

Title 55.5

Occupational Therapy Practice, Board of

Article

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- 55.5-02 Occupational Therapy Practice Licensure
- 55.5-03 Practice of Occupational Therapy

Article 55.5-02
OCCUPATIONAL THERAPY PRACTICE LICENSURE

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CHAPTER 55.5-02-01
INITIAL LICENSURE AND RENEWALS

Section	
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55.5-02-01-01. Licensure Application

A new Section 55.5-02-01-01.1 is created as follows:

55.5-02-01-01.1. Requirements for licensure.

1. To be licensed as an occupational therapist an applicant shall meet all the following requirements:
 - a. The applicant has a master's degree from an occupational therapy program accredited by the accreditation council for occupational therapy education, or a degree from a foreign occupational therapy program which the national board for certification in occupational therapy deems comparable.
 - b. The applicant has passed the occupational therapist registered certification examination administered by the national board for certification in occupational therapy.
 - c. Grounds for denial of the application under North Dakota Century Code section 43-40-16 do not exist.
 - d. The applicant has completed a self-assessment of the applicant's knowledge of North Dakota laws and rules.

2. To be licensed as an occupational therapy assistant an applicant shall meet all the following requirements:
 - a. The applicant has an associate degree from an occupational therapy program accredited by the accreditation council for occupational therapy education, or a degree from a foreign occupational therapy program which the national board for certification in occupational therapy deems comparable.
 - b. The applicant has passed the certified occupational therapy assistant certification examination administered by the national board for certification in occupational therapy.
 - c. Grounds for denial of the application under North Dakota Century Code section 43-40-16 do not exist.
 - d. The applicant has completed a self-assessment of the applicant's knowledge of North Dakota laws and rules.

History: Effective _____, 2013.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-08, 43-40-11, 43-40-16

55.5-02-01-02. Licensure renewal. Licenses are renewable biennially in even-numbered years.

1. Licensure renewal for occupational therapist.
 - a. Applications for renewal of occupational therapy licenses will be mailed by the board on or before April first of the renewal year to all license holders. Renewal applications, continued competency documentation, and fees must be postmarked by the United States postal service or delivered to the board's office on or before June first of the renewal year.
 - b. Occupational therapists are considered delinquent and a late charge shall be assessed if the renewal application, renewal license fee, and continued competency documentation are not postmarked by the United States postal service or delivered to the board's office on or before June first of the renewal year.
 - c. Occupational therapy licenses will expire if the renewal application, continued competency documentation, and fees are not postmarked by the United States postal service or delivered to the

board's office by June thirtieth of the renewal year. To reinstate an expired license, an applicant must submit:

- (1) A renewal application form;
- (2) The renewal license fee;
- (3) Continued competency documentation; and
- (4) Late charges as assessed by the board.

No late renewal of an occupational therapy license may be granted more than three years after expiration, at which time the initial application process is required.

- d. The renewal of an occupational therapy license will be mailed to the applicant by July first of the renewal year if the renewal request is complete and postmarked on or before June first of the renewal year.
 - e. The board may require a completed self-assessment of the licensee's knowledge of the North Dakota laws, rules, and regulations of occupational therapy.
 - f. The board may extend the renewal deadline or waive continued competency or late fees for an applicant providing proof of medical or other hardship rendering the applicant unable to meet the renewal deadline or complete continued competency.
 - g. The board may require evidence of a supervision plan from those who have signatures on a substantiating supervision form of the occupational therapy assistant.
2. Licensure renewal for occupational therapy assistant.
- a. Application for renewal of an occupational therapy assistant license will be mailed by the board on or before April first of the renewal year to all license holders. Renewal applications, continued competency documentation, and fees must be postmarked by the United States postal service or delivered to the board's office on or before June first of the renewal year.
- (1) An occupational therapy assistant supervised during the renewal period shall submit a renewal application, substantiation of supervision, a renewal license fee, and continued competency documentation.

(2) An occupational therapy assistant not practicing occupational therapy during the renewal period shall submit the renewal application, renewal license fee, and continued competency documentation. Upon resumption of occupational therapy practice, the occupational therapy assistant shall submit substantiation of supervision.

(3) The board may require evidence of a supervision plan.

b. Delinquency and late charges.

