

## State Occupational Therapy Statutes, Regulations, and Policy Statements with Specific Physical Agent Modalities Provisions

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<b>Alabama</b>	<p><b>Statute:</b> Code of Alabama §34-39-3, Definitions.</p> <p>(4) OCCUPATIONAL THERAPY.</p> <p>a. 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. The practice of occupational therapy includes:</p> <ol style="list-style-type: none"> <li>1. 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 including all of the following:               <ol style="list-style-type: none"> <li>(i) Client factors, including body functions, such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors; body structures such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement; values, beliefs, and spirituality.</li> <li>(ii) Habits, routines, roles, rituals, and behavior patterns.</li> <li>(iii) Physical and social environments, cultural, personal, temporal, and virtual contexts, and activity demands that affect performance.</li> <li>(iv) Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication, and social skills.</li> </ol> </li> <li>2. Methods or approaches selected to direct the process of interventions such as:               <ol style="list-style-type: none"> <li>(i) Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline.</li> <li>(ii) Compensation, modification, or adaptation of activity or environment to enhance performance, or to prevent injuries, disorders, or other conditions.</li> <li>(iii) Retention and enhancement of skills or abilities without which performance in everyday life activities would decline</li> <li>(iv) Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities.</li> <li>(v) Prevention of barriers to performance and participation, including injury and disability prevention.</li> </ol> </li> <li>3. 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 all of the following:               <ol style="list-style-type: none"> <li>(i) Therapeutic use of occupations, exercises, and activities.</li> <li>(ii) Training in self-care, self-management, health management and maintenance, home management, community/work reintegration, and school activities and work performance.</li> </ol> </li> </ol>

<sup>1</sup> **DISCLAIMER:** This chart is provided for informational and educational purposes only and is not a substitute for legal advice or the professional judgment of health care professionals in evaluating and treating patients. Contact your state OT licensing board, committee, or agency with any questions regarding this information or to verify the accuracy of this information.

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	<ul style="list-style-type: none"> <li>(iii) Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills.</li> <li>(iv) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.</li> <li>(v) Education and training of individuals, including family members, caregivers, groups, populations, and others.</li> <li>(vi) Care coordination, case management, and transition services.</li> <li>(vii) Consultative services to groups, programs, organizations, or communities.</li> <li>(viii) Modification of environments, including home, work, school, or community, and adaptation of processes, including the application of ergonomic principles.</li> <li>(ix) Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, training in the use of prosthetic devices, orthotic devices, and the design, fabrication and application of selected splints or orthotics.</li> <li>(x) Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.</li> <li>(xi) Low vision rehabilitation when the patient or client is referred by a licensed optometrist, a licensed ophthalmologist, a licensed physician, a licensed assistant to physician acting pursuant to a valid supervisory agreement, or a licensed certified registered nurse practitioner in a collaborative practice agreement with a licensed physician.</li> <li>(xii) Driver rehabilitation and community mobility.</li> <li>(xiii) Management of feeding, eating, and swallowing to enable eating and feeding performance.</li> <li>(xiv) 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, all to enhance performance skills.</li> <li>(xv) Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.</li> </ul> <p>b. An occupational therapist or occupational therapy assistant is qualified to perform the above activities for which they have received training and any other activities for which appropriate training or education, or both, has been received.</p>
<b>Alaska</b>	No statute or regulations specific to OT and Physical Agent Modalities
<b>Arizona</b>	<p><b><u>Statute:</u> Arizona Revised Statutes §32-3401, Definitions.</b></p> <p>In this chapter, unless the context otherwise requires:</p> <p>8. "Occupational therapy services" includes the following:</p> <ul style="list-style-type: none"> <li>(a) Developing an intervention and training plan that is based on the occupational therapist's evaluation of the client's occupational history and experiences, including the client's daily living activities, development, activity demands, values and needs.</li> <li>(b) Evaluating and facilitating developmental, perceptual-motor, communication, neuromuscular and sensory processing function, psychosocial skills and systemic functioning, including wound, lymphatic and cardiac functioning.</li> <li>(c) Enhancing functional achievement, prevocational skills and work capabilities through the use of therapeutic activities and modalities that are based on anatomy, physiology and kinesiology, growth and development, disabilities, technology and analysis of human behavioral and occupational performance.</li> <li>(d) Evaluating, designing, fabricating and training the individual in the use of selective orthotics, prosthetics, adaptive devices, assistive technology and durable medical equipment as appropriate.</li> </ul>

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	<p>(e) Administering and interpreting standardized and nonstandard zed tests that are performed within the practice of occupational therapy, including manual muscle, sensory processing, range of motion, cognition, developmental and psychosocial tests.</p> <p>(f) Assessing and adapting environments for individuals with disabilities or who are at risk for dysfunction.</p>
<b>Arkansas</b>	No statute or regulations specific to OT and Physical Agent Modalities
<b>California</b>	<p><b>Statute: California Business and Professions Code, Division 2, Chapter 5.6</b></p> <p><b>2570.2</b></p> <p>(m) “Hand therapy” is the art and science of rehabilitation of the hand, wrist, and forearm requiring comprehensive knowledge of the upper extremity and specialized skills in assessment and treatment to prevent dysfunction, restore function, or reverse the advancement of pathology. This definition is not intended to prevent an occupational therapist practicing hand therapy from providing other occupational therapy services authorized under this act in conjunction with hand therapy.</p> <p>(n) “Physical agent modalities” means techniques that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity. These techniques are used as adjunctive methods in conjunction with, or in immediate preparation for, occupational therapy services.</p> <p><b>2570.3.</b></p> <p>(d) An occupational therapist may provide advanced practices if the therapist has the knowledge, skill, and ability to do so and has demonstrated to the satisfaction of the board that he or she has met educational training and competency requirements. These advanced practices include the following:</p> <ol style="list-style-type: none"> <li>(1) Hand therapy.</li> <li>(2) The use of physical agent modalities.</li> <li>(3) Swallowing assessment, evaluation, or intervention.</li> </ol> <p>(e) An occupational therapist providing hand therapy services shall demonstrate to the satisfaction of the board that he or she has completed education and training in all of the following areas:</p> <ol style="list-style-type: none"> <li>(1) Anatomy of the upper extremity and how it is altered by pathology.</li> <li>(2) Histology as it relates to tissue healing and the effects of immobilization and mobilization on connective tissue.</li> <li>(3) Muscle, sensory, vascular, and connective tissue physiology.</li> <li>(4) Kinesiology of the upper extremity, such as biomechanical principles of pulleys, intrinsic and extrinsic muscle function, internal forces of muscles, and the effects of external forces.</li> <li>(5) The effects of temperature and electrical currents on nerve and connective tissue.</li> <li>(6) Surgical procedures of the upper extremity and their postoperative course.</li> </ol> <p>(f) An occupational therapist using physical agent modalities shall demonstrate to the satisfaction of the board that he or she has completed education and training in all of the following areas:</p> <ol style="list-style-type: none"> <li>(1) Anatomy and physiology of muscle, sensory, vascular, and connective tissue in response to the application of physical agent modalities.</li> <li>(2) Principles of chemistry and physics related to the selected modality.</li> <li>(3) Physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of a modality.</li> <li>(4) Guidelines for the preparation of the client, including education about the process and possible outcomes of treatment.</li> <li>(5) Safety rules and precautions related to the selected modality.</li> <li>(6) Methods for documenting immediate and long-term effects of treatment.</li> </ol>

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	<p>(7) Characteristics of the equipment, including safe operation, adjustment, indications of malfunction, and care.</p> <p>(g) An occupational therapist in the process of achieving the education, training, and competency requirements established by the board for providing hand therapy or using physical agent modalities may practice these techniques under the supervision of an occupational therapist who has already met the requirements established by the board, a physical therapist, or a physician and surgeon.</p> <p>(h) The board shall develop and adopt regulations regarding the educational training and competency requirements for advanced practices in collaboration with the Speech-Language Pathology and Audiology Board, the Board of Registered Nursing, and the Physical Therapy Board of California.</p> <p>(k) The amendments to subdivisions (d), (e), (f), and (g) relating to advanced practices, that are made by the act adding this subdivision, shall become operative no later than January 1, 2004, or on the date the board adopts regulations pursuant to subdivision (h), whichever first occurs.</p> <p><b>2571.</b></p> <p>(a) An occupational therapist licensed pursuant to this chapter and approved by the board in the use of physical agent modalities may apply topical medications prescribed by the client's physician and surgeon, certified nurse-midwife pursuant to Section 2746.51, nurse practitioner pursuant to Section 2836.1, or physician assistant pursuant to Section 3502.1, if the licensee complies with regulations adopted by the board pursuant to this section.</p> <p>(b) The board shall adopt regulations implementing this section, after meeting and conferring with the Medical Board of California, the California State Board of Pharmacy, and the Physical Therapy Board of California, specifying those topical medications applicable to the practice of occupational therapy and protocols for their use.</p> <p>(c) Nothing in this section shall be construed to authorize an occupational therapist to prescribe medications.</p> <p><b>Regulation: California Code of Regulations Title 16, Division 39, Article 6</b></p> <p><b>§4150. Definitions</b></p> <p>(b) "Post professional education and training" means education and training obtained subsequent to the qualifying degree program or beyond current ACOTE standards for the qualifying degree program.</p> <p>(c) "Contact hour" means sixty (60) minutes of coursework or classroom instruction.</p> <p><b>§4152. Physical Agent Modalities</b></p> <p>(a) Physical agent modalities may be used only when an occupational therapist has demonstrated to the Board in an application filed pursuant to section 4155 that he or she has met the post professional education and training requirements established by this section as follows:</p> <ol style="list-style-type: none"> <li>(1) Education: Completion of 30 contact hours in the subjects listed in Code section 2570.3(f).</li> <li>(2) Training: Completion of 240 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to physical agent modalities.</li> </ol> <p>(b) An occupational therapist whose application pursuant to section 4155 provides proof of current certification as a Certified Hand Therapist, issued by the Hand Therapy Certification Commission, shall be deemed to have met the education and training requirements established by this section.</p> <p>(c) An occupational therapist may use only those physical agent modalities he or she is competent to use.</p>

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	<p><b>§4152.1</b>  (a) As used in this section, "topical medications" means medications applied locally to the skin or underlying tissue where such medications require a prescription or order under federal or state law. The following medications are applicable to the practice of occupational therapy and may be used by an occupational therapist:</p> <ol style="list-style-type: none"> <li>(1) Bacteriocidal agents;</li> <li>(2) Debriding agents;</li> <li>(3) Topical anesthetic agents;</li> <li>(4) Anti-inflammatory agents;</li> <li>(5) Antispasmodic agents; and</li> <li>(6) Adrenocortico-steroids.</li> </ol> <p>(b) An occupational therapist shall apply or administer topical medications in accordance with this subsection.</p> <ol style="list-style-type: none"> <li>(1) Any topical medication applied or administered shall have been ordered on a specific or standing basis by a practitioner legally authorized to order or prescribe such medication pursuant to Business and Professions Code section 2571(a).</li> <li>(2) An occupational therapist may administer a topical medication by the use of a physical agent modality, only if the occupational therapist is approved by the Board in the advanced practice area of physical agent modalities.</li> <li>(3) An occupational therapist shall follow written protocols in applying or administering topical medications. The protocols shall: <ol style="list-style-type: none"> <li>(A) Be prepared by the facility within which the topical medications are being applied or administered;</li> <li>(B) Be approved by the medical director or equivalent of the facility;</li> <li>(C) Include a description of each medication, its actions, its indications and contraindications, and the proper procedure and technique for application;</li> <li>(D) Require that the administration be consistent with the manufacturer's guidelines for any equipment to be used in the administration of the topical medication; and</li> <li>(E) Be based on research and evidence-based practice, pharmaceutical standards of practice and known desired outcomes.</li> </ol> </li> <li>(4) Supervision of the application or administration of topical medications by an occupational therapy assistant under this section shall be in accordance with Article 9.</li> </ol> <p>(c) Under no circumstance does this section authorize an occupational therapist or occupational therapist assistant to administer a medication via injection.</p> <p><b>§4155. Application for Approval in Advanced Practice Areas</b>  In order to provide any of the advanced practice services set forth in Code section 2570.3(d), an occupational therapist shall apply to the Board and receive approval in that advanced practice area.</p> <p>(a) To apply for approval, an occupational therapist shall submit to the Board an application as specified in subsections (1), (2), or (3), along with the required documentation.</p> <ol style="list-style-type: none"> <li>(1) Applicants seeking approval in the area of Hand Therapy shall submit the Application for Advanced Practice Approval in Hand Therapy (Form APH, Rev. 10/09), hereby incorporated by reference;.</li> <li>(2) Applicants seeking approval in the use of physical agent modalities shall submit the Application for Advanced Practice Approval in Physical Agent Modalities (Form APP, Rev. 07/11), hereby incorporated by reference;</li> <li>(3) Applicants seeking approval in the area of Swallowing Assessment, Evaluation, or Intervention shall submit the Application for Advanced Practice Approval in Swallowing (Form APS, Rev. 10/09), hereby incorporated by reference;</li> </ol>

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	<p>(b) The documentation must include the following:</p> <ul style="list-style-type: none"> <li>(1) Documented proof of attendance and completion of each course (i.e., certificate of completion or transcript).</li> <li>(2) Evidence of the number of contact hours completed for each course for courses that are not Board approved.</li> <li>(3) Outline or syllabus of each course for courses that are not Board approved.</li> <li>(4) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) as it relates to the advanced practice area.</li> <li>(5) Resume or credentials of each instructor for courses that are not Board approved.</li> <li>(6) Verification of completion of supervised on-the-job training, clinical internship or affiliation reflecting the nature of the training and the number of hours. Such verification must be signed by the supervisor(s) under penalty of perjury.</li> </ul> <p>(c) An advanced practice application not completed within six months of receipt or notification of deficiency, whichever is later, shall be deemed abandoned.</p> <p>(d) An application submitted subsequent to the abandonment of a previous application shall be treated as a new application.</p>
<p><b>Colorado</b></p>	<p><b>Statute: Colorado Revised Statutes §12-40.5-103, Definitions.</b></p> <p>As used in this article, unless the context otherwise requires:</p> <p>(9) "Occupational therapy" means the therapeutic use of everyday life activities with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. The practice of occupational therapy includes:</p> <ul style="list-style-type: none"> <li>(a) Methods or strategies selected to direct the process of interventions such as: <ul style="list-style-type: none"> <li>(I) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired;</li> <li>(II) Compensation, modification, or adaptation of an activity or environment to enhance performance;</li> <li>(III) Maintenance and enhancement of capabilities without which performance of everyday life activities would decline;</li> <li>(IV) Promotion of health and wellness to enable or enhance performance in everyday life activities; and</li> <li>(V) Prevention of barriers to performance, including disability prevention;</li> </ul> </li> <li>(b) Evaluation of factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, including: <ul style="list-style-type: none"> <li>(I) Client factors, including body functions such as neuromuscular, sensory, visual, perceptual, and cognitive functions, and body structures such as cardiovascular, digestive, integumentary, and genitourinary systems;</li> <li>(II) Habits, routines, roles, and behavior patterns;</li> <li>(III) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance; and</li> <li>(IV) Performance skills, including motor, process, and communication and interaction skills;</li> </ul> </li> <li>(c) Interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, including: <ul style="list-style-type: none"> <li>(I) Therapeutic use of occupations, exercises, and activities;</li> <li>(II) Training in self-care, self-management, home management, and community and work reintegration;</li> <li>(III) Identification, development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions, sensory processing, and behavioral skills;</li> <li>(IV) Therapeutic use of self, including a person's personality, insights, perceptions, and judgments, as part of the therapeutic process;</li> <li>(V) Education and training of individuals, including family members, caregivers, and others;</li> <li>(VI) Care coordination, case management, and transition services;</li> </ul> </li> </ul>

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	<p>(VII) Consultative services to groups, programs, organizations, or communities;</p> <p>(VIII) Modification of environments such as home, work, school, or community and adaptation of processes, including the application of ergonomic principles;</p> <p>(IX) Assessment, design, fabrication, application, fitting, and training in assistive technology and adaptive and orthotic devices and training in the use of prosthetic devices, excluding glasses, contact lenses, or other prescriptive devices to correct vision unless prescribed by an optometrist;</p> <p>(X) Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management;</p> <p>(XI) Driver rehabilitation and community mobility;</p> <p>(XII) Management of feeding, eating, and swallowing to enable eating and feeding performance;</p> <p>(XIII) Application of physical agent modalities and therapeutic procedures such as wound management; techniques to enhance sensory, perceptual, and cognitive processing; and manual techniques to enhance performance skills; and</p> <p>(XIV) The use of telehealth pursuant to rules as may be adopted by the director.</p>
<b>Connecticut</b>	No statute or regulations specific to OT and Physical Agent Modalities
<b>Delaware</b>	<p><b>Statute: Delaware Code Title 24, Chapter 20, Subchapter I, §2002, Definitions.</b>  "Occupational therapy services" shall mean, but are not limited to:</p> <ol style="list-style-type: none"> <li>a. The assessment, treatment and education of or consultation with the individual, family or other persons; or</li> <li>b. Interventions directed toward developing, improving or restoring daily living skills, work readiness or work performance, play skills or leisure capacities, or enhancing educational performance skills; or</li> <li>c. Providing for the development, improvement or restoration of sensorimotor, oralmotor, perceptual or neuromuscular functioning, or emotional, motivational, cognitive or psychosocial components of performance.</li> </ol> <p>These services may require assessment of the need for use of interventions such as the design, development, adaptation, application or training in the use of assistive technology devices; the design, fabrication or application of rehabilitative technology such as selected orthotic devices; training in the use of assistive technology, orthotic or prosthetic devices; the application of thermal agent modalities, including, but not limited to, paraffin, hot and cold packs and fluído therapy, as an adjunct to, or in preparation for, purposeful activity; the use of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness.</p> <p><b>Regulation: Delaware Administrative Code Title 24, section 2000, 5.0 Competence to Administer Treatment Modalities</b>  Upon the request of the Board, or a member of the public, the licensee shall produce documentation demonstrating competence to administer a particular treatment modality. Competence may be shown by documented professional education, such as continuing education, in-service training or accredited higher education programs with documented coursework related to the modality in question. Determination of competence is at the discretion of the Board.</p>
<b>District of Columbia</b>	<p><b>Regulation: DC Municipal Regulations Title 17, Chapter 63, Occupational Therapy §17-6305. Scope of Practice for Occupational Therapists</b>  6305.3 An occupational therapist shall exercise sound judgment and provide adequate care to a client when administering interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, which may include the following:</p> <ol style="list-style-type: none"> <li>(a) Therapeutic use of occupations, exercises, and activities;</li> <li>(b) Training in self-care, self management, home management, and community work reintegration;</li> </ol>

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	<p>(c) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions, and behavioral skills;</p> <p>(d) Therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process;</p> <p>(e) Education and training of individuals, involved in the care of the client;</p> <p>(f) Care coordination, case management, and transition services;</p> <p>(g) Consultative services to groups, programs, organizations, or communities;</p> <p>(h) Modification of environments and adaptation of processes, including the application of ergonomic principles;</p> <p>(i) Assessment, design, fabrication, application, fitting and training in assistive technology, adaptive devices and orthotic devices, and training in the use of prosthetic devices;</p> <p>(j) Assessment, recommendation, and training in techniques to enhance mobility including wheelchair management;</p> <p>(k) Driver rehabilitation and community mobility;</p> <p>(l) Management of feeding, eating, and swallowing to enable eating and feeding performance; and</p> <p>(m) Application of physical agent modalities, and use of a range of specific therapeutic procedures to enhance performance skills.</p> <p><b>§17-6316. Lawful Practice.</b>  6316.2 An occupational therapist may purchase, store, and administer topical and aerosol medications as part of the practice of occupational therapy as defined herein, as long as the purchasing, storing, and administration of these medications are carried out pursuant to all laws and regulations of the Federal Government and the District of Columbia.</p>
<p><b>Florida</b></p>	<p><b><u>Statute:</u> Florida Statutes Title XXXII, Chapter 468, Section 468.203, Definitions.</b>  As used in this act, the term:</p> <p>(4) "Occupational therapy" means the use of purposeful activity or interventions to achieve functional outcomes.</p> <p>(b) Occupational therapy services include, but are not limited to:</p> <p>3. Providing for the development of: sensory-motor, perceptual, or neuromuscular functioning; range of motion; or emotional, motivational, cognitive, or psychosocial components of performance.</p> <p>These services may require assessment of the need for use of interventions such as the design, development, adaptation, application, or training in the use of assistive technology devices; the design, fabrication, or application of rehabilitative technology such as selected orthotic devices; training in the use of assistive technology; orthotic or prosthetic devices; the application of physical agent modalities as an adjunct to or in preparation for purposeful activity; the use of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness.</p> <p>(c) The use of devices subject to 21 C.F.R. s. 801.109 and identified by the board is expressly prohibited except by an occupational therapist or occupational therapy assistant who has received training as specified by the board. The board shall adopt rules to carry out the purpose of this provision.</p> <p><b><u>Regulation:</u> Florida Admin Code 64B11-4.001, Use of Prescription Devices.</b>  (1) Electrical Stimulation Device:</p> <p>(a) Use of an electrical stimulation device for which a prescription is required by Federal Law, 21 CFR 801.109, is expressly prohibited by Section 468.203(4), Florida Statutes, except by an occupational therapist or an occupational therapy assistant who has received training as prescribed in this rule.</p> <p>(b) For purposes of this rule, an "electrical stimulation device" is any device for which a prescription is required which employs transcutaneous electric current (direct, alternating, or pulsatile) for therapeutic purposes.</p>



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	<p>(c) The training required for students, postgraduates, and licensees to qualify for the use of an electrical stimulation device shall include didactic training of at least four (4) hours and performance of at least five (5) treatments under supervision in a clinical setting. The required training may be obtained through educational programs, workshops, or seminars offered at a college or university approved for training of occupational therapists by the American Occupational Therapy Association or of physical therapists by the American Physical Therapy Association or at clinical facilities affiliated with such accredited colleges or universities or through educational programs offered by the American Society of Hand Therapists or Florida Occupational Therapy Association. Didactic training may be in person or from interactive, real-time courses. An interactive, real-time course may be a web-based, satellite transmitted, or video conference, or online instruction program that allows or requires the licensee to interact in real time, including live chat, with the instructor during the presentation of the program.</p> <p>(d) Supervised treatment sessions shall be conducted under the personal supervision of licensed occupational therapists and occupational therapy assistants who have completed four hours of coursework in the use of electrical stimulation devices and five (5) supervised treatments or licensed physical therapists and physical therapist assistants trained in the use of electrical stimulation devices. Treatment supervisors must have a minimum of 24 months prior experience in the use of electrical stimulation devices. Personal supervision means that the supervisor is in the room with the trainees and actively provides guidance and supervision of the performance treatments.</p> <p>(e) The training provided which teaches the therapeutic uses of electrical stimulation devices shall provide for the following minimum competency level:</p> <ol style="list-style-type: none"> <li>1. Standards. <ol style="list-style-type: none"> <li>a. The expected outcome of treatments with Therapeutic Electrical Current (hereinafter T.E.C.) must be consistent with the goals of treatment.</li> <li>b. Treatment with T.E.C. must be safe, administered to the correct area, and be of proper dosage.</li> <li>c. Treatment with T.E.C. must be adequately documented.</li> </ol> </li> <li>2. Current Duration and Mode. <ol style="list-style-type: none"> <li>a. Ability to determine the duration and mode of current appropriate to the patient's neurophysiological status while understanding Ohm's Law of electricity, physical laws related to the passage of current through various media, as well as impedance.</li> <li>b. Ability to describe normal electrophysiology of nerve and muscle; understanding generation of bioelectrical signals in nerve and muscle; recruitment of motor units in normal muscle and in response to a variety of external stimuli.</li> <li>c. Ability to describe normal and abnormal tissue responses to external electrical stimuli while understanding the differing responses to varieties of current duration, frequency and intensity of stimulation.</li> </ol> </li> <li>3. Selection of Method and Equipment. <ol style="list-style-type: none"> <li>a. Ability to identify equipment with the capability of producing the preselected duration and mode.</li> <li>b. Ability to describe characteristics of electrotherapeutic equipment and understanding the therapeutic value of different electrotherapeutic equipment.</li> <li>c. Ability to describe safety regulations governing the use of electrotherapeutic equipment.</li> <li>d. Ability to describe principles of electrical currents.</li> <li>e. Ability to describe requirements/idiosyncrasies of body areas and pathological conditions with respect to electrotherapeutic treatment.</li> </ol> </li> <li>4. Preparation of Treatment.</li> </ol>

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	<p>Ability to prepare the patient for treatment through positioning and adequate instructions.</p> <p>5. Treatment Administration.</p> <ol style="list-style-type: none"> <li>a. Ability to correctly operate equipment and appropriately adjust the intensity and current while understanding rate of stimulation, identification of motor points, and physiological effects desired.</li> <li>b. Ability to adjust the intensity and rate to achieve the optimal response, based on the pertinent evaluative data.</li> </ol> <p>6. Documentation of Treatments.</p> <p>Ability to document treatment including immediate and long-term effects of therapeutic electrical current.</p> <p>(f) Any occupational therapist or occupational therapy assistant who uses such electrical stimulation device shall, upon request of the Board, or the Department, present proof that he or she has obtained the training required by this rule.</p> <p>(2) Ultrasound Device.</p> <ol style="list-style-type: none"> <li>(a) Use of an ultrasound device for which a prescription is required by Federal law, 21 C.F.R. §801.109, is expressly prohibited by section 468.203(4), F.S., except by an occupational therapist or occupational therapy assistant who has received training as prescribed in this rule.</li> <li>(b) For purposes of this rule, an “ultrasound device” is any device intended to generate and emit ultrasonic radiation for therapeutic purposes at ultrasonic frequencies above 100 kilohertz (kHz).</li> <li>(c) The training required for students, postgraduates, and licensees to qualify for the use of an ultrasonic stimulation device shall include didactic training of at least four (4) hours and performance of at least five (5) treatments under supervision in a clinical setting. The required training may be obtained through educational programs, workshops, or seminars offered at a college or university approved for training of occupational therapists by the American Occupational Therapy Association or of physical therapists by the American Physical Therapy Association or at clinical facilities affiliated with such accredited colleges or universities or educational programs offered through the American Society of Hand Therapists or Florida Occupational Therapy Association. Didactic training may be in person or from interactive, real-time courses. An interactive, real-time course may be a web-based, satellite transmitted, or video conference, or online instruction program that allows or requires the licensee to interact in real time, including live chat, with the instructor during the presentation of the program.</li> <li>(d) Supervised treatment sessions shall be conducted under the personal supervision of licensed occupational therapists and occupational therapy assistants who have completed four hours of coursework in the use of ultrasound devices and five (5) supervised treatments or licensed physical therapists and physical therapist assistants trained in the use of ultrasound devices. Treatment supervisors must have a minimum of 24 months prior experience in the use of ultrasound devices. Personal supervision means that the supervisor is in the room with the trainees and actively provides guidance and supervision of the performance treatments.</li> <li>(e) The training provided which teaches the therapeutic uses of ultrasound devices shall provide for the following minimum competency level: <ol style="list-style-type: none"> <li>1. Standards. <ol style="list-style-type: none"> <li>a. The expected outcome of treatment with ultrasound must be consistent with the goals of treatment.</li> <li>b. Treatment with ultrasound must be safely administered to the correct area, and be of proper dosage.</li> <li>c. Treatment with ultrasound must be adequately documented.</li> </ol> </li> <li>2. Instrumentation. <ol style="list-style-type: none"> <li>a. Ability to describe the physiological effects of pulsed versus continuous modes as well as differentiate tissue responses to the modes of application.</li> </ol> </li> </ol> </li> </ol>

