preauthorization shall be required by the employer or workers' compensation insurer or provider. Implementation of direct occupational therapy to individuals for their specific medical condition or conditions shall be based on a referral or order from a physician, dentist, podiatrist, advanced practice registered nurse, or optometrist licensed to practice in the state of Louisiana. Practice shall be in accordance with current standards of practice established by the American Occupational Therapy Association, Inc., and the essentials of accreditation established by the agencies recognized to accredit specific facilities and programs. Specific occupational therapy services include, but are not limited to, activities of daily living (ADL); the design, fabrication, and application of prescribed temporary splints; sensorimotor activities; the use of specifically designed crafts; guidance in the selection and use of adaptive equipment; therapeutic activities to enhance functional performance; pre-vocational evaluation and training and consultation concerning the adaptation of physical environments for the handicapped. These services are provided to individuals or groups through medical, health, educational, and social systems.</p>
Maine	No referral requirements
Maryland	No referral requirements
Massachusetts	No referral requirements
Michigan	No referral requirements
Minnesota	<p>Statute: §148.6435. COORDINATION OF SERVICES An occupational therapist shall: (3) refer a client to an appropriate health care, social service, or education practitioner if the client's condition requires services not within the occupational therapist's service competency or not within the practice of occupational therapy generally;</p> <p>Statute: §148.6438. Subdivision 1.Required notification. In the absence of a physician referral or prior authorization, and before providing occupational therapy services for remuneration or expectation of payment from the client, an occupational therapist must provide the following written notification in all capital letters of 12-point or larger boldface type, to the client, parent, or guardian: "Your health care provider, insurer, or plan may require a physician referral or prior authorization and you may be obligated for partial or full payment for occupational therapy services rendered." Information other than this notification may be included as long as the notification remains conspicuous on the face of the document. A nonwritten disclosure format may be used to satisfy the recipient notification requirement when necessary to accommodate the physical condition of a client or client's guardian. Subd. 2.Evidence of recipient notification. The occupational therapist is responsible for providing evidence of compliance with the recipient notification requirement of this section.</p>
Mississippi	No referral requirements
Missouri	No referral requirements
Montana	No referral requirements

Nebraska	<p><u>Statute: §38-2528. Referrals.</u> (1) An occupational therapist may accept a referral from a licensed health care professional for the purpose of evaluation and rehabilitative treatment which may include, but not be limited to, consultation, rehabilitation, screening, prevention, and patient education services. (2) 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 criteria for admission to the program and protocol for the treatment program shall be established by the treatment team members. (3) Referrals shall be in writing, except that oral referrals may be accepted if they are followed by a written and signed request of the person making the referral within thirty days after the day on which the patient consults with the occupational therapist.</p> <p><u>Statute: §38–2529.Direct access to services.</u> The public may have direct access to occupational therapy services.</p>
Nevada	<p><u>Regulation: Nevada Administrative Code 640A.230</u> 1. An occupational therapist may practice occupational therapy on a patient for specific medical conditions if the patient has been referred to the occupational therapist by a provider of health care licensed to practice in this state. 2. An occupational therapist may, without referral, provide occupational therapy services, including, without limitation, evaluation, planning and implementing a program of intervention, monitoring services and consultation for a person whose ability to perform the tasks of daily living is impaired by: (a) Developmental deficiencies; (b) The aging process; (c) Environmental deprivation; (d) Sensory impairment; (e) Psychological or social dysfunction; or (f) Other conditions. 3. An occupational therapist may provide the occupational therapy services listed in subsection 2 in a nonmedical setting, including, without limitation, a residential setting, an educational setting, a vocational setting, a recreational setting, or a center that provides for the care of adults or children during the day. 4. As used in this section: (a) “Consultation” includes working with providers of health care and other persons involved in the care of a patient to provide advice and services. (b) “Monitoring services” includes those services which are characterized by regular contact at least once per month to: (1) Check or regulate adaptive and positioning equipment to ensure its proper use; or (2) Assess the level of skills of a patient, including, without limitation, the adaptive skills of the patient. (c) “Specific medical conditions” includes those conditions of acute trauma, infection, disease, aging or postsurgical status where custom requires the involvement of a provider of health care.</p>
New Hampshire	<p><u>Statute: 326-C: 2. Evaluation and Treatment Authorization.</u> Occupational therapy services can be provided without a referral, subject to regulatory and payer requirements.</p> <p><u>Regulation: Occ. 408.02.</u> A referral shall not be required for a licensed occupational therapist to provide: (a) Consultation; (b) Screening, evaluation and re-evaluation of clients; (c) Wellness services; (d) Prevention services; and (e) Special education services to students with non-medically related conditions.</p>
New Jersey	No referral requirements
New Mexico	No referral requirements
New York	<p><u>Statute: §7901 of the Education Law Definition.</u> 1. The practice of the profession of occupational therapy is defined as the functional evaluation of the client, the planning and utilization of a program of purposeful activities, the development and utilization of a treatment program, and/or consultation with the client, family, caregiver or organization in order to</p>

