MINUTES OF THE MEETING
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE
MONTANA STATE SENATE

JANUARY 11, 1985

The meeting of the Public Health, Welfare and Safety Committee was called to order by Vice Chairman, J. D. Lynch on Friday, January 11, 1985, in Room 410 of the State Capitol Building at 1:00 p.m.

ROLL CALL: All members were present with the exception of Senator Newman who was absent. Senators Jacobson and Hager were late because of testifying on a bill in another committee. Karen Renne, staff researcher, was also present.

There were many visitors in attendance. See attachments.

CONSIDERATION OF SENATE BILL 79: Senator Chris Christiaens of Senate District 17, sponsor of SB 79, gave a brief resume of the bill. This bill is an act providing for the licensure and regulation of occupational therapists and occupational therapy assistants; creating a Board of Occupational Therapy Practice; providing for the authority of the Board; and providing for an immediate effective date.

Senator Christiaens read a letter of support from Alicia C. Pichette of Helena. She stated that her daughter has had cerebal palsy since she was 6 months old and requires occuaptional therapy. if Montana had a licensing and regulating standard the people would be protected from unqualified therapists. See attachments.

Sue Zimmerman of Billings, president of the Occupational Therpay Association, stood in support of the bill. She read written testimony which she handed in and also several letters in support of SB 79. See attachments.

Eila Cagle, representing the Montana Occupational Therapy Association, stood in support of the bill. She stated that as an educator, she was speaking on behalf of the students. There are over 120 colleges and universities in the United States that have training programs and award degrees or certificates in occupational therapy programs. Programs are accredited by the allied health program committees of the American Medical Association and the American Occupational Therapy Association. Certification of occupational therapists was established over 50 years ago. The certification program is recognized in federal regulations. She turned in several letters of support for the record. See attachments.

Debbie Ammondson, a registered occupational therapist and a fourth generation Montanan, stood in support of the bill. She stated that her reason for testifying was to promote maintaining quality care of patients throughout Montana by occupational therapists and also to increase public knowledge of the profession of occupational therapy. Montana does not have the gross negligence that has been found in other states but there are several documented problems that have been discovered. She presented the committee with a copy of potential problems that could occur if occupational therapy services are not provided correctly by a qualified occupational therapist. Ms. Ammondson handed in writtten testimony to the committee. See attachments.

Max Witt, a nine year old student from Bozeman, stood in support of the bill. He stated that he is at the present time receiving treatment from occupational therapist. He does not wish to have adults that are not qualified working on children. He asked that Committee to support the bill to insure quality care.

Diane Witt, mother of Max, stated that without the quality care that Max has been receiving he would not be able to acomplish what he can at the present time. She showed some of the braces that Max wears at night and also some of the items to help him reach and pickup items.

Shirley Miller, Chief of the Bureau of Professional and Occupational Licensing, stood in support of the bill with an amendment. See attachments.

Sister Elizabeth Henry, administrator of West Mont, stood in support of the bill. The services of occupational therapists are need to achieve the mission of their corporations . Licensure will strengthen this profession in Montana. Licensing affords better consumer protection. See attachments.

Rose Skoogs representing the Montana Health Care Association, stood in support of the bill. She stated that an amendment is need to clarify the statement of intent.

Katherine Bradley of the Montana Occupational Therapists Association stood in support of the bill. She feels that this bill would assure quality care to all in Montana. She handed in letters of support. See attachments.

Linda Boughton of Bozeman stood in support of the bill and also presented letters of support. See attachments.

Leslie Mullette of Helena, representing the Montana Occupational Therapist Association, stood in support of the bill. She presented letters from parents, audiologists and other interested people. See attachments

Special Olympics Programs

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Taiwan (Republic of China)
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Venezuela

FOR MORE INFORMATION CONTACT:
Eunice Kennedy Shriver
Special Olympics, Inc.
1701 K Street, N.W., Suite 203
Washington, DC 20006
Telephone: (202) 331-1346

or

DON BYERS, STATE DIRECTOR
MONTANA SPECIAL OLYMPICS
3300 3RD ST NE
GREAT FALLS, MT 59404

A New Kind of Joy

THE STORY OF SPECIAL OLYMPICS

CREATED AND SPONSORED BY
THE JOSEPH P. KENNEDY, JR. FOUNDATION

students to join Special Olympics? Will you help obtain the use of athletic fields or gymnasiums for training programs or games? Are you just an interested person? Will you volunteer your time and talent? Will you contribute money? Will you help raise money to Sponsor an Athlete at a Special Olympics game?

If you're willing to do any of these jobs, and more, we need your help.

In 1968, the Joseph P. Kennedy, Jr. Foundation created Special Olympics. Since then, it has become the largest program of sports training and athletic competition for mentally retarded children and adults in the world. For mentally retarded individuals, sports and physical activity are the quickest, surest road to health, growth and self-confidence. Mentally retarded individuals have always been told, "You can't do it." Special Olympics says: You can do it. All you need is a chance."

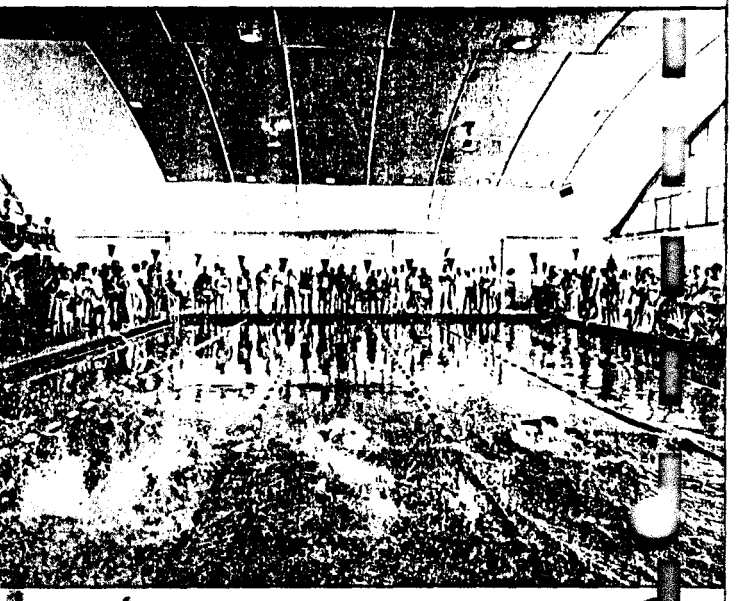
A New Kind of Joy

Since its beginning, Special Olympics has grown remarkably to the point where now more than 1,000,000 special children and adults are participating. Each year, in many thousands of community, area, chapter, national and international games, meets, and regular training programs, these special people—often for the first time—have a chance to show their families and communities just how much they can accomplish. For them, Special Olympics is a new way to health, a new kind of joy.

Special Olympics is sport in its truest sense. The goal is not to win, but to try. To experience, not to conquer. No time is too slow, no distance too small to earn a ribbon, a hug, a cheer, or a sincere "well done." No records are broken in Special Olympics—except those for courage, deter-

There's much that you can do

Are you a student on a high school team? Will you help train a Special Olympian to throw a softball or run the 50-meter dash? Are you a good swimmer? Will you train a Special Olympian to swim the 25-meter free style or back stroke? Are you a parent with a few extra hours each week? Will you help with the administrative work needed to organize Special Olympics games – telephoning principals of schools with special classes, showing movies to encourage teachers and



The need is great

Special Olympics is now a year-round program in 96% of America's counties, in every state, in the District of Columbia, Puerto Rico, Guam, the Virgin Islands and American Samoa. Special Olympics programs are on-going in Argentina, Australia, Barbados, Belgium, Bermuda, Canada, Chile, Colombia, Costa Rica, Ecuador, El Salvador, England, France, Greece, Guatemala, Hong Kong, India, Ireland, Israel, Italy, Jamaica, Japan, Kenya, Mexico, Morocco, The Netherlands, Nigeria, Norway, Paraguay, The Philippines, San Marino, Taiwan (Republic of China), Turkey, Venezuela and an ever-growing number of other countries.

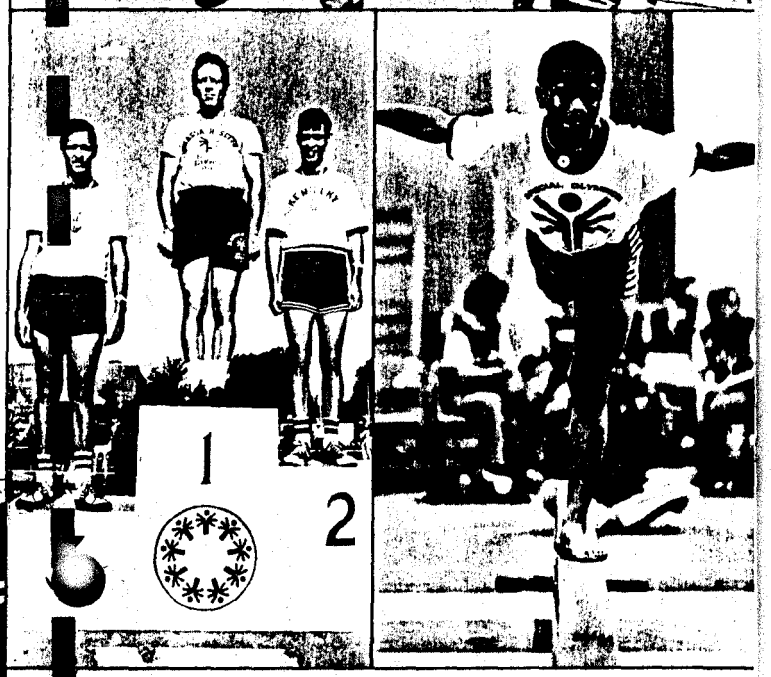
This success has been made possible by the love and dedication of hundreds of thousands of volunteers who know that mentally retarded individuals have important contributions to make to society.

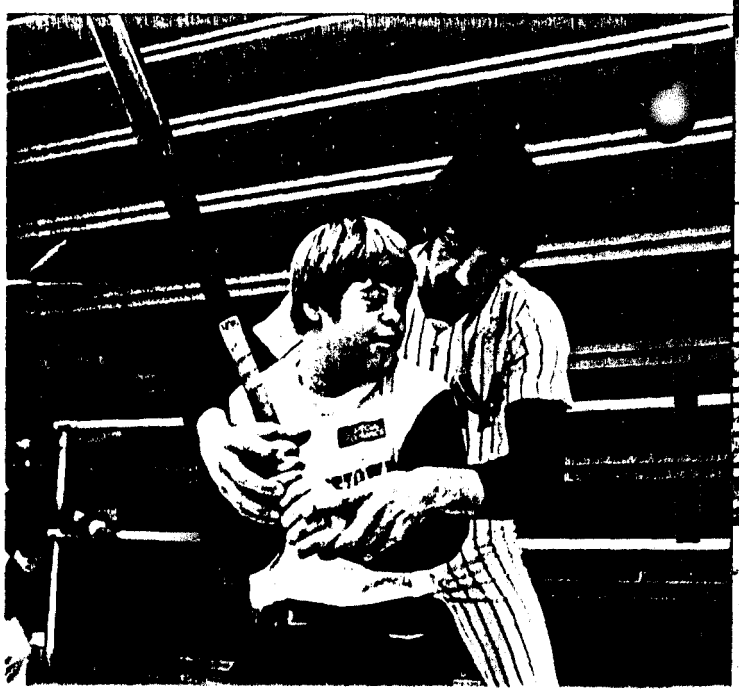
But the need is still great. In the United States alone, only 30% of the mentally retarded individuals who need the program are being reached. Many school systems still have no special physical education program for mentally retarded individuals. Thousands of communities and school systems have never opened their gymnasiums, pools, or athletic fields to them.

Without your help, millions of special boys and girls and men and women will continue to stand on the sidelines. They need Special Olympics and Special Olympics needs you.

Primarily a local program—with no massive bureaucracy, Special Olympics is truly "grass roots"—organized in towns like yours, by people like you, who care.

There are dozens of organizations and corporations which have adopted Special Olympics as their special project. Organizations like: Civitan International, the Office Education Association, Kiwanis International, National Basketball Association, North American Soccer League, National Hockey League, Non Commissioned Officers Association, The American Legion and Auxiliary, AMVETS, Coca-Cola and Coca-Cola Bottlers, Warner Communications, McDonald's, the General Federation of Women's Clubs, Procter & Gamble, Aerobic Dancing, Inc. and many more. In your community, representatives of these groups are ready to work with you to make Special Olympics available to more mentally retarded individuals.





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No special person is too handicapped to take part. No time is too slow, no distance too small to earn a ribbon, a hug, a cheer, or a sincere "Well done."

When Ron Guidry of the New York Yankees received the Spirit of Special Olympics Medal - the program's highest award - he told of how in his mother's home in Louisiana two framed awards hang side by side —equally cherished. One is Ron Guidry's Cy Young Award. The other is the medal his brother Travis won in the Louisiana Special Olympics.

"And you know," he said, "I believe it took more character and sheer guts for Travis to win his medal than for me to win the Cy Young."

ontana Special Olympics 1985 – 1986

"Helena is Special"

CREATED BY THE
JOSEPH P. KENNEDY, JR. FOUNDATION

Authorized and Accredited by Special Olympics, Inc. for the Benefit of Mentally Retarded Citizens.

Please Join Us!
1985
May 15 - 18
1986
May 14 - 17

1985 and 1986 mark the first years for Helena to be the host city for the Montana Special Olympics Spring Games. The games attract between 2000—3000 athletes, coaches and parents.