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	<p>b. Ability to describe ultrasound absorption characteristics of various body tissues and identify sources and causes of excessive absorption in normal versus abnormal tissue.</p> <p>c. Ability to determine the medium to be used and the temperature of that medium.</p> <p>d. Ability to select the appropriate sound head size and contour considering the area and condition being treated.</p> <p>e. Ability to describe equipment characteristics, indications and contraindications for treatment, including identifying source and mechanisms of generation of ultrasound energy and its transmission through air and physical matter.</p> <p>3. Preparation for Treatment. Ability to prepare the patient for treatment through positioning and adequate instruction.</p> <p>4. Determination of Dosage. Ability to determine dosage through determination of target depth, chronicity versus acuteness of the condition, and application of power/dosage calculation rules.</p> <p>5. Treatment Administration. Ability to administer treatment through identification of controls, sequence of operation, correct sound head application techniques and application of all safety rules and precautions.</p> <p>6. Documentation of Treatment. Ability to document treatment, including immediate and long-term effects of clinical ultrasound.</p> <p>(f) Any occupational therapist or occupational therapy assistant who uses such ultrasound device shall, upon request of the Board, or the Department, present proof that he or she has obtained the training required by this rule.</p> <p>(3) Neurofeedback Device.</p> <p>(a) Use of a neurofeedback device for which a prescription is required by Federal law, 21 C.F.R. § 801.109, is expressly prohibited by Section 468.203(4), F.S., except by an occupational therapist or occupational therapy assistant who has received training as prescribed in this rule.</p> <p>(b) For purposes of this rule, a "neurofeedback device" is any device that provides immediate feedback from a computer-based program that measures brainwave activity with the use of sound, visual and/or tactile input to cue the brain to reorganize and retrain itself.</p> <p>(c) The training required for students, postgraduates, and licensees to qualify for the use of a neurofeedback device shall include didactic training of at least sixteen (16) hours and performance of at least five (5) treatments under supervision in a clinical setting. The required training may be obtained through educational programs, workshops, or seminars offered at a college or university approved for training of occupational therapists by the American Occupational Therapy Association or of physical therapists by the American Physical Therapy Association or at clinical facilities affiliated with such accredited colleges or universities or educational programs offered through the American Society of Hand Therapists or Florida Occupational Therapy Association. Didactic training may be in person or from interactive, real-time courses. An interactive, real-time course may be a web-based, satellite transmitted, or video conference, or online instruction program that allows or requires the licensee to interact in real time, including live chat, with the instructor during the presentation of the program.</p> <p>(d) Supervised treatment sessions shall be conducted under the personal supervision of licensed occupational therapists and occupational therapy assistants who have completed sixteen (16) hours of coursework in the use of neurofeedback devices and five (5) supervised treatments, licensed physical therapists and physical therapist assistants who have completed sixteen(16) hours of coursework in the use of neurofeedback devices and five (5) supervised treatments, medical doctors trained in the use of neurofeedback devices, psychologists trained in the use of neurofeedback devices, or other licensed healthcare professionals trained in the use of neurofeedback devices. Treatment supervisors must have a minimum of 24</p>

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	<p>months prior experience in the use of neurofeedback devices. Personal supervision means that the supervisor is in the room with the trainees and actively provides guidance and supervision of the performance treatments.</p> <p>(e) The training provided which teaches the therapeutic uses of neurofeedback devices shall provide for the following minimum competency level:</p> <ol style="list-style-type: none"> <li>1. Standards. <ol style="list-style-type: none"> <li>a. The expected outcome of training with neurofeedback devices must be consistent with the goals of treatment.</li> <li>b. Training with neurofeedback devices must be safely administered to the scalp.</li> <li>c. Training with neurofeedback devices must be adequately documented.</li> </ol> </li> <li>2. Instrumentation. <ol style="list-style-type: none"> <li>a. Ability to describe core concepts, methods, and instrumentation of neurofeedback.</li> <li>b. Ability to interpret the EEG (electroencephalogram) with respect to signal integrity and the presence of artifacts.</li> <li>c. Ability to understand and describe concepts of frequency and amplitude.</li> <li>d. Ability to create, adjust and adapt training protocols based on the EEG, clinical observation, and response to training.</li> <li>e. Ability to describe equipment characteristics, indications and contraindications for training.</li> </ol> </li> <li>3. Preparation for Training. Ability to prepare the patient for training through positioning and adequate instruction.</li> <li>4. Determination of training duration and intensity. <ol style="list-style-type: none"> <li>a. Ability to discern when a trainee exhibits limited tolerance for an extended training session.</li> <li>b. Ability to judge the pacing of training sessions based on tolerance and response to the training session.</li> </ol> </li> <li>5. Training Administration. Ability to administer neurofeedback training through identification of controls, sequence of operation, and application of all safety rules and precautions.</li> <li>6. Documentation of Neurofeedback Training. Ability to document training, including immediate and long-term effects of clinical neurofeedback training.</li> </ol> <p>(f) Any occupational therapist or occupational therapy assistant who uses such neurofeedback device shall, upon request of the Board, or the Department, present proof that he or she has obtained the training required by this rule.</p>
<p><b>Georgia</b></p>	<p><b>Statute: Official Code of Georgia Title 43, Chapter 28</b>  <b>§43-28-3. Definitions:</b>  As used in this chapter, the term:</p> <p>(5) "Occupational therapy" includes but is not limited to the following:  (C) Specific occupational therapy techniques used for treatment that involve, but are not limited to, training in activities of daily living; environmental modification; the designing, fabrication, and application of orthotic or orthotic devices; selecting, applying, and training in the use of assistive technology and adaptive devices; sensory, motor, and cognitive activities; therapeutic exercises; manual therapy techniques that do not include adjustment or manipulation of the articulations of the human body; and physical agent modalities. Such techniques are applied in the treatment of individuals, groups, or through organizational-level practices to enhance physical functional performance, work capacities, and community participation.</p> <p>(12) "Physical agent modalities" "Physical agent modalities" means occupational therapy treatment techniques, both superficial and deep tissue, which may, but are not required to utilize the following agents: thermal, mechanical, electromagnetic, water, and light for a specific therapeutic effect to promote functional outcomes.</p>

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	<p><b>§43-28-8 License requirements for therapy techniques involving physical agent modalities</b></p> <p>(a) No person shall utilize occupational therapy techniques involving physical agent modalities unless such person:</p> <ul style="list-style-type: none"> <li>(1) Is licensed according to this chapter; and</li> <li>(2) Has successfully completed a minimum of 90 hours of instruction or training approved by the board which covers the following subjects: <ul style="list-style-type: none"> <li>(A) Principles of physics related to specific properties of light, water, temperature, sound, or electricity, as indicated by selected modality;</li> <li>(B) Physiological, neurophysiological, and electrophysiological, as indicated, changes which occur as a result of the application of the selected modality;</li> <li>(C) The response of normal and abnormal tissue to the application of the modality;</li> <li>(D) Indications and contraindications related to the selection and application of the modality;</li> <li>(E) Guidelines for treatment or administration of the modality within the philosophical framework of occupational therapy;</li> <li>(F) Appropriate selection and practical application of physical agent modalities, including determining treatment parameters based on existing pathology, impairments, functional limitations, and expected outcomes;</li> <li>(G) Guidelines for educating the patient, including instructing the patient as to the process and possible outcomes of treatment, including risks and benefits;</li> <li>(H) Safety rules and precautions related to the selected modality;</li> <li>(I) Methods for documenting the effectiveness of immediate and long-term effects of treatment; and</li> <li>(J) Characteristics of the equipment, including safe operation, adjustment, and care of the equipment.</li> </ul> </li> </ul> <p><b>Regulation: Georgia Rules and Regulations Rule 671-3-.13 Licensure and PAM certification of veterans and military spouses</b></p> <p>(1) As used in this Rule:</p> <ul style="list-style-type: none"> <li>(a) "Military" means the United States armed forces, including the National Guard.</li> <li>(b) "Military spouse" means the spouse of a service member or transitioning service member.</li> <li>(c) "OT" or "occupational therapist" means a person licensed to practice occupational therapy as defined in O.C.G.A. Chapter 28 of Title 43.</li> <li>(d) "OTA" or "occupational therapy assistant" means a person licensed to assist a licensed occupational therapist in the practice of occupational therapy, as defined in O.C.G.A Chapter 28 of Title 43, under the supervision of or with the consultation of an occupational therapist whose license is in good standing.</li> <li>(e) "Physical agent modalities" or "PAMs" means the occupational therapy techniques that involve and utilize physical agent modalities as stated in the provisions of O.C.G.A. §§ 43-28-3 and 43-28-8.1.</li> <li>(f) "Service member" means an active or reserve member of the United States armed forces, including the National Guard.</li> <li>(g) "Transitioning service member" means a member of the military or active duty status or on separation leave who is within 24 months of retirement or 12 months of separation.</li> </ul> <p>(3) Certification for utilization of occupational therapy techniques involving physical agent modalities ("PAMs") of service members, transitioning service members, and military spouses. A service member, transitioning service member, or military spouse may qualify to obtain PAM certification from the Board if he or she:</p> <ul style="list-style-type: none"> <li>(a) is licensed in Georgia as a OT or OTA;</li> </ul>

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	<p>(b) has obtained certification and/or training in the use of PAMs while a service member which certification and/or training substantially meets or exceeds the requirements to obtain such certification in Georgia under the provisions of O.C.G.A. § 43-28-8.1 and Board rules.</p> <p>(c) submits documentation satisfactory to the Board which verifies the applicant's status as a service member, transitioning service member, or military spouse.</p> <p>(d) submits a completed application for PAM certification on a form approved by the Board and pays the required fee.</p> <p><b>Regulation: Georgia Rules and Regulations, Department 671, Chapter 6</b>  <b>Rule 671-6-.01 Definitions</b>  Physical agent modalities means treatment techniques as specified in Code Section 43-28-3- (9).</p> <p><b>Rule 671-6-.02 Requirements</b></p> <p>(1) Effective June 18, 2014, Any occupational therapist and occupational therapy assistant who wishes to utilize O.T. techniques involving physical agent modalities, must document, successful completion of a minimum of 90 contact hours of instruction or training approved by the Board which covers:</p> <ul style="list-style-type: none"> <li>(a) Principles of physics related to specific properties of light, water, temperature, sound, or electricity, as indicated by selected modality;</li> <li>(b) Physiological, Neurophysiological, and Electrophysiological, changes, as indicated, which occur as a result of the application of selected modality;</li> <li>(c) The response of normal and abnormal tissue to the application of the modality;</li> <li>(d) Indications and contra indications related to the selection and application of the modality;</li> <li>(e) The guide lines for treatment or administration of the modality within the philosophical framework of occupational therapy;</li> <li>(f) The guide lines for educating the patient including instructing the patient to the process and possible outcomes of treatment, including risks and benefits;</li> <li>(g) Safety rules and precautions related to the selected modality;</li> <li>(h) Methods of documenting the effectiveness of immediate and long term effects of treatment; and</li> <li>(i) Characteristics of the equipment including safe operation, adjustment, and care of the equipment.</li> </ul> <p>(2) No less than 36 contact hours must be directly related to the specific theories and practical application of physical agent modalities.</p> <p>(3) Acceptable instruction or training shall include any activity relevant to the practice of physical agent modalities in occupational therapy and may include formal academic education, conferences, workshops, seminars, web based instructions, and in-service education.</p> <p>(4) Each occupational therapist and occupational therapy assistant is responsible for submitting documentation of training. Documentation shall include:</p> <ul style="list-style-type: none"> <li>(a) Identification of the specific course or training where the therapist learned content related to each subject area (a-i);</li> <li>(b) Proof of 90 hours of instruction or training. This may be reported by: <ol style="list-style-type: none"> <li>1. A statement of attendance or a copy of the certificate of completion which shows title of program, hours of program, date program was taught, signature of designated program official, and a brochure or program outline; or</li> <li>2. An official grade report/transcript and course outline to verify academic education.</li> </ol> </li> <li>(c) Additional documentation may be requested by the Board, if deemed necessary.</li> </ul>

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	<p><b>Rule 671-6-.03 Enforcement</b></p> <p>(1) Any licensed occupational therapist or licensed occupational therapy assistant who is not certified by the Board to use physical agent modalities and who uses the modalities for any purpose in the practice of occupational therapy is in violation of O.C.G.A. Sec. 43-28-8.1 and upon substantiation thereof may have the license disciplined.</p> <p>(2) Any licensed occupational therapist or licensed occupational therapy assistant who is certified by the board to use physical agent modalities and who uses such modalities for purposes other than within the philosophical framework of occupational therapy is in violation of O.C.G.A. Sec. 43-28-8.1 and upon substantiation thereof may have the license disciplined.</p> <p>(3) Any licensed occupational therapy assistant certified to use physical agent modalities under this rule may only use those modalities when supervised by a licensed occupational therapist certified to use physical agent modalities under this rule. Any OTA who uses physical agent modalities without the personal and direct involvement of the licensed occupational therapist certified to use those modalities is in violation of O.C.G.A. Sec. 43-28-8.1 and upon substantiation thereof may have the license disciplined.</p> <p><b><u>Board Policy Statement: A1</u></b></p> <ul style="list-style-type: none"> <li>• Physical Agent Modalities: applicants for certification to use Physical Agent Modalities may apply count hours of modalities related instruction in from their academic programs. Occupational therapists may check the paragraph on the application form and receive 54 general hours towards certification. In addition, they may receive credit for additional modality specific hours if the required documentation is submitted, i.e. may grant up to 12 additional hours for a specific PAMs course which is integrated into an applicant's curriculum (1 credit hour = 16 hrs). Documentation for specific modality coursework must include dates, session start and stop times, topics, instruction and course or session objectives. Proof of attendance may be a signed statement of attendance by the instructor for each course submitted, a copy of the official grade report or a copy of the transcript. Additional in-service training must be obtained by attendance at a live presentation recorded on the PAM reporting form in increments greater than or equal to 30 minutes but less than or equal to 3 hours.</li> <li>• 37 hours are granted from attending a PAMPCO course.</li> <li>• Practicing and/or instruction of modalities cannot be performed on a client even under supervision of a PAMS certified therapist.</li> <li>• Anyone who holds a Certified Hand Therapy (CHT) credential is considered by the Board to have met the requirements for Physical Agent Modalities (PAM) certification and may be administratively approved upon submission of application.</li> <li>• Anyone who holds a dual degree of Physical Therapy and Occupational Therapy credentials is considered by the Board to have met the requirements for Physical Agent Modalities (PAM) certification and may be administratively approved upon submission of application.</li> </ul>
<b>Guam</b>	<p><b><u>Statute: 10 Guam Code Annotated, Chapter 12, Medical Practices.</u></b></p> <p><b>§121409 Scope of practice; Occupational Therapist.</b></p> <p>(a) An occupational therapist may enter a case for the purposes of providing direct or indirect service, consulting, evaluating an individual as to the need for services, and other occupational therapy services for any individual who has an injury, illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental or learning disability, physical disability, or other disorder or condition. It includes assessment by skilled observation or evaluation through the administration and interpretation of standardized or nonstandardized tests and measurements. Occupational therapy services include, but are not limited to, the following:</p>

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	<p>(1) the assessment and provision of treatment in consultation with the individual, family or other appropriate persons;</p> <p>(2) interventions directed toward developing, improving, sustaining or restoring daily living skills, including self-care skills and activities that involve interactions with others and the environment, work readiness or work performance, play skills or leisure capacities, or enhancing educational performance skills;</p> <p>(3) developing, improving, sustaining or restoring sensorimotor, oral-motor, perceptual or neuromuscular functioning, emotional, motivational, cognitive or psychosocial components of performance; and</p> <p>(4) education of the individual, family or other appropriate persons in carrying out appropriate interventions.</p> <p>(b) Services may encompass assessment of need and the design, development, adaptation, application or training in the use of assistive technology devices; the design, fabrication or application of rehabilitative technology, such as selected orthotic devices; training in the use of orthotic or prosthetic devices; the application of physical agent modalities as an adjunct to or in preparation for purposeful activity; the application of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness.</p> <p>(c) Such evaluation shall be the occupational therapist's assessment of a patient's problem, and the therapist shall make an occupational therapy assessment and evaluation and treat accordingly. The therapist shall consult with an authorized health care practitioner if a patient's problem is outside the scope of occupational therapy. If, at any time, a patient requires further services of an authorized health care provider, a referral shall be made.</p> <p><b>§121410. Scope of practice; Occupational Therapy Assistant.</b>  The occupational therapy assistant works under the supervision of the occupational therapist. The amount, degree and pattern of supervision a practitioner requires varies depending on the employment setting, method of service provision, the practitioner's competence and the demands of service. The occupational therapist is responsible for the evaluation of the client or patient. The treatment plan may be developed by the occupational therapist in collaboration with the occupational therapy assistant. Once the evaluation and treatment plans are established, the occupational therapy assistant may implement and modify various therapeutic interventions, as permitted by the Board under the supervision of the occupational therapist.</p>
Hawaii	<p><b>Statute: Hawaii Revised Statutes §475G-5 Practice of occupational therapy.</b></p> <p>(a) The practice of occupational therapy is the therapeutic use of everyday life activities with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. It includes:</p> <p>(1) Evaluation of factors affecting activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation, including:</p> <p>(A) Client factors, including body functions, such as neuro musculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors; body structures, such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement, values, beliefs, and spirituality;</p> <p>(B) Habits, routines, roles, rituals, and behavior patterns;</p> <p>(C) Occupational and social environments, cultural, personal, temporal, and virtual contexts and activity demands that affect performance; and</p> <p>(D) Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication, and social skills;</p> <p>(2) Methods or approaches selected to direct the process of interventions, including:</p> <p>(A) Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline;</p>



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	<p>(B) Compensation, modification, or adaptation of activity or environment to enhance performance or prevent injuries, disorders, or other conditions;</p> <p>(C) Retention and enhancement of skills or abilities without which performance in everyday life activities would decline;</p> <p>(D) Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities; and</p> <p>(E) Prevention of barriers to performance and participation, including injury and disability prevention; and</p> <p>(3) Interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation, including:</p> <p>(A) Therapeutic use of occupations, exercises, and activities;</p> <p>(B) Training in self-care, self-management, health management and maintenance, home management, community reintegration, work reintegration, school activities, and work performance;</p> <p>(C) Development, remediation, or compensation of neuro musculoskeletal, sensory-perceptual, visual, mental, and cognitive functions; pain tolerance and management; and behavioral skills;</p> <p>(D) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process;</p> <p>(E) Education and training of individuals, including family members, caregivers, groups, populations, and others;</p> <p>(F) Care coordination, case management, and transition services;</p> <p>(G) Consultative services to groups, programs, organizations, or communities;</p> <p>(H) Modification of environments, such as home, work, school, or community, and adaptation of processes, including the application of ergonomic principles;</p> <p>(I) Assessment, design, fabrication, application, fitting, and training in seating and positioning; assistive technology; adaptive devices; orthotic devices; and training in the use of prosthetic devices;</p> <p>(J) Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices;</p> <p>(K) Low vision rehabilitation;</p> <p>(L) Driver rehabilitation and community mobility;</p> <p>(M) Management of feeding, eating, and swallowing to enable eating and feeding performance;</p> <p>(N) 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; and</p> <p>(O) Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.</p>
Idaho	<p><b>Statute: Idaho Statutes §54-3702 Definitions.</b></p> <p>As used in this chapter:</p> <p>(13) "Practice of occupational therapy" means the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and 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, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being and quality of life. The practice of occupational therapy includes:</p>

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	<p>(a) Development of occupation-based plans, methods or strategies selected to direct the process of interventions such as:</p> <ul style="list-style-type: none"> <li>(i) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired.</li> <li>(ii) Compensation, modification, or adaptation of activity or environment to enhance performance.</li> <li>(iii) Maintenance and enhancement of capabilities without which performance in everyday life activities would decline.</li> <li>(iv) Health promotion and wellness to enable or enhance performance in everyday life activities.</li> <li>(v) Prevention of barriers to performance, including disability prevention.</li> </ul> <p>(b) Evaluation of factors affecting a client's occupational performance areas of activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:</p> <ul style="list-style-type: none"> <li>(i) Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive), values, beliefs, and spirituality, and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems).</li> <li>(ii) Performance patterns, including habits, routines, roles, and behavior patterns.</li> <li>(iii) Contexts and activity demands that affect performance, including cultural, physical, environmental, social, virtual and temporal.</li> <li>(iv) Performance skills, including sensory perceptual skills, motor and praxis skills, emotional regulation skills, cognitive skills, communication and social skills.</li> </ul> <p>(c) Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, rest and sleep, including:</p> <ul style="list-style-type: none"> <li>(i) Therapeutic use of occupations, exercises, and activities.</li> <li>(ii) Training in self-care, self-management, home management, and community/work reintegration.</li> <li>(iii) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavioral skills.</li> <li>(iv) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.</li> <li>(v) Education and training of individuals, including family members, caregivers, and others.</li> <li>(vi) Care coordination, case management, and transition services.</li> <li>(vii) Consultative services to groups, programs, organizations, or communities.</li> <li>(viii) Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles.</li> <li>(ix) Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, orthotic devices, and prosthetic devices.</li> <li>(x) Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management.</li> <li>(xi) Driver rehabilitation and community mobility.</li> <li>(xii) Management of feeding, eating, and swallowing to enable eating and feeding performance.</li> <li>(xiii) Application of superficial, thermal and mechanical physical agent modalities, and use of a range of specific therapeutic procedures (such as basic wound management; techniques to enhance sensory, perceptual, and cognitive processing; therapeutic exercise techniques to facilitate participation in occupations) to enhance performance skills.</li> <li>(xiv) Use of specialized knowledge and skills as attained through continuing education and experience for the application of deep thermal and electrotherapeutic modalities, therapeutic procedures specific to occupational therapy</li> </ul>

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	<p>and wound care management for treatment to enhance participation in occupations as defined by rules adopted by the board.</p> <p>(d) Engaging in administration, consultation, testing, education and research as related to paragraphs (a), (b) and (c) of this subsection and further established in rule.</p>
<p><b>Illinois</b></p>	<p><b>Statute: Illinois Compiled Statutes 225 ILCS 75/2 Definitions.</b></p> <p>In this Act:</p> <p>(6) "Occupational therapy" means the therapeutic use of purposeful and meaningful occupations or goal-directed activities to evaluate and provide interventions for individuals and populations who have a disease or disorder, an impairment, an activity limitation, or a participation restriction that interferes with their ability to function independently in their daily life roles and to promote health and wellness. Occupational therapy intervention may include any of the following:</p> <ul style="list-style-type: none"> <li>(a) remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes;</li> <li>(b) adaptation of task, process, or the environment or the teaching of compensatory techniques in order to enhance performance;</li> <li>(c) disability prevention methods and techniques that facilitate the development or safe application of performance skills; and</li> <li>(d) health promotion strategies and practices that enhance performance abilities.</li> </ul> <p>The registered occupational therapist or certified occupational therapy assistant may assume a variety of roles in his or her career including, but not limited to, practitioner, supervisor of professional students and volunteers, researcher, scholar, consultant, administrator, faculty, clinical instructor, and educator of consumers, peers, and family.</p> <p>(7) "Occupational therapy services" means services that may be provided to individuals and populations including, without limitation, the following:</p> <ul style="list-style-type: none"> <li>(a) evaluating, developing, improving, sustaining, or restoring skills in activities of daily living, work, or productive activities, including instrumental living and play and leisure activities;</li> <li>(b) evaluating, developing, improving, or restoring sensory motor, cognitive, or psychosocial components of performance;</li> <li>(c) designing, fabricating, applying, or training in the use of assistive technology or temporary, orthoses and training in the use of orthoses and prostheses;</li> <li>(d) adapting environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles;</li> <li>(e) for occupational therapists possessing advanced training, skill, and competency as demonstrated through examinations that shall be determined by the Department, applying physical agent modalities as an adjunct to or in preparation for engagement in occupations;</li> <li>(f) evaluating and providing intervention in collaboration with the client, family, caregiver, or others;</li> <li>(g) educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions; and</li> <li>(h) consulting with groups, programs, organizations, or communities to provide population-based services;</li> <li>(i) assessing, recommending, and training in techniques to enhance functional mobility, including wheelchair management;</li> <li>(j) driver rehabilitation and community mobility;</li> <li>(k) management of feeding, eating, and swallowing to enable or enhance performance of these tasks;</li> <li>(l) low vision rehabilitation;</li> <li>(m) lymphedema and wound care management;</li> <li>(n) pain management; and</li> </ul>