(1) Occupational therapy assistants who are supervised at the time of renewal are considered delinquent and a late charge will be assessed if the renewal application, renewal licensure fee, continued competency documentation, and substantiation of supervision are not submitted and postmarked by the United States postal service or delivered to the board's office on or before June first of the renewal year.

(2) Occupational therapy assistants who are not practicing occupational therapy at the time of renewal are considered delinquent and a late charge shall be assessed if the renewal application, renewal license fee, and continued competency are not submitted and postmarked by the United States postal service or delivered to the board's office on or before June first of the renewal year.

c. Licenses will expire if the renewal form, renewal license fee, continued competency documentation, and substantiation of supervision form are not postmarked by the United States postal service or delivered to the board's office by June thirtieth of the renewal year. To reinstate an expired license, an applicant must submit:

- (1) A renewal application;
- (2) The renewal license fee;
- (3) Substantiation of supervision (if supervised);
- (4) Continued competency documentation; and
- (5) Late charges as assessed by the board.

No late renewal of a license may be granted more than three years after expiration, at which time the initial application process is required.

- d. The renewal of license will be mailed to the applicant by July first of the renewal year if the renewal request is completed and postmarked on or before June first of the renewal year.
- e. The board may require a completed self-assessment of the licensee's knowledge of the North Dakota laws, rules, and regulations of occupational therapy.
- f. The board may extend the renewal deadline or waive continued competency or late fees for an applicant providing proof of medical or other hardship rendering the applicant unable to meet the renewal deadline or complete continued competency.

History: Effective April 1, 1988; amended effective November 1, 2000; February 1, 2004; _____, 2013.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-15

55.5-02-01-04. Continued competency. Continued competency is the ongoing application and integration of knowledge, critical thinking, interpersonal, and psychomotor skills essential to safely and effectively deliver occupational therapy services within the context of a ~~practitioner's~~ licensee's role and environment.

- 1. The board requires a minimum of twenty contact hours within the twenty-four months prior to the completed application for renewal of licensure.
 - a. One contact hour is equal to one clock-hour.
 - b. ~~Ten contact hours are equal to one continuing education unit.~~
- 2. Any ~~practitioner~~ licensee initially licensed between July first and December thirty-first of the odd-numbered year is required to complete ten contact hours for that licensing period with twenty contact hours for each subsequent licensing period.
- 3. Any ~~practitioner~~ licensee initially licensed on or after January first of the even-numbered year has no contact hour requirement until the following licensing period when the licensee is required to complete twenty contact hours for that licensing period and each subsequent licensing period.
- 4. When a ~~practitioner~~ an applicant for renewal has not been licensed for up to three years, the ~~practitioner~~ applicant must submit evidence of a minimum of twenty contact hours of continued competency earned within

the twenty-four months prior to the completed application for renewal of license.

5. Board-approved continued competency must meet all the following requirements:
 - a. Be directly related to or supportive of occupational therapy practice;
 - b. Enhance the ~~occupational therapist's or occupational therapy assistant's~~ licensee's professional development and competence; ~~and.~~
 - c. Be specific to the ~~applicant's or licensee's~~ current area of practice or an intended area of practice within the next year.

6. Continued competency includes:
 - a. Workshops, refresher courses, professional conferences, seminars, or education programs presented by organizations such as AOTA, NBCOT, NDOTA the American Occupational Therapy Association, the National Board for Certification in Occupational Therapy, the North Dakota Occupational Therapy Association, medical associations, or educational and national or state health organizations. There is no limit on hours that may be earned under this subdivision.
 - b. Presentations by licensee:
 - (1) Professional presentations, ~~e.g.,~~ for example inservices, workshops, or institutes. ~~Any such~~ A presentation may be counted only one time. There is no limit on hours that may be earned under this paragraph.
 - (1) Community or service organization presentations. ~~Any such~~ A presentation may be counted only one time. No more than eight hours may be earned under this paragraph.
 - c. Formal academic coursework.
 - (1) One or two credit hour class is equal to five contact hours.
 - (2) Three or four credit hour class is equal to ten contact hours.

d. Authoring professional publications. There is no limit on hours that may be earned under this subdivision. Publications include:

~~(1) Book;~~

~~(2) Chapter in a Book;~~

~~(3) Thesis or dissertation;~~

~~(4) Article; or~~

~~(5) Multimedia~~

(1) Book Chapter.

