

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.

339-005-0000 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 \$100. 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 \$ 150. 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 \$70. 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 \$ 100. 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 delinquent payment is \$50 and is due on renewal applications not renewed before May 1

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 the 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.