

Questions 23 – 25 are Miscellaneous. Citations: ORS 675.320(14) OAR 339-005-0000; 339-010-0010, 0015, 0050(4)

675.210 Definitions for ORS 675.210 to 675.340. As used in ORS 675.210 to 675.340, unless the context requires otherwise:

(1) "Board" means the Occupational Therapy Licensing Board.

(2) "Occupational therapist" means a person licensed to practice occupational therapy under ORS 675.210 to 675.340.

(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, psychosocial 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.

(4) "Occupational therapy assistant" means a person licensed to assist in the practice of occupational therapy under the supervision of an occupational therapist.

(5) "Person" means any individual, partnership, unincorporated association or corporate body, except only an individual may be licensed under ORS 675.210 to 675.340.

675.320 Powers of board; fees; rules. The Occupational Therapy Licensing Board shall have the following powers in addition to powers otherwise granted under ORS 675.210 to 675.340 or necessary to carry out the provisions of ORS 675.210 to 675.340: . . .

. . . (14) To **adopt rules** that define the scope of the practice of occupational therapy and that reflect national standards for the practice of occupational therapy.

339-010-0005 Definitions

(1) "Supervision," is a process in which two or more people participate in a joint effort to promote, establish, maintain and/or evaluate a level of performance. The occupational therapist is responsible for the practice outcomes and documentation to accomplish the goals and objectives. Levels of supervision:

(a) "Close supervision" requires daily, direct contact in person at the work site;

(b) "Routine supervision" requires the supervisor to have direct contact in person at least every two weeks at the work site or via telehealth as defined in OAR 339-010-0006(9) with interim supervision occurring by other methods, such as telephone or written communication;

(c) "General supervision" requires the supervisor to have at least monthly direct contact in person with the supervisee at the work site or via telehealth as defined in OAR 339-010-0006(9) with supervision available as needed by other methods.

(2) "Leisure," as it is used in ORS 675.210(3) means occupational behavior that is developed as part of an individual occupational therapy evaluation and treatment process. This process is goal oriented toward the maximum health of the patient by the interaction of self-care, work and leisure, and is not used as an isolated recreation activity. The use in this way does not include leisure activities as used by therapeutic recreation specialists.

(3) "Licensed occupational therapy practitioner," for purposes of these rules, means an individual who holds a current occupational therapist or occupational therapy assistant license.

(4) "Occupational therapy aide," as it is used in OAR 339-010-0055, means an unlicensed worker who is assigned by the licensed occupational therapy practitioner to perform selected tasks.

(5) "Mentorship," as it is used in these rules, is a collaborative experience of direct contact between currently licensed occupational therapy practitioners for the purpose of updating professional skills. Mentorship may include, but is not limited to, mentee observation of the mentor's practice, classroom work, case review and discussion, and review and discussion of professional literature.

(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:

(a) Occupational Therapists use selected methods or strategies to direct the process of interventions such as:

- (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:

- (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 of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including

- (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 devices, 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 and eating to enable swallowing 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.

675.290 License renewal procedure; delinquent fee. Each licensed occupational therapist or occupational therapy assistant shall apply to the Occupational Therapy Licensing Board prior to the expiration of a license for a renewal of a license. Each applicant for renewal of a license shall pay a renewal fee, in an amount established by the board, at the time of filing a renewal application. Any license that is not renewed before June 1 of even-numbered years, or before such date as may be specified by board rule, shall automatically lapse. **The board may revive and renew any lapsed license upon payment to it of a delinquent fee in the amount of \$50.** However, late renewal of a license may not be granted more than three years after its expiration.

339-010-0050

Occupational Therapy Services for Children and Youth in Education and Early Childhood Programs regulated by federal laws

(1) Definitions: This rule applies to all occupational therapy practitioners who include both occupational therapists and occupational therapy assistants as defined in OAR 339-010-0005. All other rules regarding Occupational Therapy practitioners apply notwithstanding what is found in these rules as they apply to practitioners in the education setting.

(a) "Children and youth" refers to a child or student determined to be eligible for services under IDEA or Section 504. Part B under IDEA describes requirements for the provision of special education services for preschool and school-age children and youth, ages 3 through 21 years. Part C, or the early intervention program, focuses on services for infants and toddlers with disabilities and their families. Section 504 and the Americans With Disabilities Act (ADA 1990) define a person with a disability as "any person who has a physical or mental impairment that substantially limits one or more major life activities..." and require a public school system to provide needed accommodations or services.