This is one of the largest events ever hosted in Helena and requires total community commitment and involvement. Hundreds of volunteers are needed to plan special events, arrange entertainment, help with athletic competition, and perhaps most important of all, to cheer and to support the athletes.

During the Biennium $76,500 must be raised to pay for hospitality, awards ceremonies, programs and souvenirs.

Join the "Helena is Special" commitment! Give whatever time and financial assistance you can to make the 1985 and 1986 Special Olympics among the most memorable moments in the participants lives.

Special Olympics contributes to the physical, social and psychological development of handicapped participants. Through successful experiences in sports, they gain confidence and build a positive self-image associated with success rather than failure.

"For great world athletes the contest may last only minutes. Then it is over, and they have won or lost. But for Special Olympians the contest can last a lifetime. The challenge begins again each day. What they win by their courageous efforts is far greater than any game. They are winning life itself, and in so doing they give to others a most precious prize—faith in the unlimited possibilities of the human spirit.

Eunice Kennedy Shriver

YOUR CHEERING MAKES THEIR COMPETITION COMPLETE — YOUR DONATION MAKES THEIR COMPETITION POSSIBLE

Yes, I want to help the special athletes of Montana!

_____ Enclosed is my check for $_____.

_____ I would like to pledge $_____ for 1985

Please bill me (date)_____.

_____ Please contact me for a contribution or an in-kind donation.

_____ I would like to volunteer my time and talent. Please contact me.

Note: Please list your name, organization or business as you wish it to appear in the official souvenir program.

NAME/ORGANIZATION/BUSINESS _____

ADDRESS _____ PHONE _____

All donations to the Helena State Special Olympics are tax-deductible.

Mail to: Helena State Special Olympics
55 S. Rodney, Helena, MT 59601

Connie L. Grenz of the Montana Occupational Therapy Association stood in support of the bill. She stated that she has had 10 years of professional experience and been a staff therapist at the Boulder River School and Hospital where she supervised occupational therapists, occupational therapy aides and students. Voluntary standards are widely recognized and honored, however, they are inadequate to protect the consumer in need of occupational therapy from improper practices. Many regulations in the health care industry mandate occupational therapy as a vital service. Without a legal definition which licensure provides, the rules can be circumvented and the consumer deceived or harmed. Occupational therapy focuses on productive and independent function; inappropriate treatment is a very expensive proposition for both the consumer and the taxpayer in the long run. See attachments.

Wendy Holmes of Florence stood in support of the bill as a member of the Montana Occupational Therapy Association. Ms. Holmes stated that she felt that SB 79 would ensure that facilites across the state employ qualified occupational therapists and protect consumers from unqualified practitioners This bill is important to achieve a high standard of health care in Montana. She handed in a letter of support from Barry Kenfield of Missoula Community Hospital. See attachments.

Roxanne Hiesterman, as a mother and also as an occupational therapist, stood in support of the bill. The guidelines of this profession as outlines in the Licensure bill will assure a standard of education, professional competence, an incentive for growth and consistant delivery of treatment to the people of Montana who require Occupational Therapy services. She handed in written testimony to the committee. See attachments and tape.

Julaine Monson of Missoula stood in support of the bill.

The meeting was opened to the opponents.

John Roberts of Helena stood in oposition to the bill. He stated that if the bill were amended to exempt those dealing in orthotics and prosthetics he could support the bill. The amendment would be very necessary to cover those in his profession.

With no further opponents the meeting was opened to a question and answer period from the Committee.

Senator Jacobson asked if the effective date be changed and was told that this would be fine to change the effective date.

Senator Norman asked how many Occupational Therapists this bill would affect. There are 75 working therapists in Montana at the present time working, however, there are 100 on the register. There is approximately 100 renewals per year.

Senator Himsl asked if an occupational therapist need to be a member of the state organization to practice. No answer to the question was given. He was told that this bill would insure good quality care.

Senator Himsl asked if services by an occupational therapist will now cost more, if this bill is passed. He was told "no".

Senator Stephens asked if insurance companies pay for occupational therapy. Yes, they do pay for this service.

Senator Stephens then asked about the penalty clause in the bill. He was told that 29 other states have this.

Senator Himsl asked if coaches are exempt from this bill. Some felt that perhaps the bill should be amended to definitely include coaches.

Senator Christiaens closed. He stated that the major reasons for this bill are: 1) a definite need to ensure quality care, 2) third party payments, and 3) how quickly this profession is growning. He felt that this is a very good and necessary bill and urged the committee to give SB 79 a DO Pass recommendation.

CONSIDERATION OF SENATE BILL 71: Senator Tom Hager of Senate District 48, the chief sponsor of SB 71, gave a brief resume of the bill. This bill is an act to generally revise the procedure for reviewing certificate of need applications for health care facilities; eliminating appeals to the Board of Health and Environmental Sciences, and providing an immediate effective date. Senator Hager stated that SB 71 adresses the certificate of need process and will help to speed up the process. This bill will also eliminate the Board of Health, and Environmental Sciences from the appeal process. Any affected person may appeal the departments' final decision to the district court.

Irene Simpson stood in support of the bill. She stated that this would eliminate the duplication of equipment, help rural hospitals and also help the high cost of health care. This bill does not require any extra funding.

George Fenner of the Montana Department of Health, and Environmental Sciences stood in support of the bill. It is responsibility to administer the certificate of need programs. In cases where there are competitive applications the review time may not change significantly, but the applicant will have more time to prepare their hearing presentation and will have the opportunity to review and respond to the staff's preliminary report

on their applications. If an appeal is filed, that part of the process will be considerably reduced by the provision in Senate Bill 71. Mr. Fenner handed in written testimony. See attachments.

Wade Wilkison representing LISCA stood in support of the Bill. He stated that he supports elimination of appeals process to the Board as duplicative and, therefore, increase the cost of health care. A five hundred dollar fee would further shift the cost to those requesting use of the procedure rather than to the taxpayers.

David Lackman, representing the Montana Health Association, stood in support of the Bill. Mr. Lackman handed in written testimony for the committee. See attachments.

Jim Foley, representing the Health System Agencies for Montana stood in support of the bill.

Jerome Loendorf of the Montana Medical Association stood in support of the bill.

Shirley Thennis, representing the Montana Nurses' Association, stood in support of the bill.

Joe Upshaw representing the retired people of the State of Montana, stood in support of the bill.

Bill Leary of the Montana Hospital Association stood in support of the bill.

Rose Skoogs, representing the Montana Health Care Association, stood in support of the bill. She stated that certain exclusions from the act should perhaps be contained in the statement of intent. She urged support from the committee for the bill.

With no further proponents, the chairman called on the opponents. Hearing none, she opened the meeting to a question and answer period from the committee.

Senator Hager closed. He stated that this is a good bill and asked for a favorable recommendation from the Committee.

ACTION OF SENATE BILL 71: A motion was made by Senator Lynch that the Committee give Senate Bill 71 a DO PASS recommendation. Motion carried unanimously.

ANNOUNCEMENTS: The next meeting of the Senate Public Health, Welfare and Safety Committee will be held on Monday, January 14, 1985 in Room 410 of the State Capitol Building to consider Senate Bill 54.

ADJOURN: With no further business the meeting was adjourned.

Judy Jacobson

CHAIRMAN, SENATOR JUDY JACOBSON

eg

ROLL CALL

PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE

49th LEGISLATIVE SESSION -- 1985 Date _____

SENATE SEAT #	NAME	PRESENT	ABSENT	EXCUSED
6	SENATOR JUDY JACOBSON, CHAIRMAN	late		
5	SENATOR J. D. LYNCH, V.CHAIRMAN	✓		
42	SENATOR TOM HAGER	late		
30	SENATOR MATT HIMSL	✓		
17	SENATOR TED NEWMAN		✓	
45	SENATOR BILL NORMAN	✓		
14	SENATOR STAN STEPHENS	✓		
26	SENATOR TOM TOWE	✓		

Each day attach to minutes.

DATE

COMMITTEE ON

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Check One: Oppose
Mary Mistal	Montana Chapt of APTA American Physical Therapy	79		
Clay Edwards	MT. Chap. of APTA -	SB 79		
Ena Simpson	AARP Legislative Committee	SB 71	✓	
John Roberts	ORTHOTIST'S	SB 79		✓
Jan Zimmerman	Montana O.T Assoc	SB 79	✓	
Connie L. Grenz	Montana O.T. Assoc	SB 79	✓	
Michele C. Mahon	Montana OT Assoc.	SB 79	✓	
Mary J. Olsen	Montana OT Assoc.	SB 79	✓	
Emila Cagle	Montana OT Assoc.	SB 79	✓	
Linda Botten	Montana OT Assoc. - Bozeman	SB 79	✓	
Leslie Mullette	Montana OT Assoc - Helena	SB 79	✓	
Roxanne Hesterman	parent / OTR	SB 79	✓	
Max Witt	Client	SB 79	✓	
David Lackman	MT Public Health Assn	SB 71	✓	
Diane Witt	Parent OTR	SB 79	✓	
Shirley M Miller	BO Licensing / Dept of Commerce	SB 79	Information	
Julaine S. Monson	Montana OT Assoc - Msla	SB 79	✓	
Teresa Drabos	Montana OT assoc, Msla	SB 79	✓	
Shirley Thennis	Montana Nurses Assn	SB 71 / SB 79	✓	
Jan Delaney	MT. Chpt. APTA	SB 79		
Deb Armond	Mt OT Ass.	SB 79	✓	
Wendy Holmer	Mt OT Assoc.	SB 79	✓	
Kathy Bradley	Mt OT Assoc.	SB 79	✓	
Lynne M Boone	MT OT Assoc.	SB 79	✓	
Elizabeth Key	West Mont Community Care	SB 79		
Jerome T Loendorf	Mt Medical Assn	SB 71	✓	

(Please leave prepared statement with Secretary)

DATE _____

COMMITTEE ON _____

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
Steve Davis	Montana O.T. Assoc.	79	✓	
Steve Fechmuller	Dept of Health	71	✓	
Dale Taliaferro	" "	71		
Jim FOLEY	MHSA	71	✓	
WADE WILKISON	LISCA	71	✓	
Agatha Kibbee	MPS			
Jack allen	MHH	71	✓	
Dayman	AHES	71	✓	
[illegible]	SDHE - [illegible]	71	—	

(Please leave prepared statement with Secretary)

STANDING COMMITTEE REPORT

JANUARY 11, 1985

MR. PRESIDENT

We, your committee on PUBLIC HEALTH, WELFARE AND SAFETY

having had under consideration SENATE No. 71,

FIRST reading copy (WHITE color)

AMENDING CERTIFICATE OF NEED PROVISIONS FOR HEALTH CARE FACILITIES

Respectfully report as follows: That SENATE No. 71,

DO PASS

~~DO NOT PASS~~

SENATOR JUDY JACOBSON
Chairman.

Alicia C. Pichette
714 Sixth Avenue
Helena, MT 59601

Jan 11, 1985

RE: SB79

Dear Ladies & Gentlemen:

I'm writing you today to ask your support for SB79, for the licensure and regulation of Occupational Therapists.

My daughter has cerebral palsy and has required occupational therapy since she was 6 months old. When she started receiving services we lived in Maryland, a State with their own certification program. We were surprised to learn Montana does not have such a program. As much as I've learned about occupational therapy in the past 3 years, I'm not able to judge the qualifications of an Occupational Therapist. If Montana had a licensing and regulating standard, we would be protected from unqualified therapists.

I hope you can support this bill. Thank you.

Sincerely,
Alicia Pichette

(This sheet to be used by those testifying on a bill.)

NAME: Susan Zimmerman DATE: ~~2~~ 1/11/85

ADDRESS: 119 Ave C Billings MT. 59101

PHONE: 248-4373

REPRESENTING WHOM? MT Occupational Therapy Association

APPEARING ON WHICH PROPOSAL: SB 79

DO YOU: SUPPORT? X AMEND? _____ OPPOSE? _____

COMMENT:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

MONTANA OCCUPATIONAL THERAPY ASSOCIATION

January 10, 1985

Public Health & Welfare Committee
Montana State Legislature
Helena, Montana

Gentlemen:

My name is Sue Zimmerman and I am the President of the Montana State Occupational Therapy Association. I have been a practicing Occupational Therapist in Montana for five (5) years.

Occupational Therapy in the state of Montana touches a wide spectrum of people of all ages and with a variety of disabilities including strokes, spinal cord injuries, head injuries, arthritis developmental delays, mental retardation, psychiatric disorders, multiple trauma and muscular, neurologic orsystemic degenerative diseases. Occupational Therapy is provided through state institutions, private, public and non-profit hospitals, private practice, public schools and non-profit organizations.

Occupational Therapists in their daily work promote maximum independence, prevent further disability and maintain health through the use of evaluation treatment and consultation with the disabled individual and the family. Our services are provided individually, in groups or through social systems and include the teaching of daily living skills; developing perceptual motor skills and sensory integrative functioning; developing play skills, prevocational and leisure capacities; designing, fabricating or applying selected orthotic and prosthetic devices or selective adapted equipment; using specifically designed crafts and exercises to enhance functional performance; administering and interpreting tests such as manual muscle and range of motion; and adapting environments for the handicapped.

The Montana Occupational Therapy Association provides all Occupational Therapists in Montana an opportunity to share experiences, knowledge and fellowship to promote growth in our profession.

The state association was established within guidelines from the American Occupational Therapy Association. These guidelines have not only provided us the structure to bring Montana's Occupational Therapists together for a common purpose but promotes the continuation of the highest professional standards possible.