	<p>restore, develop or maintain adaptive skills, and/or performance abilities designed to achieve maximal physical, cognitive and mental functioning of the client associated with his or her activities of daily living and daily life tasks. A treatment program designed to restore function, shall be rendered on the prescription or referral of a physician, nurse practitioner or other health care provider acting within his or her scope of practice pursuant to this title, except as provided for in subdivision two of this section. However, nothing contained in this article shall be construed to permit any licensee hereunder to practice medicine or psychology, including psychotherapy or to otherwise expand such licensee's scope of practice beyond what is authorized by this chapter.</p> <p>2. Treatment may be rendered by a licensed occupational therapist for ten visits, or thirty days, whichever shall occur first, without a referral from a physician or nurse practitioner provided that:</p> <ul style="list-style-type: none"> (a) the licensed occupational therapist has practiced occupational therapy on a full-time basis equivalent to not less than three years; and (b) each occupational therapist licensed pursuant to this article shall provide written notice to each patient receiving treatment absent a referral from a physician or nurse practitioner that occupational therapy may not be covered by the patient's health care plan or insurer without such a referral and that such treatment may be a covered expense if rendered pursuant to a referral. The occupational therapist shall keep on file with the patient's records a form attesting to the patient's notice of such advice. Such form shall be in duplicate, with one copy to be retained by the patient, signed and dated by both the occupational therapist and the patient in such form as prescribed pursuant to regulations promulgated by the commissioner. <p><u>Regulation: §76.5. Definition of occupational therapy practice.</u></p> <p>d. Any treatment program described in this regulation shall be rendered on the prescription or referral of a physician. In accordance with section 7901 and articles 131 and 153 of the Education Law, nothing contained in this regulation shall be construed to permit any licensee hereunder to engage in the practice of medicine or psychology, including psychotherapy.</p> <p><u>Regulation: §76.11 Providing treatment in the practice of occupational therapy without referral.</u></p> <p>(a) In accordance with subdivision (2) of section 7901 of the Education Law, a licensed occupational therapist may provide a patient with treatment in the practice of occupational therapy without a referral from a physician or nurse practitioner, for 10 visits or 30 days, whichever occurs first, provided that the licensed occupational therapist meets the following requirements:</p> <ul style="list-style-type: none"> (1) the licensed occupational therapist has practiced occupational therapy on a full-time basis equivalent to not less than three years prior to beginning such treatment, meaning the licensed occupational therapist has completed at least 4,320 clock hours of occupational therapy practice over a minimum of 36 months anytime prior to beginning such treatment; and (2) the licensed occupational therapist meets all requirements of subdivision (b) of this section relating to the notice of advice. <p>(b) Notice of advice. An occupational therapist providing treatment in the practice of occupational therapy without a referral from a physician or nurse practitioner, in accordance with subdivision (2) of section of 7901 of the Education Law and the requirements of this section, shall advise the patient in writing prior to beginning treatment of the possibility that treatment may not be covered by the patient's health care plan or insurer without a referral from a physician or nurse practitioner and that such treatment may be a covered expense if rendered pursuant to a referral. This notice of advice shall be provided on a form, a copy of which shall be kept on file by the licensed occupational therapist as a patient record. A copy of this notice of advice shall be given to the patient. The notice of advice form shall include the following information:</p> <ul style="list-style-type: none"> (1) a statement of such advice and a statement attesting that the patient has read the notice of advice form; (2) the date treatment will begin; (3) the patient's name and address; (4) the patient's signature and date the patient signed the form; (5) the treating occupational therapist's name and business address; and (6) the treating occupational therapist's signature and the date the occupational therapist signed the form.
North Carolina	No referral requirements
North Dakota	No referral requirements

