CR 90-189

CERTIFICATE

STATE OF WISCONSIN

DEPARTMENT OF REGULATION AND LICENSING

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, Patrick D. Braatz, Director, Bureau of Health Professions in the Wisconsin Department of Regulation and Licensing and custodian of the official records of the Medical Examining Board, do hereby certify that the annexed rules were duly approved and adopted by the Medical Examining Board on the 25th day of September, 1991.

I further certify that said copy has been compared by me with the original on file in this office and that the same is a true copy thereof, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the board at 1400 East Washington Avenue, Madison, Wisconsin this 25th day of September, 1991.

Patrick D. Braatz

Patrick D. Braatz, Director
Bureau of Health Professions
Department of Regulation and Licensing

12-1-91

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE MEDICAL EXAMINING BOARD	:	ORDER OF THE MEDICAL EXAMINING BOARD ADOPTING RULES (CLEARINGHOUSE RULE 90-189)

ORDER

An order of the Medical Examining Board to renumber Med 19.02 (9) to (15) and Med 19.07 (3) (f), (g) and (h); to repeal and recreate Med 19.08; and to create Med 19.02 (9) and (10) and Med 19.07 (3) (f) of the administrative code relating to definitions, continuing education and standards of practice for occupational therapists.

Analysis prepared by the Department of Regulation and Licensing.

ANALYSIS

Statutes authorizing promulgation: ss. 15.08 (5) (b), 227.11 (2) (a), 448.40 (1) and 448.40 (2), Stats.

Statutes interpreted: s. 448.40 (2), Stats.

In this order the Medical Examining Board is creating rules establishing standards of practice for occupational therapists, as required by s. 448.40 (2), Stats. At the time of the creation of ch. Med 19 (Clearinghouse Rule 88-206), it was felt that the board's general rules on unprofessional conduct, found at ch. Med 10, apply to occupational therapists, and that if unique practice standards needed to be developed, this could be done in separate rule-making proceedings. These rules are in response to suggestions that such unique practice standards are in fact required. They have been adapted in part from the Standards of Practice for Occupational Therapy of the American Occupational Therapy Association.

TEXT OF RULE

SECTION 1. Med 19.02 (9) to (15) are renumbered (11) to (17).

SECTION 2. Med 19.02 (9) and (10) are created to read:

Med 19.02 (9) "Occupational performance areas" means the functional activities that occupational therapy addresses including activities of daily living, work activities, and play or leisure activities.

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

SECTION 3. Med 19.07 (3) (f), (g) and (h) are renumbered (g), (h) and (i).

SECTION 4. Med 19.07 (3) (f) is created to read:

Med 19.07 (3) (f) Satisfactory completion of American occupational therapy association approved self-study course: 1 point per unit.

SECTION 5. Med 19.08 is repealed and recreated to read:

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

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

(b) Screening methods shall be appropriate to the individual's age, education, cultural background, medical status and functional ability.

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

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

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

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

(c) Referrals may be for an individual case or may be for an established treatment program that includes occupational therapy services. If programmatic, the individual shall meet the criteria for admission to the program and protocol for the treatment program shall be established by the treatment team members.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

Dated 9-25-91

Agency George W. Arndorfer

Chairperson
Medical Examining Board

RULES-251
9/11/91