Our bi-annual meetings are rotated throughout the state and consist of a business meeting, and continuing education for the members. Examples of our education opportunities sponsored by the Montana Occupational Therapy Association in the past have included advanced splinting techniques, conducted by a major manufacturer in the United States; a regional Occupational Therapy conference with Wyoming, Utah, Idaho and Montana that included respected authorities in orthopedic surgery, gerontology and neurology and a future course on computer technology for the handicapped to be held this spring.

Another function of this association is to promote public education. Our library contains programs available to any therapist for use at health fairs, vocational fairs and presentation to community groups. Our members also as advocates for the handicapped populations in areas of public transportation, parking, public facility accessibility, home adaptations and communication systems, using the state and national organizations as a resource of information and support.

This licensure bill will provide the residents of the Montana Association an assurance that the high quality of professional Occupational Therapy practice will be available to them in the future.

Respectfully Submitted,

Susan Zimmerman OTR

Susan Zimmerman, OTR
President of the Montana
Occupational Therapy Association

SZ/rre

David F. Sloan, M.D. P.C.

2520 17th ST. WEST, SUITE 100, BILLINGS, MONTANA 59102 TELEPHONE (406) 245-2458

PLASTIC AND RECONSTRUCTIVE SURGERY
SURGERY OF THE HAND
COSMETIC SURGERY

January 10, 1985

Public Health & Welfare Committee
Helena, MT. 59601

Dear Members:

This letter is being written to you in support of state-wide licensing for Occupational Therapists.

I have had the privilege over many years of watching the evolution of this specialty in the ever-expanding field of medical care. Good Occupational Therapists are a critical part of any major hospital practice and are certainly a critical part of my practice in rendering top quality medical care. Hand splinting and Jobst garment measurement are but two of the most critical areas in which I value the services of good Occupational Therapists literally daily. I have come to trust our Occupational Therapists who have extensive educational background and skills in these particular areas. I think that it is imperative to have the State step in with licensing requirements to assure that this high standard of medical care will continue.

Your thoughtful attention to this matter would be deeply appreciated.

Sincerely yours,

DAVID F. SLOAN, M.D., F.A.C.S.

DFS/klh

Diplomat, American Board of General Surgery
Diplomat, American Board of Plastic and Reconstructive Surgery
Fellow, American College of Surgeons

January 10, 1985

Dear Public Health and Welfare Committee:

This is a letter to ask for your support of a bill to provide licensure and regulation of occupational therapists and occupational therapy assistants.

Regulation of occupational therapy would provide assured continuation of a consumer service by a licensed registered therapist.

It would minimize the possibility of claiming to provide a service without the actual training of the individual providing the service.

Finally, it would systematically regulate the professional competence of occupational therapists and occupational therapy assistants.

Thank you for your attention to this matter.

Sincerely,

Lynn Davis, OTR

Lynn Davis
Occupational Therapist, Registered

LD/jh

January 10, 1985

Dear Public Health and Welfare Committee:

I am writing in regards to the Licensure Bill for Occupational Therapy. I am now residing in Montana and helped to initiate such a bill in the State of North Dakota where licensure has been in effect for one year.

I am pleased to see this bill considered as it is to the benefit of the consumer to be provided with occupational therapy from a Registered Therapist or an assistant. Licensure has minimized the possibility of claiming to provide a service without the actual training.

Thank you for your attention to this bill.

Sincerely,

Susan Norton OTR.

Susan Norton
Occupational Therapist; Registered

SN/jh

January 10, 1985

Public Health & Welfare Committee
Montana State Legislature
Helena, MT

Gentlemen:

My name is Bob Miller and I am 33 years old. On July 23 I was admitted to St. Vincent Hospital feeling like I had a severe case of the flu. Within a matter of hours I had lost all strength in my arms and legs and most of me memory. It was necessary for me to be placed on a respirator, heart monitor and have multiple Intraveneous tubes to sustain my life. My diagnosis was Guillain Barre'.

During the month I was in the acute care part of the hospital I received Occupational Therapy and Physical Therapy daily. The Occupational Therapist assisted me in basic dressing, grooming and bathing and started work on sitting balance and transfers.

On August 24, 1984 I was transferred to the New Hope Regional Rehabilitation Center. I continued to receive Occupational Therapy twice a day and we worked on skills to make me independent again. These included arm strengthening, balance, coordination for my hands and arms, dressing, bathing and talked about adapting my home. When I was discharged I could take care of myself but needed continued Occupational Therapy for my arm and hand strength and coordination. My outpatient therapy continued for three more months on a daily basis.

I felt the Occupational Therapists made my hospitalization and rehabilitation much shorter than it might have been. People don't think about their coordination and independence so much until they lose it. The Occupational Therapists helped me to get that back.

Occupational Therapists were an important part of my treatment and they need to be recognized. Licensure will guarantee that a good therapist will be available to help other people.

Sincerely,

Bob Miller

January 9, 1985

Public Health + Welfare Committee
Montana State Legislature
Helena, Montana

To Whom It May Concern:

I have been working with the Occupational Therapists at St. Vincents Hospital for almost 2 years now. I have MS and they have helped me a great deal in making my home life as easy as possible + adaptable to my needs. I was surprised to learn that Occupational Therapists are not licensed by the State.

I am very lucky to have such good therapists to turn to, but maybe others will not be as lucky if standards are not set up for Occupational Therapists to meet. Therefore,

I feel that by licensing Occupational Therapists in the State of Montana will only insure that the handicapped & disabled people of Montana will get the best help necessary for them to adapt their lives in the most efficient manner possible.

Sincerely,

Susan K. Sayles
15 Glenharon Drive
Billings, MT 59105

MONTANA OCCUPATIONAL THERAPY ASSOCIATION

FACT SHEET

Occupational therapy is a specific medical rehabilitation service that assists the individual in recovery from illness or accident, and teaches them to function at their optimum level of independence. This service is provided to persons of all ages who are physically, psychologically, or developmentally disabled. It involves the functional evaluation, treatment and follow-up of conditions including: stroke, heart attack, arthritis, diabetes, burns, cancer, spinal cord injury, psychiatric disorders, developmental delays, and congenital abnormalities. Occupational therapists provide the patient with:

- -Daily independent living skills
- -Cognitive skills
- -Orthotics/prosthetics
- -Energy conservation techinuques
- -Joint protection/body mechanics
- -Developmental therapy
- -Sensorimotor integration
- -Psychosocial skills
- -Positioning
- -Assistive/adaptive equipment

Occupational therapists use purposeful rehabilitative tasks to reduce the affects of specific pathology or impairment, and to help individuals achieve independence.

An Occupational therapist, Registered (OTR) completes a four year baccalaureate degree program and six to nine months of supervised fieldwork experience. The Certified Occupational Therapy Assistant (COTA) is a graduate of an associate degree program in occupational therapy approved by the American Occupational Therapy Association (AOTA). Occupational therapy programs are accredited by the American Medical Association in collaboration with the AOTA. This collaborative relationship, dating from 1934, is the oldest existing involvement between the AMA and an allied health profession.

There are over one hundred registered occupational therapists and six certified occupational therapy assistants currently practicing in the state of Montana. They are providing services in comprehensive rehabilitation centers, general hospitals, home health services, skilled nursing facilities, outpatient clinics, community mental health centers, day care centers and school systems.

MONTANA OCCUPATIONAL THERAPY ASSOCIATION

FACT SHEET

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(This sheet to be used by those testifying on a bill.)

NAME: Ella D. Cagle DATE: 1-11-85

ADDRESS: 3425-13th Avenue South, Great Falls, MT

PHONE: 761-3098

REPRESENTING WHOM? Montana Occupational Therapy Association

APPEARING ON WHICH PROPOSAL: Licensure of Occupational Therapists

DO YOU: SUPPORT? X AMEND? _____ OPPOSE? _____

COMMENTS: As an educator, I am speaking on behalf of those occupational therapists who are in the field work setting for occupational therapy students. There are over 120 colleges and universities in the United States that have training programs & award degrees or certification in occupational therapy. Programs are accredited by the Allied Health programs committee of the American Medical Association and the American Occupational Therapy Association.

Certification of occupational therapists was established over 50 years ago. The certification program is recognized in federal regulations.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

Eila Cagle
3425 13th Ave. So
Great Falls, MT 59405
January 11, 1985

Chairman, Public Health and Welfare
Room 410
Helena, Montana

Mr. Chairman:

I wish to encourage you to support Senate Bill 79 which will provide for the licensing of occupational therapists in the state of Montana.

Although the vast majority of occupational therapist honor the American Occupational Therapy Association standards of practice; where no legal definition of service exists, the intent of the standards can be circumvented, and the consumer can be deceived or harmed. Since Montana has no definition of occupational therapy, these standards are unenforceable.

Occupational therapy focuses on assisting the patient in achieving the maximal level of independent function by mobilizing those capacities which remain after accidents, disease, or deformity. Inappropriate treatment is a very expensive proposition for both the consumer and tax-payer in the long run.

Your support of SB 79 will be a positive step in the health and welfare of Montanans.

Sincerely,

Eila D. Cagle

Eila D. Cagle,MS, OTR

BILL J. TACKE, M.D., P.C.

1101 - 26th Street South
Great Falls, MT 59405
(406) 791-5490

January 11, 1985

Chmn of Public Health & Welfare Comm.
State Capital Bldg.
Helena, MT 59601

Dear Sir:

I am writing this letter in support of the Occupational Therapy licensure bill. I am a physician specializing in rehabilitation medicine. As such, I work closely with Occupational Therapists in a clinical setting. They play an integral role in the rehabilitation training program for patients with severe disability. They work closely with physicians, nurses, and other allied health professions. I feel that Occupational Therapists practicing within the state should be under licensure for the protection of their profession as well as for the safeguard of the public interest.

Sincerely,

Bill Tacke, MD

Bill J. Tacke, M.D.
Medical Director
Rehabilitation Unit
Montana Deaconess Medical Center
Specialist in Physical Medicine
and Rehabilitation

BJT:ss

Dear Chairman Public Health + Welfare 1-11-85
It has been brought to my attention that there is an effort to get O.T. therapists liscensed.

Since my operation there has been a very severe need for upper extremity therapy ~~that some of us need this therapy which is provided were not aware~~ in order to help me learn to write + use my hands again. I was not aware that all people practising O.T. were not equally qualified and approved to practise by the State. A lot of us that need therapy need proper therapy + need to know that those providing care properly trained + qualified. I do believe that it would be beneficial to anyone that at sometime should need proper therapy that they should receive it from liscensed personnel. In order to be fully recovered that I feel O.T. is a vital part of the rehabilitation ~~putting~~ making a person capable to return to as near a normal of life as prior to the ~~operation~~ illness or injury.

Ha. Harvey E. Tool

S/P brain stem tumor Surgery
witnessed by Suzanne Butterfield OTR

Dear Sirs, 1/10/84

I was recently involved in a diving accident that left me a quadraplegic. I have worked with the occupational therapy staffs (both at the Deaconess and Columbus hospitals) in Great Falls. I feel that both staffs are very well trained and very knowledgable in their respective fields. I understand that these staffs are in the process of filing for their liscense. Occupational therapy has definitely been of great benefit to me and it is for this reason that I suggest that

The occupational therapists of Montana should be granted their license.

Thank you,

Mark J. Mascarenas

(This sheet to be used by those testifying on a bill.)

NAME: Dale Thompson DATE: 1-11-85

ADDRESS: 2nd 13th Ave. S. H 23 Great Falls MT

PHONE: 453-7157

REPRESENTING WHOM? DT

APPEARING ON WHICH PROPOSAL: DT Discussion.

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENT: For purpose of

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

Madam Chairman, members of the committee and friends. My name is Debbie Ammondson, a registered occupational therapist and a fourth generation Montanan. I received my formal education from Concordia College in Moorhead Minnesota, with a B.S. degree in Zoology, and my Masters degree in Occupational Therapy from Texas Woman's University in Denton, Texas. Prior to returning to Montana, I worked in Minnesota and North Dakota to increase my knowledge of occupational therapy practices and refine my skills in the treatment of patients. I continue to reside in Montana because of the need for occupational therapy services and the quality of life that exists here. Currently I am board of directors of the American Occupational Therapy Foundation, which has given me the opportunity to compare the service of occupational therapy in Montana with ~~the~~ other practices throughout the United States.

I am hear to testify before you today, to promote maintaining quality care of pztients throughout Montana by occupational therapists and also to increase public knowledge of the profesiion of occupational therapy.

Attention has been called lately to the rising cost of medical treatment and the efforts to reduce that cost. Occupational therapy has consistantly strived to meet that goal and has proved that medical costs can be redueced through the use of occupational therapy services. By utilizing occupational therapy to treat patients with disabiling diseases or injuries, hospitalization stay has been effectively reduced by up to thirty percent. This presents a overall savings to the patient and to the taxpayer. By utilizing occupational therapy, a large portion of patients can be sent home earier, reducing the need for longer stays in extended care facilities. For patients in the incoming producing years, occupational therapists strive to return that patient

to a fullfilling occupation, agian reducing the amount of social assistance necessary for these people. Also by returning the worker to their employment they are able to maintain their self respect and worthwhilemess.

In another aspect of occupational therapy, we promote the concept of wellness, helping people maintain a quality life style without requiring unnecessary hospitalization. People are encouraged to take responsibility for their own health through a variety of programs including well-child screening, instruction in Body mechanics and endrgy conservation techniques, and others to numerous to mention.

While it is true that the American Occupational Therapy Association advocates high standards of professionalism, it must be pointed out that these standards are only VOLUNTARY! This is not adequate to ~~increase~~-assure that Montana's consumers will be reasonable well protected against ungualified individuals offering occupational therapy services. Several cases of negligence and incompetence have been documented in other states. Why must we wait for such unfortuanate occurences to occur in Montana before enacting legal standards for professional competency of occupational therapy personnel?