Primary or co-author of chapter in practice-area related professional textbook. One chapter is equal to ten contact hours as evidenced by a copy of published chapter or letter from editor.

(2) Article-

Primary or co-author of practice-area related article in non-peer-reviewed professional publication. One article is equal to five contact hours as evidenced by a copy of published article.

Primary or co-author of practice-area related article in peer-reviewed professional publication . One article is equal to ten contact hours

Primary or co-author of practice-area related article in lay publication (e.g., community newspaper or newsletter). One article is equal to two contact hours

(3) Multimedia.

Developing instructional materials – training manuals, multimedia, or software programs – that advance the professional skills of others (not for proprietary use; must not be part of one’s primary role) as evidenced by program description (materials may be requested by NBCOT). Five contact hours

(4) Research activities.

Primary or co-primary investigator in extensive scholarly research activities or outcomes studies. Method of substantiation includes copy of research study that indicates

certificant as primary/co-primary investigator. Ten contact hours

Externally funding service/training projects associated with grants or post-graduate studies. Method of substantiation includes grant funding number or abstract/executive summary or completed report. Ten contact hours.

- e. Formal self-study course with a completion certificate. There is no limit on hours that may be earned under this subdivision.
 - f. ~~Research approved by the board.~~
 - f. Supervised clinical practice preapproved by the board. Direct supervision of occupational therapy students performing level II fieldwork in an occupational therapy program accredited by the accreditation council for occupational therapy education. The licensee must be the primary supervisor. The supervision may not be the primary responsibility of the licensee's employment. The licensee must submit to the board a record of the students supervised and the dates and times of supervision and a certification of the supervision from the occupational therapy program. No more than twelve contact hours in a licensing period may be earned under this subdivision.
 - g. Professional leadership. This category encompasses leadership responsibilities or committee involvement in professional organizations, including officer or committee chairperson in an occupational therapy or related practice area of a professional organization or item writing for a professional certification examination. No more than six hours may be earned under this subdivision.
 - h. Facility-based continued competency education program. No more than six hours may be earned under this subdivision.
 - i. Distance learning activities.
7. Licensees and continuing education providers may submit continuing education courses to the board for preapproval.
8. A copy of a continuing education ~~unit~~ certificate must be submitted for board approval. The continuing education ~~unit~~ certificate must contain the person's name, dates of attendance, title of the course, and contact hours. If the program was not formally granted contact hours ~~or continuing~~

~~education units~~, the licensee must submit written verification of attendance signed by a supervisor or program coordinator which includes the name of the participant, dates of attendance, title of the course, and hours of the course, not including breaks and lunch.

9. Failure to meet the continuing competency requirements as outlined in this section will result in denial of an application for renewal and may subject a licensee to disciplinary action ~~as outlined in North Dakota Century Code section 43-40-16~~. The board may waive or allow exceptions due to extraordinary circumstances.
10. Continued competency hours may only be used once to satisfy the requirements of this section.

History: Effective April 1, 1988; amended effective November 1, 2000; February 1, 2004; _____, 2013.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-15

CHAPTER 55.5-02-03 SUPERVISION

Section

55.5-02-03-01	Supervision
55.5-02-03-01.1	<u>Definitions</u>
55.5-02-03-01.2	<u>Supervision of Occupational Therapy Assistants</u>
55.5-02-03-01.3	<u>Supervision of Limited Permit Holders</u>
55.5-02-03-02	<u>Delineation</u> <u>Delegation of</u> Tasks to <u>Unlicensed</u> —Persons <u>Occupational Therapy Aides</u>

55.5-02-03-01. Supervision. The occupational therapist and occupational therapy assistant shall exercise appropriate supervision over ~~persons~~ individuals who are authorized to practice only under the supervision of the licensed therapist. No occupational therapist may supervise more than three occupational therapy assistants at the same time providing that at least one of the occupational therapy assistants has five or more years of experience in occupational therapy.