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	<p>(o) care coordination, case management, and transition services.</p> <p><b>Regulation: Illinois Administrative Code Title 68, Chapter VII, Subchapter b, Section 1315.162 Modalities in Occupational Therapy</b></p> <p>Occupational therapy services include the use of physical agent modalities for occupational therapists and occupational therapy assistants who have the training, skill and competency to apply these modalities.</p> <p>a) Physical agent modalities:</p> <ol style="list-style-type: none"> <li>1) refer to those modalities that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity;</li> <li>2) are characterized as adjunctive methods used in conjunction with or in immediate preparation for: patient involvement in purposeful activity; the use of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness; and</li> <li>3) include but are not limited to the following: <ol style="list-style-type: none"> <li>A) electrical stimulation;</li> <li>B) iontophoresis;</li> <li>C) superficial heating agents;</li> <li>D) cryotherapy; and</li> <li>E) deep heating agents.</li> </ol> </li> </ol> <p>b) Following is the training required for the use of physical agent modalities used by occupational therapists and occupational therapy assistants.</p> <ol style="list-style-type: none"> <li>1) Modalities <ol style="list-style-type: none"> <li>A) Modalities using electricity would cover: pain control, edema reduction, and muscle reeducation. Examples include, but are not limited to: biofeedback, NMES/FES, TENS, HVGS, interferential, iontophoresis. The training shall include: <ol style="list-style-type: none"> <li>i) a minimum of 12 hours of didactic training in a program defined in this Section that includes demonstration and return demonstration and an examination; and</li> <li>ii) 5 treatments in each modality supervised by a licensed health care professional trained in the use of the modality.</li> </ol> </li> <li>B) Thermal modalities would include superficial and deep heat and cyrotherapy. Examples include, but are not limited to, hot and cold packs, ice massage, fluidotherapy, warm whirlpool, cool whirlpool, ultrasound, phonophoresis, paraffin, contrast baths. <ol style="list-style-type: none"> <li>i) a minimum of 3 hours of didactic training in a program defined in this Section that includes demonstration and return demonstration and an examination. The training session should include the mechanics and precautions of using the modality safely as well as case studies and problem solving on when to use. The ethics, economics, liability, and insurance issues related to using modalities should also be addressed in the educational process.</li> <li>ii) 5 treatments in each modality supervised by a licensed health care professional trained in the use of the modality.</li> </ol> </li> </ol> </li> <li>2) The didactic training shall be obtained through educational programs, workshops, or seminars offered by a college or university, Illinois Occupational Therapy Association, the American Occupational Therapy Association and its affiliates, Illinois</li> </ol>

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	<p>Physical Therapy Association, the American Physical Therapy Association or its chapters, National Board of Certification of Occupational Therapy (NBCOT), or the Hand Therapy Certification Commission.</p> <p>3) The training shall be documented and made available to the Department or Board upon request. Training shall be completed prior to the use of these modalities. Documentation shall include:</p> <ul style="list-style-type: none"> <li>A) a transcript or proof of successful completion of the coursework, including the number of educational hours;</li> <li>B) the name and address of the individual or organization sponsoring the activity;</li> <li>C) the name and address of the facility at which the activity was presented;</li> <li>D) a copy of the course, workshop, or seminar description that includes topics covered, learning objectives, credentials of presenters and standards for meeting the objectives;</li> <li>E) documentation of the 5 clinical treatments that includes date of the treatments, the modality and the name and credentials of the supervisor.</li> </ul> <p>4) The clinical treatment demonstration shall include the following:</p> <ul style="list-style-type: none"> <li>A) The ability to evaluate or contribute to the evaluation of the client, and make an appropriate selection of the modality to be utilized;</li> <li>B) A thorough knowledge of the effects of the modality that is to be utilized;</li> <li>C) The ability to explain the precaution, contraindication and rationale of the specific modality utilized;</li> <li>D) The ability to formulate and justify the occupational therapy intervention plan, specifically delineating the adjunctive strategy associated with the use of each modality;</li> <li>E) The capability to safely and appropriately administer the modality;</li> <li>F) The ability to properly document the parameters of intervention, which include the client's response to treatment and the recommendation for the progression of the intervention process.</li> </ul> <p>c) Occupational therapists and occupational therapy assistants who, prior to January 1, 2002, have attended training programs and have developed competencies in the use of physical agent modalities may demonstrate competency through proof of one or more of the following:</p> <ul style="list-style-type: none"> <li>1) documentation of previous attendance and completion of the required training as stated in subsection(b);</li> <li>2) documentation of professional experience at the work place through policy and procedures indicating the use of modalities, in-service training, proof of prior use. Such experience shall include at least 20 applications for each modality within the last 3 years;</li> <li>3) documentation of attendance at educational programs, including post-professional programs, in-service training and specific certifications in the use of modalities; or</li> <li>4) documentation of certification as a hand therapist from the Hand Therapy Certification Commission.</li> </ul>
<p><b>Indiana</b></p>	<p><b>Statute: Indiana Code 25-23.5-1-6.5</b></p> <p>"Occupational therapy services" means services that are provided to promote health and wellness, prevent disability, preserve functional capabilities, prevent barriers for occupational performance from occurring, and enable or improve performance in everyday activities, including services that do the following:</p> <ul style="list-style-type: none"> <li>(1) Establish, remediate, or restore a skill or ability that is impaired or not yet developed. Occupational therapy services include identifying speech, language, and hearing that are impaired or not yet developed, but does not include the remediation of speech, language, and hearing skills and abilities.</li> <li>(2) Modify or adapt a person or an activity or environment of a person or compensate for a loss of a person's functions.</li> </ul>

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	<p>(3) Evaluate factors that affect daily living activities, instrumental activities of daily living, and other activities relating to work, play, leisure, education, and social participation. These factors may include body functions, body structure, habits, routines, role performance, behavior patterns, sensory motor skills, cognitive skills, communication and interaction skills, and cultural, physical, psychosocial, spiritual, developmental, environmental, and socioeconomic contexts and activities that affect performance.</p> <p>(4) Perform interventions and procedures relating to the factors described in subdivision (3), including the following:</p> <ul style="list-style-type: none"> <li>(A) Task analysis and therapeutic use of occupations, exercises, and activities.</li> <li>(B) Education and training in self-care, self-management, home management, and community or work reintegration.</li> <li>(C) Care coordination, case management, transition, and consultative services.</li> <li>(D) Modification of environments and adaptation processes, including the application of ergonomic and safety principles.</li> <li>(E) Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices. However, this does not include the following: <ul style="list-style-type: none"> <li>(i) Gait training.</li> <li>(ii) Training in the use of hearing aids, tracheoesophageal valves, speaking valves, or electrolarynx devices related to the oral production of language.</li> <li>(iii) Remediation of speech, language, and hearing disorders.</li> <li>(iv) Fabrication of shoe inserts.</li> </ul> </li> <li>(F) Assessment, recommendation, and training in techniques to enhance safety, functional mobility, and community mobility, including wheelchair management and mobility. However, this does not include gait training.</li> <li>(G) Management of feeding, eating, and swallowing to enable eating and feeding performance.</li> <li>(H) Application of physical agent modalities and use of a range of specific therapeutic procedures used in preparation for or concurrently with purposeful and occupation based activities, including techniques to enhance sensory-motor, perceptual, and cognitive processing, manual therapy techniques, and adjunctive and preparatory activities for occupational performance. However, manual therapy does not include spinal manipulation, spinal adjustment, or grade 5 mobilization.</li> </ul>
<b>Iowa</b>	No statute or regulations specific to OT and Physical Agent Modalities
<b>Kansas</b>	<p><b>Statute: Kansas Statutes Annotated §65-5402 Definitions.</b></p> <p>As used in K.S.A. 65-5401 to 65-5417, inclusive, and K.S.A. 65-5418 to 65-5420, inclusive, and amendments thereto:</p> <ul style="list-style-type: none"> <li>(a) "Board" means the state board of healing arts.</li> <li>(b) "Practice of occupational therapy" means the therapeutic use of purposeful and meaningful occupations (goal-directed activities) to evaluate and treat, pursuant to the referral, supervision, order or direction of a physician, a licensed podiatrist, a licensed dentist, a licensed physician assistant, or a licensed advanced practice registered nurse working pursuant to the order or direction of a person licensed to practice medicine and surgery, a licensed chiropractor, or a licensed optometrist, individuals who have a disease or disorder, impairment, activity limitation or participation restriction that interferes with their ability to function independently in daily life roles and to promote health and wellness. Occupational therapy intervention may include: <ul style="list-style-type: none"> <li>(1) Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological cognitive processes;</li> <li>(2) adaptation of tasks, process, or the environment or the teaching of compensatory techniques in order to enhance performance;</li> </ul> </li> </ul>

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	<p>(3) disability prevention methods and techniques that facilitate the development or safe application of performance skills; and  (4) health promotion strategies and practices that enhance performance abilities.</p> <p>(c) "Occupational therapy services" include, but are not limited to:</p> <ol style="list-style-type: none"> <li>(1) Evaluating, developing, improving, sustaining, or restoring skills in activities of daily living (ADL), work or productive activities, including instrumental activities of daily living (IADL) and play and leisure activities;</li> <li>(2) evaluating, developing, remediating, or restoring sensorimotor, cognitive or psychosocial components of performance;</li> <li>(3) designing, fabricating, applying, or training in the use of assistive technology or orthotic devices and training in the use of prosthetic devices;</li> <li>(4) adapting environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles;</li> <li>(5) applying physical agent modalities as an adjunct to or in preparation for engagement in occupations;</li> <li>(6) evaluating and providing intervention in collaboration with the client, family, caregiver or others;</li> <li>(7) educating the client, family, caregiver or others in carrying out appropriate nonskilled interventions; and</li> <li>(8) consulting with groups, programs, organizations or communities to provide population-based services.</li> </ol>
<p><b>Kentucky</b></p>	<p><b>Statute: Kentucky Revised Statutes Title XXVI, Chapter 319A</b>  <b>319A.010 Definitions.</b>  As used in this chapter:</p> <p>(6) "Occupational therapy services" include but are not limited to:</p> <ol style="list-style-type: none"> <li>(a) Evaluating, developing, improving, sustaining, or restoring skills in basic and instrumental activities of daily living (BADLs and IADLs), work or productive activities, and play and leisure activities;</li> <li>(b) Evaluating, developing, remediating, or restoring components of performance as they relate to sensorimotor, cognitive, or psychosocial aspects;</li> <li>(c) Designing, fabricating, applying, and training in the use of assistive technology or orthotic devices and training in the use of prosthetic devices for functional mobility and activities of daily living;</li> <li>(d) Adapting environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles;</li> <li>(e) Applying superficial physical agent modalities as an adjunct to or in preparation for engagement in occupations;</li> <li>(f) Applying deep physical agent modalities as an adjunct to or in preparation for engagement in occupations, in accordance with KRS 319A.080;</li> <li>(g) Evaluating and providing intervention in collaboration with the client, family, caregiver, or others;</li> <li>(h) Educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions; and</li> <li>(i) Consulting with groups, programs, organizations, or communities to provide population based services;</li> </ol> <p>(8) "Deep physical agent modalities" means any device that uses sound waves or agents which supply or induce an electric current through the body, which make the body a part of the circuit, including iontophoresis units with a physician's prescription, ultrasound, transcutaneous electrical nerve stimulation units and functional electrical stimulation, or microcurrent devices; and</p> <p>(9) "Superficial physical agent modalities" means hot packs, cold packs, ice, fluidotherapy, paraffin, water, and other commercially available superficial heating and cooling devices.</p>

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	<p><b>319A.080 License required for practice of occupational therapy or use of title "occupational therapist" -- Training requirements for use of deep physical agent modalities.</b></p> <p>(4) (a) It shall be unlawful for a person licensed under this chapter to utilize occupational therapy interventions involving deep physical agent modalities, unless the following requirements are met:</p> <ol style="list-style-type: none"> <li>1. The person is an occupational therapist licensed under this chapter who has successfully completed a minimum of thirty-six (36) hours of training or instruction that meets the requirements specified in administrative regulations promulgated by the board, as well as five (5) treatments under supervision;</li> <li>2. The person is an occupational therapist licensed under this chapter who has successfully completed the certified hand therapist examination approved by the Hand Therapy Certification Commission, and who has successfully completed a minimum of twelve (12) hours of training or instruction that meets the requirements specified in administrative regulations promulgated by the board, as well as five (5) treatments under supervision; or</li> <li>3. The person is an occupational therapy assistant licensed under this chapter who has successfully completed a minimum of seventy-two (72) hours of training or instruction that meets the requirements specified in administrative regulations promulgated by the board, as well as five (5) treatments under supervision.</li> </ol> <p>(b) The board shall promulgate administrative regulations setting forth content guidelines for the training and instruction required in this subsection. Guidelines shall be based on policies and positions adopted by the American Occupational Therapy Association.</p> <p><b>Regulation: Kentucky Administrative Regulations 201 KAR 28:170 Deep physical agent modalities.</b></p> <p>Section 1. Definition. "DPAM Specialty Certification" means the certification issued to a Kentucky-licensed occupational therapist or licensed occupational therapy assistant who meets the standards set forth in KRS 319A.080 and this administrative regulation and who has been certified by the board.</p> <p>Section 2. Application. A licensee, before utilizing deep physical agent modalities, shall submit to the board a DPAM Specialty Certification Application.</p> <p>(1) The application shall be accompanied by:</p> <ol style="list-style-type: none"> <li>(a) Payment of the certification fee of twenty-five (25) dollars as required by KRS 319A.170(1)(c); and</li> <li>(b) Proper documentation that the applicant has met all educational and clinical requirements for certification which shall include: <ol style="list-style-type: none"> <li>1. Successful completion of the requisite hours of training and instruction required by KRS 319A.080(4) for the level of licensure held by the applicant; and</li> <li>2. Successful completion of the five (5) treatment sessions that are signed off by the DPAM supervisor and meet the requirements specified in Section 4 of this administrative regulation.</li> </ol> </li> </ol> <p>(2) The documentation shall include:</p> <ol style="list-style-type: none"> <li>(a) The name and address of the person or organization presenting the course, workshop, seminar, or training attended by the applicant;</li> <li>(b) A copy of the course syllabus or a description of the course, workshop, or seminar which includes a summary of the learning objectives and teaching methods employed in the course, workshop, or seminar, a timed agenda of the course, workshop, or seminar with the content areas identified in Section 3(2)(a) to (j) of this administrative regulation clearly detailed within the</li> </ol>



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	<p>timeframes, the qualifications of the instructors, and KBLOT course approval documentation provided by the board to the person or organization presenting the course, workshop, or seminar;</p> <p>(c) The name, address, and credentials of the person identified as the DPAM supervisor who supervised the five (5) treatment sessions;</p> <p>(d) Proof of successful completion of the training or course of instruction required by KRS 319A.080(4); and</p> <p>(e) A statement signed by the DPAM supervisor confirming that the applicant has completed five (5) supervised treatment sessions and that the criteria set forth in Section 4 of this administrative regulation have been met.</p> <p>(3) A DPAM Specialty Certification shall be issued by the board before the individual can begin using deep physical agent modalities except when a qualified licensee is performing those modalities as part of a supervised program to complete the five (5) supervised treatment sessions required for a DPAM Specialty Certification under this administrative regulation.</p> <p>(4) The board shall maintain a roster of persons who have been issued DPAM Specialty Certification for the use of deep physical agent modalities.</p> <p><b>Section 3. Training and Instruction.</b></p> <p>(1) The training and instruction shall be earned by direct personal participation in courses, workshops, or seminars.</p> <p>(2) The content of the courses, workshops, or seminars shall include hands on training and instruction. Training shall not consist of all on-line courses that do not provide hands on lab instruction. Training shall include the following subject areas:</p> <ul style="list-style-type: none"> <li>(a) Principles of physics related to specific properties of light, water, temperature, sound, and electricity;</li> <li>(b) Physiological, neurophysiological, and electrophysiological changes which occur as a result of the application of each of the agents identified in KRS 319A.010(8);</li> <li>(c) Theory and principles of the utilization of deep physical agents which includes guidelines for treatment or administration of agents within the philosophical framework of occupational therapy;</li> <li>(d) The rationale and application of the use of deep physical agents;</li> <li>(e) The physical concepts of ion movement;</li> <li>(f) Critical thinking and decision making regarding the indications and contraindications in the use of deep physical agents;</li> <li>(g) Types selection and placement of various agents utilized;</li> <li>(h) Methods of documenting the effectiveness of immediate and long-term effects of interventions;</li> <li>(i) Characteristics of equipment including safe operation, adjustment, and care of the equipment; and</li> <li>(j) Application and storage of specific pharmacological agents.</li> </ul> <p>(3) The training and instruction shall include at a minimum eight (8) hours for an OTA/L and four (4) hours for an OT/L of hands on laboratory experience using DPAMs.</p> <p>(4) All courses, workshops, or seminars utilized for DPAM Specialty Certification shall meet the requirements of subsection (2)(a) to (j) of this section, be at least four (4) hours in length, and be approved by the board.</p> <p>(5) A person or organization who is seeking board approval for training and instruction for DPAM courses, workshops, or seminars which are intended to meet the requirements of KRS 319A.080(4) shall submit a DPAM Course, Workshop, or Seminar Provider Approval Application Form to the board prior to the first occurrence of the DPAM course, workshop, or seminar. Once approved by the board, a DPAM course, workshop, or seminar may occur multiple times throughout the year of approval. A DPAM course, workshop, or seminar approval shall expire one (1) year after the approval date. A new DPAM Course, Workshop, or Seminar Provider Approval Application Form shall be submitted to the board on an annual basis.</p>

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	<p>Section 4. Supervised Treatment Sessions.</p> <p>(1) The supervised treatment sessions required for DPAM Specialty Certification shall be sufficiently detailed to allow the DPAM supervisor to determine that the supervisee has demonstrated the following skills:</p> <ul style="list-style-type: none"> <li>(a) The ability to evaluate or contribute to the evaluation of the client, depending upon the applicant's licensure status as an OT/L or an OTA/L and make an appropriate selection of the deep physical agent to be utilized;</li> <li>(b) A thorough knowledge of the effects of the deep physical agent which is to be utilized;</li> <li>(c) The ability to explain the precaution, contraindication, and rationale of the specific deep physical agent utilized;</li> <li>(d) The ability to formulate and justify the occupational therapy intervention plan specifically delineating the adjunctive strategy associated with the use of each deep physical agent;</li> <li>(e) The capability to safely and appropriately administer the deep physical agent;</li> <li>(f) The ability to properly document the parameters of intervention which include the client's response to treatment and the recommendations for the progression of the intervention process; and</li> <li>(g) The skills identified in paragraphs (d) and (f) of this subsection are not applicable to an OTA/L's practice and an OTA/L is not required to demonstrate the skill in a supervised treatment session.</li> </ul> <p>(2) The supervised treatment sessions shall include one (1) session for each of the following areas:</p> <ul style="list-style-type: none"> <li>(a) Iontophoresis;</li> <li>(b) Ultrasound; and</li> <li>(c) Electrical stimulation.</li> </ul> <p>(3) The remaining two (2) sessions may cover any deep physical agent identified in KRS 319A.010(8) including those identified in subsection (2)(a) to (c) of this section.</p> <p>(4) Supervised treatment sessions may be completed in a laboratory portion of an instructional course, provided that the instructor meets the board's requirements for a DPAM supervisor and that all of the requirements of this administrative regulation have been met.</p> <p>(5) Treatment sessions shall be completed under the direct supervision of an OT/L who meets the requirements of subsection (6) of this section and is approved by the board.</p> <p>(6) Before an OT/L may be a DPAM supervisor for the treatment sessions specified in this administrative regulation, he or she shall:</p> <ul style="list-style-type: none"> <li>(a) Have a DPAM Specialty Certification issued by the board;</li> <li>(b) Be in good standing with the board;</li> <li>(c) Submit a DPAM Specialty Certification Supervisor Application; and</li> <li>(d) Have one (1) year of clinical experience in the use of deep physical agent modalities.</li> </ul> <p>(7) Individuals other than OT/Ls who have previously been approved as a DPAM supervisor under this administrative regulation shall maintain the status as a DPAM supervisor until June 1, 2015. After this time, only OT/Ls who meet the requirements of subsection (6) of this section shall remain active DPAM supervisors and be approved by the board.</p> <p>(8) The issuance of the DPAM specialty certification by the board only shows that the applicant has met the minimum requirements of KRS 319A.080(4)(a). It shall be the duty of the individual licensee to determine his or her competency to provide a specific DPAM for a client.</p> <p>Section 5. An OTA/L certified to use DPAMs under this administrative regulation may only use DPAMs when supervised by an OT/L certified to use DPAMs under this administrative regulation.</p>

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	<p>Section 6. Incorporation by Reference.</p> <p>(1) The following material is incorporated by reference:</p> <ul style="list-style-type: none"> <li>(a) "DPAM Specialty Certification Application", Form OTB-5, September 2018;</li> <li>(b) "DPAM Course, Workshop, or Seminar Provider Approval Application Form", Form OTB6, September 2018; and</li> <li>(c) "DPAM Specialty Certification Supervisor Application", February 2015.</li> </ul>
<b>Louisiana</b>	No statute or regulations specific to OT and Physical Agent Modalities
<b>Maine</b>	No statute or regulations specific to OT and Physical Agent Modalities
<b>Maryland</b>	<p><b><u>Statute: Annotated Code of Maryland Title 10</u></b></p> <p><b>§10-101. Definitions</b></p> <p>(a) In this title the following words have the meanings indicated.</p> <p>(l) "Occupational therapy" means the therapeutic use of purposeful and meaningful goal-directed activities to evaluate, consult, and treat individuals that:</p> <ul style="list-style-type: none"> <li>(1) Have a disease or disorder, impairment, activity limitation, or participation restriction that interferes with their ability to function independently in daily life roles; or</li> <li>(2) Benefit from the prevention of impairments and activity limitations.</li> </ul> <p>(p) (1) "Occupational therapy procedures" include:</p> <ul style="list-style-type: none"> <li>(i) Developing, improving, sustaining, or restoring skills in activities of daily living, work, or productive activities, including: <ul style="list-style-type: none"> <li>1. Instrumental activities of daily activity; and</li> <li>2. Play and leisure activities;</li> </ul> </li> <li>(ii) Developing, remediating, or restoring sensorimotor, perceptual, cognitive, or psychological components of performance;</li> <li>(iii) Designing, fabricating, applying, or training in the use of assistive technology, splinting, or orthotic devices, including training in the use of prosthetic devices;</li> <li>(iv) Adapting environments and processes, including the application of ergonomic principles to enhance performance and safety in daily life roles;</li> <li>(v) Applying physical agent modalities as adjuncts to or in preparation for purposeful activity with appropriate training, as specified by the Board in regulations;</li> <li>(vi) Promoting safe, functional mobility in daily life tasks;</li> <li>(vii) Providing intervention in collaboration with the client, the client's family, the client's caregiver, or others;</li> <li>(viii) Educating the client, the client's family, the client's caregiver, or others in carrying out appropriate nonskilled interventions; and</li> <li>(ix) Consulting with groups, programs, organizations, and communities to provide population-based services.</li> </ul> <p>(2) "Occupational therapy procedures" do not include the adjustment or manipulation of any of the osseous structures of the body or spine.</p> <p><b><u>Regulation: Code of Maryland Regulations Title 10, Subtitle 46, Chapter 06</u></b></p> <p>.02 A licensee who is credentialed as a certified hand therapist is exempt from the requirements set forth in this chapter.</p> <p>.03 Definitions.</p> <p>A. In this chapter, the following terms have the meaning indicated.</p>

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	<p>B. Terms defined.</p> <p>(1) "Didactic education" means an educational activity:</p> <p>(a) That includes a method of evaluating and testing the knowledge of the licensee relative to electrical physical agent modalities; and</p> <p>(b) Relevant to the practice of electrical physical agent modalities in occupational therapy including:</p> <p>(i) in-service education;</p> <p>(ii) Conferences;</p> <p>(iii) Workshops;</p> <p>(iv) Seminars;</p> <p>(v) Formal graduate academic education; or</p> <p>(vi) Formal undergraduate academic education.</p> <p>(2) "Direct clinical education" means supervised instruction provided on a face-to-face basis by the educator during the application of electrical physical agent modalities to a client.</p> <p>(3) "Educator" means an individual who has successfully met the competency requirements as set forth in this chapter and provides or direct clinical education, or both, but does not need to be an occupational therapist or occupational therapist assistant.</p> <p>(4) Electrical Physical Agent Modalities.</p> <p>(a) "Electrical physical agent modalities" means therapeutic modalities which include heat or electrical current beneath the skin.</p> <p>(b) "Electrical physical agent modalities" includes, but is not limited to:</p> <p>(i) therapeutic ultrasound;</p> <p>(ii) Phonophoresis;</p> <p>(iii) Iontophoresis; and</p> <p>(iv) Electromuscular stimulation (FES), including biofeedback, transcutaneous electrical nerve stimulation (TENS) and laser light therapy.</p> <p>(5) "Superficial physical agent modalities" means therapeutic modalities including, but not limited to:</p> <p>(a) Hot packs;</p> <p>(b) Cold packs;</p> <p>(c) Paraffin;</p> <p>(d) Fluidotherapy; and</p> <p>(e) Icing.</p> <p>.04 Standards of Competence for Electrical Modalities.</p> <p>A. An occupational therapist, or occupational therapy assistant under the periodic supervision of an occupational therapist, who wishes to utilize occupational therapy procedures involving electrical physical agent modalities shall maintain, for duration of the licensee's professional career, verification of didactic education and clinical requirements.</p> <p>B. Didactic Education. For each electrical physical agent modality, didactic education shall include:</p> <p>(1) Principles of physics related to specific properties of light, water, temperature, sound, and electricity;</p> <p>(2) Physiological, neurophysiological, and electrophysiological, changes which occur as a result of the application of the selected modality;</p> <p>(3) The response of normal and abnormal tissue to the application of the modality;</p>

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	<p>(4) Indications and contraindications related to the selection and application of the modality;</p> <p>(5) The guidelines for treatment or administration of the modality within the philosophical framework of occupational therapy;</p> <p>(6) The guidelines for educating the patient including instructing the patient about the process and possible outcomes of treatment including risks and benefits;</p> <p>(7) Safety rules and precautions related to the selected modality;</p> <p>(8) Methods of documenting the effectiveness of immediate and long-term effects of treatment;</p> <p>(9) Characteristics of equipment including safe operation, adjustment, and care of the equipment; and,</p> <p>(10) Application and storage of patient specific pharmacological agents.</p> <p>C. Clinical Requirements. Before applying physical agent modalities to a client under this chapter, a licensee shall:</p> <p>(1) Complete 15 contact hours of continuing education relative to electrical physical agent modalities which includes a minimum of:</p> <p style="padding-left: 40px;">(a) 5 contact hours specific to ultrasound; and</p> <p style="padding-left: 40px;">(b) 5 contact hours specific to electromuscular stimulation; and</p> <p>(2) After completing all 15 contact hours of education, a license shall apply a minimum of five client treatments within the context of a therapeutic treatment program for each specific modality under the direct clinical education of an educator as defined in this chapter.</p> <p>.05 Treatment Plan Guidelines for Physical Agent Modalities</p> <p>A. The occupational therapist does not need to meet the competency requirements as set forth in this chapter in order to develop a treatment plan which includes recommendations for use of physical agent modalities.</p> <p>B. The therapeutic parameters for physical agent modalities shall be established by the occupational therapist or occupational therapy assistant administering the modality.</p> <p>.06 Documentation of Education in Electrical Physical Agent Modalities</p> <p>A. The occupational therapist or occupational therapy responsible for maintaining verification of education relative to electrical physical agent modalities.</p> <p>B. Verification shall include:</p> <p style="padding-left: 40px;">(1) Identification of the specific courses of training where the therapist learned content related to each subject area as specified in Regulation .04B of this chapter;</p> <p style="padding-left: 40px;">(2) Proof of 15 contact hours of didactic education by virtue of a certificate of completion of proof of education, if applicable;</p> <p style="padding-left: 40px;">(3) An official grade report or official transcript to verify academic education;</p> <p style="padding-left: 40px;">(4) Written verification from an educator that five client treatments have been completed under direct clinical education for each specific modality; and</p> <p style="padding-left: 40px;">(5) Additional verification requested by the Board as deemed necessary.</p> <p>.07 Maintaining Records of Education Documentation.</p> <p>A. A licensee shall retain verification documentation and direct clinical education relative to electrical physical agent modalities for the duration of the licensee's professional career in occupational therapy.</p> <p>B. A licensee's submission of any false statement regarding physical agent modality competency requirements shall result in formal disciplinary action by the board.</p> <p>.08 Superficial Physical Agent Modalities.</p>