Montana does not have the gross negligence that has been found in other states but there a several documented problems that have been discovered, and I would like to give you know for your edification a copy of potential problems that could occur if occupational therapy services are not provided ~~corrected~~, by a qualigied occupational therapist.

During the past several years the profession of occupational therapy has grown considerably in Montana, and with the knowldge of its cost saving benefits, we can only assume that it will continue to grow. As more and more occupational therapists are employed, the public must be assured quality services. Citizens of Montana should hot have to evaluate the professional competence of each individual claiming to be able to deliver occupational therapy services. This assumes an awareness and understanding of existing standards of practice not readily avaiable to the public.

Moreover, it is time consuming and costly process to shop around for appropriate treatment. Most individuals when faced with personnel illness or familial problems are not in the right frame of mind to conduct such a search.

Licensure for occupational therapy personnel can be enacted without increased cost to the state or consumer, and without adversly affecting the availablity of occupational therapy services. In fact, liscensing of occupational therapists and assistants has been adopted as a safeguard to public health in twenty-nine other states, in addition to the District of Columbia and Puerto Rico. Six States are currently in the process of legislating the practice of occupational therapy.

~~Max Witt Story~~

I would like to urge you in concludion, or the approriateness of enacting this legislation, and helping to protect the public from damageing treatment from untrained individuals.

OCCUPATIONAL THERAPY FUNCTIONS	ILLNESS/INJURY	CONSEQUENCES TO THE CONSUMER WHEN CARE IS ERRONEOUS, INCOMPETENT, OR OMITTED
A. Independent Living/Daily Living Training (ADL) Feeding/Eating Hygiene/Grooming Dressing Training Functional Mobility Object Manipulation Work (homemaking) Child Care/Parenting Employment Preparation Emotional/Psychological Daily Living Skills Training	Total hip replacement and other orthopedic conditions	Improper lower extremity dressing technique or transfer training could cause hip dislocation, pain, and loss of function in that extremity.
	Cardiopulmonary Disease - i.e. myocardial infarction, congestive heart failure, COPD (Congestive Obstructive Pulmonary Disease), cardiac surgery	Inadequate knowledge and erroneous selection of a daily living activity progression with respect to the energy required to perform that activity and the patient's cardiopulmonary response to that activity may cause over fatigue, extension of an infarct, cardiac arrest or even death. Failure to implement such a program facilitates inactivity, loss of function, depression, deterioration of cardiovascular system and shortened life span.
	Spinal Cord Injury	Improper transfer technique or improper selection of adaptive equipment will facilitate skin lesions, decubitis ulcers, and/or further injury to an unstable spinal cord and paralysis.
	Arthritis	Failing to educate the arthritic patient in joint protection technique, energy conservation and work simplification methods results in increased synovitis, joint damage, pain, and loss of function.
B.1. Sensorimotor Training Reflex Integration Range of Motion Exercises (ROM) Gross & Fine Motor Coordination Training Neuromuscular Facilitation/Inhibition Muscle Strengthening	Spinal Cord Injury	In patients with spinal cord injury producing quadriplegia when no functional return is projected in finger flexors, the training OTR/COTA would not reduce mild to moderate contractures developing in finger flexors. These contractures may assist the patient to develop a more functional grasp. The incompetent or untrained practitioner would stretch these contractures producing further functional loss in the patient with a spinal cord injury.
The OTR evaluated then selectively applied functional activities and exercises to increase or decrease muscle tone, to strengthen, to mobilize joints and increase coordination in the upper extremities shoulder girdle, neck, and face.	Low Endurance (Multiple Sclerosis, Guillian Barre Syndrome, Amyotrophic Lateral Sclerosis) Elderly, Acutely Ill	In the acutely ill or patients with diagnoses and precautions of low endurance, the incompetent practitioner without knowledge/training in activity and exercise analysis may overly fatigue the patient, extend the illness, increase pain and weakness, or facilitate life threatening complications.
	CVA (stroke), Head Injury, and other Neuromuscular Disease/Injury	Practitioners without adequate knowledge of neuroanatomy/physiology and without adequate education and training to enable them to apply sensorimotor technique correctly will delay or permanently disrupt optimal functioning of the patient with a neuromuscular illness or injury. A frequently seen example is the CVA (stroke) patient. It is a common occurrence for a well-meaning member of the medical team to instruct a CVA patient to squeeze a ball to increase grasp strength. A competent OTR/COTA would rarely instruct a patient to do so. Following evaluation in most cases, you will find excessive muscle tone in the flexor/pronator muscle groups (grasp) of the upper extremity. Rather than strengthening these muscle groups, a competent practitioner would inhibit tone in these muscle groups while facilitating increased tone and strength of opposing muscle groups. Erroneous treatment produces an individual with an arm that is flexed at the elbow and held close to the body with a hand that is fisted. The patient will be unable to open his/her hand or reach out with his/her arm functionally.

B.2. Sensory Integration Training Vestibular and Bilateral Integration Training Tactile Integration Training Praxis (motor planning) Visual Perceptual Training	Developmental Delay	As with other forms of neurodevelopmental treatment, incorrect application of therapeutic techniques may produce an undesirable physiologic/functional response. Over stimulation without careful knowledge of the patient's status and physiologic response to that stimulation may have dangerous results. Vestibular stimulation reduces respirations and heart rate and has been reported to envoke convulsions. Sensory integrative deficits are more subtle physical abnormalities. Accurate diagnosis and effective treatment planning requires the administration of extensive standardized evaluations and clinical observations which are impossible to administer and interpret properly without education and training. Such tools in incompetent hands leads to extensive time and money wasted, misdiagnosis and possible mislabeling of a child and wasted time and money spent on treatment techniques that produce poor results.
C.1. Therapeutic Adaptation Orthotics - The fabrication and selection of static and dynamic splints and slings for the purpose of relieving pain, maintaining joint alignment, protecting joint integrity, improving function and/or reducing deformities.		Selection/fabrication of the wrong splint/sling causes further joint deformity, skin breakdown, and loss of function. Poor construction will cause the splint to be less durable and more costly for the patient.
	Acute Burn Injury	An OTR without current splinting knowledge/training applied the wrong splint to the hand of an acute burn patient. This patient's MCP joints should have been splinted in 90° flexion to prevent skin adhesions and contractures at those joints. This therapist splinted the patient in full joint extension, causing the patient to lose function of that hand. (See Ohio Case in Section B).
	Spinal Cord Injury	Unqualified personnel selected and issued splints designed to increase hand function - (flexion hinge splints) in a quadriplegic patient. This type of flexion hinge splint was much too heavy and cumbersome for this patient and actually decreased hand function. A new set of equally costly appropriate splints had to be purchased for this patient.
C.2. Therapeutic Adaptation Prosthetics - The OTR evaluates the patient with upper extremity amputation and determines from this assessment what type of prosthesis to prescribe - what weight, limb, harness, elbow unit, wrist unit, terminal device, etc. Therapeutic Adaptations Assistive/Adaptive Equipment	Amputation	There have been frequent instances when a prosthesis has been erroneously prescribed by unqualified personnel. In a like number of cases, the patient was never trained to use the limb. In both instances the prosthesis is useless. Such occurances cause great functional and financial loss to the patient.

What functions performed by the occupation are inherently dangerous, i.e., put the consumer at risk of harm with each performance regardless of the skill of the practitioner? Describe the resulting harm and how it may be lessened by a skilled practitioner if that is the case.

The majority of the functions performed by this occupation do not, in themselves, put the patient in harm. Rather, it is the patient's response to these functions and/or the patient's mental, emotional, or physical instability which may cause the functions to be dangerous. A well-trained therapist has both theoretical and practical knowledge of the neuromuscular and cardiovascular systems of the body as well as of physical, emotional, and psychosocial development of the individual. He/she is trained in treatment or rehabilitation of injuries to these systems and of precautions and contraindications that greatly reduce risk to the consumer. (The financial burden to the consumer is also reduced when a skilled practitioner performs these tasks as appropriate treatment is planned and implemented in the most expedient way.) Examples of possible risks to the consumers follow in chart form, including possible complications and management of complications.

DIAGNOSIS OR DISABILITY	METHOD OF TREATMENT WHICH COULD BE DANGEROUS	POSSIBLE COMPLICATIONS	MANAGEMENT OF POTENTIAL COMPLICATIONS
1. Traumatic injuries a. Amputation of upper extremity	Evaluation and prescription of prosthesis in conjunction with prosthetist and physician	1. Vascular problems 2. Weight fluctuations that affect fit of prosthesis 3. Skin breakdown	1. Refer to medical services 2. Refer to prosthetist 1. Temporarily discontinue wearing of prosthesis 2. Provide patient education regarding skin care
b. Burns	Reducing hypertophic scarring by applying pressure to patient through conforming splints and/or pressure garments	1. Infection 2. Skin breakdown	1. Employ sterile techniques 2. Relieve pressure areas with adapted positioning technique
c. Etc.			
2. Neurological diseases and impairments a. Cerebral vascular accidents b. Head stroke trauma c. Cerebral Palsy d. Etc.	1. Neurological treatment 2. ADL activities	1. Choking 2. Seizures 3. Delay or impede neurological return	1. Knowledge of emergency techniques 2. Awareness of pre-seizure symptoms and seizure management 3. Knowledge of neurological treatment techniques
3. Circulatory Diseases a. Cardiac conditions b. Etc.	1. Prescribing progressive activities for patient	1. Medical instability/ death	1. Therapist must have knowledge about cardiac conditions and be able to instruct patient in cardia status during activities in order to effectively monitor energy expenditur
4. Muscular Diseases a. Muscular dystrophies b. Multiple sclerosis c. Etc.	1. Exercise programs for range of motion and muscle strengthening	1. Joint damage 2. Inadequate or improperly performed motion exercises can result in permanent contractures of muscles, tendons, and ligaments	1. Therapists trained in physiology of exercise are aware o the contraindications of certain types of exercise with certain medical conditions

5. Respiratory Diseases a. Emphysema	1. Prescribing progressive activity 2. Use of substances with toxic fume	1. Overstressing respiratory and cardiovascular systems 2. Exacerbation of disease process	1. Knowledge of patient's condition and the ability to effectively monitor activity prescribed 2. Knowledge of substances used in activity
6. General Medicine a. Neonatal evaluations and treatment	1. Evaluations and treatment	1. Overstressing neurological and physical systems 2. Medical instability/death	1. Knowledge of infant's condition as well as treatment techniques utilized
7. Diseases of Bones and Joints a. Arthritis	1. Positioning of patient 2. Exercise programs for range of motion and muscle strengthening 3. Splinting	1. Joint damage 2. Joint damage 3. Joint damage as well as loss of function due to improper splinting	1. Knowledge of physiology of exercise, correct positioning, and splinting
8. Psychiatric Disorders a. Psychosis	1. Design and monitor treatment environment	1. Further cognitive psychological, or social impairment	1. Ability to correctly assess patient's responses to treatment is mandatory 2. Ability to know when treatment program must be altered
9. Sensory Impairment a. Blind	1. All activities	1. Lack of vision prevents patient from having critical sensory system that allows him/her to protect self	1. Knowledge of patient's condition and abilities as well as knowledge of treatment techniques
10. Geriatrics	1. Designing and monitoring treatment environment 2. Transfers to tub, toilet, bed or chair	1. Further cognitive, physical, psychological or social impairment 2. Falling resulting in physical and psychological harm	1. Knowledge of patient's condition and treatment techniques 2. Knowledge of proper ways to transfer patient as well as knowledge of patient's abilities
11. Developmentally Delayed a. Retardation	1. Improper treatment or lack of treatment	1. Prevent individual from attaining highest level of function possible	1. Knowledge of individual's abilities, normal developmental levels, and treatment techniques
12. Sensory Integrative Dysfunction	1. Sensory stimulation	1. Sensory overload 2. Seizures 3. Respiratory arrest	1. Reassess activity, reduce stimuli, and change activity 2. Knowledge of pre-seizure symptoms and seizure management 3. Knowledge of symptoms of potential respiratory arrest

Which devices or substances used in the services provided by practitioners of the occupation are inherently dangerous? Describe the resulting harm and how it may be lessened by a skilled practitioner if that is the case.

DEVICE OR SUBSTANCE	POSSIBLE HARM	MANAGEMENT OF POSSIBLE HARM
1. Splint or brace	Possible nerve, muscle, skin, or orthopedic damage; functional loss and debilitation	Awareness of anatomy of the upper extremity and risks or contraindications reduces possibility of harm. Knowledge of splinting materials and techniques with the ability to select and fabricate the appropriate splints/slings to ensure the desired position
2. Slings	Possible auxillary nerve damage or impaired brachial artery circulation due to improper fit. Improper positioning - loss of extremity function	
3. Kitchen or shop equipment, toxic or flammable materials	Possible burns, cuts, shocks or poison ingestation, loss of extremity, respiratory insufficiency or arrest	Therapist must utilize thorough understanding of patient's disease process and functional limitations, therefore enabling him/her to choose activities within the patient's capability. Also needs to educate the patient as to use and dangers of equipment and substances.
4. Sensory integrative equipment, such as nets, holsters, gym balls, scooter boards	Patient may fall off such equipment. Patient may be improperly or overstimulated, facilitating seizure, respiratory arrest, etc.	Therapist must be aware of appropriate technique and equipment and know how to properly position the patient and monitor his/her response to treatment
5. Neuromuscular facilitation devices of vibration and ice	Adverse effects on central nervous system or vascular system	Therapist must be aware of treatment indication and contraindication.

