

ARTICLE 55.5-03

PRACTICE OF OCCUPATIONAL THERAPY

Chapter
55.5-03-01 Scope of Practice

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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

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:

- 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 a variety of modalities and that the occupational therapy assistant may utilize modalities under the direct supervision of the occupational therapist.
- 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 ethic 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 modalities to an occupational therapy assistant or student, 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.

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

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.

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55.5-03-01-04. 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 nonstandardized tests, questionnaires, performance checklists, activities, and tasks designed to assess specific performance abilities.

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

General Authority: NDCC 43-40-05

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

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

1. Occupational therapy 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.
2. 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 occupational therapy intervention.

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

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