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	<p>A licensee may apply superficial physical agent modalities including, but not limited to, hot packs, cold packs, paraffin, fluidotherapy, and icing.</p> <p>.09 Audit of Physical Agent Modalities Documentation.</p> <p>A. At the Board's discretion, the Board may audit a number of randomly selected licensees.</p> <p>B. The Board shall send notification of audit to audited licensee.</p> <p>C. A licensee is subject to an audit of the licensee's physical agent modalities documentation by the Board before renewal of licensure.</p> <p>D. An audited licensee shall successfully complete the requirements of the audit by the specified deadline.</p>
Massachusetts	<p><b>Statute: Massachusetts General Laws Title XVI Public Health, Chapter 112, Section 23A, Definitions</b></p> <p>"Occupational therapy", the application of principles, methods and procedures of evaluation, problem identification, treatment, education, and consultation which utilizes purposeful activity in order to maximize independence, prevent or correct disability, and maintain health. These services are used with individuals, throughout the life span, whose abilities to interact with their environment are limited by physical injury or illness, disabilities, poverty and cultural differences or the aging process. Occupational therapy includes but is not limited to:</p> <ol style="list-style-type: none"> <li>(1) administering and interpreting tests necessary for effective treatment planning;</li> <li>(2) developing daily living skills, perceptual motor skills, sensory integrative functioning, play skills and prevocational and vocational work capacities;</li> <li>(3) designing, fabricating or applying selected orthotic and prosthetic devices or selected adaptive equipment;</li> <li>(4) utilizing designated modalities, superficial heat and cold, and neuromuscular facilitation techniques to improve or enhance joint motion muscle function;</li> <li>(5) designing and applying specific therapeutic activities and exercises to enhance or monitor functional or motor performance and to reduce stress; and</li> <li>(6) adapting environments for the handicapped. These services are provided to individuals or groups through medical, health, educational, industrial or social systems.</li> </ol> <p><b>Regulation: Code of Massachusetts Regulations Title 259, Section 3.01, Definitions</b></p> <p>Treatment. A treatment program shall be consistent with the statutory scope of practice and shall:</p> <ol style="list-style-type: none"> <li>(a) Include the therapeutic use of goal-directed activities, exercises and techniques and the use of group process to enhance occupational performance. Treatment also includes the use of therapeutic agents or techniques in preparation for, or as an adjunct to, purposeful activity to enhance occupational performance. Treatment is directed toward maximizing functional skill and task-related performance for the development of a client's vocational, avocational, daily living or related capacities.</li> <li>(b) Relate to physical, perceptual, sensory neuromuscular, sensory-integrative, cognitive or psychosocial skills.</li> <li>(c) Include, where appropriate for such purposes, and under appropriate conditions, therapeutic agents and techniques based on approaches taught in an occupational therapy curriculum, included in a program of professional education in occupational therapy, specific certification programs, continuing education or in-service education. Such continuing education or in-service education must include documented educational goals and objective testing (written examination, practical examination, and/or written simulation or case study) to ascertain a level of competence. Therapeutic procedures provided must be consistent with the individual's level of competence.</li> </ol>

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	<p>(d) Require that appropriate supervision take place when a occupational therapist delegates treatment, including the employment of therapeutic agents and techniques to occupational therapy assistants, students, temporary license holders or occupational therapy aides, rehabilitation aides or persons known by other similar titles.</p> <p>(e) Require that the occupational therapist, occupational therapy assistant, occupational therapist student, and occupational therapy assistant student shall:</p> <ol style="list-style-type: none"> <li>1. comply with federal and state laws and Board regulations;</li> <li>2. comply with the AOTA Standards of Practice and Code of Ethics; and</li> <li>3. provide only those services that are in the best interest of the client.</li> </ol>
Michigan	No statute or regulations specific to OT and Physical Agent Modalities
Minnesota	<p><b>Statute: Minnesota Statutes, Chapter 148</b>  <b>Section 6402. DEFINITIONS</b>  Subd. 10. Direct supervision. "Direct supervision" of an occupational therapy assistant using physical agent modalities means that the occupational therapist has evaluated the patient and determined a need for use of a particular physical agent modality in the occupational therapy treatment plan, has determined the appropriate physical agent modality application procedure, and is available for in-person intervention while treatment is provided.</p> <p><b>Section 6404 SCOPE OF PRACTICE.</b>  The practice of occupational therapy by an occupational therapist or occupational therapy assistant includes, but is not limited to, intervention directed toward:</p> <ol style="list-style-type: none"> <li>(1) assessment and evaluation, including the use of skilled observation or the administration and interpretation of standardized or nonstandardized tests and measurements, to identify areas for occupational therapy services;</li> <li>(2) providing for the development of sensory integrative, neuromuscular, or motor components of performance;</li> <li>(3) providing for the development of emotional, motivational, cognitive, or psychosocial components of performance;</li> <li>(4) developing daily living skills;</li> <li>(5) developing feeding and swallowing skills;</li> <li>(6) developing play skills and leisure capacities;</li> <li>(7) enhancing educational performance skills;</li> <li>(8) enhancing functional performance and work readiness through exercise, range of motion, and use of ergonomic principles;</li> <li>(9) designing, fabricating, or applying rehabilitative technology, such as selected orthotic and prosthetic devices, and providing training in the functional use of these devices;</li> <li>(10) designing, fabricating, or adapting assistive technology and providing training in the functional use of assistive devices;</li> <li>(11) adapting environments using assistive technology such as environmental controls, wheelchair modifications, and positioning;</li> <li>(12) employing physical agent modalities, in preparation for or as an adjunct to purposeful activity, within the same treatment session or to meet established functional occupational therapy goals; and</li> <li>(13) promoting health and wellness.</li> </ol>

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	<p><b><u>Licensing/Applicant Information – Physical Agent Modalities (PAMs)</u></b>  <b>Subject: Repeal of Minnesota Statutes, Section 148.6440, Physical Agent Modalities (PAMs)</b>            Beginning May 22, 2014, occupational therapists (OTs) and occupational therapy assistants (OTAs) are no longer required to seek separate approval to use PAMs. Legislation repealing Minnesota Statutes, section 148.6440, which required OTs and OTAs to apply and be approved to use PAMs by the Commissioner of Health, was passed by the Minnesota Legislature and signed by Governor Dayton, effective May 22, 2014.</p> <p>The Minnesota Occupational Therapy Association (MOTA) proposed this legislation in recognition of the fact that educational programs for OTs and OTAs now include the training necessary to use PAMs. OTs and OTAs who have been practicing but have not been using PAMs are reminded that the Standards of Practice require practitioners to be knowledgeable about the services he or she provides. PAMs courses will continue to be offered for continuing education credit. Please note: If you are working or planning to work as an Occupational Therapy Practitioner in Minnesota you are still required to apply and be issued a Minnesota OT or OTA license. You must keep your OT or OTA license current to continue to practice in Minnesota.</p>
Mississippi	<p><b><u>Regulation: Mississippi Administrative Code Title 15, Chapter 8, Part 19, Subpart 60</u></b>            Rule 8.1.3 Definitions: The following terms shall have the meaning set forth below, unless the context otherwise requires:</p> <p>8. Occupational therapy intervention includes:</p> <ul style="list-style-type: none"> <li>a. remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological processes;</li> <li>b. adaptation of task, process or the environment, or the teaching of compensatory techniques in order to enhance functional performance;</li> <li>c. disability prevention methods and techniques which facilitate the development or safe application of functional performance skills; or</li> <li>d. health promotion strategies and practices which enhance functional performance abilities.</li> </ul> <p>9. Occupational therapy service includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>a. evaluating, developing, improving, sustaining or restoring skill in activities of daily living (ADLS), work or productive activities, including instrumental activities of daily living (IADLS), play and leisure activities;</li> <li>b. evaluating, developing, remediating or restoring physical, sensorimotor, cognitive or psycho social components of performance;</li> <li>c. designing, fabricating, applying or training in the use of assistive technology or orthotic devices, and training in the use of prosthetic devices;</li> <li>d. adaptation of environments and processes, including the application of ergonomic principles, to enhance functional performance and safety in daily life roles;</li> <li>e. application of physical agent modalities as an adjunct to or in preparation for engagement in an occupation or functional activity;</li> <li>f. evaluating and providing intervention in collaboration with the client, family, caregiver or other person responsible for the client;</li> <li>g. educating the client, family, caregiver or others in carrying out appropriate nonskilled interventions;</li> <li>h. consulting with groups, programs, organizations or communities to provide population-based services; or</li> <li>i. participation in administration, education, and research, including both clinical and academic environments.</li> </ul>



State	PAMS Provisions <sup>1</sup>
	<p>16. Dry needling shall mean a physical agent modality that aims to restore and/or optimize the neuro-muscular-skeletal systems. Dry needling involves the use and insertion of solid filiform needles for the treatment of musculoskeletal pain and soft tissue dysfunction by increased blood flow, decreased banding, decreased spontaneous electrical activity, biomechanical and central nervous system changes.</p> <p>Rule 8.1.4 Requirement to Perform Dry Needling: As with all other physical agent modalities in occupational therapy, dry needling is to be utilized in the therapeutic process in order to ultimately achieve improved function and therefore not to be applied as a stand-alone treatment. Dry needling does not include the stimulation of auricular or distal points. Dry needling is not part of an occupational therapist's academic or clinical preparation for entry-level practice; therefore, this rule establishes the minimum standards required for an occupational therapist to be deemed competent to perform dry needling.</p> <p>1. Dry needling shall be performed only by an occupational therapist who is competent by education and training to perform dry needling as specified in this regulation. Online/virtual/remote study and/or self-study for dry needling instruction shall not be considered appropriate training.</p> <p>2. An occupational therapist must meet the following requirements in order to be deemed competent to perform dry needling:</p> <ul style="list-style-type: none"> <li>a. A minimum of 3 years clinical experience as a licensed occupational therapist</li> <li>b. Documented successful completion of dry needling course(s) of study approved by the Department that includes: <ul style="list-style-type: none"> <li>(i) A minimum of 50 hours face-to-face instruction; an online study is not allowed. Advanced dry needling (i.e., craniofacial, spine, abdominal, etc..) will require more advanced training than the minimum requirements. It is the responsibility of each occupational therapist to acquire specialty certification through additional training beyond the minimum requirements.</li> <li>(ii) Each course shall specify which anatomical regions/structures are included in the certification and whether the instruction was introductory or advanced concepts in dry needling</li> <li>(iii) Every course instructor must be a licensed healthcare provider and have a minimum of two years of experience performing dry needling</li> <li>(iv) A practical examination and a written examination with a passing score</li> <li>(v) Anatomical review for safety and effectiveness</li> <li>(vi) Indications and contraindications for dry needling</li> <li>(vii) Management of adverse effects</li> <li>(vii) Evidence-based instructions on the theory of dry needling</li> <li>(ix) Sterile needle procedures which shall include the standards of the U.S. centers for disease control or the U.S. occupational safety and health administration</li> </ul> </li> <li>c. An occupational therapist performing dry needling in his/her practice must have written informed consent for each patient that is maintained in the patient's chart/medical record. The patient must sign and receive a copy of an informed consent form created by the therapist. The consent form must, at a minimum, clearly state the following information: <ul style="list-style-type: none"> <li>(i). Risks and benefits of dry needling</li> <li>(ii). The occupational therapist's level of education and training in dry needling</li> <li>(iii). The occupational therapist will not dry needle any auricular or points distal to the identified treatment area</li> </ul> </li> </ul> <p>3. Each licensed occupational therapist performing dry needling must have a written physician's order for dry needling or receive verbal authorization from the patient's physician approving dry needling that is documented in the patient's chart/medical record.</p>

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	<p>4. When dry needling is performed, the occupational therapist must document in the patient's daily/encounter/procedure note. The note shall indicate how the patient tolerated the intervention as well as the outcome of the intervention, including any adverse reactions/events that occurred if any.</p> <p>5. Dry needling shall not be delegated and must be performed only by a qualified, licensed occupational therapist who has met the minimum standards in this section.</p> <p>6. Dry needling is not to be performed by an occupational therapy assistant under any circumstances including certification training or supervision.</p> <p>7. After completion of the Department approved dry needling course, the occupational therapist will submit proof of certification. This will include confirmation of passing scores on written and practical exams. The Department must review and approve documents prior to beginning use of dry needling. This also includes any advanced courses that may follow.</p> <p>8. Failure of an occupational therapist who is performing dry needling to provide written documentation that confirms he/she has met the requirements of this section shall be evidence that the occupational therapist is not competent and not permitted to perform dry needling. An occupational therapist performing dry needling in violation of this section shall be subject to disciplinary action as specified in Rule 8.8.1(1), (2), (6), (20), and (21).</p>
<b>Missouri</b>	No statute or regulations specific to OT and Physical Agent Modalities
<b>Montana</b>	<p><b>Statute: Montana Code Annotated Title 37 Professions and Occupations, Chapter 24 37-24-103. Definitions.</b></p> <p>(5) "Occupational therapy" means the therapeutic use of purposeful goal-directed activities and interventions to achieve functional outcomes to maximize the independence and the maintenance of health of an individual who is limited by disease or disorders, impairments, activity limitations, or participation restrictions that interfere with the individual's ability to function independently in daily life roles. The practice encompasses evaluation, assessment, treatment, consultation, remediation, and restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes. Occupational therapy services may be provided individually, in groups, or through social systems. Occupational therapy interventions include but are not limited to:</p> <ul style="list-style-type: none"> <li>(a) evaluating, developing, improving, sustaining, or restoring skills in activities of daily living, work or productive activities, including instrumental activities of daily living, and play and leisure activities;</li> <li>(b) developing perceptual-motor skills and sensory integrative functioning;</li> <li>(c) developing play skills and leisure capacities and enhancing educational performance skills;</li> <li>(d) designing, fabricating, or applying orthotic or prosthetic devices, applying and training in the use of assistive technology, and training in the use of orthotic and prosthetic devices;</li> <li>(e) providing for the development of emotional, motivational, cognitive, psychosocial, or physical components of performance;</li> <li>(f) providing assessment and evaluation, including the use of skilled observation or the administration and interpretation of standardized or nonstandardized tests and measurements to identify areas for occupational therapy services;</li> <li>(g) adaptation of task, process, or the environment, as well as teaching of compensatory techniques, in order to enhance performance;</li> <li>(h) developing feeding and swallowing skills;</li> <li>(i) enhancing and assessing work performance and work readiness through occupational therapy intervention, including education and instruction, activities to increase and improve general work behavior and skill, job site evaluation, on-the-job training and evaluation, development of work-related activities, and supported employment placement;</li> </ul>

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	<p>(j) providing neuromuscular facilitation and inhibition, including the activation, facilitation, and inhibition of muscle action, both voluntary and involuntary, through the use of appropriate sensory stimulation, including vibration or brushing, to evoke a desired muscular response;</p> <p>(k) application of physical agent modalities, as defined in this section, as an adjunct to or in preparation for engagement in purposeful goal-directed activity;</p> <p>(l) promoting health and wellness;</p> <p>(m) evaluating and providing intervention in collaboration with the client, family, caregiver, or others;</p> <p>(n) educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions;</p> <p>(o) consulting with groups, programs, organizations, or communities to provide population-based services; and</p> <p>(p) use of prescribed topical medications.</p> <p>(8) "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 are characterized as adjunctive methods used in conjunction with or in immediate preparation for patient involvement in purposeful activity. Superficial physical agent modalities include hot packs, cold packs, ice, fluidotherapy, paraffin, water, and other commercially available superficial heating and cooling devices. Use of superficial physical agent modalities is limited to the shoulder, arm, elbow, forearm, wrist, and hand and is subject to the provisions of 37-24-105. Use of sound and electrical physical agent modality devices is limited to the shoulder, arm, elbow, forearm, wrist, and hand and is subject to the provisions of</p> <p><b>37-24-105. Use Of Superficial Physical Agent Modalities</b></p> <p>(1) Except as provided in subsection (2) a person may not use occupational therapy techniques involving superficial physical agent modalities unless the person:</p> <p>(a) is a licensed occupational therapist under this chapter;</p> <p>(b) limits application of superficial agent modalities to the shoulder, arm, elbow, forearm, wrist, and hand; and</p> <p>(c) has successfully completed 16 hours of instruction or training in superficial physical agent modalities and documents competency, as approved by the board, in the following areas:</p> <p>(i) principles of physics related to specific properties of light, water, temperature, sound, or electricity, as indicated by selected modalities;</p> <p>(ii) physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of selected modalities;</p> <p>(iii) the response of normal and abnormal tissue to the application of selected modalities;</p> <p>(iv) indications and contraindications related to the selection and application of the modality;</p> <p>(v) guidelines for the treatment or administration of the modality within the philosophical framework of occupational therapy;</p> <p>(vi) guidelines for educating the patient, including information about risks and benefits of the occupational therapy techniques;</p> <p>(vii) safety rules and precautions related to the selected modalities;</p> <p>(viii) methods for documenting the effectiveness and immediate and long-term effects of treatment in relation to task-oriented activities; and</p>

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	<p>(ix) characteristics of and guidelines for the use of therapy equipment, including safe operation, adjustment, and care and maintenance of the equipment.</p> <p>(2) A certified occupational therapy assistant who works under the direct supervision of a qualified occupational therapist may apply superficial physical agent modalities to the shoulder, arm, elbow, forearm, wrist, and hand.</p> <p><b>37-24-106. Use of Sound and Electrical Physical Agent Modalities</b></p> <p>(1) Except as provided in subsection (2), a person may not utilize occupational therapy techniques involving sound or electrical physical agent modality devices unless the person:</p> <ul style="list-style-type: none"> <li>(a) is licensed under this chapter; and</li> <li>(b) limits application of sound and electrical physical agent modalities to the shoulder, arm, elbow, forearm, wrist, or hand to restore and enhance upper extremity function.</li> </ul> <p>(2) A certified occupational therapy assistant who works under the direct supervision of a qualified occupational therapist may apply deep physical agent modalities to the shoulder, arm, elbow, forearm, wrist, and hand.</p> <p><b>37-24-107 Use of occupational therapy techniques involving topical medications.</b></p> <p>A person may not utilize occupational therapy techniques involving topical medications as described in 37-24-108 unless the person has successfully completed the following:</p> <ul style="list-style-type: none"> <li>(1) 5 hours of instruction or training in pharmacology relevant to topical medications listed in 37-24-108(2);</li> <li>(2) one proctored treatment in direct application of topical medications under the direct supervision of a licensed medical practitioner; and</li> <li>(3) <ul style="list-style-type: none"> <li>(a) two proctored treatments in phonophoresis under the direct supervision of a licensed medical practitioner; or</li> <li>(b) three proctored treatments of iontophoresis under the direct supervision of a licensed medical practitioner.</li> </ul> </li> </ul> <p><b>37-24-108 Application and administration of topical medications -- prescription, purchasing, and recordkeeping requirements.</b></p> <p>(1) A licensed occupational therapist who meets the requirements of 37-24-106 may apply or administer topical medications by:</p> <ul style="list-style-type: none"> <li>(a) direct application;</li> <li>(b) iontophoresis, a process in which topical medications are applied through the use of electricity; or</li> <li>(c) phonophoresis, a process in which topical medications are applied through the use of ultrasound.</li> </ul> <p>(2) A licensed occupational therapist may apply or administer the following topical medications:</p> <ul style="list-style-type: none"> <li>(a) bactericidal agents;</li> <li>(b) debriding agents;</li> <li>(c) anesthetic agents;</li> <li>(d) anti-inflammatory agents;</li> <li>(e) antispasmodic agents; and</li> <li>(f) adrenocorticosteroids.</li> </ul> <p>(3) <ul style="list-style-type: none"> <li>(a) Topical medications applied or administered by a licensed occupational therapist must be prescribed on a specific or standing basis by a licensed medical practitioner authorized to order or prescribe topical medications and must be purchased from a pharmacy certified under 37-7-321.</li> <li>(b) Topical medications dispensed under this section must comply with packaging and labeling guidelines developed by the board of pharmacy under Title 37, chapter 7.</li> </ul> </p>

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	<p>(4) A licensed occupational therapist who applies or administers topical medications shall keep appropriate records with respect to those medications.</p> <p><b>37-24-109 Board adoption of protocols.</b> The board, in consultation with the board of medical examiners and the board of pharmacy, shall adopt written protocols for each class of topical medication listed in [section 4(2)] for which a prescription is required by state or federal law. Protocols must include a description of each topical medication, its actions, indications, and contraindications, and the proper procedure and technique for its application or administration.</p> <p><b><u>Regulation: Administrative Rules of Montana Chapter 24.165, Subchapter 3</u></b> <b>24.165.302 DEFINITIONS</b> For the purpose of this chapter the following definitions apply:        (8) "Superficial modalities" means physical agent modalities including hot packs, cold packs, ice, fluidotherapy, paraffin, water, and other commercially available superficial heating and cooling devices used on the surface of the skin.        (9) "Topical medications" means medications applied locally to the skin and includes only medications listed in 37-24-108(2), MCA, for which a prescription is required under state or federal law.</p> <p><b><u>Regulation: Administrative Rules of Montana Chapter 24.165, Subchapter 5</u></b> <b>24.165.506 RECOGNIZED EDUCATIONAL PROGRAMS</b> (1) For licensure as an occupational therapist, the board recognizes those educational programs approved or recognized either by the American Occupational Therapy Association or the American Society of Hand Therapists</p> <p><b>24.165.509 APPROVED INSTRUCTION</b> (1) The board has approved the following sponsors or providers to provide instruction to licensees seeking endorsement to provide superficial physical agent modalities:        (a) providers approved or recognized by the American Occupational Therapy Association;        (b) providers approved by the National Board for Certification in Occupational Therapy;        (c) providers approved or recognized by the American Society of Hand Therapists; or        (d) graduate level education course work offered by an accredited college or university, provided that:            (i) the course work is taken after the licensee has obtained an undergraduate degree in occupational therapy; and            (ii) the course work provides skills and knowledge beyond mere entry level skills or knowledge of the topic.        (2) The board will approve instruction provided by licensed health care professionals whose competency in teaching the use of superficial physical agent modalities is demonstrated to the satisfaction of the board.        (3) To be approved by the board, the instructor must be a licensed or otherwise regulated professional allowed to use superficial physical agent modalities and have more than one year of clinical experience in the use of these modalities.</p> <p><b>24.165.510 APPROVED TRAINING</b> (1) Approved training includes proctored sessions provided by example and observation of either:        (a) an occupational therapist:</p>

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	<p>(i) approved by the board to administer superficial physical agent modalities and sound and electrical physical agent modalities for iontophoresis and phonophoresis; and</p> <p>(ii) who has more than one year of clinical experience in either the use of sound and electrical physical agent modalities or superficial physical agent modalities; or</p> <p>(b) a licensed health care professional with more than one year of clinical experience in the use of sound and electrical physical agent modalities or superficial physical agent modalities as within the profession's licensed scope of practice.</p> <p><b>24.165.514 ENDORSEMENT TO APPLY TOPICAL MEDICATIONS</b></p> <p>(1) To obtain an endorsement for the administration or use of topical medications, an occupational therapist shall:</p> <p>(a) complete five hours of instruction or training approved by the board in:</p> <p>(i) principles of topical drug interaction;</p> <p>(ii) adverse reactions and factors modifying response;</p> <p>(iii) actions of topical drugs by therapeutic classes; and</p> <p>(iv) techniques by which topical drugs are administered; and</p> <p>(b) perform one proctored treatment in direct application of topical medications, and either:</p> <p>(i) two proctored treatments in phonophoresis; or</p> <p>(ii) three proctored treatments of iontophoresis.</p> <p>(2) All proctored treatments required in (1) must be under the direct supervision of a person offering training per ARM 24.165.510.</p> <p><b>24.165.516 USE OF TOPICAL MEDICATIONS</b></p> <p>(1) Topical medication prescribed for a patient on a specific or standing basis by a licensed medical practitioner with prescriptive authority must be obtained by the patient or an authorized representative from a licensed Montana pharmacy.</p> <p>(2) All prescribed topical medications:</p> <p>(a) must be stored at the clinician's place of business in compliance with proper storage guidelines under Title 37, chapter 7, MCA, or as otherwise developed by the Board of Pharmacy, or as noted by the pharmacist;</p> <p>(b) must be returned to the patient's possession at the termination of the course of treatment with the patient; and</p> <p>(c) may not be transferred to or used in treatment of any other patient.</p> <p>(3) remains the same.</p> <p><b>24.165.517 PROTOCOLS FOR USE OF TOPICAL MEDICATIONS</b></p> <p>(1) Only those classes of topical medications approved for use by 37-24-108, MCA, and prescribed for the patient by a licensed medical practitioner with prescriptive authority, may be applied by a clinician to a patient.</p> <p>(2) Each clinician must:</p> <p>(a) understand the use of approved topical medications;</p> <p>(b) read and understand the medication package inserts for indications, contraindications, and actions;</p> <p>(c) consult the Physician's Desk Reference (PDR) when necessary; and</p> <p>(d) maintain appropriate records of all topical medication(s) applied or administered. The records must:</p> <p>(i) be included in the patient's chart;</p> <p>(ii) verify proper labeling and packaging;</p> <p>(iii) demonstrate purchase from a licensed Montana pharmacy; and</p>