(This sheet to be used by those testifying on a bill.)

NAME: Max Witt, Diane Witt DATE: 1/11/84

ADDRESS: Box 691

PHONE: 388-1333

REPRESENTING WHOM? Bozeman OT

APPEARING ON WHICH PROPOSAL: ~~SB~~ SB

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENTS: I am a student receiving OT because I have arthritis. I am in favor of this bill to insure quality Occupational therapy.

DEPARTMENT OF COMMERCE

TED SCHWINDEN, GOVERNOR

1424 9TH AVENUE

STATE OF MONTANA

(406) 444-3737

HELENA, MONTANA 59620-0401

TO: Senator Christiaens

FROM: Shirley M. Miller, Chief
Bureau of Professional & Occupational Licensing

Proposed Amendments to S.B. 79 to Create a Board of Occupational Therapists

Section 5, Page 5, Line 16 Insert "staggered" term of 4 years

Section 18, page 13, Insert new (7) "all fees collected by the board under this section must be deposited in an earmarked special revenue fund for the use of the board in administering this act.

Section 20, Page 13, Grandfather provisions. Provide for a termination of the Grandfather Clause.

Add (a) All applications for license under this provision must be received by the board no later than 1 year from the effective date of this act.

Section 24, Page 14, Effective date.

Change to: This act is effective ~~on passage and approval.~~ July 1, 1985.

SENATE PUBLIC HEALTH COMMITTEE
January 11, 1985

Mr. Chairman, members of the committee, my name is Sr. Elizabeth Henry. I am here as the administrator of West Mont in support of Senate Bill 79.

1. West Mont is a three corporation entity:
   - a seven county licensed home health service
   - a five group and one day program habilitation service
   - a home management service offering respite and individual financial management services

2. All our corporations exist for the purpose of assisting with the normalization process of the care of the elderly and handicapped. We promote deinstitutionalization and prevent institutionalization when appropriate.

3. We need the services of occupational therapists to achieve our corporation missions.

4. We believe licensure will strengthen this profession in Montana. We believe licensing affords better consumer protection. We strongly urge you to recommend passage of this bill.

(This sheet to be used by those testifying on a bill.)

NAME: Rose Skoog DATE: 1-11-85

ADDRESS: 34 So. Last Chance Gulch Ste. A
Helena Mt 59601

PHONE: 443-2876

REPRESENTING WHOM? Mt. Health Care Assn

APPEARING ON WHICH PROPOSAL: SB 79

DO YOU: SUPPORT? X AMEND? _____ OPPOSE? _____

COMMENT:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

(This sheet to be used by those testifying on a bill.)

NAME: Kathrine Bradley OTR DATE: 1-11-85

ADDRESS: 505 Deer Dr Great Falls MT

PHONE: 452-1519

REPRESENTING WHOM? MT OT Assoc.

APPEARING ON WHICH PROPOSAL: SB 79

DO YOU: SUPPORT? X AMEND? _____ OPPOSE? _____

COMMENT:

I support the proposed practice act & assure quality care to all in MT.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

GREAT FALLS ORTHOPAEDIC ASSOCIATES
PHYSICIANS' PROFESSIONAL CENTER, SUITE 5
1300 28TH STREET SOUTH
GREAT FALLS, MONTANA 59405

TELEPHONE (406) 761-1410

J. W. BLOEMENDAAL, M.D.
PAUL M. MELVIN, M.D.

CHARLES D. JENNINGS, M.D.
SURGERY OF THE HAND

January 9, 1985

Senate Committee of Public Health,
Welfare and Safety
Helena, Montana

Dear Chairman:

I am writing in support of the specialty of Occupational Therapy for Montana State Licensure. In my specialty of Hand and Upper Extremity Surgery, I utilize occupational therapy for about 75% of my patients. Their skills apply more specifically to the upper extremity and are concerned with exercise supervision, functional evaluation (including motor and sensory evaluation), splinting (dynamic and static), and patient education. In addition they have knowledge of, and access to a great variety of adaptive devices which allow handicapped people to function in their activities of daily living. Occupational Therapy is an indispensable part of my practice in that they save me time and perform services which I could not otherwise perform. I firmly believe that they both speed up a patient recovery and allow the patient to have a better ultimate result. Both of these factors lead to lessening in the overall cost of medical care. In addition, patients are afforded a greater level of independence which also contributes to health care savings.

I feel that state licensure is also a way to insure quality Occupational Therapy care throughout the state including rural areas.

I hope that you will carefully consider my statements and decide in favor of state licensure for Occupational Therapy.

Thank you very much for your consideration.

Sincerely,

C D Jennings M.D.

Charles D. Jennings, M.D.

CDJ/sc

PEGGY SCHLESINGER, M.D.
Adult and Pediatric Rheumatology
COLLEGE PARK MEDICAL CENTER
SUITE 111
GREAT FALLS, MONTANA 59405
(406) 761-5883

January 9, 1985

Montana Senate
Public Health, Welfare
and Safety Committee
State Capitol
Helena, Montana 59620

Dear Mr. Chairman:

A bill is currently before the legislature requesting licensure for Occupational Therapists. This is an important issue. Occupational Therapists are important members of the team of health professionals caring for arthritis patients. Their services are invaluable and often they make the difference in a patient's ability to maintain an independent existence.

State licensure should not be postponed any longer. This would assure the same quality of care from Scobey to Shelby, Glendive to Livingston. Please give this matter urgent attention so quality care can be guaranteed.

Sincerely,

P Schlesinger MD

Peggy Schlesinger, MD
Pediatric and Adult Rheumatolog

1602 Maple Lane
Bozeman, MT 59715
January 9, 1985

To Whom It May Concern:

As a private non-profit agency that provides home training services to families of handicapped infants and children we support licensure of occupational therapists in Montana. We utilize occupational therapists for assessments and consultations in setting up home programs for parents to use with their developmentally disabled children. We feel licensure would help insure quality and uniformity in the practice of occupational therapy in Montana.

Sincerely,

Patty Pagnotta
Family Trainer

Marge Fehrer
Service Coordinator

12-84

TO WHOME IT MAY CONCERN:

I,ALICE TOMLIN, AM A STROKE VICTIM. A PARALETIC.

I COULD'NT EAT, TALK OR WALK.HAD TO BE FED THRO'GH A TUBE DIRECTLY TO MY STOMACH. IMAGINE NOT BEING ABLE TO TASTE FOOD FOR MONTHS WHEN ONE ENJOYS EATING LIKE I DO.(AS THE SCALES NOW TESTIFY). WELL, ONE DAY I OVER-HEARD THE DOCTOR TELL A NURSE, " SHE WILL NEVER BE ABLE TO EAT OR WALK AGAIN". WELL, THANKS TO THE OCCUPATIONAL THERAPIST AND HER PATIENT, I CAN EAT EVERYTHING. ALSO, HOW TO USE MY HANDS AGAIN. SHE ALSO TAUGHT MY HANDS TO DO THINGS THAT SEAMED IMPOSSIBLE. 'THO IT WILL TAKE A WHILE, BETWEEN HER AND PHYSICAL THERAPIST, I AM SURE I WILL ONE DAY WALK AGAIN. PRAISE GOD FOR ALL OUR FINE THERAPISTS. THEY HAVE GIVEN ME A NEW LEASE ON LIFE.

SINSERELY, ALICE TOMLIN

Carolynn Alverson
603 East Montana Street
Livingston, Montana 59047

Oct. 1984

TO WHOM IT MAY CONCERN:

On February 25, 1983, my husband suffered a massive stroke, and lay in a coma for a month. When he had regained consciousness, he started occupational and physical therapy almost immediately at a rehabilitation center.

Stroke victims often eat very rapidly, and also do not realize that they are "pocketing" food in the cheek that is paralyzed. Our first experience with occupational therapy began when the therapists sat with him at his meals, and taught him how to feed himself again, to slow down his eating, and how to clear his left cheek of food. All this lessened his tendency to choke. They also taught him to look to the left side of his plate for his food, something which is often neglected by a stroke victim. He now has good control of his eating habits.

He was a patient at the rehabilitation center for two months, where he also had physical therapy. Upon his discharge, he was still so low-level in his ability, that it was necessary for him to be in our local convalescent center for two months. I was not able to care for him at this point, in our own home. At his doctor's suggestion, we were very fortunate in having a wonderful occupational therapist come into the convalescent center to see him, and work with him on a regular basis. She exercised his weak arm and hand, and with her positive attitude did much to encourage him. As he became stronger, she taught both my husband and me transfer techniques; that is, the effortless way, with the use of a special belt, to transfer from the bed to the wheel chair and back, and also in and out of our car. We were eventually observed by a Doctor of Physical Medicine, who, after watching our transfers, told us that my husband could be taken home, and be cared for there. We will be forever grateful to that therapist, who made it possible for him to leave the convalescent center, and be in his own home again. Without her help, and the help of a dedicated physical therapist, he would still be sitting in a wheel chair at the nursing home, which is the fate of so many neglected stroke victims. He now walks with a pronged cane at home and away from home. The wheel chair is used only to attach an arm and leg exerciser. He reads well, and is fully aware of what is going on. (His speech was never affected.) He is not only contented to be in his own home, but is a part of the outside world in the excursions and visits we make by car. Since he is a diabetic, his meals and sugar count are far more controlled at home than they ever were in the nursing home. He was a private pay patient at the convalescent center, and by being at home, that occupational therapist saved us hundreds of dollars.

He continues to have the help of both an occupational and physical therapist. The occupational therapist exercises his weak arm and hand, and he has had assistance

as possible. We will soon resume the finishing of two spinning wheels he had started before the stroke.

I strongly urge that occupational therapists be licensed in the State of Montana. I have seen, first hand, the good they do, in the face of a devastating ~~and [illegible]~~ situation.

Carolyn Alverson

Hazen E. Alverson

Bozeman Public Schools
We Care => Striving for Excellence

Special Education Department
404 West Main. P.O. Box 520
Bozeman. Montana 59771-0520
Phone: (406) 586-8211, Ext. 246

Joyce Hynes. Director
Special Education

December 18, 1984

Montana Occupational Therapy Association

To Whom It May Concern:

I am writing in support of the proposed licensure legislature for occupational therapists in the state of Montana. I believe there is a need to more clearly establish qualifications and training for those individuals who assume the title of "Occupational Therapist" within the state of Montana. Ultimately, this is a protection of the public and the consumer of service.

It is our experience that occupational therapy is continuing to expand within the state to a variety of settings including that of education where therapists are employed to be working with physically and multiply handicapped students. Licensure of these individuals would serve to reinforce the standards already established by the Office of Public Instruction that only registered occupational therapists should be employed to work with handicapped students.

Sincerely yours,

Joyce Hynes
Director of Special Education
Bozeman Public Schools

BOZEMAN CONVALESCENT CENTER

A Hillhaven Facility

November 16, 1984

To Whom It May Concern:

This letter is written in support of licensure for Occupational Therapists within the state of Montana.

As an administrator of a 100 bed long-term care facility, I find the Occupational Therapy Program closely related to our physical therapy and total rehabilitation programs. Occupational Therapy has been preventative and remedial with emphasis placed on promoting the residents' social and psychological well-being. Our therapist not only performs specific treatments and directs supplementary treatments provided by nursing personnel, but also interprets Occupational Therapy's role in the treatment of the disabled and integrates these services into the entire therapeutic program.

Considerable initiative and judgment is required of the Occupational Therapist in adapting programs to meet the needs of individual patients and in securing the cooperation of patients to participate in programs designed.

It is my sincere belief that the Occupational Therapist should thus have a degree in Occupational Therapy and be licensed by the state to indicate having acquired the minimal standards necessary to practice therein.

Sincerely,

Doug Lizon
Administrator

DL/dm

321 North Fifth Avenue Bozeman, Montana 59715 (406) 587-4404

Bozeman, Mont
Oct 12-1984.

To Whom it may concern.

On July 27, 1983, I had a stroke paralyzing my left side. It was a devastating blow to me as I could not crochet any more. Crocheting was my life saver being my feet were crippled with Diabetic Neuropothy. I was in the Hospital 10 days and if it hadn't been for the therapist there I think I would have lost my mind. My husband went blind and between the stroke and his condition we couldn't care for ourselves, so we came to the Rest Home. Once again the O. T. came to My Rescue and taught me to do Needlepoint with

my right hand. It gave me a new lease on life because now I can spend my time doing something useful. I think this is a wonderful program and should be encouraged -

Birdie Hasington
Bozeman Convalescent Center —

321 N- 5th
Bozeman. Mt.

FILE COPY

10 January 1985

Senator Judy Jacobson, Chairman
Capitol Station
Helena, MT 59601

Dear Senator Jacobson,

As the parent of a severely handicapped non-ambulatory 4 year old I would like to express my support of Senate Bill 79. This bill, introduced by Senator Christiaens provides for the Liscensure and regulation of Occupational Therapists and Occupational Therapy Assistants; creating a Board of Occupational Therapy Practice; providing for the authority of the Board; and providing an immediate effective date.

The goals of Occupational Therapy are to assist persons to achieve their maximum potential of independent function. Occupational Therapy is a specific medical rehabilitation service that assists patients with tasks which reduce the affects of specific impairments.

In the four years since by son's birth I have been actively involved with numerous Occupational Therapists. These people have assisted our family with skills ranging from positioning to feeding to tone casting. The Occupational Therapists have also worked hand in hand with physical therapists to improve muscle strength and other similar functions. The Occupational Therapists we have employed have been involved in the design, construction and use of splints, and other assistive devices. Other services which have been provided to us include development of play skills and the adapation of equipment and the environment to provide us with a better quality of life.