(b) "Service plans" document the program of services and supports necessary to meet a child's developmental or educational needs under the IDEA. These specify the need for occupational therapy services and include: the individualized family services plan (IFSP) for infants, toddlers and preschoolers; the individualized education plan (IEP) or a Section 504 Plan for school-age youth.

(c) "Educational or developmental goals" are developed collaboratively by a multi-disciplinary early intervention or educational team, which includes an occupational therapist as a related service provider, when areas of occupational performance have been identified.

(d) "Natural environment" refers to the most appropriate setting for the child to develop the skills needed for occupational performance.

(e) "Educational environments" refers to home; community; day care; preschool, or the general and special education settings.

(f) "Evaluation" is the process of gathering information to make decisions about a student's or child's strengths and educational or developmental needs.

(g) "Assessments" are the specific methods or measures used to gather data for the evaluation.

(2) The Occupational Therapy Process:

(a) Evaluation: The occupational therapist is responsible for the occupational therapy evaluation.

(A) The occupational therapist selects assessment methods that focus on identifying factors that act as supports or barriers to engagement in occupations. The initial occupational therapy evaluation should include analysis of the child's ability to access the natural or educational environment for learning.

(B) The occupational therapist must participate in decisions about the need for occupational therapy services, development of functional, measurable goals and determining which educational or developmental goals occupational therapy will support.

(C) The occupational therapist determines the types, frequency and duration of interventions, as well as accommodations and modifications of the environment.

(D) Screening to determine the need for an occupational therapy evaluation does not constitute initiation of occupational therapy services.

(b) Intervention: The occupational therapy practitioner may implement occupational therapy services, along a continuum, which may include the following:

(A) Direct intervention is the therapeutic use of occupations and activities with the child present, individually or in groups.

(B) Consultation is collaborative problem solving with parents, teachers, and other professionals involved in a child's program.

(C) The education process is imparting generalized knowledge and information about occupation and activity and does not address an individual child's specific education plan.

(c) Outcomes: The occupational therapist should review the intervention on an ongoing basis and dependent on the child's response, modify as needed.

(3) Delegation of therapeutic activities:

(a) The occupational therapy practitioner may instruct others, such as educational or daycare staff, to carry out a specific activity or technique designed to support the child's performance.

(b) The designated person must be able to demonstrate the technique as instructed, recount the restrictions, safety factors and precautions.

(c) The occupational therapy practitioner is responsible for ongoing monitoring of the trained person and modifying the procedures based on outcomes and other changes.

(d) When considering the delegation of techniques the child's health and safety must be maintained at all times.

(4) Documentation:

(a) The occupational therapy practitioner must document evaluation, goals, interventions and outcomes if they are not included in the service plan.

(b) Documentation should reflect the child's current status, progress towards goals, response to interventions, and strategies that were promising or ineffective.

(c) The occupational therapist should utilize a method of data collection that allows for concise and accurate recording of intervention and progress.

(d) The occupational therapy practitioner is responsible for the analysis of data collected to verify progress and the documentation of their own activities to accomplish the goals.

(e) School records shall be kept for a minimum of seven years.

339-005-0000 Fees

Fees are non refundable. Two year licenses shall be issued to all licensees in even-numbered years at the fee schedule listed below. On a case-by-case basis the Board may approve the issuance of a one-year license.

(1) The fee for an initial Oregon or out of state occupational therapy license by endorsement is \$160. The Board may also assess the actual cost of conducting a background check, including fingerprinting.

(2) The two-year renewal fee issued for the occupational therapy license is \$240. The Board may also assess the actual cost to the Board of conducting workforce demographics surveys.

(3) The fee for an initial Oregon or out of state occupational therapy assistant license is \$130. The Board may also assess the actual cost of conducting a background check, including fingerprinting.

(4) The two-year renewal fee for the occupational therapy assistant license is \$160. The board may also assess the actual cost to the Board of conducting workforce demographics surveys.

(5) The fee for a limited permit is \$25 and may not be renewed.

(6) The fee for a temporary Oregon occupational therapist license for military spouses and domestic partners is \$99.

(7) The fee for a temporary Oregon occupational therapy assistant license for military spouses and domestic partners is \$99.

(8) The fee for an occupational therapist or occupational therapy assistant verification of Oregon licensure is \$25.

(9) The fee for an occupational therapist and/or occupational therapy assistant electronic mailing list is \$100.