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	<p>(iv) include a record of the written prescription specifying the topical medication to be applied and the method of application (direct application, phonophoresis, or iontophoresis).</p> <p>(3) The following classes of topical medication are approved for use by the clinician:</p> <ul style="list-style-type: none"> <li>(a) bactericidal agents (see NEW RULE I);</li> <li>(b) debriding agents (see ARM 24.165.518);</li> <li>(c) anesthetic agents (see ARM 24.165.519)</li> <li>(d) anti-inflammatory agents (see ARM 24.165.520)</li> <li>(e) antispasmodic agents (see ARM 24.165.521); and</li> <li>(f) adrenocortico-steroids (see ARM 24.165.522).</li> </ul> <p>(4) Occupational therapists working at facilities with different protocols for the use of topical medications may apply for board authorization to use the facility protocols. The board will not authorize the use of any topical medication not authorized by 37-24-108, MCA.</p> <p><b>24.165.518 DEBRIDING AGENTS PROTOCOLS</b></p> <p>(1) Within the class of debriding agents, only the following subclasses are approved for use by a clinician on a patient:</p> <ul style="list-style-type: none"> <li>(a) papain-based ointments;</li> <li>(b) papain with urea additives;</li> <li>(c) anti-inflammatories;</li> <li>(d) collagenases;</li> <li>(e) endogenous platelet-derived growth factors; and</li> <li>(f) fibrinolytics.</li> </ul> <p>(2) Clinicians may use papain-based ointments as directed by a licensed medical practitioner with prescriptive authority.</p> <ul style="list-style-type: none"> <li>(a) Papain-based ointments act via a proteolytic enzyme that digests nonviable proteins, but which is harmless to viable tissues.</li> <li>(b) Papain-based ointments are indicated for debriding necrotic tissue and liquefying slough in acute and chronic lesions, trauma wounds or infected lesions.</li> <li>(c) Papain-based ointments are contraindicated for patients with known sensitivities to papain or any other ingredient of the medication.</li> </ul> <p>(3) Clinicians may use papain with urea additive agents as directed by a licensed medical practitioner with prescriptive authority.</p> <ul style="list-style-type: none"> <li>(a) Papain with urea additive acts as a denaturant to proteins, helps expose papain's activators by a solvent action, rendering them more susceptible to enzymatic digestion.</li> <li>(b) Papain with urea additive indications are for treating acute and chronic lesions including, but not limited to: <ul style="list-style-type: none"> <li>(i) venous ulcers;</li> <li>(ii) diabetic and decubitus ulcers;</li> <li>(iii) burns;</li> <li>(iv) postoperative wounds;</li> <li>(v) pilonidal cyst wounds;</li> <li>(vi) carbuncles; and</li> <li>(vii) traumatic or infected wounds.</li> </ul> </li> <li>(c) Papain with urea additive has no known contraindications.</li> </ul>

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	<p>(4) Clinicians may use anti-inflammatory agents as directed by a licensed medical practitioner with prescriptive authority.</p> <ul style="list-style-type: none"> <li>(a) Anti-inflammatory agents act to decrease histamine reactions to peri-wound areas, decreasing inflammation, and encouraging remodeling.</li> <li>(b) Anti-inflammatory agents are indicated for relieving inflammation and pruritis caused by dermatosis.</li> <li>(c) Anti-inflammatory agents are contraindicated for patients with known sensitivity to any components of the preparation.</li> </ul> <p>(5) Clinicians may use collagenase agents as directed by a licensed medical practitioner with prescriptive authority.</p> <ul style="list-style-type: none"> <li>(a) Collagenase agents act by digesting collagens in necrotic tissues, without destroying healthy granulation, and by encouraging epithelialization.</li> <li>(b) Collagenase agents are indicated for debriding chronic dermal ulcers and severely burned areas.</li> <li>(c) Collagenase agents are contraindicated for patients with local or systemic hypersensitivity to collagenases.</li> </ul> <p>(6) Clinicians may use endogenous platelet derived growth factor agents as directed by a licensed medical practitioner with prescriptive authority.</p> <ul style="list-style-type: none"> <li>(a) Endogenous platelet derived growth factor agents act by promoting chemotactic recruitment and the proliferative stage of healing. They enhance formation of granulation tissue.</li> <li>(b) Endogenous platelet derived growth factors are indicated for diabetic neuropathic ulcers that extend into subcutaneous tissue with an adequate blood supply.</li> <li>(c) Endogenous platelet-derived growth factor agents are contraindicated for patients with known hypersensitivity, including but not limited to parabens. Endogenous platelet-derived growth factor agents are not for use with wounds that close by primary intention because they are a nonsterile, low bioburden, preserved product.</li> </ul> <p>(8) Clinicians may use fibrinolytics as directed by a licensed medical practitioner with prescriptive authority.</p> <ul style="list-style-type: none"> <li>(a) Fibrinolytics act by contributing to collagen synthesis, where over-production of collagen can cause poor remodeling of the wound.</li> <li>(b) Fibrinolytics are indicated in patients who exhibit painful, indurated wounds. Fibrinolytics are also indicated in slow healing venous wounds. Fibrinolytics are only used adjunctively in therapy.</li> <li>(c) Fibrinolytics are contraindicated in patients who are allergic or exhibit a sensitivity to steroids. Fibrinolytics are also contraindicated when used alone in the treatment of wounds.</li> </ul> <p><b>24.165.519 ANESTHETIC AGENTS PROTOCOLS</b></p> <p>(1) Clinicians may use anesthetic agents as directed by a licensed medical practitioner with prescriptive authority.</p> <p>(2) Anesthetic agents act by blocking both the initiation and conduction of nerve impulses by decreasing the neuron membrane's permeability to sodium ions.</p> <p>(3) Anesthetic agents are indicated for relief of pain and inflammation associated with minor skin disorders and for acute inflammatory conditions.</p> <p>(4) Anesthetic agents are contraindicated if there is sensitivity to the topical anesthetic. Anesthetic agents are also contraindicated if there are abrasions, openings or a local infection at the site of application.</p> <p>(5) The specific anesthetic agents permitted by this rule are:</p> <ul style="list-style-type: none"> <li>(a) fluoromethane compounds: <ul style="list-style-type: none"> <li>(i) dichlorofluoromethane 15 percent;</li> <li>(ii) trichloromonofluoromethane 85 percent;</li> <li>(iii) lidocaine hydrochloride;</li> </ul> </li> </ul>



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	<p>(iv) lidocaine;  (v) ethyl chloride;  (vi) hydrocortisone menthol (See also ARM 24.165.522(4)); and  (vii) lidocaine hydrocortisone.</p> <p><b>24.165.520 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS PROTOCOLS</b></p> <p>(1) Clinicians may use nonsteroidal anti-inflammatory agents as directed by a licensed medical practitioner with prescriptive authority.  (2) Nonsteroidal anti-inflammatory agents act by blocking the formation of prostaglandins.  (3) Nonsteroidal anti-inflammatory agents are indicated for acute inflammation including but not limited to tendonitis, arthritis and bursitis.  (4) Nonsteroidal anti-inflammatory agents are contraindicated when there is a local infection or abrasion at the site of application. Nonsteroidal anti-inflammatory agents are also contraindicated when there is sensitivity to topical anti-inflammatory agents.  (5) The specific nonsteroidal anti-inflammatory agents permitted by this rule are:  (a) ketaprofen 20 percent (10 percent is available without prescription);  (b) piroxicam 1 percent or 2 percent;  (c) ibuprofen, up to 20 percent; and  (d) diclofenac 2.5 percent.</p> <p><b>24.165.521 ANTISPASMODIC AGENTS PROTOCOLS</b></p> <p>(1) Clinicians may use antispasmodic agents as directed by a licensed medical practitioner with prescriptive authority.  (2) Antispasmodic agents act by forming strong drug-receptor complex at postganglionic parasympathetic neuroeffector sites in smooth muscle, cardiac muscle and exocrine glands, thereby blocking action of acetylcholine.  (3) Antispasmodic agents are indicated for reduction of the volume of perspiration by inhibiting sweat gland secretions to reduce muscle spasms and pain.  (4) Antispasmodic agents are contraindicated if the formulation contains sapphire, which can cause allergic reactions in susceptible individuals. Other contraindications may be listed in the current PDR.  (5) The antispasmodic agents permitted by this rule are:  (a) cyclobenzaprine 1 percent or 2 percent; and  (b) baclofen 10 percent.</p> <p><b>24.165.522 ADRENOCORTICO-STEROID AGENT PROTOCOLS</b></p> <p>(1) Clinicians may use adrenocortico-steroid agents as directed by a licensed medical practitioner with prescriptive authority.  (2) Adrenocortico-steroid agents act by diffusing across cell membranes to combine with specific cytoplasmic receptors. The resulting complexes enter the nucleus and bind to DNA, thereby irritating cytoplasmic synthesis of the enzymes responsible for systemic effects of adrenocortico-steroids.  (3) Adrenocortico-steroid agents are indicated for inflammation (including but not limited to tendonitis, bursitis, arthritis, or myositis), and for antipruritic and vasoconstrictor actions.  (4) Adrenocortico-steroid agents are contraindicated or require special care when used with children, growing adolescents and pregnant women. Adrenocortico-steroid agents are also contraindicated:  (a) by intolerance to adrenocortico-steroids;</p>

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	<p>(b) if an infection which is not controlled by antibiotics is present at the treatment site;</p> <p>(c) for prolonged periods of time;</p> <p>(d) for large areas; and</p> <p>(e) with occlusive dressings.</p> <p>(5) The adrenocortico-steroid agents permitted by this rule are:</p> <p>(a) hydrocortizone cream 10 percent;</p> <p>(b) dexamethasone sodium phosphate;</p> <p>(c) triamcinolone acetonide; and</p> <p>(d) dexamethasone cream.</p> <p><b>24.165.523 BACTERICIDAL AGENTS PROTOCOLS</b></p> <p>(1) Within the class of bactericidal agents, only the following subclasses are approved for use by the clinician on a patient:</p> <p>(a) antibiotic ointments;</p> <p>(b) antimicrobial agents; and</p> <p>(c) bactericidal agents.</p> <p>(2) Clinicians may use antibiotic ointments as directed by a licensed medical practitioner with prescriptive authority.</p> <p>(a) Antibiotic ointments act to kill bacteria and microbes.</p> <p>(b) Antibiotic ointments are indicated on culture-proven infected wounds.</p> <p>(c) Antibiotic ointments are contraindicated in patients with proven sensitivities or allergic reactions to the antibiotic prescribed.</p> <p>(3) Clinicians may use antimicrobial agents as directed by a licensed medical practitioner with prescriptive authority.</p> <p>(a) Antimicrobial agents contain a broad spectrum-silver cascade that acts to reduce the bioburden in wounds for up to seven days.</p> <p>(b) Antimicrobial agents are indicated for managing full and partial thickness wounds and may be used over debrided or grafted partial thickness wounds.</p> <p>(c) Antimicrobial agents have no known contraindications.</p> <p>(4) Clinicians may use bacterial agents only for debridement as directed by a licensed medical practitioner with prescriptive authority.</p> <p>(a) Bactericidal agents act by killing bacteria.</p> <p>(b) Bactericidal agents are indicated for the presence of bacteria.</p> <p>(c) Bactericidal agents are contraindicated in patients with allergic or sensitive response to the agent.</p> <p><b>24.165.524 PROTOCOL FOR USE OF AN APPROVED MEDICATION AS A NEUROPATHIC PAIN AGENT</b></p> <p>(1) Clinicians may use approved topical medications as neuropathic pain agents, when and as directed by a licensed medical practitioner with prescriptive authority.</p> <p>(2) Neuropathic pain agent actions depend upon the type of agent.</p> <p>(3) Neuropathic pain agents are indicated for injuries to central or peripheral nervous system, including fibromyalgias, diabetic neuropathy, and regional pain syndrome.</p> <p>(4) Neuropathic pain agents are contraindicated if an infection or rash is present at the site of application or there is a sensitivity to the topical agent.</p>
<b>Nebraska</b>	<b>Statute: Nebraska Revised Statutes, Chapter 38</b> 38-2506. Deep thermal agent modalities, defined.

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	<p>Deep thermal agent modalities means therapeutic ultrasound and phonophoresis. Deep thermal agent modalities does not include the use of diathermy or lasers.</p> <p>38-2507. Electrotherapeutic agent modalities, defined. Electrotherapeutic agent modalities means neuromuscular electrical stimulation, transcutaneous electrical nerve stimulation, and iontophoresis. Electrotherapeutic agent modalities does not include the use of ultraviolet light.</p> <p>38-2508. Mechanical devices, defined. Mechanical devices means intermittent compression devices. Mechanical devices does not include devices to perform spinal traction.</p> <p>38-2513. Physical agent modalities, defined. Physical agent modalities means modalities that produce a biophysiological response through the use of water, temperature, sound, electricity, or mechanical devices.</p> <p>38-2514. Superficial thermal agent modalities, defined. Superficial thermal agent modalities means hot packs, cold packs, ice, fluidotherapy, paraffin, water, and other commercially available superficial heating and cooling technologies.</p> <p>38-2530. Physical agent modalities; certification required. (1) In order to apply physical agent modalities, an occupational therapist shall be certified pursuant to this section. The department shall issue a certificate to an occupational therapist to administer a physical agent modality if the occupational therapist:  <ul style="list-style-type: none"> <li>(a) Has successfully completed a training course approved by the board and passed an examination approved by the board on the physical agent modality;</li> <li>(b) Is certified as a hand therapist by the Hand Therapy Certification Commission or other equivalent entity recognized by the board;</li> <li>(c) Has a minimum of five years of experience in the use of the physical agent modality and has passed an examination approved by the board on the physical agent modality; or</li> <li>(d) Has completed education during a basic educational program which included demonstration of competencies for application of the physical agent modality.</li> </ul> (2) The department shall issue a certificate to authorize an occupational therapy assistant to set up and implement treatment using superficial thermal agent modalities if the occupational therapy assistant has successfully completed a training course approved by the board and passed an examination approved by the board. Such set up and implementation shall only be done under the onsite supervision of an occupational therapist certified to administer superficial thermal agent modalities.  (3) An occupational therapist shall not delegate evaluation, reevaluation, treatment planning, and treatment goals for physical agent modalities to an occupational therapy assistant.</p> <p>38-2531. Rules and regulations. (2) The board may adopt and promulgate rules and regulations governing the training courses for an occupational therapist to be certified to administer a physical agent modality. The board may adopt and promulgate rules and regulations governing the training course for an occupational therapy assistant to be certified to set up and implement superficial thermal agent modalities. In adopting</p>

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	<p>such rules and regulations, the board shall give consideration to the levels of training and experience which are required, in the opinion of the board, to protect the public health, safety, and welfare and to insure, to the greatest extent possible, the efficient, adequate, and safe practice of occupational therapy. Such rules and regulations shall include the approval of examinations and the passing score for such examinations for certification.</p> <p><b>Regulations: Nebraska Administrative Code 172 NAC 114</b></p> <p>002. DEFINITIONS. Definitions are set out in the Occupational Therapy Practice Act, the Uniform Credentialing Act, 172 Nebraska Administrative Code (NAC) 10, and this chapter.</p> <p>002.05 CERTIFICATION EXAMINATION. The Nebraska Physical Agent Modalities Testing Service Examination administered by the Physical Agent Modalities Practitioner Credentialing Agency (PAMPCA).</p> <p>002.11 LASER. A mechanism for emitting electromagnetic radiation using heat via the process of stimulated emission. This does not include a method where light is applied to tissue in order to influence cell or tissue functions with such low light that heating is negligible.</p> <p>003. LICENSURE REQUIREMENTS</p> <p>003.03 REQUIREMENTS FOR CERTIFICATION TO APPLY PHYSICAL AGENT MODALITIES. In order to apply physical agent modalities, a licensed occupational therapist or licensed occupational therapy assistant must be certified by the Department. Any person who wishes to administer the modalities must obtain certification under Neb. Rev. Stat. § 38-2530. Physical agent modalities may be used by occupational therapy practitioners when used as an adjunct to, or in preparation for purposeful activity to enhance occupational therapy performance. Occupational therapy practitioners must have documented evidence of possessing the theoretical background and technical skills for safe and competent use.</p> <p>003.03(A) SUPERFICIAL THERMAL AGENT MODALITIES DOCUMENTATION. The following documentation must be provided to the Department.</p> <p>003.03(A)(i) BOARD APPROVED TRAINING. Provide a transcript or certification showing successful completion of a minimum of 6 hours of Board approved training or its equivalent and passing an end-of-course written or computer-based examination approved by the Board which tests competency in the use of superficial thermal agent modalities. The training must include the following:</p> <ol style="list-style-type: none"> <li>(1) Biophysical and bio-physiological changes which occur with cryotherapy;</li> <li>(2) Indications, contraindications and precautions for the application of cold agents;</li> <li>(3) Clinical reasoning involved in the application of cold agents;</li> <li>(4) Commonly used types of cold agents;</li> <li>(5) Application procedures for each cold modality;</li> <li>(6) Definition of the term superficial thermal agent;</li> <li>(7) Differentiation between the two commonly used methods of heat transfer: conduction and convection;</li> <li>(8) The four biophysical effects of heat;</li> <li>(9) The physiologic response to tissue secondary to temperature elevation;</li> <li>(10) Differentiation between mild, moderate and vigorous dosages of heat;</li> <li>(11) Indications, precautions, and contraindications that should be considered when using superficial thermal agents;</li> </ol>

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	<p>(12) Proper clinical applications for hot packs, paraffin bath, fluidotherapy, whirlpool, and contrast bath;</p> <p>(13) Guidelines for educating the client and family in the purpose, benefits and potential risks of the modality; and</p> <p>(14) Universal precautions, sterile techniques, infection control, and the use of modalities; or</p> <p>003.03(A)(ii) HAND THERAPY CERTIFICATION. Provide documentation of being certified as a hand therapist by the Hand Therapy Certification Commission or other equivalent entity recognized by the Board. Any occupational therapist who bases their certificate on their hand therapist certification will receive certification for all 3 levels of physical agent modalities; or</p> <p>003.03 (A)(iii) EXPERIENCE. Provide documentation showing a minimum of 5 years of experience in the use of the superficial thermal agent modalities and documentation of passing the Nebraska Physical Agent Modalities Testing Service Examination titled Superficial Thermal Agents Test sent directly to the Department; or</p> <p>003.03(A)(iv) BASIC EDUCATIONAL PROGRAM. Submit an application provided by the Department as documentation of successfully completing education during a basic educational program which includes demonstration of competencies for application of the superficial thermal agent modalities.</p> <p>003.03(B) DEEP THERMAL AGENT MODALITIES DOCUMENTATION. The following documentation must be provided to the Department.</p> <p>003.03(B)(i) BOARD APPROVED TRAINING. Provide a transcript or certification showing successful completion of a minimum of 12 hours of Board approved training or its equivalent and passing an end-of-course written or computer-based examination and a practical examination approved by the Board which tests competency in the use of deep thermal agent modalities. The training must include the following:</p> <ol style="list-style-type: none"> <li>(1) Theory and rationale for the application of therapeutic ultrasound;</li> <li>(2) Differentiation between the parameters for therapeutic ultrasound;</li> <li>(3) Current research trends in the utilization of ultrasound;</li> <li>(4) Clinical decision making in the determination of the appropriate treatment parameters for ultrasound;</li> <li>(5) Clinical procedures for the application of ultrasound;</li> <li>(6) Safe use of ultrasound, contraindications and precautions for treatment; and</li> <li>(7) Methods for maximizing therapeutic effect in the use of phonophoresis as a physical agent modality; or</li> </ol> <p>003.03(B)(ii) HAND THERAPY CERTIFICATION. Provide documentation of being certified as a hand therapist by the Hand Therapy Certification Commission or other equivalent entity recognized by the Board. Any occupational therapist who bases their certificate on their hand therapist certification will receive certification for all 3 levels of physical agent modalities; or</p> <p>003.03(B)(iii) EXPERIENCE. Provide documentation showing a minimum of 5 years of experience in the use of the deep thermal agent modalities and documentation of passing the Nebraska Physical Agent Modalities Testing Service Examination titled Deep Thermal Agents sent directly to the Department; or</p> <p>003.03(B)(iv) BASIC EDUCATIONAL PROGRAM. Submit an application provided by the Department as documentation of successfully completing education during a basic educational program which includes demonstration of competencies for application of the deep thermal agent modalities.</p>

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	<p>003.03(C) ELECTROTHERAPEUTIC AGENT MODALITIES DOCUMENTATION. The following documentation must be provided to the Department.</p> <p>003.03(C)(i) BOARD APPROVED TRAINING. Provide a transcript or certification showing successful completion of a minimum of 22 hours of Board approved training or its equivalent and passing an end-of-course written or computer-based examination and a practical examination approved by the Board which tests competency in the use of electrotherapeutic agent modalities. The training must include the following:</p> <ol style="list-style-type: none"> <li>(1) Available parameters of electrical stimulation devices and the principles and concepts of electricity;</li> <li>(2) Physiological effects of electrical stimulation;</li> <li>(3) Therapeutic goals of electrical therapy;</li> <li>(4) Physiological events associated with electrical stimulation;</li> <li>(5) Distinguishing characteristic and indications and contraindications of electrical stimulation;</li> <li>(6) Physiological effects of various parameters of electrical stimulation, such as voltage, type, dosage, or duty cycle;</li> <li>(7) Therapeutic relationship of electrotherapy with other therapeutic procedures;</li> <li>(8) Clinical application of electrical stimulation in rehabilitation;</li> <li>(9) Clinical reasoning process used to determine selection of Neuromuscular Electrical Stimulation (NMES) and appropriate parameters;</li> <li>(10) Parameters of therapeutic electrical currents;</li> <li>(11) Bio physiological responses to electrical currents;</li> <li>(12) Indications and contraindications for neuromuscular electrical stimulation use;</li> <li>(13) Appropriate electrode placement for treatment protocols;</li> <li>(14) Clinical applications for iontophoresis;</li> <li>(15) Definition and differentiation of the clinical application of iontophoresis from phonophoresis;</li> <li>(16) Bio physiology and mechanism related to transdermal delivery of medication;</li> <li>(17) Common medications used in iontophoresis and their pharmacology;</li> <li>(18) Clinical decision making regarding iontophoresis, indications and precautions;</li> <li>(19) The processes in pharmacokinetics: absorption, distribution, and metabolism;</li> <li>(20) The processes of pharmacodynamics as it pertains to routine drugs used in phonophoresis and iontophoresis;</li> <li>(21) Effects of physical agents, exercise, and manual techniques on pharmacokinetics;</li> <li>(22) The aging process as it relates to pharmacokinetics; and</li> <li>(23) Other nationally recognized commercially available technologies; or</li> </ol> <p>003.03(C)(ii) HAND THERAPY CERTIFICATION. Provide documentation of being certified as a hand therapist by the Hand Therapy Certification Commission or other equivalent entity recognized by the Board. Any occupational therapist who bases their certificate on their hand therapist certification will receive certification for all 3 levels of physical agent modalities; or</p> <p>003.03(C)(iii) EXPERIENCE. Provide documentation showing a minimum of 5 years of experience in the use of the electrotherapeutic agent modalities and documentation of passing the Nebraska Physical Agent Modalities Testing Service Examination titled Electrotherapeutic Agents Test sent directly to the Department; or</p>

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	<p>003.03(C)(iv) BASIC EDUCATION PROGRAM. Submit an application provided by the Department as documentation of successfully completing education during a basic educational program which includes demonstration of competencies for application of the electrotherapeutic agent modalities.</p> <p>004. APPROVAL OF PHYSICAL AGENT MODALITY COURSES. To have a physical agent modality training course approved by the Board, an individual must submit a complete application provided by the Department and provide documentation demonstrating that the training course meets the requirements of Neb. Rev. Stat. § 38-2530 and this chapter.</p> <p>004.01 ACCESS. Approved courses must be open to all licensees.</p> <p>004.02 AUDIT ACCESS. Providers must allow employees of the Department or its designees, to audit classroom course instruction, course materials, instructors' presentations, course records, and records of examination, attendance rosters and other aspects of instruction. These auditors must not be hindered, obstructed, delayed, prevented or interfered with while conducting or attempting to conduct an audit. Audits will be conducted with a minimum of disruptions. Providers agree that auditors may attend any Board-approved course offered for the purpose of the audit without paying any fee. Providers must grant the Department or its designees the right to audit records at the premises of the provider or at the physical location of the records.</p> <p>004.03 RECORD KEEPING. Providers must keep all records of attendance, records of examination, course records and requests for duplicate course completion certificates on file for 5 years. These records must be available to the Department upon request.</p> <p>004.04 REAPPLICATION. Once approved, a course may not be substantially altered without a new application being submitted to the Board. A substantial alteration is any change that would modify the content or time allocations would change any of the course topics or a change in instructors. If there is a change in instructors, the provider must request approval of the instructor by submitting a curriculum vitae for the new instructor. The Board will evaluate the curriculum vitae and reaffirm or deny the physical agent modality course approval.</p> <p>004.05 ADVERTISEMENT. A course may not be advertised or otherwise promoted as appropriate for Nebraska physical agent modality certification until the course has been approved by the Board. Advertising a course as being offered for physical agent modality certification before approval of the course is grounds for disqualification of the course.</p> <p>004.06 APPROVAL REVOCATION. The approval of a physical agent modality course will be revoked if a provider of the course is found to have issued a certificate of course completion to an individual who did not complete the course.</p>
<b>Nevada</b>	<p><b>Statute: Nevada Revised Statutes, Chapter 640A</b>  <b>640A.050 "Occupational therapy" defined.</b>  "Occupational therapy" means the use of evaluations, teachings and interventions to facilitate the activities of daily living of a client in groups or on an individual basis to enable the client to participate in and perform activities of daily living in various settings, including, without limitation, at home, at school, in the workplace and in the community. The term includes</p> <ol style="list-style-type: none"> <li>1. Providing services for habilitation, rehabilitation and the promotion of health and wellness to a client;</li> <li>2. Assisting a client in achieving the highest practicable physical, cognitive and psychosocial well-being to improve the physical and mental health of the client and the quality of life of the client;</li> <li>3. Teaching a client skills for daily living;</li> <li>4. Assisting a client in the development of cognitive and perceptual motor skills, and in the integration of sensory functions;</li> <li>5. Assisting a client in learning to play and to use his or her leisure time constructively;</li> <li>6. Assisting a client in developing functional skills necessary to be considered for employment;</li> </ol>