I have read Senate Bill 79 and I believe it offers sufficient safeguards for consumers to protect against decisions and recommendations of unqualified persons which could harm or injure consumers. As a consumer of Occupational Therapy, I realize the expertise and experience necessary to adequately perform the role of an Occupational Therapist is tremendous and fear that if Senate Bill 79 is not passed the public may be mislead, injured or harmed by persons not qualified to practice Occupational Therapy.

I appreciate your review of Senate Bill 79 and would be available for questions or comments. Thank you.

Sincerely,

Colleen Nichols
Marysville, MT 59640
442-0316

January 11, 1985

Chairman
Senate Public Health and Welfare Committee
State Capitol
Helena, Montana 59620

RE: SB 79 Occupational Therapy Licensure

Dear Sir or Madame;

I am writing this letter to urge you to pass SB 79 which would license occupational therapists. I am the mother of a severely handicapped child who has received occupational therapy for several years. Having worked extensively with two occupational therapists on programs for my child, I know the importance of professional therapy.

Because my child is severely mentally handicapped, his therapy programs must be developmentally appropriate so he can progress. Any improvement he makes is extremely important. If he is taught incorrectly or his therapy programs are inapropriate to his developmental ability, it could cause him to regress for months. It is therefore imperative that only well trained, licensed therapists treat him. Even in cases of less severely handicapped people, it is extremely important that only well trained therapists perform treatment so that recovery occurs as quickly as possible and the patient can function up to his maximum potential. Occupational therapists are often in charge of treating patients following accidents. If the patient does not resume his normal lifestyle, he will potentially be a tax burden on the public. Only a well educated therapist will have the ability to treat various disabilities. Licensure of Occupational Therapists would ensure that Montana had professional, well trained therapists.

Please support SB 79.

Sincerely,

Anne S. Weston

Anne S. Weston
521 South Sanders
Helena, Montana 59601

January 4, 1985

Chairman of the Senate Public Health and Welfare Committee
Helena, MT 59601

Re: Bill #79 Occupational Therapist Licensure Regulation Act

Dear Mr. Chairman:

I am writing to request that you vote in favor of Bill #79 requiring that Occupational Therapists be licensed by some type of regulatory board. I believe there is a need for a way of making a Therapist accountable for their professional service.

I would like to recount a personal story involving two very different O.T.'s. I'll refer to the first one as Nancy. We met Nancy because of a foster child we were caring for. The child had been in a car accident and the Drs. were aware of his need for O.T. care, but felt he did not suffer any mental impairment. As we cared for the child my husband and I both had the "gut" feeling that there was something else wrong. The child was getting O.T. services three times a week in the beginning; then going to twice a week and finally once a week. During that time Nancy worked with the child and with us, giving us helpful hints on how we could help with little excercises at home. It was Nancy that approached us one day saying she felt there was a possibility of minimal brain dysfunction. As we read up on the subject and talked more with her so many things seemed to all add up. Once we had a handle on the problem we were all able to deal with it in a proper manner. It saved all of us years of frustration and got the child started on a program dealing with his learning disabilities.

While Nancy was on vacation we were turned over to the second Therapist in my saga, I'll refer to her as Nilly. Twice a week for two weeks Nilly came to our house and talked to me about her personal problems and watched how our foster child played with various toys and how he ate. Because we had seen Nancy in action we knew that Nilly's services left a lot to be desired. Had there been some type of regulatory board, we could have complained. Nilly was cheating our foster child and also the government as his professional care was being paid for by Medicare.

We are grateful that we could tell the difference between good and slothful therapy, but what about the people who are only being cared for by someone like Nilly. There must be a way to insure that a person calling themselves Therapist has gone to school and is qualified to perform therapy.

Thank you for your consideration in this matter.

Sincerely,

An. Abernathy
Concerned Citizen

January 11, 1985

To whome it may concern:

I am a registered physical therapist presently working for school aistrict 1 in Helena. I support the present liscencing proprosal for occupational therapists in this state. I believe liscencing is necessary for quality control within the field of occupational therapy.

Sincerely

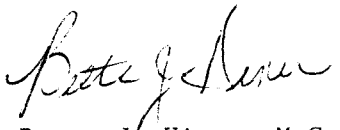
Anna Furshang RPT

January 10, 1985

ATTENTION: Chairman, Senate Health and Welfare Committee

This is a letter of support of the proposed bill to provide licensing of occupational therapists. I am an audiologist practicing in this state under licensure, and a member of the Speech Pathologists and Audiologists licensure board. Thus, I am well aware of the upgrading of service that occurs when it is rendered by individuals who meet specific criteria for competence.

The consumer of any speech pathology or audiology service in Montana can be assured he is getting quality assistance given by a licensed individual. But, the Montanan needing occupational therapy services has no such assurance and no way to determine if he is getting the expertise that he requires. Only a licensure law for occupational therapists can assure that all individuals in the state receive quality services.



Bette J. Hiner, M.S.
Helena, Montana

10 January 1985
1039 Butte Street
Helena, Montana 59601

To whom it may concern:

With 10 years of experience as a teacher in Special Education I have had many dealings on a professional level with Occupation Therapists. This has been especially true in my last position as a teacher in Helena's Preschool Handicapped Program. They have consistently provided valuable and relevant information and services to both staff and students.

I am writing to express my support for legislation that would authorize a licensing board for Occupational Therapists in Montana. Such a board would be able to review the qualification of Occupational Therapists operating in Montana and would establish the kind of guidelines and ethical standards that would ensure quality service to their clients. Who better to have input into the licensing process than Occupational Therapists themselves? Almost every profession requires this sort of supervision and Occupational Therapists should be no exception.

I strongly urge your support for this measure.

Sincerely,

Joseph Ray Furshong

Joseph Ray Furshong
Special Education Teacher

(This sheet to be used by those testifying on a bill.)

NAME: Connie L. Grenz DATE: Jan 11, 1985

ADDRESS: Box 508 Boulder, MT 59632

PHONE: 225-3288

REPRESENTING WHOM? Montana Occupational Therapy Assoc.

APPEARING ON WHICH PROPOSAL: SB 79

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENTS: attached

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

OCCUPATIONAL THERAPY LICENSURE--1985

To the Chairmen of the Health and Welfare Committee

I am an occupational therapist with 10 years of professional experience and registered with the American Occupational Therapy Assoc. I have worked in Texas , Kansas, Ghana, Africa, and Boulder, Mt. I have been a staff therapist and a supervisor. As department supervisor at Boulder River School & Hospital I supervised occupational therapists, occupational therapy aides and students.

Richard Heard is the Superintendent of Boulder River School and Hospt. He supports licensure for Occupational Therapists to protect the public from unqualified persons providing therapy and to facilitate the hiring of qualified professional occupational therapists. He has strongly supported occupational therapy as an important aspect in the total treatment approach by the habilitation team at Boulder River School and Hospt.

The State Board of Health and Environmental Services annually reviews the status of residential care at BRS&H. During the past 5 years they have continued to recognize the importance of occupational therapy for the habilitation of the residents. They utilize the number of needs identified for the resident population to determine the recomended staffing level in each area. Their recognition of the ongoing need for occupational therapists and review of the qualifications for professional occupational therapists supports the value of occupational therapy in the habilitation process.

I support Licesure of Occupational Therapists in Montana. I feel that although voluntary standards are widely recognized and honored they are inadequate to protect the consumer in need of occupational therapy from improper practices. Many regulations in the health care industry mandate occupational therapy as a vital service. However without a legal definition which Licensure provides the rules can be circumvented and the consumer deceived or harmed.

Occupational Therapy focuses on productive and independent function; inappropriate treatment is a very expensive proposition for both consumer and taxpayer in the long run.

IN SUPPORT OF LICENSURE FOR OCCUPATIONAL THERAPY

Connie L. Grenz

Connie L. Grenz,OTR
Box 508
Boulder, Mt. 59632

(This sheet to be used by those testifying on a bill.)

NAME: Linda Hiner DATE: 1/11/85

ADDRESS: 20955 Jones Road, Florence, MT. 59833

PHONE: 273-0610

REPRESENTING WHOM? MT. O.T. Association

APPEARING ON WHICH PROPOSAL: SB 79

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENT:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

Missoula Community Hospital

GRANT M. WINN, EXECUTIVE DIRECTOR

January 11, 1985

Dear Members of the Committee:

As the Assistant Executive Director of Missoula Community Hospital and Rehabilitation Center, I am writing to urge your support of Senate Bill 79 - providing for the Licensure of Occupational Therapist. The Rehabilitation Centers offers a full range of medical and therapeutic services to both inpatients and outpatients of acute care and rehabilitation. From instructing patients with broken hips how to put their shoes and socks on with adaptive aids to retraining cognitive and memory functions with the traumatic head injured patients, Occupational Therapy provides a vital growing service to our clients, in maximizing their potential to return to independent productive lives.

During the past 3 years our facility has grown from employing 2 registered occupational therapists and 1 occupational therapy assistant to 12 registered certified occupational therapists and 1 certified occuaptional therapy assistant.

Senate Bill 79 will ensure that facilities across the state employ qualified occupational therapists and protect consumers from unqualified practitioners. This bill is important to achieving a high standard of health care in Montana.

Sincerely,

BARRY KENFIELD
Asst. Executive Director

BK:jbm

M|C 2827 FORT MISSOULA ROAD, MISSOULA, MONTANA 59801
M|C MISSOULA COMMUNITY MEDICAL CENTER (406) 728-4100

(This sheet to be used by those testifying on a bill.)

NAME: Roxanne Hiesterman DATE: 1/11/05

ADDRESS: 4229 Lombardy

PHONE: 443-6204

REPRESENTING WHOM? Occupational Therapists

APPEARING ON WHICH PROPOSAL: SB 79

DO YOU: SUPPORT? yes AMEND? _____ OPPOSE? _____

COMMENTS: _____

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

January 11, 1985

Ladies and Gentlemen:

As a Registered Occupational Therapist and a parent of a handicapped child who presently receives Occupational Therapy services in Montana, I believe Licensure is necessary to provide quality care to prescribed clients.

The guidelines of this profession as outlined in the Licensure bill will assure a standard of education, professional competence, an incentive for growth and consistant delivery of treatment to the people of Montana who require Occupational Therapy services.

The increasing cutbacks in health care have mandated a need for high performance in evaluation, and expedient delivery of services. I believe Licensure of Occupational Therapists will help meet this challenge by providing capable, qualified therapists.

Sincerely,

Roxanne Hiesterman

Roxanne Hiesterman, O.T.R.
Helena, Montana

(This sheet to be used by those testifying on a bill.)

NAME: Sr Elizabeth Henry DATE: 1/11/81

ADDRESS: P.O. Box 5059 Helena mt 59604

PHONE: 443-4140

REPRESENTING WHOM? West Mont Community Care

APPEARING ON WHICH PROPOSAL: SB 79

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENT:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

SENATE PUBLIC HEALTH COMMITTEE
January 11, 1985

Mr. Chairman, members of the committee, my name is Sr. Elizabeth Henry. I am here as the administrator of West Mont in support of Senate Bill 79.

1. West Mont is a three corporation entity:
   - a seven county licensed home health service
   - a five group and one day program habilitation service
   - a home management service offering respite and individual financial management services

2. All our corporations exist for the purpose of assisting with the normalization process of the care of the elderly and handicapped. We promote deinstitutionalization and prevent institutionalization when appropriate.

3. We need the services of occupational therapists to achieve our corporation missions.

4. We believe licensure will strengthen this profession in Montana. We believe licensing affords better consumer protection. We strongly urge you to recommend passage of this bill.