1. ~~Supervision is a collaborative process that requires both the licensed occupational therapist and the licensed occupational therapy assistant to share responsibility. Supervision is providing direction in the performance of specific, delineated tasks and responsibilities that are delivered by a licensed occupational therapy assistant and includes the responsibility of reviewing the results of any occupational therapy procedure conducted by the supervisee. Appropriate supervision will include consideration given to~~

factors such as level of skill, the establishment of service competency, experience, and work-setting demands, as well as the complexity and stability of the client population to be treated. Supervisors who take a leave of absence or vacation must make arrangements to have their supervisory responsibilities filled by another qualified supervisor.

2. Any occupational therapy assistant who has practiced occupational therapy less than one thousand six hundred fifty hours shall receive onsite supervision from a licensed occupational therapist. Onsite supervision means daily, direct, face-to-face collaboration at least twenty-five percent of the workday and for the remaining seventy-five percent of the workday, the supervisor must be on the premises and readily available by methods such as telephone or electronic communication for face-to-face consultation.
3. The occupational therapy assistant, with greater than one thousand six hundred fifty hours but less than five years of work experience in occupational therapy, shall receive monthly, direct, face-to-face collaboration at the worksite by a licensed occupational therapist at least five percent of the total occupational therapy work hours as a practicing occupational therapy assistant with interim supervision occurring by other methods such as telephone or electronic communication.
4. The occupational therapy assistant with greater than five years of occupational therapy work experience shall receive monthly, direct, face-to-face collaboration by a licensed occupational therapist a minimum of two and one-half percent of the total occupational therapy work hours with interim supervision occurring by other methods such as telephone or electronic communication.
5. Licensed occupational therapy assistants, regardless of their years of experience, may require closer supervision by the licensed occupational therapist for interventions that are more complex or evaluative in nature and for areas in which service competencies have not been established.
6. Supervision of the occupational therapist limited permitholder and occupational therapy assistant limited permitholder shall include initial and periodic inspection of written evaluations, written intervention plans, patient notes, and periodic evaluation of client interaction. Such reviews and evaluations must be conducted in person by a licensed occupational therapist. Supervision is required for a minimum of twenty-five percent of the weekly work hours. An occupational therapy assistant limited permitholder must have onsite supervision by a licensed occupational therapist.

- ~~7. Any documentation written by a limited permitholder for inclusion in the client's official record shall also be reviewed and signed by the supervising licensed occupational therapist.~~
- ~~8. The supervising occupational therapist shall determine that limited permitholders and occupational therapy assistants hold current permits or licenses to practice or assist in the practice of occupational therapy prior to allowing the limited permitholders and occupational therapy assistants to engage in or assist in the practice of occupational therapy.~~

Supervision is a cooperative process in which two or more people participate in a joint effort to establish, maintain, and elevate a level of competence and performance. 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. Supervision involves guidance and oversight related to the delivery of occupational therapy services and the facilitation of professional growth and competence. It is the responsibility of the occupational therapist and the occupational therapy assistant to seek the appropriate quality and frequency of supervision to ensure safe and effective occupational therapy service delivery.

History: Effective April 1, 1988; amended effective November 1, 2000; February 1, 2004; _____, 2013.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-01(3), 43-40-03.1, 43-40-13

A new section 55.5-02-03-01.1 is created as follows:

55.5-02-03-01.1. Definitions. For purposes of sections 55.5-02-03-01.2 and 55.5-02-03-01.3:

1. "Direct supervision" means face to face contact, including observation, modeling, co-treatment, discussions, teaching, and video conferencing.
2. "Indirect supervision" means other than face to face contact, including phone conversations, written correspondence, electronic exchanges, and other methods using secure telecommunication technology.

History: Effective _____, 2013.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-01, 43-40-13

A new section 55.5-02-03-01.2 is created as follows:

55.5-02-03-01.2. Supervision of occupational therapy assistants. An occupational therapy assistant shall be supervised by an occupational therapist.

1. An occupational therapist shall not supervise more than three occupational therapy assistants at the same time.
2. An occupational therapy assistant shall be directly supervised for at least five percent of the hours practiced in each month, and indirectly supervised as is necessary. In determining the methods, frequency, and content of supervision, an occupational therapist shall consider all of the following:
 - a. Complexity of clients' needs.
 - b. Number and diversity of clients.
 - c. Skills of the occupational therapy assistant.
 - d. Type of practice setting.
 - e. Changes in practice settings.
 - f. Requirements of the practice setting.
 - g. Other regulatory requirements.
3. An occupational therapist and a supervised occupational therapy assistant shall make a written supervision plan including all of the following:
 - a. Documentation that the occupational therapy assistant is competent to perform the services provided.
 - b. Documentation of the frequency, methods, and content of supervision.
 - c. Documentation of periodic evaluation of the occupational therapy assistant's competence and the supervision necessary.
4. An occupational therapist shall file with the board a substantiation of supervision form for each occupational therapy assistant supervised before the occupational therapy assistant may practice. If there is a change in supervisors, the new supervisor shall immediately file a new substantiation of supervision form. The form is available from the board.