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	<p>7. Assessing the need for, designing, constructing and training a client in the use and application of selected orthotic devices and adaptive equipment;</p> <p>8. Assessing the need for prosthetic devices for the upper body and training a client in the functional use of prosthetic devices;</p> <p>9. Teaching a client crafts and exercises designed to enhance his or her ability to function normally;</p> <p>10. Administering to a client manual tests of his or her muscles and range of motion, and interpreting the results of those tests;</p> <p>11. Incorporating into the treatment of a client the safe and appropriate use of physical agent modalities and techniques which have been acquired through an appropriate program of education approved by the Board pursuant to subsection 2 of NRS 640A.120, or through a program of continuing education or higher education; and</p> <p>12. Adapting the environment of a client to reduce the effects of handicaps.</p> <p><b>640A.110 Powers and duties; regulation.</b></p> <p>1. The Board shall:</p> <p style="padding-left: 40px;">(e) Require a person licensed pursuant to this chapter to submit to the Board such documentation as the Board deems necessary to determine whether the licensee has acquired the skills necessary to perform physical agent modalities;</p> <p><b>Regulation: Nevada Administrative Code 640A.0145 “Program of intervention” defined.</b></p> <p>“Program of intervention” means activities which are documented in writing and which are determined to be appropriate by an occupational therapist to assess, teach and assist patients by application of occupational therapy methods and modalities.</p>
<p><b>New Hampshire</b></p>	<p><b>Statutes: New Hampshire Revised Statutes Title XXX, Occupations and Professions Chapter 326-C §326-C:1 Definitions.</b></p> <p>In this chapter and RSA 328-F, unless the context otherwise requires:</p> <p>III. "Occupational therapy" means the therapeutic use of purposeful and meaningful occupations or goal-directed activities to evaluate and treat individuals who have a disease or disorder, impairment, activity limitation, or participation restriction which interferes with their ability to function independently in daily life roles, and to promote health and wellness.</p> <p style="padding-left: 40px;">(a) Occupational therapy intervention may include:</p> <p style="padding-left: 80px;">(1) Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes.</p> <p style="padding-left: 80px;">(2) Adaptation of task, process, or the environment, or the teaching of compensatory techniques, in order to enhance performance.</p> <p style="padding-left: 80px;">(3) Disability prevention methods and techniques which facilitate the development or safe application of performance skills.</p> <p style="padding-left: 80px;">(4) Health promotion strategies and practices which enhance performance abilities.</p> <p style="padding-left: 40px;">(b) Occupational therapy services include, but are not limited to:</p> <p style="padding-left: 80px;">(1) Evaluating, developing, improving, sustaining or restoring skills in activities of daily living, work or productive activities, including instrumental activities of daily living, and play and leisure activities.</p> <p style="padding-left: 80px;">(2) Evaluating, developing, remediating, or restoring sensorimotor, cognitive, or psychosocial components of performance.</p> <p style="padding-left: 80px;">(3) Designing, fabricating, applying, or training in the use of assistive technology or orthotic devices, and training in the use of prosthetic devices.</p>



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	<p>(4) Adaptation of environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles.</p> <p>(5) Application of physical agent modalities as an adjunct to, or in preparation for, engagement in purposeful activities and occupations</p> <p>(6) Evaluating and providing intervention in collaboration with the client, family, caregiver, or others.</p> <p>(7) Educating the client, family, caregiver, or others in carrying out appropriate non-skilled interventions.</p> <p>(8) Consulting with groups, programs, organizations, or communities to provide population-based services.</p> <p><b>§326-C:7 Rulemaking.</b>  The board shall adopt rules pursuant to RSA 541-A specifying:</p> <p>I. The physical agent modalities which may be applied as an adjunct to, or in preparation for, engagement in purposeful activities and occupations;</p> <p>II. The eligibility requirements to be met by licensees seeking a certificate authorizing the application of physical agent modalities;</p> <p>III. The documentation required by the board for the issuance of a certificate authorizing a licensee to apply physical agent modalities;</p> <p>IV. The requirements for supervision of licensed occupational therapy assistants by licensed occupational therapists; and</p> <p>V. The use and supervision of non-licensed persons providing supportive services to licensed occupational therapists or occupational therapy assistants.</p> <p><b>§326-C:8 Physical Agent Modalities; Certificates.</b></p> <p>I. Licensed occupational therapists and licensed occupational therapy assistants are required to hold a certificate issued by the board authorizing their use of specified physical agent modalities.</p> <p>II. Licensees who have been using specified physical agent modalities for 3 consecutive years and who have been educated or trained on the job in their use may continue their use without holding authorizing certificates, but such licensees shall meet the eligibility and application requirements for authorizing certificates no later than 6 months after the adoption of rules establishing such requirements.</p> <p>III. The board is authorized to issue certificates authorizing the use of specified physical agent modalities to eligible licensed occupational therapists and licensed occupational therapy assistants. Such certificates are not required to be renewed.</p> <p>IV. The board may suspend a certificate authorizing the use of specified physical agent modalities as one of the conditions of a conditional license issued pursuant to this chapter and RSA 328-F. Such a certificate shall be suspended or revoked when the underlying license is suspended or revoked.</p> <p><b><u>Regulation:</u> New Hampshire Administrative Rules Chapter Occ 100</b>  <b>Part 102 DEFINITIONS</b></p> <p>Occ 102.03 "Occupational therapy" means "occupational therapy" as defined in RSA 326-C:1, III, namely " the therapeutic use of purposeful and meaningful occupations or goal-directed activities to evaluate and treat individuals who have a disease or disorder, impairment, activity limitation, or participation restriction which interferes with their ability to function independently in daily life roles, and to promote health and wellness.</p> <p>(a) Occupational therapy intervention may include:</p>

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	<p>(1) Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes.</p> <p>(2) Adaptation of task, process, or the environment, or the teaching of compensatory techniques, in order to enhance performance.</p> <p>(3) Disability prevention methods and techniques which facilitate the development or safe application of performance skills.</p> <p>(4) Health promotion strategies and practices which enhance performance abilities.</p> <p>(b) Occupational therapy services include, but are not limited to:</p> <p>(1) Work or productive activities, including instrumental activities of daily living, and play and leisure activities.</p> <p>(2) Evaluating, developing, remediating, or restoring sensorimotor, cognitive, or psychosocial components of performance.</p> <p>(3) Designing, fabricating, applying, or training in the use of assistive technology or orthotic devices, and training in the use of prosthetic devices.</p> <p>(4) Adaptation of environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles.</p> <p>(5) Application of physical agent modalities as an adjunct to, or in preparation for, engagement in purposeful activities and occupations.</p> <p>(6) Evaluating and providing intervention in collaboration with the client, family, caregiver, or others.</p> <p>(7) Educating the client, family, caregiver, or others in carrying out appropriate non-skilled interventions.</p> <p>(8) Consulting with groups, programs, organizations, or communities to provide population-based services.</p> <p><b>Part 103 DESCRIPTION OF THE BOARD AND BOARD MEETINGS</b></p> <p><b>Occ 103.03 Responsibilities of the Board.</b></p> <p>The board's responsibilities include:</p> <p>(a) The initial licensing of occupational therapists and occupational therapy assistants;</p> <p>(b) The renewal and reinstatement licensing of occupational therapists and occupational therapy assistants;</p> <p>(c) The issuance of certificates authorizing the use of physical agent modalities;</p> <p>(d) The investigation of possible professional misconduct by licensees and applicants for licensure; and</p> <p>(e) Disciplinary proceedings and the imposition of sanctions for professional misconduct by licensees.</p> <p><b>Regulation: New Hampshire Administrative Rules Chapter Occ 300, Part Occ 305. THE USE OF PHYSICAL AGENT MODALITIES</b></p> <p><b>Section Occ 305.01 Definitions.</b></p> <p>In Occ 305 the terms used shall have the following meanings:</p> <p>(a) "Electrical stimulation modality" means a physical agent modality which consists of the application to the body of electrical current for the purpose of analgesia, muscle contraction, the promotion of healing, the reduction of edema and other therapeutic results.</p> <p>(b) "Hand therapy certification commission" means a non-profit corporation which sponsors a credentialing program for occupational therapists and physical therapists who specialize in upper-extremity rehabilitation.</p>

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	<p>(c) "High voltage galvanic stimulation (HVGS)" means an electrical modality produced by a twin peak uni-directional waveform in pulsed current and characterized by its high voltage.</p> <p>(d) "Iontophoresis" means the use of direct electrical current to deliver medication or ionized drugs topically into a localized area of tissue.</p> <p>(e) "Neuromuscular electrical stimulation (NMES)" means an electrical modality which is used to stimulate the nerves that correspond to a targeted muscle or muscle group, thereby causing a muscle to contract.</p> <p>(f) "Phonophoresis" means the use of ultrasound to enhance tissue permeability to assist in the delivery of anti-inflammatory medication.</p> <p>(g) "Physical agent modality (PAM)" means the application of temperature, water, light, sound or electricity for the purpose of producing a response in the body's muscle, tendon, nerve, skin, fascia, scar, vascular or other part of the soft tissue system. The modality applied is chosen by the practitioner as an adjunct to, or in preparation for, the client's ability to engage in occupations.</p> <p>(h) "Superficial physical agent modality" means the application to the body of thermal agents, including but not limited to, hot packs, paraffin, fluidotherapy, whirlpool, contrast baths and ice packs.</p> <p>(i) "Transcutaneous electrical nerve stimulation (TENS)" means an electrical modality characterized by the delivery of a pulsed electrical current in the form of a biphasic asymmetrical or symmetrical waveform to the nervous system through the skin via electrodes.</p> <p>(j) "Ultrasound" means a physical agent modality using an inaudible sound in the frequency range of approximately 20,000 to 10 billion cycles per second. Ultrasound provides either a thermal or non-thermal therapeutic effect depending on the type of tissue sonated, the frequency utilized and the mode of delivery.</p> <p><b>Section Occ 305.02. Physical Agent Modalities.</b></p> <p>(a) An occupational therapist who is licensed under this chapter and who has been trained may utilize occupational therapy techniques involving ultrasound or electrical physical agent modality devices.</p> <p>(b) An Occupational therapy assistant who is licensed under this chapter may apply ultrasound or electrical physical agent modalities devices if he or she:</p> <ol style="list-style-type: none"> <li>(1) Works under the supervision of a qualified occupational therapist who is licensed under this chapter; and</li> <li>(2) Has been trained to utilize occupational therapy techniques involving ultrasound or electrical agent modality devices.</li> </ol> <p><b>Section Occ 305.09 PAM Certificate Application Form.</b></p> <p>(a) The application form shall be:</p> <ol style="list-style-type: none"> <li>(1) Provided by the board; and</li> <li>(2) Consist of parts A and B.</li> </ol> <p>(b) On part A of the form, the applicant shall provide in the spaces designated:</p> <ol style="list-style-type: none"> <li>(1) His or her full name, mailing address, and phone number;</li> <li>(2) If currently licensed in New Hampshire as an occupational therapist or occupational therapy assistant, the number of the license;</li> <li>(3) If currently licensed in New Hampshire as a physical therapist or physical therapist assistant, the number of the license; and</li> <li>(4) If applicable, the number of the applicant's currently valid certificate issued by the hand therapy certification commission.</li> </ol>

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	<p>(c) If required by Occ 305.04(b) to complete professional education, for each of the courses, workshops, in-service trainings, on-line courses or sessions of individualized instruction taken to meet the professional education requirements in Occ 305.05 and Occ 305.06 the applicant shall use part B of the form to provide the following:</p> <ol style="list-style-type: none"> <li>(1) Its name or a brief description;</li> <li>(2) Its provider or sponsor;</li> <li>(3) Its beginning and ending dates;</li> <li>(4) Type of training;</li> <li>(5) Topics covered;</li> <li>(6) Number of hours it took to complete topics covered; and</li> <li>(7) Signature of the sponsor or course instructor.</li> </ol> <p>(d) If required by Occ 305.07 to perform supervised clinical applications, for each session of supervised clinical applications the applicant shall use part B of the form to provide the following:</p> <ol style="list-style-type: none"> <li>(1) The name of the individual supervising the applicant's clinical applications;</li> <li>(2) The session's beginning and ending dates;</li> <li>(3) Topics covered;</li> <li>(4) Number of hours it took to complete supervision for the topics covered; and</li> <li>(5) Signature of the supervisor.</li> </ol> <p>e) If required by Occ 305.07 to perform supervised clinical applications, the applicant shall have the individual supervising the applicant's clinical applications fill out a supervision form provided by the board entering the following information:</p> <ol style="list-style-type: none"> <li>(1) Supervisor's full name;</li> <li>(2) Supervisor's place of employment, address and phone number;</li> <li>(3) Types of license(s) held;</li> <li>(4) State(s) license(s) held and license number(s);</li> <li>(5) Supervisor's New Hampshire physical agent modalities certificate number, if any;</li> <li>(6) State(s) in which the supervisor is authorized by any regulatory body to apply ultrasound and electrical stimulation modalities and authorization number(s);</li> <li>(7) The name of the person to be supervised;</li> <li>(8) The license number(s) of the person to be supervised, if applicable; and</li> <li>(9) The name of the site where supervision is to take place and the physical address;</li> </ol> <p>(f) The applicant shall also ask the clinical applications supervisor to indicate on the supervision form, using the "yes" and "no" columns provided, whether the applicant has demonstrated to the supervisor's full satisfaction the following competencies:</p> <ol style="list-style-type: none"> <li>(1) An understanding of the properties and principles of each of the specific modalities within the categories of ultrasound and electrical stimulation;</li> <li>(2) An understanding of the rationale and indications for applying each of the specific modalities within the categories of ultrasound and electrical stimulation;</li> <li>(3) The correct use of the equipment for applying each of the specific modalities within the categories of ultrasound and electrical stimulation;</li> <li>(4) The proper positioning of the patient for applying each of the specific modalities within the categories of ultrasound and electrical stimulation;</li> </ol>

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	<p>(5) An understanding of the expected physiologic response to the administration of each of the specific modalities within the categories of ultrasound and electrical stimulation;</p> <p>(6) An understanding of the precautions and contraindications for administering each of the specific modalities within the categories of ultrasound and electrical stimulation;</p> <p>(7) An ability to educate patients and their families about each of the specific modalities within the categories of ultrasound and electrical stimulation; and</p> <p>(8) The safe and appropriate maintenance and storage of equipment and supplies needed for the administration of each of the specific modalities within the categories of ultrasound and electrical stimulation which utilize equipment or supplies.</p> <p>(g) The applicant shall also ask his or her clinical supervisor to sign and date the supervision form.</p>
<p><b>New Jersey</b></p>	<p><b>Regulation: New Jersey Administrative Code Title 13, Chapter 44K</b></p> <p><b>13:44K-1.2 Definitions</b></p> <p>The following words and terms, as used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise:</p> <p>"Occupational therapy services" means the use of specific techniques which enhance the functional performance of a client, including the evaluation and assessment of a client's self-care, lifestyle performance patterns, work skills, performance related cognitive, sensory, motor, perceptual, affective, interpersonal and social functioning, vocational and prevocational capacities. Occupational therapy services also include the design, fabrication and application of adaptive equipment or prosthetic or orthotic devices, excluding dental devices, the utilization of physical agent modalities, the administration of standardized and non-standardized assessments and consultation, including recommendations for the adaptation of physical environments.</p> <p><b>13:44K-5.1 Scope of Practice of a Licensed Occupational Therapist</b></p> <p>a) The scope of practice of a licensed occupational therapist shall include:</p> <p>7) The utilization of physical agent modalities, consistent with N.J.A.C. 13:44K-5.4, as an adjunct to, or in preparation for, purposeful activities to enhance occupational performance with which the licensee is familiar as a result of training and experience.</p> <p><b>13:44K-5.4 Use of Physical Agent Modalities by a Licensed Occupational Therapist; Delegation to Licensed Occupational Therapy Assistant</b></p> <p>a) A licensed occupational therapist may use physical agent modalities as set forth in this section for the purpose of enhancing the functional performance of a client. For purposes of this section, "physical agent modalities" shall mean those modalities that produce a biophysical response through the use of light, water, temperature, sound, electricity or mechanical devices.</p> <p>b) A licensed occupational therapist may use superficial thermal agents, such as hydrotherapy/whirlpool, cryotherapy (cold packs, ice), fluidotherapy, hot packs, paraffin, water, infrared light and other commercially available heating and cooling technologies and mechanical devices, such as vaso-pneumatic and continuous passive motion devices.</p> <p>c) A licensed occupational therapist shall demonstrate competency, as provided in (e) or (f) below, prior to using any of the following advanced physical agent modalities: diathermy; high-voltage galvanic stimulation; micro current stimulation; transcutaneous electrical nerve stimulation; neuromuscular electrical stimulation; iontophoresis; therapeutic ultrasound; phonophoresis; and cold lasers.</p> <p>d) A provider of a training course in the use of advanced physical agent modalities may obtain Council approval of the course upon submission of documentation verifying that the course satisfies the requirements set forth in (e) below. Council approval for a training course shall be valid for one year. Resubmission of course documentation shall be required for renewal of course approval and whenever a provider changes the course content of an approved training course.</p>

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	<p>e) A licensed occupational therapist may use advanced physical agent modalities if he or she has completed a Council-approved training course, which meets the following requirements:</p> <ol style="list-style-type: none"> <li>1) The training course shall include at least 30 hours of didactic instruction. For purposes of this subsection, "didactic instruction" means live, in-person instruction and may include interactive telephonic or electronic instruction, but shall not include videotaped or audiotaped instruction. The training course shall include: <ol style="list-style-type: none"> <li>i) Four hours of training in the use of heat wave physical agent modalities;</li> <li>ii) Sixteen hours of training in the use of electric wave physical agent modalities;</li> <li>iii) Six hours of training in the use of sound wave physical agent modalities; and</li> <li>iv) Four hours of training in the use of light wave physical agent modalities;</li> </ol> </li> <li>2) The training course shall include instruction in the following: <ol style="list-style-type: none"> <li>i) Principles of physics related to specific properties of light, water, temperature, sound or electricity, as indicated by each modality;</li> <li>ii) Physiological, neurophysiological and electrophysiological changes, as indicated, which occur as a result of the application of each modality;</li> <li>iii) The response of normal and abnormal tissue to the application of each modality;</li> <li>iv) Indications or contraindications related to the selection and application of each modality;</li> <li>v) Guidelines for educating clients, including instructing about the process and possible outcomes of treatment, including risks and benefits;</li> <li>vi) Safety rules and precautions related to each modality;</li> <li>vii) Methods of documenting the effectiveness of the immediate and long-term effects of treatment;</li> <li>viii) Characteristics of the equipment, including safe operation, adjustment and care of the equipment; and</li> <li>ix) Hands-on application of each modality by each course participant. Such instruction shall be provided in-person. Interactive telephonic or electronic instruction in the application of modalities shall not be permitted; and</li> </ol> </li> <li>3) The primary instructor of the course shall be a licensed occupational therapist, a licensed physical therapist, a licensed physical therapist assistant or a licensed physician.</li> </ol> <p>f) A licensed occupational therapist may use advanced physical agent modalities if he or she holds a current certification from the Hand Therapy Certification Commission or any other national organization that utilizes substantially similar certification standards.</p> <p>g) A licensed occupational therapist shall retain documentation relating to his or her training in the use of advanced physical agent modalities pursuant to (e) or (f) above and shall make such documentation available to the Council upon request. The documentation shall include, if applicable:</p> <ol style="list-style-type: none"> <li>1) The name and address of the person or organization presenting the program, workshop or seminar;</li> <li>2) The name and address of the facility where the program, workshop or seminar was presented;</li> <li>3) A copy of the program, workshop or seminar syllabus, which includes a detailed description of the learning objectives and teaching methods employed in the course and the qualifications of the instructor(s); and</li> <li>4) A certificate of completion from the program, workshop or seminar sponsor.</li> </ol> <p>h) A licensed occupational therapist may apply to the Council for approval of a course in the use of advanced physical agent modalities that has not been pre-approved by the Council. The licensee shall submit the documentation set forth in (g) above to the Council for review.</p>

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	<p>i) A licensed occupational therapist may delegate the application of the superficial thermal agent and mechanical device modalities set forth in (b) above to a licensed occupational therapy assistant consistent with the requirements of N.J.A.C. 13:44K-5.3. Delegation of the application of such modalities to anyone other than a licensed occupational therapy assistant shall be deemed professional misconduct and may subject a licensee to the penalties set forth in N.J.S.A. 45:1-21 et seq.</p> <p>j) A licensed occupational therapist may delegate the application of the advanced physical agent modalities set forth in (c) above to a licensed occupational therapy assistant consistent with the requirements of N.J.A.C. 13:44K-5.5. Delegation of advanced physical agent modalities to anyone other than a licensed occupational therapy assistant who has satisfied the requirements of N.J.A.C. 13:44K-5.5 shall be deemed professional misconduct and may subject a licensee to the penalties set forth in N.J.S.A. 45:1-21 et seq.</p> <p>k) A licensed occupational therapist who uses the advanced physical agent modalities set forth in (c) above without having satisfied the requirements set forth in (e) or (f) above shall be deemed to have engaged in professional misconduct and may be subject to the penalties set forth in N.J.S.A. 45:1-21 et seq.</p> <p>l) Notwithstanding the fact that a licensed occupational therapist is permitted to use advanced physical agent modalities because he or she has satisfied the training requirements of this section, a licensed occupational therapist shall not use a specific physical agent modality device that he or she has not been trained to use until he or she is familiar with the device's proper use and contraindications. Failure to comply with this section shall be deemed professional misconduct and may subject a licensed occupational therapist to the penalties set forth in N.J.S.A. 45:1-21 et seq.</p> <p><b>13:44K-5.5 Use of Physical Agent Modalities by a Licensed Occupational Therapy Assistant; Supervisor Responsibilities</b></p> <p>a) A licensed occupational therapy assistant may use the superficial thermal agent and mechanical device modalities set forth in N.J.A.C. 13:44K-5.4(b) under the supervision of a licensed occupational therapist consistent with the requirements of N.J.A.C. 13:44K-5.4.</p> <p>b) A licensed occupational therapy assistant may use the advanced physical agent modalities set forth in N.J.A.C. 13:44K-5.4(c) under the supervision of a licensed occupational therapist consistent with the requirements of this section.</p> <p>c) Prior to using advanced physical agent modalities, a licensed occupational therapy assistant shall have completed a training course that meets the requirements set forth in N.J.A.C. 13:44K-5.4(e).</p> <p>d) A licensed occupational therapy assistant shall use advanced physical agent modalities only under the supervision of a licensed occupational therapist who has:</p> <ol style="list-style-type: none"> <li>1) Met the experience requirements of N.J.A.C. 13:44K-6.2(a); and</li> <li>2) Completed a training course that meets the requirements of N.J.A.C. 13:44K-5.4(e) or who holds a current certification from the Hand Therapy Certification Commission or any other national organization that utilizes substantially similar certification standards consistent with the requirements of N.J.A.C. 13:44K-5.4(f).</li> </ol> <p>e) A licensed occupational therapist shall supervise the use of advanced physical agent modalities by a licensed occupational therapy assistant consistent with the following:</p> <ol style="list-style-type: none"> <li>1) The supervising occupational therapist shall provide close supervision, as defined in N.J.A.C. 13:44K-1.2, of the licensed occupational therapy assistant, during which time the occupational therapist shall directly observe the occupational therapy assistant's application of each type of modality in a patient treatment setting no fewer than five times. Documentation of such supervision shall be maintained by the supervising occupational therapist consistent with the requirements of N.J.A.C. 13:44K-6.2(e) and by the licensed occupational therapy assistant consistent with the requirements of N.J.A.C. 13:44K-6.5(c);</li> </ol>

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	<p>2) Following the five instances of direct observation of the licensed occupational therapy assistant's application of a particular type of modality, the supervising occupational therapist shall determine the level of supervision required of the occupational therapy assistant, consistent with the requirements of N.J.A.C. 13:44K-6.3(b).</p> <p>i) Notwithstanding (e)2 above, the occupational therapist shall continue to provide close supervision for any occupational therapy assistant who has been engaged in the practice of occupational therapy services for less than one year on a full-time basis, consistent with the requirements of N.J.A.C. 13:44K-6.3(b); and</p> <p>3) The supervising occupational therapist shall satisfy all supervisor responsibilities set forth in N.J.A.C. 13:44K-6.2 and 6.3 and/or 6.4, as applicable.</p> <p>f) A supervising occupational therapist shall not delegate the close supervision of an occupational therapy assistant's use of advanced physical agent modalities, including the direct observation of the occupational therapy assistant's application of the modalities, to anyone other than a licensed occupational therapist who has met the requirements of (d) and (e) above.</p> <p>g) A licensed occupational therapy assistant shall retain documentation relating to his or her completion of the training course and shall make such documentation available to the Council upon request. The documentation shall include, if applicable:</p> <ol style="list-style-type: none"> <li>1) The name and address of the person or organization presenting the course;</li> <li>2) The name and address of the facility where the course was presented;</li> <li>3) A copy of the course syllabus, which includes a detailed description of the learning objectives and teaching methods employed in the course and the qualifications of the instructor(s); and</li> <li>4) A certificate of completion from the course sponsor.</li> </ol> <p>h) A licensed occupational therapy assistant may apply to the Council for approval of a course in the use of advanced physical agent modalities that has not been pre-approved by the Council. The licensee shall submit the documentation set forth in (g) above to the Council for review.</p> <p>i) A licensed occupational therapy assistant who uses advanced physical agent modalities without having satisfied the requirements of this section shall be deemed to have engaged in professional misconduct and may be subject to the penalties set forth in N.J.S.A. 45:1-21 et seq.</p> <p>j) Notwithstanding the fact that a licensed occupational therapy assistant is permitted to use advanced physical agent modalities because he or she has satisfied the training requirements of this section, a licensed occupational therapy assistant shall not use a specific advanced physical agent modality that he or she has not been trained to use until he or she is familiar with the device's proper use and contraindications, and until he or she has been directly observed under close supervision by a supervising occupational therapist in the application of the modality at least five times in a patient treatment setting. Following such direct observation, the licensed occupational therapy assistant may use the modality under the supervision of a licensed occupational therapist consistent with the requirements of (e)2 above. Failure to comply with this section shall be deemed professional misconduct and may subject a licensed occupational therapy assistant to the penalties set forth in N.J.S.A. 45:1-21 et seq.</p>
<b>New Mexico</b>	<p><b>Statute: New Mexico Revised Statutes §61-12A-4. Occupational therapy services.</b></p> <p>The practice of occupational therapy includes the following processes and services:</p> <p>A. evaluation of factors affecting all areas of occupation, including activities of daily living, instrumental activities of daily living, rest and sleep, education, work, productivity, play, leisure and social participation; including:</p> <ol style="list-style-type: none"> <li>(1) client factors, including neuromuscular, sensory, visual, mental, cognitive and pain factors and body structures, including cardiovascular, digestive, integumentary and genitourinary systems and structures related to movement;</li> <li>(2) habits, routines, roles and behavior patterns;</li> <li>(3) cultural, physical, environmental, social and spiritual contexts and activity demands that affect performance; and</li> </ol>