600-636

ORTHOTIC PRACTITIONER PROGRAM

9/3/82

GENERAL

500 Describe Effective Use of the Personalized System
501 Identify Role of the Orthotist
502 Describe Basic Structure and Function of the Musculo-Skeletal System

LOWER LIMB - Introduction

505 Identify Anatomy of the Lower Limb
506 Describe Biomechanics of the Lower Limb
507 Identify Major Pathologic Conditions of the Lower Limb
508 Describe Essential Patient Evaluation Procedures

LOWER LIMB - Below Knee

515 Describe Shoe Construction and Shoe Modification
516 Identify Major Pathologic Conditions of the Foot and Ankle
517 Fabricate and Fit UCBL Foot Orthosis
518 Identify Components Used in Below-Knee Orthotics
519 Measure Patient and Prepare Outline for Metal Ankle-Foot Orthosis (AFO) with Tibial Torsion
520 Fabricate and Fit the Metal Ankle-Foot Orthosis (AFO)
521 Fabricate and Fit the Polypropylene Ankle-Foot Orthosis (AFO)
522 Fabricate and Fit the Patellar-Tendon Bearing Orthosis

LOWER LIMB - Above Knee

535 Identify Anatomy of the Thigh and Hip
536 Identify Major Pathologic Conditions of the Knee and Hip
537 Identify Components Used in Above-Knee Orthotics
538 Measure Patient and Prepare Schema for Knee-Ankle-Foot Orthosis (KAFO)
539 Fabricate and Fit the Knee-Ankle-Foot Orthosis (KAFO)
540 Fabricate and Fit the Hip-Knee-Ankle-Foot Orthosis (HKAFO)
541 Fabricate and Fit the Knee-Ankle-Foot Orthosis (HKAFO) with Quad Brim
542 Describe Principles and Procedures of Fracture Bracing for the Lower Extremity

UPPER LIMB

550 Identify Anatomy of the Upper Limb
552 Identify Major Pathologic Conditions of the Upper Limb
554 Describe Patient Evaluation Procedures and Prescription Considerations for Upper Limb Orthotics
555 Identify Components Used in Upper Limb Orthotics
556 Measure, Fabricate and Fit the Long Opponens Hand Orthosis with M.P. Extension Stop and I.P. Extension Assist
557 Measure, Fabricate and Fit the Long Opponens Hand Orthosis with M.P. Extension Stop and I.P. Extension Assist
558 Fabricate and Fit the WHO Plastic System
559 Fabricate and Fit the Wrist Driven Prehension Orthosis (WHO)
560 Measure, Fabricate and Fit the Reciprocal Wrist Extension, Finger Flexion Orthosis (Engen)

SPINAL ORTHOTICS

600 Identify Anatomy of the Spine and Trunk
601 Describe Biomechanics of the Spine
602 Identify Major Pathologic Conditions of the Spine
603 Identify Patient Evaluation, and Prescription Considerations for Spinal Orthotics
604 Identify Components Used in Spinal Orthotics
605 Measure and Fit Prefabricated Spinal Orthoses
606 Measure, Fabricate and Fit the Lumbo-Sacral Flexion Extension Orthosis with Variations for Lateral & Rotary Control
607 Measure, Fabricate & Fit the Thoraco-Lumbo-Sacral Flexion-Extension Orthosis with Variation for Lateral Control

SPINAL ORTHOTICS - Introduction to Scoliosis and Kyphosis

608 Describe Biomechanical Principles and Role of Orthotics in Treatment of Scoliosis and Kyphosis
609 Describe Non-Operative Treatment of Scoliosis and Kyphosis
610 Describe Fabrication and Fit of the Cervical/Thoracolumbo-Sacral Orthosis (TLSO and CTLSO)
611 Describe Spinal Traction Systems
612 Identify Mobility Aids and Adaptive Equipment

ACTIVITY SHEET: 501-001-001

"Orthotic Practitioner Role and Job Description"

One of the first steps in becoming a professional orthotic practitioner is to clearly define the occupation. Every practitioner should be able to write and explain their role in rehabilitation care, range of duties, responsibilities in relation to other health care team members and professional standards for the profession.

Once personally written, the job description becomes a framework to focus your professional skills development.

To enable you to formulate a job description, you will soon be going through several resources. As you do, complete the "Orthotic Practitioner Job Description and Role" sheet on the following page. List items you feel appropriate to each category. The more specific you are the more useful the job description will be as a professional development guide.

Step 1: Go to the LRC and ask the LRC clerk for the videotape, "Men and Mobility - Task 501". It was produced some years ago and covers both the orthotic and prosthetic occupation in general. View it from the perspective of professional attitudes conveyed. Complete items 1 and 2 on the "Orthotic Practitioner Job Description and Role" sheet.

Step 2: Then, read the following job description and complete item 3. Think in terms of how aspects of the job description may fit into more than one category. You may want to compare your job description with others in the course.

The "Handbook of Occupational Titles" defines an Orthotist as follows:

"Provides care to patients with disabling conditions of limbs and spine by fitting and preparing devices known as orthoses, under direction of and in consultation with PHYSICIAN (medical ser.): Assists in formulation of specifications for orthoses. Examines and evaluates patient's orthotic needs in relation to disease entity and functional loss. Formulates design of orthosis. Selects materials, making cast measurements, model modifications, and layouts. Performs fitting, including static and dynamic alignments. Evaluates orthosis on patient and makes adjustments to fit, function, cosmesis, and quality of work. Instructs patient in orthosis use. Maintains patient records. May supervise ORTHOTIC ASSISTANTS (per. protect. & med. dev.) and other support personnel. May supervise laboratory activities relating to development of orthoses. May lecture and demonstrate to colleagues and other professionals concerned with orthotics. May participate in research.

May perform functions of PROSTHETIST (per. protect. & med. dev.) and be designated "ORTHOTIST-PROSTHETIST (per. protect & med. dev.)

As can be seen from this job description, the orthotist has many varied skills and responsibilities. Your exact job description depends on your individual situation. But we see that today's Orthotist must be

ACTIVITY SHEET: 501-001-003

"Book of Rules for the Practitioner Certification Program
of the
American Board for Certification in Orthotics and Prosthetics"

As a practitioner you will assume major responsibility for the care and management of the patient. Another important aspect of your professional responsibility is to plan your career's future.

As you are probably already aware the American Board for Certification (ABC) in Orthotics and Prosthetics is the official body to set standards for the field and to award certification. As a professional in this field it is your responsibility to remain updated on ABC's standards and essential requirements for certification. It is also very important for you to establish your background with the American Board, inform them you are a potential candidate for Orthotic Practitioner Certification and are presently in an accredited training program.

Write ABC:

(1) notifying them of your present status,
(2) request a copy of their "Book of Rules for the Prosthetic Practitioner Certification Program in Orthotics and Prosthetics,
(3) and any current information on the certification program and requirements.

To complete this task write a letter to ABC and give a copy of it to your instructor.

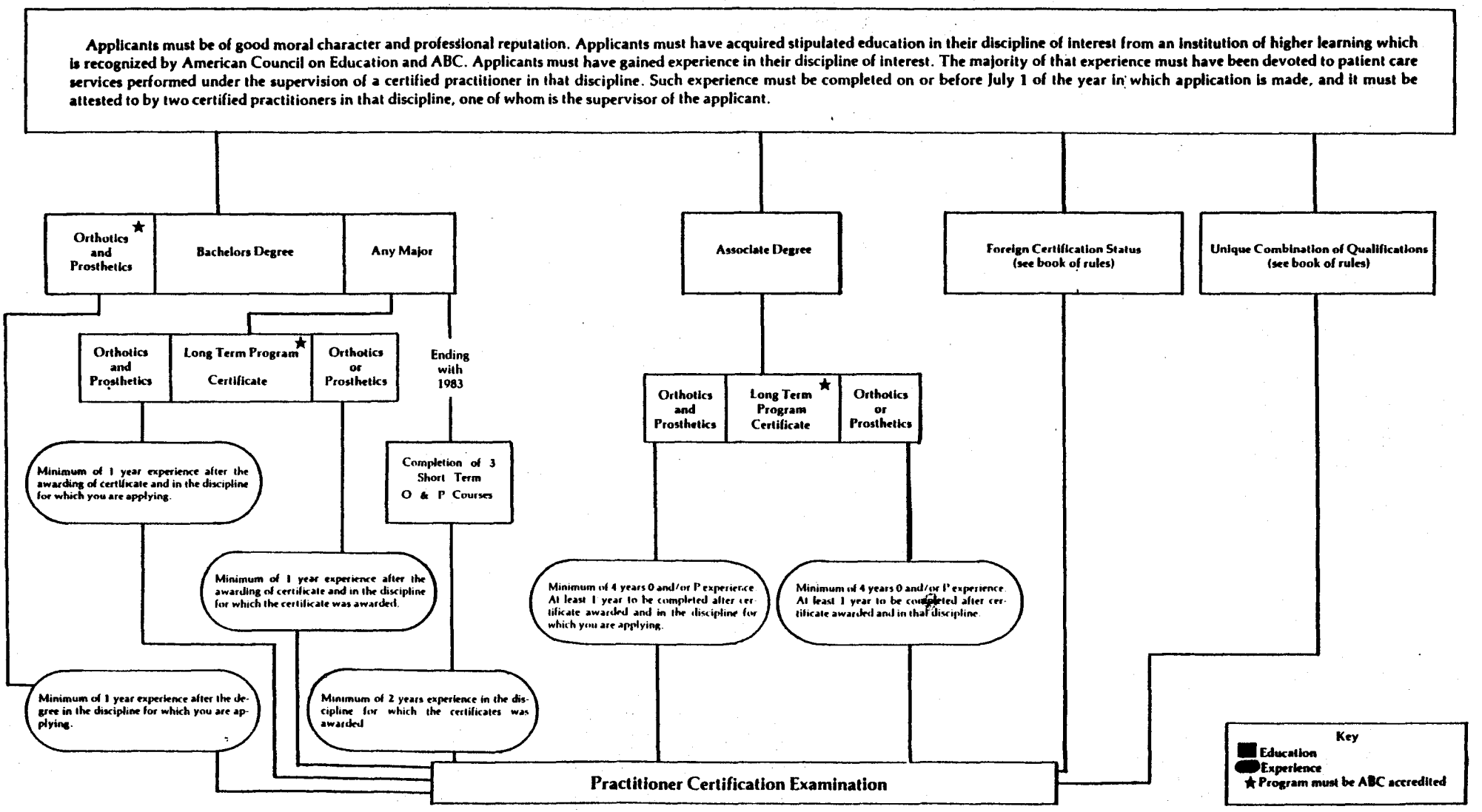
Write: American Board for Certification in Orthotics & Prosthetics
717 Pendelton Street
Alexandria, Virginia, 22310

Dept	Prog	Task	TPO	MPO
600	636	501	501	001

INFORMATION SHEET: 501-001-002

"Practitioner Certification Exam Eligibility Chart"*

Read the Practitioner Certification Exam Eligibility Chart outlined below. Trace the path you are taking to become certified. Discuss any questions you may have with your instructor.



*Taken from: Almanac, October, 1980, p. 23

INFORMATION SHEET: 501-003-003

"AAOP Guide for Professional Conduct"*

FOREWORD

The American Academy of Orthotists and Prosthetists fosters high standards of accomplishments for its members. Accordingly, the Academy requires members to comply with the "Canons of Ethical Conduct" established by the American Board for Certification in Orthotics and Prosthetics. The Academy also believes that there should be available to its members a "Guide for Professional Conduct" to expand on and assist in the interpretation of these Canons.

PURPOSE

This guide is intended to serve each Member in matters of professional conduct. It provides standards by which each member may determine the propriety of his own conduct. The standards in this guide are not immutable laws, but are subject to changes as the dynamics of professional practice change, and as new patterns of delivery of health services are developed and accepted by the professional community and the public.

STANDARD 1
CHARACTER OF THE ORTHOTIST-PROSTHETIST

A Member should respect the dignity of each individual with whom he is associated in the practice of his profession.

A. He shall at all times be guided by his concern for the welfare of those patients entrusted to his care.

B. He should be responsive and mutually supportive of his colleagues and associates.

C. He should recognize that each individual is uniquely different from all other persons and should be tolerant of and responsive to those differences.

D. He should work to enhance the appreciation of orthotics and prosthetics and their contributions to the general welfare.

E. He should strive for educational standards in his field and also should seek to inform qualified young people about careers in orthotics and prosthetics.

F. He should make continuing use of opportunities for professional attainment, such as attendance at technical seminars, publication in technical journals, research, study, travel, and conferences.

*Taken from 1980 Membership Directory, American Academy of Orthotists and Prosthetists

Dept	Prog	Task	TPO	MPO
600	636	501	501	003

STANDARD 2
PROFESSIONAL PRACTICE

The Member shall comply with both Academy and American Board for Certification policies governing the practice of his profession.

A. He shall provide care to a new patient only on the basis of a referral from a licensed practitioner of the healing arts and according to the patient's requirements.

B. He shall not diagnose a patient's disability, but shall be professionally responsible for providing the referring medical practitioner with any information which will assist in the determination of an accurage diagnosis and resulting prescription.

C. Inquires regarding a patient's prognosis other than those made by a responsible health professional shall be referred by the orthotist-prosthetist to the practitioner in charge of the patient's medical care.

STANDARD 3
PATIENT RELATIONSHIPS

The Member must maintain the highest principles of professional conduct with his patients. He will at all times have the basic responsibility for making the greatest possible effort to satisfy the patient's orthotic or prosthetic requirements.

A. He shall respect the confidences imparted to him in the course of his professional activities. The patient's consent shall be obtained before any information is released.

B. He will not solicit patients.

1. Written or verbal communications which suggest solicitation of patients or which discredit an existing service are unethical. However, actions by individual Members or organizations of Orthotists-Prosthetists in communicating with physicians, other health professionals or health related organizations and facilities to inform them in a dignified manner of the availability of their services do not necessarily constitute a violation of the ethical standards of the Academy.

2. Formal announcements of the opening of an office or clinic which are distributed to physicians and other health professions or which appear in a medical society bulletin are acceptable, provided such announcements follow community practice and contain material comparable to that used by local physicians for the same purpose.

C. He will not suggest or imply that he can provide orthotic-prosthetic services that are superior to those provided by any other Member.

STANDARD 4
PROFESSIONAL RELATIONSHIPS

Each Member, in his relationships with other Orthotists and Prosthetists should always conduct himself with the dignity and integrity befitting his professions.

A. He should refrain from making unwarranted disparaging remarks about his fellow practitioners or any insinuations tending to lower competence in the profession. This does not preclude, however, his rendering professional opinions on specific applications resulting from the endeavors of others.

B. He should so conduct himself in all of his affairs as to avoid discredit to the Academy and to the profession. He should be constantly aware that the profession is judged in part by the social and business conduct of its members.

C. He should give his loyalty and support to the American Academy of Orthotists and Prosthetists in its efforts to attain its objectives.

1. Support and loyalty to the Academy imply obligation to cooperate with official representatives of the Academy, to reply promptly to official representatives of the Academy, to reply promptly to official requests, and to furnish accurate information.

2. It is considered unethical to use the insignia of the Academy or its emblem on any display or printed matter for purposes of advertising or promoting the sale of a product, or to use the terms "Academy" or "AAOP" to solicit or promote a sale.

D. He should be sensitive to the discernment and correction of improper, dishonest, fraudulent, corrupt or incompetent conduct or other unprofessional practice.