5. An occupational therapist, who is unavailable to supervise an occupational therapy assistant for more than one day, shall arrange to have supervision available by another occupational therapist as necessary.

History: Effective _____, 2013.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-01

A new Section 55.5-02-03-01.3 is created as follows:

55.5-02-03-01.3. Supervision of limited permit holders. A limited permit holder shall be supervised by an occupational therapist.

1. A limited permit holder shall be directly supervised for at least twenty percent of the hours practiced in each week, and indirectly supervised as is necessary.
2. Supervision of limited permit holders shall include periodic review of evaluations, intervention plans, and patient notes and evaluation of client interaction. Documentation prepared by a limited permit holder for clients' records shall be reviewed and signed by the supervising occupational therapist.
3. An occupational therapist who is unavailable to supervise a limited permit holder for more than one day, shall arrange to have the supervision available by another occupational therapist as necessary.
4. An occupational therapist shall verify that the individual supervised holds a current limited permit.

History: Effective _____, 2013.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-01, 43-40-13

55.5-02-03-02. Delineation Delegation of tasks to unlicensed persons occupational therapy aides.

1. The primary function of unlicensed-supportive-personnel occupational therapy aides functioning in an occupational therapy setting is to perform designed routine tasks related to the operation of an occupational therapy service. An occupational therapist or an occupational therapy assistant may delegate to unlicensed-persons occupational therapy aides only specific tasks which are neither evaluative, assessive, task selective, nor recommending in nature, and only after ensuring that the unlicensed person has been occupational therapy aides are appropriately trained and

has ~~have~~ supportive documentation for the performance of the tasks. Such tasks may include:

- a. Routine department maintenance;
 - b. Transportation of patients and clients;
 - c. Preparation or setting up of treatment equipment and work area;
 - d. Taking care of patient's and client's personal needs during treatments;
 - e. Assisting the occupational therapist or occupational therapy assistant in the construction of adaptive equipment; ~~and~~
 - f. Clerical, secretarial duties.
2. The occupational therapist or occupational therapy assistant may not delegate to ~~unlicensed persons~~ occupational therapy aides:
- a. Performance of occupational therapy evaluative procedures;
 - b. Initiation, planning, adjustment, modification, or performance of occupational therapy treatment procedures;
 - c. Making occupational therapy entries directly in patient's or client's official records; ~~and~~
 - d. Acting on behalf of the occupational therapist or occupational therapy assistant in any matter related to occupational therapy intervention which requires decisionmaking.

History: Effective November 1, 2000; amended effective _____, 2013.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-01, 43-40-03.1

ARTICLE 55.5-03

PRACTICE OF OCCUPATIONAL THERAPY

Chapter
55.5-03-01 Scope of Practice

CHAPTER 55.5-03-01 SCOPE OF PRACTICE

Section	
55.5-03-01-01	Definitions [Repealed]
55.5-03-01-02	Educational Background and Scope of Practice
55.5-03-01-03	Specific Occupational Therapy Services
55.5-03-01-04	Occupational Therapy Evaluation
55.5-03-01-05	Occupational Therapy Intervention

Section 55.5-03-01-01 is repealed:

55.5-03-01-01. Definitions.

~~1. Unless otherwise specifically set out in this chapter, the terms used in this chapter, have the same meaning as in North Dakota Century Code chapter 43-40.~~

~~2. "Modality" means the employment of or the method of employment of a therapeutic agent.~~

~~3. "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 include, but are not limited to, paraffin baths, hot packs, cold packs, fluidotherapy, contrast baths, ultrasound, whirlpool, and electrical stimulation units.~~

History: effective November 1, 1992.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-01, 43-40-05

Section 55.5-03-01-02 is amended as follows:

55.5-03-01-02. Educational Background and scope of practice.