Ohio	<p>Regulation: Ohio Administrative Code 4755-5-01 Youth sports concussion and head injury assessment and clearance.</p> <p>(A) For purposes of this rule:</p> <ul style="list-style-type: none"> (1) "Amsterdam Guidelines" means the consensus statement on concussion in sport: the sixth international conference on concussion in sport held in Amsterdam, October 2022" (available on the OTPTAT board website http://otptat.ohio.gov). (2) "Interscholastic athletics" means an interscholastic extracurricular activity that a school or school district sponsors or participates in that includes participants from more than one school or school district. (3) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery. (4) "Youth" means an individual between the ages of four and nineteen who participated in a youth sports organization or interscholastic athletics and was removed from practice of competition under division (D) of section 3313.539 of the Revised Code or division (D) of section 3707.511 of the Revised Code, based on exhibiting signs, symptoms, or behaviors consistent with having sustained a concussion or head injury while participating in practice or competition. (5) "Youth sports organization" has the same meaning as in section 3707.51 of the Revised Code and means a public or nonpublic entity that organizes an athletic activity in which the athletes are not more than nineteen years of age and are required to pay a fee to participate in the athletic activity or whose cost to participate is sponsored by a business or nonprofit organization. <p>(B) An occupational therapist, physical therapist, and athletic trainer may assess and clear a youth to return to practice or competition if all of the following requirements are met:</p> <ul style="list-style-type: none"> (1) Pursuant to sections 3313.539 and 3707.511 of the Revised Code, the assessment and clearance is done: <ul style="list-style-type: none"> (a) In consultation with a physician; (b) Pursuant to the referral of a physician; (c) In collaboration with a physician; or (d) Under the supervision of a physician. (2) The occupational therapist, physical therapist, and athletic trainer has completed education and training in the detection of concussions and/or sports and recreation-related traumatic brain injuries, the clinical features of concussions and/or sports and recreation-related traumatic brain injuries, assessment techniques, and the principles of safe return to play protocols consistent with the Amsterdam guidelines and/or nationally accepted standards and guidelines consistent with the Amsterdam guidelines. (3) The occupational therapist, physical therapist, and athletic trainer maintains competency through continuing education activities in the detection of concussions and/or sports and recreation-related traumatic brain injuries, the clinical features of concussions and/or sports and recreation-related traumatic brain injuries, assessment techniques, and the principles of safe return to play protocols consistent with the Amsterdam guidelines and/or nationally accepted standards and guidelines consistent with the Amsterdam guidelines. <p>(C) The OTPTAT board recommends that occupational therapists, physical therapists, and athletic trainers who assess and clear a youth to return to practice or competition in accordance with this rule do both of the following:</p> <ul style="list-style-type: none"> (1) Ensure that a portion of the required continuing education focus on the items listed in paragraphs (B)(2) and (B)(3) of this rule. (2) Use the medical clearance to return to play after suspected concussion form located on the OTPTAT board website (http://otptat.ohio.gov).
Oklahoma	No referral requirements
Oregon	<p>Regulation: 339-010-0020. Unprofessional Conduct</p> <p>(2) Unprofessional conduct relating to professional competency includes:</p> <ul style="list-style-type: none"> (d) Failing to obtain a physician's referral in situations where an OT is using a modality not specifically defined in ORS 675.210(3)
Pennsylvania	<p>Statute: P.L. 502, No. 140, §14, Practice and referral.</p> <p>(a) An occupational therapist may enter a case for the purposes of providing indirect services, consultation, evaluating an individual as to the need for services and other occupational therapy services for conditions such as perceptual, cognitive, sensory integration and similar conditions.</p>

