

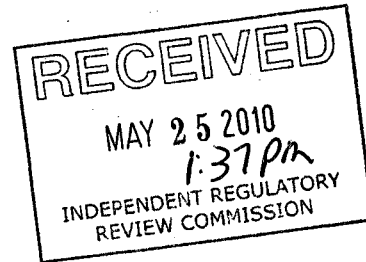
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# Pennsylvania Occupational Therapy Association Inc.

IN AFFILIATION WITH THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

1-800-URI-POTA

Via Email  
Regulatory Unit Counsel  
Department of State  
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RE: Proposed Rulemaking, Assistance of Unlicensed Supportive Personnel  
Reference No. 16A-4316

Dear Sir or Madam:

I am the President of the Pennsylvania Occupational Therapy Association ("POTA"), a statewide organization of 1,200 members that represents the interests of over 8,000 licensed occupational therapy practitioners. I am writing on behalf of POTA to respectfully voice our opposition to the proposed rulemaking of the State Board of Chiropractic concerning assistance of unlicensed supportive personnel (Reference No. 16A-4316) (the "Proposed Regulations").

In short, the Proposed Regulations would allow licensed chiropractors to delegate the performance of various activities to unlicensed personnel. If we compare the practice of licensed occupational therapy in Pennsylvania, occupational therapists use unlicensed aides to perform various sundry, but necessary, tasks to prepare for and facilitate therapy sessions. For example, they might set up therapy equipment for an upcoming session or wheel a patient to a therapy room. When actual occupational therapy services are being provided, however, the person trained, educated, and empowered to assist in the performance of actual therapy services is a licensed occupational therapy assistant, not unlicensed personnel.

Contact with patients and participation in therapy puts patients at potential risk. Without proper training, an assistant could cause harm to the patient. For example, if physical status and disease processes are not understood, an assistant could cause damage to a person's muscles and joints if he or she attempted to facilitate therapy beyond the patients' capabilities. Assistants receive the necessary education and training to observe, and make judgments about, patients and their conditions. Regardless of the supervision level of the responsible therapist (or in this case, chiropractor), people involved in direct patient care need this kind of training. The supervisor is not going to watch every movement of the assistant. We must be able to trust an assistant's

ability to understand the patient's condition on his or her own. That trust comes with education, training, and the licensure process. (Of course, assistants are not involved in all cases. Occupational therapists provide a great deal of care without using assistants or aides.)

To become a licensed occupational therapy assistant, a person must earn an associate's degree from an educational program accredited by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association. Such academic programs include content from at least the following areas: (i) anatomy; (ii) physiology; (iii) psychology; (iv) occupational therapy core courses which focus on disease process, including human growth and development; (v) hands-on/fieldwork experience on-site with an occupational therapy practitioner; (vi) CPR/First Aid Certification; (vii) patient privacy; and (viii) universal precautions. Successful completion of the coursework is followed by a certification examination administered by the National Board for Certification in Occupational Therapy and acquisition of a license to practice in Pennsylvania.

The delegation contemplated by the Proposed Regulations is replete with patient contact, including:

- Instructing and monitoring therapeutic exercises in the office;
- Performing range of motion testing;
- Performing muscle testing;
- Using rehabilitation equipment;
- Performing extremity measurements;
- Performing postural screening;
- Rendering first aid;
- Assisting in applying a cast, brace, appliance or orthotic;
- Performing therapeutic exercises and activities to include provision of direct one-on-one contact or constant attendance necessary to achieve the desired therapeutic results of the exercise;
- Applying hot packs and cryotherapy;
- Performing electrical stimulation therapy to include provision of the supervision or constant attendance necessary during delivery of the therapy, placement of the electrodes, and necessary setup of the electrical stimulation unit;
- Performing ultrasound therapy to include provision of the supervision or constant attendance necessary during delivery of the therapy, actual delivery of the ultrasound therapy, and necessary setup of the ultrasound unit;
- Performing mechanical traction therapy to include provision of the supervision necessary during delivery of the therapy, placement of the patient and necessary setup of the traction unit;
- Performing therapeutic laser therapy to include provision of the supervision or constant attendance necessary during delivery of the therapy, actual delivery of the laser therapy, and necessary setup of the laser therapy unit;
- Performing other therapeutic modalities classifiable as adjunctive procedures to include provision of the supervision or constant attendance necessary during delivery of the therapy, actual application of the therapy when required, and necessary setup of the laser therapy unit.

Every one of these elements requires education and training. Yet, the proposed regulations would permit delegation of these tasks to unlicensed persons with no demonstrated education or competence.

For these reasons, the Pennsylvania Occupational Therapy Association opposes the Proposed Regulations and respectfully requests the State Board of Chiropractic not to advance these regulations to final form.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Cathy Dolhi".

Cathy Dolhi, OTD, OTR/L, FAOTA  
President, POTA

cc: Hon. Michael Patrick McGeehan  
Hon. Julie Harhart  
Hon. Robert M. Tomlinson  
Hon. Lisa Boscola