- ~~1. The educational background of the occupational therapist includes anatomy, physiology, kinesiology, neuroanatomy, psychology, and other courses from the liberal arts and sciences, and enables the occupational therapist to assess and address an individual's deficits in occupational performance through the use of specific procedures, activities, modalities, and techniques, as taught in an accredited occupational therapy professional education program recognized by~~

the board. The educational preparation and scope of practice of the occupational therapist to perform assessment and intervention may include the following:

Occupational therapy education includes a broad foundation in liberal arts and sciences. Biological, physical, social, and behavioral sciences prepare the entry-level therapist to understand occupation across the lifespan. The Accreditation Council for Occupational Therapy Education establishes educational standards that are routinely reviewed to ensure that entry-level occupational therapists and occupational therapy assistants are prepared as generalists who have had a broad exposure to delivery models and systems; occupational theory and evidenced-based approaches to evaluation and intervention; and analysis and application of occupation as intervention. Occupational therapy education requires the successful completion of fieldwork (ACOTE, 2012).

a. Neurological and physiological sciences:

- (1) Sensory integrative approaches;
- (2) Developmental approaches;
- (3) Sensorimotor approaches;
- (4) Neurophysiological treatment approaches;
- (5) Neuromuscular treatment approaches;
- (6) Sensory education and reeducation;
- (7) Visual and perceptual training;
- (8) Integrational and cognitive components;
- (9) Daily life tasks; and
- (10) Such other approaches in the neurological and physiological sciences as may be recognized by the board.

b. Behavioral and social sciences:

- (1) Behavioral approaches;
- (2) Sensory integration;
- (3) Interpersonal and intrapersonal skill development;
- (4) Movement therapy;
- (5) Vocational approaches;
- (6) Entry into community living;
- (7) Retirement planning;
- (8) Self-management training;
- (9) Leisure and play activities;
- (10) Daily life tasks;
- (11) Creative dramatics;
- (12) Disability prevention and health promotion; and
- (13) Such other approaches in the behavioral and social sciences as may be recognized by the board.

c. Biomechanical sciences:

- (1) Work-related programs;

- ~~(2) Vocational programs and activities;~~
- ~~(3) Range of motion;~~
- ~~(4) Positioning and seating;~~
- ~~(5) Design, fabrication, and selection of orthotic devices;~~
- ~~(6) Design, fabrication, and selection of adaptive equipment;~~
- ~~(7) Prosthetic training;~~
- ~~(8) Therapeutic exercise and activity;~~
- ~~(9) Environmental accessibility;~~
- ~~(10) Design, provision, and training of assistive technology;~~
- ~~(11) Daily life tasks; and~~
- ~~(12) Such other approaches in the biomechanical sciences as may be recognized by the board.~~

~~d. Liberal arts and sciences.~~

~~2. The occupational therapist and occupational therapy assistant are responsible for proving competency in the use of specific procedures, activities, modalities, and techniques. Competency may be displayed through documented educational programs in accordance with section 55.5-02-01-04.~~

~~a. The board recognizes that the occupational therapist may be qualified and competent in the use of specific procedures, activities, modalities, and techniques variety of modalities and that the occupational therapy assistant may utilize specific procedures, activities, modalities, and techniques modalities under the direct supervision of the occupational therapist in accordance with 55.5-02-03-01.~~

~~b. When physical or therapeutic agents are selected, they may be used in preparation for, or as an adjunct to, purposeful activity to enhance occupational performance.~~

~~c. These qualifications and competencies may be obtained through programs recognized by the board, including accredited educational programs (including fieldwork education), specific certification, appropriate continuing education, inservice education, and postbaccalaureate higher education.~~

~~d. The occupational therapist and occupational therapy assistant shall:~~

- ~~(1) Document and demonstrate these qualifications and competencies at the request of the board;~~
- ~~(2) Comply with federal and state laws which, in the opinion of the board, have a direct bearing upon the ability to serve as an occupational therapist and occupational therapy assistant;~~

~~(3) — Comply with the occupational therapy code of ethics and ethic standards (2010) of the American Occupational Therapy Association adopted by the representative assembly in 2010 and the occupational therapy standards of practice (2010) as revised in 2010 by the American occupational therapy association; and~~