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	<p>(4) performance skills, including motor process and communication and interaction skills;</p> <p>B. activity analysis to determine activity demands of occupations performed;</p> <p>C. design, implementation and modification of therapeutic interventions, including the following activities related to selection of intervention strategies to direct the process of interventions:</p> <ul style="list-style-type: none"> <li>(1) establishment, remediation or restoration of a skill or ability that has not yet developed, is impaired or is in decline;</li> <li>(2) compensation, modification or adaptation of activity or environment to enhance performance or to prevent injuries, disorders or other conditions;</li> <li>(3) retention, maintenance and enhancement of skills and capabilities without which performance in everyday life activities would decline;</li> <li>(4) promotion of health and wellness, including the use of self-management strategies to enable or enhance performance in everyday life activities;</li> <li>(5) prevention of barriers to performance, including injury and disability prevention; and</li> <li>(6) interventions and procedures to promote or enhance safety and performance in areas of occupation, including: <ul style="list-style-type: none"> <li>(a) therapeutic use of occupations, exercises and activities;</li> <li>(b) training in self-care, self-management, health management and maintenance, home management, community-work reintegration, school activities and work performance;</li> <li>(c) development, remediation or compensation of neuromusculoskeletal, sensory-perceptual, sensory-integrative and modulation, visual, mental and cognitive functions, pain tolerance and management, developmental skills and behavioral skills;</li> <li>(d) therapeutic use of self, including one's personality, insights, perceptions and judgments, as part of the therapeutic process;</li> <li>(e) education and training of persons, including family members, caregivers, groups, populations and others;</li> <li>(f) care coordination, case management and transition services;</li> <li>(g) consultative services to groups, programs, organizations or communities;</li> <li>(h) modification of home, work, school and community environments and adaptation of processes, including the application of ergonomic principles;</li> <li>(i) 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;</li> <li>(j) assessment, recommendation and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices;</li> <li>(k) low-vision rehabilitation;</li> <li>(l) driver rehabilitation and community mobility;</li> <li>(m) management of feeding, eating and swallowing;</li> <li>(n) application of physical agent modalities and use of a range of specific therapeutic procedures such as wound care management; techniques to enhance sensory, perceptual and cognitive processing; and manual therapy techniques to enhance performance skills;</li> <li>(o) facilitating the occupational performance of groups, populations or organizations; and</li> <li>(p) management of a client's mental health, functioning and performance; and</li> </ul> </li> </ul> <p>D. use of means to measure the outcomes and effects of interventions to reflect the attainment of treatment goals, including:</p> <ul style="list-style-type: none"> <li>(1) improved quality of life;</li> </ul>

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	<ul style="list-style-type: none"> <li>(2) the degree of participation;</li> <li>(3) role competence;</li> <li>(4) well-being;</li> <li>(5) improved life function;</li> <li>(6) enhanced performance; and</li> <li>(7) prevention criteria</li> </ul>
<p><b>New York</b></p>	<p><b>Regulation: New York Codes, Rules and Regulations Title 8, Chapter II, Subchapter B, Part 76</b>  <b>§76.5 Definition of Occupational Therapy Practice</b></p> <p>c. A treatment program within the meaning of Education Law, section 7901 shall be consistent with the statutory scope of practice and may:</p> <ul style="list-style-type: none"> <li>3. Include, where appropriate for such purposes, and under appropriate conditions, modalities and techniques based on approaches taught in an occupational therapy curriculum and included in a program of professional education in occupational therapy registered by the department, and consistent with areas of individual competence. These approaches are based on: <ul style="list-style-type: none"> <li>(i) The neurological and physiological sciences as taught in a registered occupational therapy professional education program. Modalities and techniques may be based on, but not limited to, any one or more of the following: <ul style="list-style-type: none"> <li>(a) sensory integrative approaches;</li> <li>(b) developmental approaches;</li> <li>(c) sensorimotor approaches;</li> <li>(d) neurophysiological treatment approaches;</li> <li>(e) muscle reeducation;</li> <li>(f) superficial heat and cold; or</li> <li>(g) cognitive and perceptual remediation.</li> </ul> </li> <li>(ii) The behavioral and social sciences as taught in a registered occupational therapy professional education program. Modalities and techniques may be based on, but not limited to, any one or more of the following: <ul style="list-style-type: none"> <li>(a) behavioral principles;</li> <li>(b) work-related programs and simulation;</li> <li>(c) group dynamics and process; or</li> <li>(d) leisure/avocational activities.</li> </ul> </li> <li>(iii) The biomechanical sciences as taught in a registered occupational therapy professional education program. Modalities and techniques may be based on, but not limited to, any one or more of the following: <ul style="list-style-type: none"> <li>(a) passive, active assistive, and active range of motion;</li> <li>(b) muscle strengthening and conditioning;</li> <li>(c) positioning;</li> <li>(d) participation in design, fabrication, and/or application, and patient education related to orthotics and adaptive equipment;</li> <li>(e) evaluation of appropriateness, participation in design concept, application and patient education related to prosthetics;</li> <li>(f) daily life tasks;</li> <li>(g) adapting the client's environment; or</li> <li>(h) work-related programs.</li> </ul> </li> </ul> </li> </ul>

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	<p><b>§76.6 Definition of occupational therapy assistant practice and the use of the title occupational therapy assistant.</b></p> <p>b. As used in this section, client related activities shall mean:</p> <ol style="list-style-type: none"> <li>1. contributing to the evaluation of a client by gathering data, reporting observations and implementing assessments delegated by the supervising occupational therapist or licensed physician;</li> <li>2. consulting with the supervising occupational therapist or licensed physician in order to assist him or her in making determinations related to the treatment plan, modification of client programs or termination of a client's treatment;</li> <li>3. the utilization of a program of purposeful activities, a treatment program, and/or consultation with the client, family, caregiver, or other health care or education providers, in keeping with the treatment plan and under the direction of the supervising occupational therapist or licensed physician;</li> <li>4. the use of treatment modalities and techniques that are based on approaches taught in an occupational therapy assistant educational program registered by the department or accredited by a national accreditation agency which is satisfactory to the department, and that the occupational therapy assistant has demonstrated to the occupational therapist or licensed physician that he or she is competent to use; or</li> <li>5. the immediate suspension of any treatment intervention that appears harmful to the client and immediate notification of the occupational therapist or licensed physician.</li> </ol>
<b>North Carolina</b>	No statute or regulations specific to OT and Physical Agent Modalities
<b>North Dakota</b>	<p><b><u>Regulation:</u> North Dakota Administrative Code §55.5-03-01-05. Occupational Therapy intervention.</b></p> <p>2. 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:</p> <ol style="list-style-type: none"> <li>a. Therapeutic use of occupations, exercises, and activities.</li> <li>b. Training in self-care, self-management, health management and maintenance, home management, community or work reintegration, and school activities and work performance.</li> <li>c. Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills.</li> <li>d. Therapeutic use of self, including one's personality, insights, perceptions, and judgements, as part of the therapeutic process.</li> <li>e. Education and training of individuals, including family members, caregivers, groups, populations, and others.</li> <li>f. Care coordination, case management, and transition services.</li> <li>g. Consultative services to groups, programs, organizations, or communities.</li> <li>h. Modification of home, work, school, or community environments and adaptation of processes, including the application of ergonomic principles.</li> <li>i. 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.</li> <li>j. Assessment, recommendations, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.</li> <li>k. Low vision rehabilitation.</li> <li>l. Driver rehabilitation and community mobility.</li> <li>m. Management of feeding, eating, and swallowing to enable eating and feeding performance.</li> </ol>

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	<p>n. 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. An occupational therapist may purchase, store, and administer topical medications, including aerosol medications, as part of the practice of occupational therapy, but shall not dispense or sell any of the medications to patients. An occupational therapist shall comply with any protocols of the United States pharmacopoeia for storage of medications.</p>
Ohio	<p><b>Statute: Ohio Revised Code, Title 47, Chapter 4755, Section 4755.04 Definitions</b>  As used in sections 4755.04 to 4755.13 and section 4755.99 of the Revised Code:  (A) "Occupational therapy" means the therapeutic use of everyday life activities or occupations with individuals or groups for the purpose of participation in roles and situations in the home, school, workplace, community, and other settings. The practice of occupational therapy includes all of the following:  (1) Methods or strategies selected to direct the process of interventions, including, but not limited to, establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired and compensation, modification, or adaptation of activity or environment to enhance performance;  (2) Evaluation of factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, including, but not limited to, sensory motor abilities, vision, perception, cognition, psychosocial, and communication and interaction skills;  (3) Interventions and procedures to promote or enhance safety and performance in activities of daily living, education, work, play, leisure, and social participation, including, but not limited to, application of physical agent modalities, use of a range of specific therapeutic procedures to enhance performance skills, rehabilitation of driving skills to facilitate community mobility, and management of feeding, eating, and swallowing to enable eating and feeding performance;</p>
Oklahoma	No statute or regulations specific to OT and Physical Agent Modalities
Oregon	<p><b>Regulation: Oregon Administrative Rules 339-010-0005, Definitions</b>  (a) Occupational Therapists use selected methods or strategies to direct the process of interventions such as:  (M) Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management; techniques to enhance sensory, perceptual, and cognitive processing, manual therapy techniques) to enhance performance skills as they relate to occupational therapy services.</p>
Pennsylvania	No statute or regulations specific to OT and Physical Agent Modalities
Puerto Rico	No statute or regulations specific to OT and Physical Agent Modalities
Rhode Island	<p><b>Statute: Rhode Island General Laws §5-40.1-3 Definitions.</b>  (f)  (1) "Occupational therapy" (OT) is the use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability, and develop, improve, sustain, or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, sensory impairment, psychosocial dysfunction, mental illness, developmental or learning disability, physical disability, or other disorder or condition.  (2) Occupational therapy includes evaluation by means of skilled observation of functional performance and/or assessment through the administration and interpretation of standardized or nonstandardized tests and measurements.  (g)  (1) Occupational therapy services includes, but are not limited to:  (a) The evaluation and provision of treatment in consultation with the individual, family or other appropriate persons;</p>

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	<p>(b) Interventions directed toward developing, improving, sustaining or restoring daily living skills, including self-care skills and activities that involve interactions with others and the environment, work readiness or work performance, play skills or leisure capacities or educational performance skills;</p> <p>(c) Developing, improving, sustaining or restoring sensorimotor, oral-motor, perceptual or neuromuscular functioning; or emotional, motivational, cognitive or psychosocial components of performance; and</p> <p>(d) Education of the individual, family or other appropriate persons in carrying out appropriate interventions.</p> <p>(2) These services may encompass evaluation of need and the design, development, adaptation, application or training in the use of assistive technology devices; the design, fabrication or application of rehabilitative technology, such as selected orthotic devices; training in the functional use of orthotic or prosthetic devices; the application of therapeutic activities, modalities, or exercise as an adjunct to or in preparation for functional performance; the application of ergonomic principles; the adaptation of environments and processes to enhance daily living skills; or the promotion of health and wellness.</p> <p><b>Regulation: Rhode Island Code of Regulations 216-RICR-40-05-12, Section 12.2, Definitions.</b></p> <p>7. "Occupational therapy" means the use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability, and develop, improve, sustain, or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, sensory impairment, psychosocial dysfunction, mental illness, developmental or learning disability, physical disability, or other disorder or condition.</p> <p>a. Occupational therapy includes evaluation by means of skilled observation of functional performance and/or assessment through the administration and interpretation of standardized or nonstandardized tests and measurements.</p> <p>b. Occupational therapy services include, but are not limited to:</p> <p>(1) The evaluation and provision of treatment in consultation with the individual, family or other appropriate persons;</p> <p>(2) Interventions directed toward developing, improving, sustaining, or restoring daily living skills, including self-care skills and activities that involve interactions with others and the environment, work readiness or work performance, play skills or leisure capacities or educational performance skills;</p> <p>(3) Developing, improving, sustaining or restoring sensorimotor, oral-motor, perceptual or neuromuscular functioning; or emotional, motivational, cognitive or psychosocial components of performance; and</p> <p>(4) Education of the individual, family or other appropriate persons in carrying out appropriate interventions.</p> <p>(5) These services may encompass evaluation of need and the design, development, adaptation, application or training in the use of assistive technology devices; the design, fabrication or</p> <p>(6) Application of rehabilitative technology, such as selected orthotic devices; training in the functional use of orthotic or prosthetic devices; the application of therapeutic activities, modalities, or exercise as an adjunct to or in preparation for functional performance; the application of ergonomic principles; the adaptation of environments and processes to enhance daily living skills; or the promotion of health and wellness.</p>
<b>South Carolina</b>	No statute or regulations specific to OT and Physical Agent Modalities
<b>South Dakota</b>	No statute or regulations specific to OT and Physical Agent Modalities
<b>Tennessee</b>	<p><b>Statutes: Tennessee Code Annotated §63-13-103 Definitions.</b></p> <p>(6) "Dry needling" means a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying neural, muscular, and connective tissues for the management of neuromusculoskeletal conditions, pain, and movement impairments;</p> <p>(9) (A) "Occupational therapy practice" means the therapeutic use of everyday life activities (occupations) for the purpose of enabling individuals or groups to participate in roles and situations in home, school, workplace, community and other settings.</p>

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	<p>Occupational therapy addresses the physical, cognitive, psychosocial and sensory aspects of performance in a variety of contexts to support engagement in occupations that affect health, well-being and quality of life. "Occupational therapy practice" includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>(i) The screening, evaluation, assessment, planning, implementation and discharge planning of an occupational therapy program or services in consultation with the client, family members, caregivers and other appropriate persons;</li> <li>(ii) Selection and administration of standardized and nonstandardized tests and measurements to evaluate factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure and social participation, including: <ul style="list-style-type: none"> <li>(a) Body functions and body structures;</li> <li>(b) Habits, routines, roles and behavior patterns;</li> <li>(c) Cultural, physical, environmental, social and spiritual context and activity demands that affect performance; and</li> <li>(d) Performance skills, including motor, process and communication/interaction skills;</li> </ul> </li> <li>(iii) Methods or strategies selected to direct the process of interventions, such as: <ul style="list-style-type: none"> <li>(a) Modification or adaptation of an activity or the environment to enhance performance;</li> <li>(b) Establishment, remediation or restoration of a skill or ability that has not yet developed or is impaired;</li> <li>(c) Maintenance and enhancement of capabilities without which performance in occupations would decline;</li> <li>(d) Health promotion and wellness to enable or enhance performance and safety of occupations; and</li> <li>(e) Prevention of barriers to performance, including disability prevention;</li> </ul> </li> <li>(iv) Interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, education, work, play, leisure and social participation, including: <ul style="list-style-type: none"> <li>(a) Therapeutic use of occupations, exercises and activities;</li> <li>(b) Training in self-care, self-management, home management and community/work reintegration;</li> <li>(c) Development, remediation or compensation of physical, cognitive, neuromuscular and sensory functions and behavioral skills;</li> <li>(d) Therapeutic use of self, including an individual's personality, insights, perceptions and judgments as part of the therapeutic process;</li> <li>(e) Education and training of individuals, family members, caregivers and others;</li> <li>(f) Care coordination, case management, discharge planning and transition services;</li> <li>(g) Consulting services to groups, programs, organizations or communities;</li> <li>(h) Assessment, recommendations and training in techniques and equipment to enhance functional mobility, including wheelchair management;</li> <li>(i) Driver rehabilitation and community mobility; and</li> <li>(j) Management of feeding and eating skills to enable feeding and eating performance;</li> </ul> </li> <li>(v) Management of occupational therapy services, including the planning, organizing, staffing, coordinating, directing or controlling of individuals and organizations;</li> <li>(vi) Providing instruction in occupational therapy to students in an accredited occupational therapy or occupational therapy assistant educational program by persons who are trained as occupational therapists or occupational therapy assistants; and</li> <li>(vii) Administration, interpretation and application of research to occupational therapy services;</li> </ul>

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	<p>(B) Occupational therapy services are provided for the purpose of promoting health and wellness to those clients who have, or are at risk of developing, illness, injury, disease, disorder, impairment, disability, activity limitation or participation restriction and may include:</p> <ul style="list-style-type: none"> <li>(i) Training in the use of prosthetic devices;</li> <li>(ii) Assessment, design, development, fabrication, adaptation, application, fitting and training in the use of assistive technology and adaptive and selective orthotic devices;</li> <li>(iii) Application of physical agent modalities with proper training and certification;</li> <li>(iv) Assessment and application of ergonomic principles; and</li> <li>(v) Adaptation or modification of environments, at home, work, school or community, and use of a range of therapeutic procedures, such as wound care management, techniques to enhance sensory, perceptual and cognitive processing and manual therapy techniques, to enhance performance skills, occupational performance or the promotion of health and wellness;</li> <li>(vi) Practice of dry needling of the upper limb, with proper training and certification;</li> </ul> <p>(C) Occupational therapy practice may occur in a variety of settings, including, but not limited to:</p> <ul style="list-style-type: none"> <li>(i) Institutional inpatient settings, such as acute rehabilitation facilities, psychiatric hospitals, community and specialty hospitals, nursing facilities and prisons;</li> <li>(ii) Outpatient settings, such as clinics, medical offices and therapist offices;</li> <li>(iii) Home and community settings, such as homes, group homes, assisted living facilities, schools, early intervention centers, daycare centers, industrial and business facilities, hospices, sheltered workshops, wellness and fitness centers and community mental health facilities;</li> <li>(iv) Research facilities; and</li> <li>(v) Educational institutions;</li> </ul> <p>(D) "Occupational therapy practice" includes specialized services provided by occupational therapists or occupational therapy assistants who are certified or trained in areas of specialization that include, but are not limited to, hand therapy, neurodevelopmental treatment, dry needling of the upper limb, sensory integration, pediatrics, geriatrics and neurorehabilitation, through programs approved by AOTA or other nationally recognized organizations;</p> <p><b>Regulations: Tennessee Rules and Regulations Title 1150, Chapter 02</b></p> <p><b>§1150-02-.01 DEFINITIONS</b></p> <p>(13) Electrical Stimulation Certification - An authorization issued by the Board when a licensed occupational therapist or occupational therapy assistant has successfully completed requirements to use a device, for which a federally required prescription is necessary, that employs transcutaneous electrical current (direct, alternating, or pulsatile) for the purpose of eliciting muscle contraction, alleviating pain, reducing edema, or drug delivery.</p> <p>(28) Thermal Agents Certification - An authorization issued by the Board when a licensed occupational therapist or occupational therapy assistant has successfully completed requirements to use thermal agents, for which a federally required prescription is necessary, that include superficial heating agents (e.g., hot packs, paraffin), cryotherapy, and deep heating agents (e.g., ultrasound).</p> <p><b>§1150-02-.02 SCOPE OF PRACTICE.</b></p> <p>(4) Occupational therapy services are provided for the purpose of promoting health and wellness to those clients who have, or are at risk of developing, illness, injury, disease, disorder, impairment, disability, activity limitation or participation restriction and may include:</p>

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	<p>(a) Training in the use of prosthetic devices;</p> <p>(b) Assessment, design, development, fabrication, adaptation, application, fitting and training in the use of assistive technology and adaptive and selective orthotic devices;</p> <p>(c) Application of physical agent modalities with proper training and certification;</p> <p>(d) Assessment and application of ergonomic principles;</p> <p>(e) Adaptation or modification of environments (home, work, school or community) and use of a range of therapeutic procedures (such as wound care management, techniques to enhance sensory, perceptual and cognitive processing, and manual therapy techniques) to enhance performance skills, occupational performance or the promotion of health and wellness.</p> <p><b>§1150-02-.04 QUALIFICATIONS FOR LICENSURE.</b></p> <p>(4) Certification in the use of physical agent modalities</p> <p>(a) Electrical stimulation certification - To be eligible for certification in electrical stimulation, an applicant must:</p> <ol style="list-style-type: none"> <li>1. Meet all qualifications in paragraph (1) or (2) of this rule and all applicable procedures in rule 1150-02-.05; and</li> <li>2. Submit documentation of current certification from the Hand Therapy Certification Commission; or</li> <li>3. Successfully complete Board-approved training that shall consist of a total of twenty-five (25) contact hours of didactic and laboratory experiences which include five (5) treatments on clinical patients to be supervised by licensees who hold certification pursuant to subparagraph (a) or by a physical therapist currently licensed in the United States. The treatments shall be from the following categories, and at least one (1) treatment shall be from each category: <ol style="list-style-type: none"> <li>(i) Neuromuscular electrical stimulation</li> <li>(ii) Electrical stimulation for pain control</li> <li>(iii) Edema reduction</li> <li>(iv) Iontophoresis</li> </ol> </li> <li>4. If applicant is seeking certification in the use of physical agent modalities, as provided in paragraph (4) of this rule, the applicant shall present to the Board's administrative office proof of successful completion of didactic and clinical training that has been completed within the two (2) years preceding the submission of the application for certification.</li> </ol> <p>(b) Thermal agents certification - To be eligible for certification in the use of thermal agents, an applicant must:</p> <ol style="list-style-type: none"> <li>1. Meet all qualifications in paragraph (1) or (2) of this rule and all applicable procedures in rule 1150-02-.05; and</li> <li>2. Submit documentation of current certification from the Hand Therapy Certification Commission; or</li> <li>3. Successfully complete Board-approved training that shall consist of a total of twenty (20) contact hours of didactic and laboratory experiences which include ten (10) treatments on clinical patients to be supervised by licensees who hold certification pursuant to subparagraph (b) or by a physical therapist currently licensed in the United States. Five (5) of the ten (10) treatments shall utilize ultrasound. The treatments shall be from the following categories, and at least one (1) treatment shall be from each category: <ol style="list-style-type: none"> <li>(i) Superficial heating agents</li> <li>(ii) Cryotherapy</li> <li>(iii) Deep heating agents</li> </ol> </li> <li>4. If an applicant is seeking certification in the use of physical agent modalities, as provided in paragraph (4) of this rule, the applicant shall present to the Board's administrative office proof of successful completion of didactic and clinical training that has been completed within two (2) years preceding the submission of the application for certification.</li> </ol>



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	<p>(c) Training. The continuous supervision of fieldwork students who are training to be certified in the use of physical agent modalities is required at all times. Such supervision shall only be provided by an occupational therapist who is currently licensed in Tennessee and is currently certified in Tennessee in the use of physical agent modalities.</p> <ol style="list-style-type: none"> <li>1. Approval of all training courses shall be made by the Board. The required training for electrical stimulation and thermal agents certification may be obtained through: <ol style="list-style-type: none"> <li>(i) Colleges and universities approved for training occupational therapists and occupational therapy assistants by the American Occupational Therapy Association, or physical therapists and physical therapy assistants by the American Physical Therapy Association, or at clinical facilities affiliated with such accredited colleges or universities; or</li> <li>(ii) The American Society of Hand Therapists; or</li> <li>(iii) Any approved provider offering a Board-approved course.</li> </ol> </li> <li>2. The training for the therapeutic use of electrical stimulation devices shall provide competency in the following areas: <ol style="list-style-type: none"> <li>(i) Standards <ol style="list-style-type: none"> <li>(I) The expected outcome or treatments with therapeutic electrical current (TEC) must be consistent with the goals of treatment.</li> <li>(II) Treatment of TEC must be safe, administered to the correct area, and be of proper dosage.</li> </ol> </li> <li>(ii) Correct dosage and mode <ol style="list-style-type: none"> <li>(I) Ability to determine the duration and mode of current appropriate to the patient's neurophysiological status while understanding Ohm's law of electricity, physical laws related to the passage of current through various media, as well as impedance.</li> <li>(II) Ability to describe normal electrophysiology of nerve and muscle; understanding generation of bioelectrical signals in nerve and muscle; recruitment of motor units in normal muscle and in response to a variety of external stimuli.</li> <li>(III) Ability to describe normal and abnormal tissue responses to external electrical stimuli while understanding the differing responses to varieties of current duration, requencey and intensity of stimulation.</li> </ol> </li> <li>(iii) Selection of method and equipment <ol style="list-style-type: none"> <li>(I) Ability to identify equipment with the capability of producing the pre-selected duration and mode.</li> <li>(II) Ability to describe characteristics of electrotherapeutic equipment and understanding of the therapeutic value of different electrotherapeutic equipment.</li> <li>(III) Ability to describe safety regulations governing the use of electro- therapeutic equipment.</li> <li>(IV) Ability to describe principles of electrical currents.</li> <li>(V) Ability to describe requirements/idiosyncrasies of body areas and pathological conditions with respect to electrotherapeutic treatment.</li> </ol> </li> <li>(iv) Preparation of treatment <ol style="list-style-type: none"> <li>(I) Ability to prepare the patient for treatment through positioning and adequate instructions</li> <li>(II) Ability to explain to the patient the benefits expected of the electrotherapeutic treatment.</li> </ol> </li> <li>(v) Treatment administration <ol style="list-style-type: none"> <li>(I) Ability to correctly operate equipment and appropriately adjust the intensity and current while understanding rate of stimulator, identification of motor points, and physiological effects desired.</li> </ol> </li> </ol> </li> </ol>

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	<p>(II) Ability to adjust the intensity and rate to achieve the optimal response, based on the pertinent evaluative data.</p> <p>(vi) Documentation of treatments - Ability to document treatment including immediate and long-term effects of therapeutic electrical current.</p> <p>3. The training for the therapeutic use of thermal agents shall provide competency in the following areas:</p> <p>(i) Standards</p> <p>(I) The expected outcome or treatments with thermal agents must be consistent with the goals of treatment.</p> <p>(II) Treatment with thermal agents must be safe, administered to the correct area, and be the proper dosage.</p> <p>(III) Treatment with thermal agents be adequately documented.</p> <p>(ii) Instrumentation</p> <p>(I) Ability to describe the physiological effects of thermal agents as well as differentiate tissue responses to the various modes of application.</p> <p>(II) Ability to select the appropriate thermal agent considering the area and conditions being treated.</p> <p>(III) Ability to describe equipment characteristics, indications, and contraindications for treatment, including identifying source and mechanisms of generation of thermal energy and its transmission through air and physical matter.</p> <p>(iii) Preparation for treatment</p> <p>(I) Ability to prepare the patient for treatment through positioning and adequate instruction.</p> <p>(II) Ability to explain to the patient the benefits expected of the thermal treatment.</p> <p>(iv) Determination of dosage - Ability to determine dosage through determination of target tissue depth, stage of the condition (acute vs. chronic), and application of power/dosage calculation rules as appropriate.</p> <p>(v) Treatment administration - Ability to administer treatment through identification of controls, sequence of operation, correct application techniques and application of all safety rules and precautions.</p> <p>(vi) Documentation of treatments - Ability to document treatment including immediate and long-term effects of thermal agents.</p> <p>(5) In determining the qualifications of applicants for licensure as an occupational therapist or as an occupational therapy assistant, only a majority vote of the board of occupational therapy shall be required.</p> <p><b>§1150-02-.05 PROCEDURES FOR LICENSURE.</b></p> <p>To become licensed as an occupational therapist or occupational therapy assistant in Tennessee, a person must comply with the following procedures and requirements.</p> <p>(1) Occupational Therapist and Occupational Therapy Assistant by Examination</p> <p>(i) Physical agent modality certification. If an applicant is seeking certification in the use of physical agent modalities, as provided in paragraph (4) of Rule 1150-02-.04, the applicant shall present to the Board's administrative office proof of successful completion of didactic and clinical work that has been completed within the two (2) years prior to submission of the application for certification.</p> <p>(2) Occupational Therapist and Occupational Therapy Assistant by Reciprocity</p>