	<p>Implementation of direct occupational therapy to an individual for a specific medical condition shall be based on a referral from a licensed physician, licensed optometrist, licensed podiatrist, licensed certified registered nurse practitioner or licensed physician assistant.</p> <p>(b) This act shall not be construed as authorization for an occupational therapist or occupational therapy assistant to practice a branch of the healing arts except as described in this act.</p> <p>Regulation: §42.25. Orders.</p> <p>(a) Written orders. An occupational therapist shall accept a referral in the form of a written order from a licensed physician, licensed optometrist, licensed podiatrist, certified registered nurse practitioner or licensed physician assistant.</p> <p>(b) Oral orders.</p> <p>(1) An occupational therapist may accept a referral in the form of an oral order if it is impractical for the licensed physician, licensed optometrist, licensed podiatrist, certified registered nurse practitioner or licensed physician assistant to provide the order in writing.</p> <p>(2) An occupational therapist receiving an oral order shall immediately transcribe the order in the patient's medical record, including the date and time the order was received, and sign the medical record.</p> <p>(3) The occupational therapist in a private office setting who has received an oral order shall obtain the countersignature of the licensed physician, licensed optometrist, licensed podiatrist, certified registered nurse practitioner or physician assistant who issued the order within 5 days of receiving the order.</p> <p>(4) If the occupational therapist who receives an oral order provides services in a setting that is independent of the prescriber's setting, the occupational therapist may accept the countersignature of the ordering licensed physician, licensed optometrist, licensed podiatrist, certified registered nurse practitioner or physician assistant on a written copy of the order that is mailed or faxed to the occupational therapist.</p> <p>(5) If an occupational therapist provides services in a facility licensed by the Department of Health, the countersignature of the ordering licensed physician, licensed optometrist, licensed podiatrist, certified registered nurse practitioner or physician assistant shall be obtained in accordance with the applicable regulations of the Department of Health governing the facility, including 28 Pa. Code § § 211.3 and 601.31 (relating to oral and telephone orders; and acceptance of patients, plan of treatment and medical supervision).</p>
Puerto Rico	No referral requirements
Rhode Island	No referral requirements
South Carolina	No referral requirements
South Dakota	No referral requirements
Tennessee	No referral requirements
Texas	<p>Statute: Title 3, Subtitle H, §454.213ACCEPTED PRACTICE; PRACTITIONER'S REFERRAL.</p> <p>(a) An occupational therapist may enter a case to:</p> <p>(1) provide consultation and monitored services; or</p> <p>(2) evaluate a person for the need for services.</p> <p>(b) Implementation of direct occupational therapy to a person for a specific health care condition must be based on a referral from:</p> <p>(1) a physician licensed by a state board of medical examiners;</p> <p>(2) a dentist licensed by a state board of dental examiners;</p> <p>(3) a chiropractor licensed by a state board of chiropractic examiners;</p> <p>(4) a podiatrist licensed by a state board of podiatric medical examiners; or</p> <p>(5) another qualified, licensed health care professional who is authorized to refer for health care services within the scope of the professional's license.</p> <p>(c) The professional who takes action under this section is a referring practitioner.</p> <p>Regulation: Texas Admin. Code Title 40, §372.1. Provision of Services</p> <p>(a) Medical Conditions.</p> <p>(1) Occupational therapists may evaluate the client to determine the need for occupational therapy services without a referral. However, a referral must be requested at any time during the evaluation process when necessary to ensure the safety and welfare of the client.</p> <p>(2) Intervention for a medical condition by an occupational therapy practitioner requires a referral from a licensed referral source.</p>