~~(4) — Provide services in the best interests of the client.~~

~~e. Continuing competency offerings specific to modalities and techniques must conform with:~~

~~(1) — Occupation as the common core of occupational therapy;~~

~~(2) — The applicable provisions of the rules of the board;~~

~~(3) — Occupational therapy code of ethics and ethics standards, as revised in 2010, by the American occupational therapy association; and~~

~~(4) — Occupational therapy standards of practice (2010), as revised in 2010, of the American occupational therapy association.~~

~~f. Occupational therapist, occupational therapy assistants, and students of occupational therapy use modalities and techniques only when the individual has received the theoretical and technical preparation necessary for safe and appropriate integration of the intervention in occupational therapy.~~

~~g. When an occupational therapist delegates the use of specific procedures, activities, modalities, and techniques of modalities to an occupational therapy assistant or student enrolled in an accredited occupational therapy program, both shall:~~

~~(1) — Comply with appropriate supervision requirements; and~~

~~(2) — Assure that their use is based on service competency.~~

History: Effective November 1, 1992; amended effective November 1, 2000; February 1, 2004; July 1, 2011; 2013.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-01, 43-40-05

Section 55.5-03-01-03. Specific occupational therapy services is amended as follows:

55.5-03-01-03. Specific Occupational Therapy Services. ~~The occupational therapist may apply those procedures, activities, modalities or techniques that are preparatory to the individual's acquisition of functional skills or facilitative to the performance of purposeful activities, or both. 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.

History: Effective November 1, 1992; amended effective ____ 2013.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-01, 43-40-05

Section 55.5-03-01-04. Occupational therapy evaluation is amended as follows:

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

~~Evaluation is the planned process of obtaining interpreting, and documenting the functional status of the individual. The purpose of the evaluation is to identify the individual's abilities and limitations, including deficits, delays, or maladaptive behavior that can be addressed in occupational therapy intervention. Data can be gathered through a review of records, observation, interview, and the administration of test procedures. Such procedures may include the use of standardized and non standardized tests, questionnaires, performance checklists, activities, and tasks designed to assess specific performance abilities. 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, includes:~~

1. Client factors, including body functions (such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and plain factors) and body structures (such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement), values, beliefs, and spirituality.
2. Habitats, routines, roles, rituals, and behavior patterns.
3. 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.

History: Effective November 1, 1992; amended effective November 1, 2000; -
2013.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-01, 43-40-05

Section 55.5-03-05. Occupational therapy intervention is amended as follows:

55.5-03-01-05. Occupational Therapy Intervention.

~~OT addresses function and uses specific procedures, activities, modalities, and techniques to do any or all of the following:~~

- ~~a. Develop, maintain, improve, or restore the performance of necessary functions.~~
- ~~b. Compensate for dysfunction.~~
- ~~c. Minimize or prevent debilitation.~~
- ~~d. Promote health and wellness.~~
- ~~1. Categories of function are occupational performance areas and performance components. Occupational performance areas include activities of daily living, work and productive activities and play or leisure activities. Performance components refer to the functional abilities required for occupational performance, including sensorimotor, motor, neuromuscular, cognitive, and psychological or psychosocial components, as well as cognitive integration, and psychosocial skills. Deficits or delays in these occupational performance areas may be addressed by OT intervention.~~

Methods or approaches selected to direct the process of interventions include:

1. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or in decline.
2. Compensation, modification, or adaptation of activity or environment to enhance performance, or to prevent injuries, disorders, or other conditions.
3. Retention and enhancement of skills or abilities 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 and participation, including injury and disability prevention.

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:

1. Therapeutic use of occupations, exercises, and activities.
2. Training in self-care, self-management, health management and maintenance, home management, community/work reintegration, and school activities and work performance.

3. Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, 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 individuals, including family members, caregivers, groups, populations, and others.
6. Care coordination, case management, and transition services.
7. Consultative services to groups, programs, organizations, or communities.
8. Modification of environments (home, work, school, or 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, recommendations, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.
11. Low vision rehabilitation
12. Driver rehabilitation and community mobility.
13. Management of feeding, eating, and swallowing to enable eating and feeding performance.
14. 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.
15. Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.

History: Effective November 1, 1992; amended effective November 1, 2000; _____ 2013.

General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-01, 43-40-05