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	<p>(i) Physical agent modality certification. If an applicant is seeking certification in the use of physical agent modalities, as provided in paragraph (3) of rule 1150-02-.04, the applicant shall cause to have proof of successful training completion be submitted directly from the training provider to the Board's administrative office.</p> <p><b>§1150-02-.21 DRY NEEDLING TO THE UPPER LIMB</b></p> <p>(1) In order to perform dry needling to the upper limb, an occupational therapist must obtain all of the educational instruction described in paragraphs (2)(a) and (2)(b) herein. All such educational instruction must be obtained in person and may not be obtained online or through video conferencing.</p> <p>(2) Mandatory Training - Before performing dry needling to the upper limb, a practitioner must complete educational requirements in each of the following areas:</p> <p>(a) Fifty (50) hours of instruction, to include instruction in each of the four (4) areas listed herein, which are generally satisfied during the normal course of study in occupational therapy school or continuing education from a Board approved continuing education provider</p> <ol style="list-style-type: none"> <li>1. Musculoskeletal and Neuromuscular systems;</li> <li>2. Anatomical basis of pain mechanisms, chronic pain, and referred pain;</li> <li>3. Trigger Points; and</li> <li>4. Universal Precautions.</li> </ol> <p>(b) Twenty-four (24) hours of dry needling that includes specific instruction to the upper limb defined as hand, wrist, elbow, and shoulder girdle.</p> <ol style="list-style-type: none"> <li>1. The twenty-four (24) hours must include instruction in each of the following six (6) areas: <ol style="list-style-type: none"> <li>(i) Dry needling technique;</li> <li>(ii) Dry needling indications and contraindications;</li> <li>(iii) Documentation of dry needling;</li> <li>(iv) Management of adverse effects;</li> <li>(v) Practical psychomotor competency; and</li> <li>(vi) Occupational Safety and Health Administration's Bloodborne Pathogens Protocol.</li> </ol> </li> <li>2. Each instructional course shall specify what anatomical regions are included in the instruction and describe whether the course offers introductory or advanced instruction in dry needling.</li> <li>3. Each course must be pre-approved or approved by the Board or its consultant, or the Board may delegate the approval process to recognized health-related organizations or accredited occupational therapy educational institutions.</li> </ol> <p>(c) A newly licensed occupational therapist shall not practice dry needling to the upper limb for at least one (1) year from the date of initial licensure unless the practitioner can demonstrate compliance with paragraph (2) through his or her pre-licensure educational coursework.</p> <p>(3) Any occupational therapist who obtained the requisite twenty-four (24) hours of instruction as described in paragraph (2)(b) in another state or country must provide the same documentation to the Board, as described in paragraph (2)(b), that is required of a course provider. The Board or its consultant must approve the occupational therapist's dry needling coursework before the therapist can practice dry needling in this state.</p> <p>(4) Dry needling to the upper limb may only be performed by a licensed occupational therapist and may not be delegated to an occupational therapy assistant or support personnel.</p>

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	<p>(5) An occupational therapist practicing dry needling to the upper limb must supply written documentation, upon request by the Board, that substantiates appropriate training as required by this rule.</p> <p>(6) All occupational therapy patients receiving dry needling to the upper limb shall be provided with information from the patient's occupational therapist that includes a definition and description of the practice of dry needling and a description of the risks, benefits, and potential side effects of dry needling.</p>
Texas	<p><b>Regulations: Title 3 Health Professions, Subtitle H Professions Related to Certain Types of Therapy, Chapter 362</b>  <b>§362.1. Definitions.</b>  The following words, terms, and phrases, when used in this part shall have the following meaning, unless the context clearly indicates otherwise.</p> <p>(32) Occupational Therapy Practice--Includes:</p> <p>(A) Methods or strategies selected to direct the process of interventions such as:</p> <ul style="list-style-type: none"> <li>(i) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired.</li> <li>(ii) Compensation, modification, or adaptation of activity or environment to enhance performance.</li> </ul> <p>(B) Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:</p> <ul style="list-style-type: none"> <li>(i) Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive) and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems).</li> <li>(ii) Habits, routines, roles and behavior patterns.</li> <li>(iii) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance.</li> <li>(iv) Performance skills, including motor, process, and communication/interaction skills.</li> </ul> <p>(C) Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:</p> <ul style="list-style-type: none"> <li>(i) Therapeutic use of occupations, exercises, and activities.</li> <li>(ii) Training in self-care, self-management, home management and community/work reintegration.</li> <li>(iii) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavioral skills.</li> <li>(iv) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.</li> <li>(v) Education and training of individuals, including family members, caregivers, and others.</li> <li>(vi) Care coordination, case management and transition services.</li> <li>(vii) Consultative services to groups, programs, organizations, or communities.</li> <li>(viii) Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles.</li> <li>(ix) Assessment, design, fabrication, application, fitting and training in assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.</li> <li>(x) Assessment, recommendation, and training in techniques to enhance functional mobility including wheelchair management.</li> <li>(xi) Driver rehabilitation and community mobility.</li> <li>(xii) Management of feeding, eating, and swallowing to enable eating and feeding performance.</li> </ul>

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	<p>(xiii) Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management; techniques to enhance sensory, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills.</p> <p><b>§372.1. Provision of Services.</b></p> <p>(f) Plan of Care.</p> <p>(1) Only an occupational therapist may initiate, develop, modify or complete an occupational therapy plan of care. It is a violation of the OT Practice Act for anyone other than the occupational therapist to dictate, or attempt to dictate, when occupational therapy services should or should not be provided, the nature and frequency of services that are provided, when the client should be discharged, or any other aspect of the provision of occupational therapy as set out in the OT Act and Rules.</p> <p>(2) Modifications to the plan of care must be documented.</p> <p>(3) An occupational therapy plan of care may be integrated into an interdisciplinary plan of care, but the occupational therapy goals or objectives must be easily identifiable in the plan of care.</p> <p>(4) Only occupational therapy practitioners may implement the written plan of care once it is completed by the occupational therapist.</p> <p>(5) Only the occupational therapy practitioner may train non-licensed personnel or family members to carry out specific tasks that support the occupational therapy plan of care.</p> <p>(6) The occupational therapist is responsible for determining whether intervention is needed and if a referral is required for occupational therapy intervention.</p> <p>(7) Except where otherwise restricted by rule, the occupational therapy practitioner is responsible for determining whether any aspect of the intervention session may be conducted via telehealth or must be conducted in person.</p> <p>(8) The occupational therapy practitioners must have contact with the client during the intervention session via telehealth using synchronous audiovisual technology or in person. Other telecommunications or information technology may be used to aid in the intervention session but may not be the primary means of contact or communication.</p> <p>(9) Devices that are in sustained skin contact with the client (including but not limited to wheelchair positioning devices, splints, hot/cold packs, or therapeutic tape) require the on-site and attending presence of the occupational therapy practitioner for any initial applications. The occupational therapy practitioner is responsible for determining the need to be on-site and attending for subsequent applications or modifications.</p> <p>(10) Except where otherwise restricted by rule, the supervising occupational therapist may only delegate to an occupational therapy assistant or temporary licensee tasks that they both agree are within the competency level of that occupational therapy assistant or temporary licensee.</p> <p>(g) Documentation.</p> <p>(1) The client's records include the medical referral, if required, and the plan of care. The plan of care includes the initial evaluation; the goals and any updates or change of the goals; the documentation of each intervention session by the OT or OTA providing the service; progress notes and any re-evaluations, if required; any patient related documents; and the discharge or discontinuation of occupational therapy services documentation.</p> <p>(2) The licensee providing occupational therapy services must document for each intervention session. The documentation must accurately reflect the intervention, decline of intervention, and/or modalities provided.</p> <p>(3) The occupational therapy assistant must include the name of a supervising OT in each intervention note. This may not necessarily be the occupational therapist who wrote the plan of care, but an occupational therapist who is readily available to</p>

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	answer questions about the client's intervention at the time of the provision of services. If this requirement is not met, the occupational therapy assistant may not provide services.
<b>Utah</b>	<p><b>Statute: Utah Code §58-42a-102 Definitions</b></p> <p>(vi) evaluating factors that affect an individual's activities of daily living in educational, work, play, leisure, and social situations, including:</p> <ul style="list-style-type: none"> <li>(A) body functions and structures;</li> <li>(B) habits, routines, roles, and behavioral patterns;</li> <li>(C) cultural, physical, environmental, social, virtual, and spiritual contexts and activity demands that affect performance; and</li> <li>(D) motor, process, communication, interaction, and other performance skills;</li> </ul> <p>(vii) providing interventions and procedures to promote or enhance an individual's safety and performance in activities of daily living in educational, work, and social situations, including:</p> <ul style="list-style-type: none"> <li>(A) the therapeutic use of occupations and exercises;</li> <li>(B) training in self-care, self-management, home-management, and community and work reintegration;</li> <li>(C) the development, remediation, or compensation of behavioral skills and physical, cognitive, neuromuscular, and sensory functions;</li> <li>(D) the education and training of an individual's family members and caregivers;</li> <li>(E) care coordination, case management, and transition services;</li> <li>(F) providing consulting services to groups, programs, organizations, or communities,</li> <li>(G) modifying the environment and adapting processes, including the application of ergonomic principles;</li> <li>(H) assessing, designing, fabricating, applying, fitting, and providing training in assistive technology, adaptive devices, orthotic devices, and prosthetic devices;</li> <li>(I) assessing, recommending, and training an individual in techniques to enhance functional mobility, including wheelchair management;</li> <li>(J) driver rehabilitation and community mobility;</li> <li>(K) enhancing eating and feeding performance; and</li> <li>(L) applying physical agent modalities, managing wound care, and using manual therapy techniques to enhance an individual's performance skills, if the occupational therapist has received the necessary training as determined by division rule in collaboration with the board.</li> </ul> <p><b>Regulation: Utah Administrative Code R156-42a-102, Definitions</b></p> <p>In addition to the definitions in Title 58, Chapters 1 and 42a, as used in Title 58, Chapters 1 and 42a, or this rule:</p> <ul style="list-style-type: none"> <li>(1) "Manual therapy", as used in Subsection 58-42a-102(6)(b)(vii)(L), means the use of skilled hand movements to manipulate tissues of the body for a therapeutic purpose.</li> <li>(2) "Physical agent modalities", as used in Subsection 58-42a-102(6)(b)(vii)(L), means specialized treatment procedures including: superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices.</li> <li>(5) "Wound care", as used in Subsection 58-42a-102(6)(b)(vii)(L), means: <ul style="list-style-type: none"> <li>(a) prevention of interruptions in skin and tissue integrity; and</li> <li>(b) care and management of interruptions in skin and tissue integrity.</li> </ul> </li> </ul>
<b>Vermont</b>	<p><b>Statute: Vermont Statutes, Title 26, Chapter 71, §3351, Definitions</b></p> <p>As used in this chapter:</p>

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	<p>(5) "Occupational therapy practice" means the therapeutic use of purposeful and meaningful occupations (goal-directed activities) to evaluate and treat individuals who have a disease or disorder, impairment, activity limitation, or participation restriction that interferes with their ability to function independently in daily life roles, and to promote health and wellness. Occupational therapy intervention may include:</p> <ul style="list-style-type: none"> <li>(A) remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes;</li> <li>(B) adaptation of task, process, or the environment, or the teaching of compensatory techniques, in order to enhance performance;</li> <li>(C) disability prevention methods and techniques that facilitate the development of safe application of performance skills;</li> <li>(D) health promotion strategies and practices that enhance performance abilities.</li> </ul> <p>(6) "Occupational therapy services" include:</p> <ul style="list-style-type: none"> <li>(A) evaluating, developing, improving, sustaining, or restoring skills in activities of daily living, work, or productive activities, including instrumental activities of daily living, and play and leisure activities;</li> <li>(B) evaluating, developing, remediating, or restoring sensorimotor, cognitive, or psychosocial components of performance;</li> <li>(C) designing, fabricating, applying, or training in the use of assistive technology or orthotic devices, and training in the use of prosthetic devices;</li> <li>(D) adaptation of environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles;</li> <li>(E) application of physical agent modalities as an adjunct to or in preparation for engagement in occupations;</li> <li>(F) evaluating and providing intervention in collaboration with the individual receiving treatment, family, caregiver, or others;</li> <li>(G) educating the individual receiving treatment, family, caregiver, or others in carrying out appropriate nonskilled interventions; and</li> <li>(H) consulting with groups, programs, organizations, or communities to provide population-based services.</li> </ul>
<b>Virginia</b>	No statute or regulations specific to OT and Physical Agent Modalities
<b>Washington</b>	<p><b><u>Statute:</u> Revised Code of Washington Chapter 18.59 Occupational Therapy. 18.59.020, Definitions.</b></p> <p>Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.</p> <p>(4) "Occupational therapy" is the scientifically based use of purposeful activity with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the aging process in order to maximize independence, prevent disability, and maintain health. The practice encompasses evaluation, treatment, and consultation. Specific occupational therapy services include but are not limited to: Using specifically designed activities and exercises to enhance neurodevelopmental, cognitive, perceptual motor, sensory integrative, and psychomotor functioning; administering and interpreting tests such as manual muscle and sensory integration; teaching daily living skills; developing prevocational skills and play and avocational capabilities; designing, fabricating, or applying selected orthotic and prosthetic devices or selected adaptive equipment; wound care management as provided in RCW 18.59.170; and adapting environments for persons with disabilities. These services are provided individually, in groups, or through social systems.</p>

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	<p>(10) "Sharp debridement" means the removal of loose or loosely adherent devitalized tissue with the use of tweezers, scissors, or scalpel, without any type of anesthesia other than topical anesthetics. "Sharp debridement" does not mean surgical debridement.</p> <p>(11) "Wound care management" means a part of occupational therapy treatment that facilitates healing, prevents edema, infection, and excessive scar formation, and minimizes wound complications. Treatment may include: Assessment of wound healing status; patient education; selection and application of dressings; cleansing of the wound and surrounding areas; application of topical medications, as provided under RCW 18.59.160; use of physical agent modalities; application of pressure garments and nonweight-bearing orthotic devices, excluding high-temperature custom foot orthotics made from a mold; sharp debridement of devitalized tissue; debridement of devitalized tissue with other agents; and adapting activities of daily living to promote independence during wound healing.</p> <p><b>18.59.160. Purchase, Storage, and administration of medications – Restrictions – Liability.</b>  An occupational therapist licensed under this chapter may purchase, store, and administer topical and transdermal medications such as hydrocortisone, dexamethasone, fluocinonide, topical anesthetics, lidocaine, magnesium sulfate, and other similar medications for the practice of occupational therapy as prescribed by a health care provider with prescribing authority as authorized in RCW 18.59.100. Administration of medication must be documented in the patient's medical record. Some medications may be applied by the use of iontophoresis and phonophoresis. An occupational therapist may not purchase, store, or administer controlled substances. A pharmacist who dispenses such drugs to a licensed occupational therapist is not liable for any adverse reactions caused by any method of use by the occupational therapist. Application of a topical medication to a wound is subject to RCW 18.59.170.</p> <p><b>18.59.170. Scope of practice – Wound care management.</b></p> <p>(1) (a) An occupational therapist licensed under this chapter may provide wound care management only:</p> <ul style="list-style-type: none"> <li>(i) In the course of occupational therapy treatment to return patients to functional performance in their everyday occupations under the referral and direction of a physician or other authorized health care provider listed in RCW 18.59.100 in accordance with their scope of practice. The referring provider must evaluate the patient prior to referral to an occupational therapist for wound care; and</li> <li>(ii) After filing an affidavit under subsection (2)(b) of this section.</li> </ul> <p>(b) An occupational therapist may not delegate wound care management, including any form of debridement.</p> <p>(2) (a) Debridement is not an entry-level skill and requires specialized training, which must include: Indications and contraindications for the use of debridement; appropriate selection and use of clean and sterile techniques; selection of appropriate tools, such as scissors, forceps, or scalpel; identification of viable and devitalized tissues; and conditions which require referral back to the referring provider. Training must be provided through continuing education, mentoring, cotreatment, and observation. Consultation with the referring provider is required if the wound exposes anatomical structures underlying the skin, such as tendon, muscle, or bone, or if there is an obvious worsening of the condition, or signs of infection.</p> <p>(b) (i) Occupational therapists may perform wound care management upon showing evidence of adequate education and training by submitting an affidavit to the board attesting to their education and training as follows:</p> <ul style="list-style-type: none"> <li>(A) For occupational therapists performing any part of wound care management, except sharp debridement with a scalpel, a minimum of fifteen hours of mentored training in a clinical setting is required to be documented in the affidavit. Mentored training includes observation, cotreatment, and supervised treatment by a licensed occupational therapist who is authorized to perform wound care management under this section or a health care provider who is authorized to perform wound care management in his or her scope of practice. Fifteen</li> </ul>



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	<p>hours mentored training in a clinical setting must include a case mix similar to the occupational therapist's expected practice;</p> <p>(B) For occupational therapists performing sharp debridement with a scalpel, a minimum of two thousand hours in clinical practice and an additional minimum of fifteen hours of mentored sharp debridement training in the use of a scalpel in a clinical setting is required to be documented in the affidavit. Mentored training includes observation, cotreatment, and supervised treatment by a licensed occupational therapist who is authorized to perform sharp debridement with a scalpel under this section or a health care provider who is authorized to perform wound care management, including sharp debridement with a scalpel, in his or her scope of practice. Both the two thousand hours in clinical practice and the fifteen hours of mentored training in a clinical setting must include a case mix similar to the occupational therapist's expected practice.</p> <p>(ii) Certification as a certified hand therapist by the hand therapy certification commission or as a wound care specialist by the national alliance of wound care or equivalent organization approved by the board is sufficient to meet the requirements of (b)(i) of this subsection.</p> <p>(c) The board shall develop an affidavit form for the purposes of (b) of this subsection.</p>
West Virginia	<p><b><u>Statute: West Virginia Code §30-28-4, Scope of practice; license and supervision requirements.</u></b></p> <p>(M) Application of physical agent modalities, and use of a range of specific therapeutic procedures and techniques to enhance occupational performance skills. Use of physical agent modalities by occupational therapy assistant's must be consistent with their education (e.g. superficial thermal and mechanical modalities) and used under the general supervision of an occupational therapist. The use of deep thermal or electrical modalities may only be performed by the occupational therapy assistant under the direct supervision of an occupational therapist, until the board shall promulgate rules as well as establish competency standards for the use of the modalities.</p> <p><b><u>Regulation: West Virginia Code of State Rules §13-5-2. Definitions.</u></b></p> <p>As used in this rule:</p> <p>2.2. "Advanced Practice" means treatment techniques or arenas which require education and training obtained subsequent to the qualifying degree program or beyond current ACOTE standards for the qualifying degree program.</p> <p>2.4. "Deep thermal agent modalities." Means therapeutic ultrasound, phonophoresis, and diathermy.</p> <p>2.5. "Electrotherapeutic agent modalities." means neuromuscular electrical stimulation, transcutaneous electrical nerve stimulation, and iontophoresis.</p> <p>2.6. "General Supervision" means initial direction and periodic inspection of the activities of a licensed occupational therapist assistant by the supervising licensed occupational therapist, but does not necessarily require constant physical presence on the premises while the activities are performed.</p> <p>2.7. "Mechanical modalities" means the therapeutic application of various forms of mechanical energy to the body, including traction and intermittent pneumatic compression (does not include spinal traction).</p> <p>2.8. "Modality" means the employment of or the method of employment of a therapeutic agent.</p> <p>2.9. "Physical Agent Modality (PAM)" means those modalities that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity, and are used as an adjunct to or in preparation for purposeful activity.</p> <p>2.10. "Superficial physical agent modality" means hot packs, cold packs, ice, fluidotherapy, paraffin, water, and other commercially available superficial heating and cooling devices.</p>

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	<p><b>§13-5-3. Physical Agent Modalities in Occupational Therapy.</b>  3.1. Physical agent modalities may be used by occupational therapy practitioners when used as an adjunct to/or in preparation for purposeful activity to enhance occupational performance.  3.2. An occupational therapist may not delegate evaluation, reevaluation, treatment planning, and treatment goals for physical agent modalities to an occupational therapy assistant.  3.3. Occupational therapy assistants and students of occupational therapy shall 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.  3.4 When an occupational therapist delegates the use of modalities to an occupational therapy assistant or student, both shall:  3.4.a. Comply with appropriate supervision requirements as defined in §13-1-2; and  3.4.b. Assure that their use is based on service competency.</p> <p><b>§13-5-4. Competency Requirements for Occupational Therapy Assistants in the use of Physical Agent Modalities.</b>  4.1. To promote the safe provision of occupational therapy, this section sets forth the requirements which must be met before an occupational therapy assistant may apply physical agent modalities.  4.2. Occupational therapy assistants may apply superficial thermal and mechanical modalities including, but not limited to, hot packs, cold packs, paraffin, fluidotherapy, and icing, under the general supervision of an occupational therapist, consistent with ACOTE standards for an educational program for occupational therapy assistants.  4.3. Any occupational therapy assistant who wishes to utilize advanced practice occupational therapy techniques involving deep thermal or electrical modalities under the general supervision of an occupational therapist, must maintain documented evidence of possessing the theoretical background and technical skills for safe and competent use.  4.4. The occupational therapy assistant is responsible for proving competency in the use of specific modalities and techniques.  4.5. Competency may be displayed through documented educational programs which include a method of evaluation and testing the knowledge of the occupational therapy assistant, including, but not limited to:  4.5.a. Accredited educational programs ;  4.5.b. Specific certification as endorsed by the American Occupational Therapy Association or its successor, or as approved by the WV BOT;  4.5.c. Successful completion of an appropriate continuing education course which includes theory, indications, contra-indications and applications.  4.6. Training shall be completed prior to the use of the specific modality. Documentation of training shall be made available to the Board upon request.  4.6.a. The Board shall conduct random audits of occupational therapy assistants to substantiate competency in physical agent modalities.</p>
<b>Wisconsin</b>	<p><b>Regulation: Wisconsin Administrative Code Chapter OT 4</b>  <b>OT 4.02 Scope of practice.</b>  (1) "Occupational therapy," as defined at s. 448.96 (5), Stats., may include the following interventions:  (a) Remediation or restitution of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological processes.  (b) Adaptation of task, process or environment, or the teaching of compensatory techniques, in order to enhance performance.  (c) Disability prevention methods and techniques which facilitate the development or safe application of performance skills.</p>

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	<p>(d) Health promotion strategies and practices which enhance performance abilities.</p> <p>(2) Occupational therapy services include, but are not limited to the following:</p> <ul style="list-style-type: none"> <li>(a) Screening, evaluating, developing, improving, sustaining, or restoring skills in activities of daily living, work or productive activities, instrumental activities of daily living, play, leisure activities, rest and sleep, education and social participation.</li> <li>(b) Evaluating, developing, remediating, or restoring sensorimotor, sensory perceptual neuromusculoskeletal, emotional regulation, cognition, communication, social skills, or psychosocial components of performance.</li> <li>(c) Designing, fabricating or training in the use of assistive technology, upper extremity orthotic devices and lower extremity positioning orthotic devices.</li> <li>(d) Training in the use of prosthetic devices, excluding gait training.</li> <li>(e) Adaptation of environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles.</li> <li>(f) Application of physical agent modalities. Application is performed by an experienced therapist with demonstrated and documented evidence of theoretical background, technical skill and competence.</li> <li>(g) Educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions.</li> <li>(h) Consulting with groups, programs, organizations, or communities to provide population-based services.</li> <li>(g) Evaluating and providing intervention and case management in collaboration with the client, family, caregiver or other involved individuals or professionals.</li> <li>(h) Educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions.</li> <li>(i) Consulting with groups, programs, organizations, or communities to provide population-based services.</li> <li>(j) Therapeutic use of occupations, exercises, and activities.</li> <li>(k) Training in self-care, self-management, health management and maintenance, home management, community work reintegration, and school activities and work performance.</li> <li>(l) Therapeutic use of self, including one's personality, insights, perceptions and judgments, as part of the therapeutic process.</li> <li>(m) Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchair and other mobility devices.</li> <li>(n) Vision and low vision rehabilitation.</li> <li>(o) Driver rehabilitation and community mobility.</li> <li>(p) Management of feeding, eating, and swallowing to enable eating and feeding performance.</li> <li>(q) Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and adaptation processes.</li> <li>(r) Use of a range of specific therapeutic procedures, including wound care management; techniques to enhance sensory, perceptual, and cognitive processing; and pain management, lymphedema management, and manual therapy techniques, to enhance performance skills.</li> </ul>
Wyoming	<p><b>Regulation: Wyoming Administrative Rules, Occupational Therapy Board, Chapter 1, Section 2 – Definitions.</b></p> <p>As used in these rules, the following definitions apply:</p> <p>(l) "Physical Agent Modalities" means techniques that produce a response in soft tissue using light, water, temperature, sound, or electricity.</p>

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	<p data-bbox="380 204 1934 232"><b>Regulation: Wyoming Administrative Rules, Occupational Therapy Board, Chapter 3, Section 6 – Physical Agent Modalities</b></p> <p data-bbox="380 233 1902 290">(a) An OT or an OTA may use physical agent modalities in conjunction with, or in immediate preparation for, occupational therapy services under the following conditions:</p> <ul style="list-style-type: none"> <li data-bbox="478 293 1856 350">(i) The OT or OTA must complete six (6) hours of post professional education in the appropriate use of physical agent modalities.</li> <li data-bbox="478 354 1969 410">(ii) The OT or OTA shall complete five (5) supervised direct administrations of each modality demonstrating the appropriate use of each physical agent modality. The supervisor must be a person licensed to practice as an OT or physical therapist.</li> <li data-bbox="478 414 1923 470">(iii) The OT or OTA shall retain documentation that they completed the required five (5) supervised direct administrations of each modality to be used.</li> </ul> <p data-bbox="380 474 1415 501">(b) Nothing in this section modifies or amends any provision of Section 7 of this chapter.</p>