	<p>(b) Non-Medical Conditions. The evaluation or intervention for a non-medical condition does not require a referral. However, a referral must be requested at any time during the evaluation or intervention process when necessary to ensure the safety and welfare of the client.</p> <p>(c) Methods of Referral. The referral must be from a licensed referral source in accordance with the Occupational Therapy Practice Act, §454.213 (relating to Accepted Practice; Practitioner's Referral), and may be transmitted in the following ways:</p> <ul style="list-style-type: none"> (1) by a written document, including paper or electronic information/communications technologies; (2) verbally, either in person or by electronic information/communications technologies. If a referral is transmitted verbally, it must be documented by the authorized personnel who receives the referral. In this subsection, "authorized personnel" means staff members authorized by the employer or occupational therapist to receive referrals transmitted verbally; or (3) by an occupational therapy plan of care, developed according to the requirements of this section, that is signed by the licensed referral source. <p>(d) Screening, Consultation, and Monitored Services. A screening, consultation, or monitored services may be performed by an occupational therapy practitioner without a referral.</p> <p>(e) Evaluation.</p> <ul style="list-style-type: none"> (1) The occupational therapist is responsible for determining whether an evaluation is needed and if a referral is required for an occupational therapy evaluation. (2) Only an occupational therapist may perform an initial evaluation or any re-evaluations. (3) An occupational therapy plan of care must be based on an occupational therapy evaluation. (4) The occupational therapist is responsible for determining whether any aspect of the evaluation may be conducted via telehealth or must be conducted in person. (5) The occupational therapist must have contact with the client during the evaluation. The contact must be synchronous audio and synchronous visual contact that is in person, via telehealth, or via a combination of in-person contact and telehealth. Other telecommunications or information technology may be used to aid in the evaluation but may not be the primary means of contact or communication. (6) The occupational therapist may delegate to an occupational therapy assistant the collection of data for the evaluation. The occupational therapist is responsible for the accuracy of the data collected by the occupational therapy assistant. <p>(f) Plan of Care.</p> <ul style="list-style-type: none"> (1) Only an occupational therapist may initiate, develop, modify, or complete an occupational therapy plan of care. It is a violation of the Occupational Therapy Practice Act for anyone other than the occupational therapist to dictate, or attempt to dictate, when occupational therapy services should or should not be provided, the nature and frequency of services that are provided, when the client should be discharged, or any other aspect of the provision of occupational therapy as set out in the Occupational Therapy Practice Act and Rules. (2) Modifications to the plan of care must be documented. (3) An occupational therapy plan of care may be integrated into an interdisciplinary plan of care, but the occupational therapy goals or objectives must be easily identifiable in the plan of care. (4) Only occupational therapy practitioners may implement the written plan of care once it is completed by the occupational therapist. (5) Only the occupational therapy practitioner may train non-licensed personnel or family members to carry out specific tasks that support the occupational therapy plan of care. (6) The occupational therapist is responsible for determining whether intervention is needed and if a referral is required for occupational therapy intervention. (7) Except where otherwise restricted by rule, the occupational therapy practitioner is responsible for determining whether any aspect of the intervention session may be conducted via telehealth or must be conducted in person.
Utah	No referral requirements
Vermont	No referral requirements
Virginia	No referral requirements
Washington	<p>Statute: RCW 18.59.100 Duty to refer medical cases.</p> <p>An occupational therapist shall, after evaluating a patient and if the case is a medical one, refer the case to a physician for appropriate medical direction if such direction is lacking. Treatment by an</p>

	<p>occupational therapist of such a medical case may take place only upon the referral of a physician, osteopathic physician, podiatric physician and surgeon, naturopath, chiropractor, physician assistant, psychologist, optometrist, or advanced registered nurse practitioner licensed to practice in this state.</p> <p>Regulation: WAC 246-847-170. Code of ethics and standards of professional conduct.</p> <p>(11) If, after evaluating the client, the case is a medical case, the occupational therapist shall refer the case to a physician for appropriate medical direction if such direction is lacking.</p> <p>(a) The occupational therapist shall seek appropriate medical direction on at least an annual basis.</p> <p>(b) A case is not a medical case if the following is present:</p> <p>(i) There is an absence of pathology; or</p> <p>(ii) If a pathology exists, the pathology has stabilized; and</p> <p>(iii) The occupational therapist is only treating the client's functional deficits.</p>
West Virginia	No referral requirements
Wisconsin	<p>Statute: 448.965. Duties and powers of affiliated credentialing board.</p> <p>(1) The affiliated credentialing board shall promulgate rules that establish each of the following:</p> <p>(c) Standards of practice for occupational therapy, including a code of ethics and criteria for referral.</p> <p>Regulation: OT 1.02</p> <p>(22) "Referral" means the practice of requesting occupational therapy services.</p> <p>Regulation: OT 4.03</p> <p>(2) Referrals.</p> <p>Referrals may be accepted from advanced practice nurses, chiropractors, dentists, optometrists, physical therapists, physicians, physician assistants, podiatrists, psychologists, or other health care professionals.</p> <p>(3) Evaluation.</p> <p>(a) The occupational therapist directs the evaluation process. 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. The occupational therapist interprets the information gathered in the evaluation process.</p> <p>(f) Evaluation results shall be communicated to the referring health care professional, if any, and to the appropriate persons in the facility and community.</p> <p>(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.</p>
Wyoming	No referral requirements

OT Scope of Practice Modernization Work Group

Revised NEW OT Scope of Practice DRAFT Language:

(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, psychological, 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, psychological, 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 to electro-physical agents; thermal, mechanical, and instrument-assisted modalities; wound care, and 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.

OT Scope of Practice Modernization Work Group

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

Replace 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.

Highlighted text:

yellow = Diagnostic Imaging

blue = Feeding, eating, and swallowing

orange = Pelvic floor and Women's Health

green = Direct Access

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.