STANDARD 5
EMPLOYMENT RELATIONSHIPS

The Member should maintain optimal standards of professional practice.

A. Employer-Partner--Uniting into a business, partnership, corporation, or other form of organization does not exempt the individual Member, whether employer or partner, either individually or collectively from the obligation of promoting and maintaining ethical standards of practice. Regardless of the organizational structure, each Member must in his relations with his colleagues and others conform with the ethical principles of the Academy. As an employer or partner, the Member shall not permit the organization or any of its employees to carry on any activity which is unethical for him to do as an individual member of the Academy.

B. Employee

1. The Academy Member who is an employee is obligated to advise his employer(s) of any practice of his employer(s) which causes him to be in conflict with the ethical principles of the Academy. The member should also attempt to rectify those practices of his employer(s) which are in conflict with accepted ethical principles of practice. Continued or prospective employment in situations where ethical principles of the Academy or of the American Board for Certification are violated is unethical.

2. The Member employee should not engage in outside employment or other activities which interfere or conflict with his principal position, nor should he render professional services external to his principal employment without his employer's knowledge; and in no instance, should outside professional services be rendered in other than an acceptable environment which must meet all the standards set forth by the American Board for Certification in Orthotics and Prosthetics.

3. A member should give adequate notice before terminating his employment, and should expect adequate notice from his employee when his services no longer are required.

4. A member should not intentionally transmit information of a confidential, technical, or business nature from one employer to another.

STANDARD 6
REMUNERATION FOR SERVICE

The Member should seek only just remuneration for his services. This is a fee that is reasonable, deserved, and fiscally sound.

A. It is unethical to accept gratuities in association with the rendering of professional services.

B. A member may not directly or indirectly request, receive, or participate in the division, transfer, assignment, rebate, splitting, or refunding of an unearned fee, or to profit by means of a credit or other valuable consideration as an unearned commission, discount or gratuity in the connection with the furnishing or orthotic-prosthetic services.

STANDARD 7
VIOLATION OF STANDARDS

1. Any action found in violation of these Standards shall be referred to the Ethics Committee for its consideration. The charges shall be given in the form of a signed affidavit specifying the Standard(s) violated, along with supportive data vertifying the violation.

2. The Ethics Committee shall meet within three (3) months to consider the charges. The Committee shall gather certain pertinent data as it sees fit to render a just decision. The accused Member shall be provided with a copy of the charges, and shall have an opportunity to be heard, either personally or by his advocates.

3. The decision of the Committee shall be binding unless appealed within 60 days thereafter to the Board of Directors of the Academy, whose decision shall be final.

4. Disciplinary action may be in the form of: a. Reprimand, b. Suspension of Membership, c. Expulsion, d. Any combination of the foregoing or any other action deemed appropriate by the Academy.

5. Any action found to be in violation of these standards shall be referred to the Character and Fitness Committee of the American Board for Certification in Orthotics and Prosthetics.

INFORMATION SHEET: 501-002-001

PROSTHETIC AND ORTHOTIC CLINIC TEAM APPROACH

The prosthetic-orthotic clinic may be viewed as a means of communication between interrelated medical and ancillary specialists. It is essentially a method of organizing the patient management activities of a number of people and serves to provide necessary contact between various specialists involved in prosthetic-orthotic rehabilitation -- these basic teams consisting of the physician or surgeon, acting as "clinic chief"; the physical and/or occupational therapist; and the prosthetist-orthotist.

Other personnel may be required, according to the special needs of the situation. In various clinics, the additional services of the rehabilitation counselor and social service case worker have proven to be important. The rehabilitation counselor is frequently able to provide useful information concerning the patient and to relate prosthetic and orthotic matters to plans for vocational rehabilitation. The counselor can also provide the very desirable liaison between the clinic and the governmental or private agency which has referred the patient. The social service case worker can often assist in explaining the physical restoration program to the patient and his family, which is helpful in developing their cooperation. The case worker also provides the necessary liaison between any social services agency involved and the clinic. Ideally, both these individuals should have had some specialized training in prosthetics and orthotics.

Since in the overwhelming number of cases, the prosthesis or orthosis wearers will require other medical treatment, it is mandatory to have medical specialists, such as dermatologists, pediatricians, or internists available.

Goals and Purposes of the Clinic

The major purposes and goals to be achieved by the prosthetic-orthotic clinic are:

1. Coordinated Pattern of Treatment

In order to provide amputees and orthosis wearers with the best medical and prosthetic-orthotic service, the contribution of each of the specialists should be made in coordination and conjunction with that of the others. It is becoming more infrequent, but certainly not unheard of, for a prosthetist-orthotist or a physician to plan a prosthetic-orthotic management program without acting in concert with the others.

When an individual is receiving treatment from more than one specialist, and the anxieties of the situation provoke some degree of discontent, there is a noticeable tendency for some patients to distort the intentions and contributions of each profession in relation to the others. This is aggravated when the patient functions as a means of communication between the professionals concerned. Since there is always a certain degree of conscious and subconscious distortion of the patient's perceptions of the treatment processes, he should not be afforded the opportunity to complicate the process of communication among the various professionals concerned.

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On another note, we may anticipate that the behavior and demeanor of the patient will differ when he is with the prosthetist or orthotist, as contrasted with the physician or therapist. These differences in overt behavior patterns may easily and logically suggest different patterns of treatment to each of the professions. It should be realized, though, that this varying behavior on the part of the patient may be transitory and that the best treatment lies in a uniform plan rather than in a number of discrete ones.

It is clear that prosthetic-orthotic clinic procedures permit a more uniform evaluation of the patient and assist in circumventing some of the problems inherent in uncoordinated care.

2. Staff and Patient Education

It is true in prosthetics and orthotics, as in other medical situations, that there are no standard procedures which apply with equal effectiveness to every patient. Moreover, prosthetics and orthotics are fields in which the contributions of each of the specialists may only be partially understood by the others. Consequently, there is an important need for an interchange of ideas and a distillation of the best thinking through group discussion. In this sense, then, an important goal of the clinic is the mutual education of the treatment team members.

One aspect of this educational process is that the clinic serves as a vehicle which permits a limited selected group of physicians and surgeons to specialize and become experts in the prothetic and orthotic fields. There is not, ordinarily, a sufficient caseload to keep very many physicians expertly conversant with prosthetic-orthotic matters. However, there are assuredly sufficient cases to permit a small group of physicians and surgeons in each community to see appreciable numbers of these types of patients in the clinic situation. This fact encourages the establishment of groups with sufficient experience and education to make them competent both to prescribe and check out prosthetic-orthotic devices. Clearly this is a desirable goal since, not infrequently, physicians who lack the necessary technical information and background to come to sound professional conclusions are called upon to pass judgment concerning prostheses and orthoses.

The role that the clinic must play in the education of the patient, his family, or both is equally important. Most patients and their families, arriving for prosthetic-orthotic care, are subject to wide and varied misunderstandings and misinterpretations as to the ultimate use and value of a prosthesis or orthosis. Consequently, clinic personnel must orient the patient concerning his goals and anticipations, as well as to provide him with the best assistive device available.

Professional Status of the Prosthetist-Orthotist

It is probably true that a major factor in attaining patient satisfaction with the prosthetic-orthotic service he receives is related to the personal attitudes and evaluations of the patient regarding the prosthetist-orthotist. There are two considerations which may prompt a less-than-satisfactory attitude; the lack of status of the prosthetist-orthotist as a part of an organized professional medical service; and the lack of training and experience of prosthetist-orthotists in the proper handling of psychological, interpersonal aspects of their vocation.

In the last analysis, the patient needs to adjust himself to and accept the product fabricated by the prosthetist-orthotist, and there is substantial evidence that the patient's attitudes toward a prosthesis or orthosis is closely related to his attitudes toward the prosthetist-orthotist. It seems reasonable, therefore, that whatever can be done to improve the attitude of the patient toward the prosthetist-orthotist will have a significant, positive bearing on the results of the treatment.

Although the ultimate solution of this problem involves long-range sociological and educational considerations, the prosthetic-orthotic clinic helps on an interim basis by providing prosthetists and orthotists with the opportunity to observe the participate in the professional medical care of patients. This cannot help but provide the beginnings of professional status which is sorely required.

Prosthetic-Orthotic Clinic Procedures (Figure 1)

A pattern of prosthetic-orthotic clinic operation has evolved which essentially includes the following steps:

1. Pre-prescription Examination
2. Prescription
3. Pre-fitting Treatment
4. Prosthetic-Orthotic Fabrication
5. Initial Checkout (Evaluation)
6. Prosthetic-Orthotic Training
7. Final Checkout (Evaluation)
8. Follow-up

1. Pre-prescription Examination

It is recommended that the first meeting of the clinic, the so-called prescription meeting, be preceded by an appropriate physical and psychological examination of the patient so that pertinent information concerning the patient is available to the clinic members before hand.

Forms are available to summarize the essentials of this examination for both the amputee and the orthosis wearer. Separate forms are available for various types of prostheses and orthoses wearers. Study and analysis of this information provide a sound basis for determining the type and nature of the care required by the particular patient. The treatment may be medical, surgical, or prosthetic-orthotic in nature, or a combination thereof.

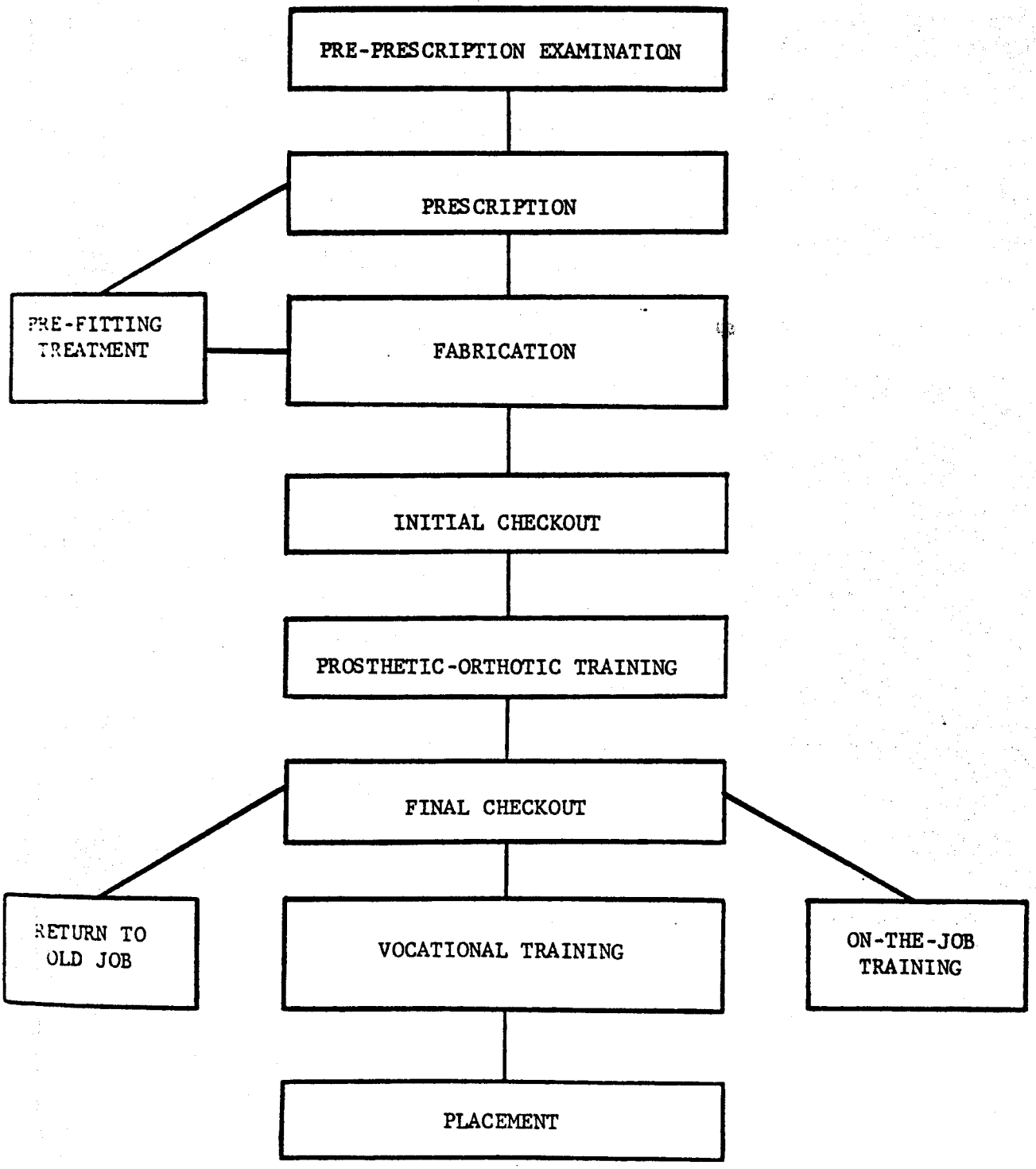
2. Prescription

Ordinarily, the patient's first contact with the clinic is for the purpose of developing an appropriate medical, surgical, or prosthetic-orthotic prescription. At this point the pre-prescription examination results are evaluated and those aspects of the patient's condition which have an immediate bearing on problems of prosthetic-orthotic restoration are rechecked. This is followed by a detailed consideration of the appropriate treatment procedures for the patient in question. If the resulting prescription calls for medical care, the physician or the therapist, as indicated, would undertake its implementation. If the prescription is for further surgery, the surgeon would obviously take the necessary action. If the prescription is a prosthetic-orthotic one, the prosthetist-orthotist assumes the responsibility. In some instances, the prescription may involve several of these considerations but, usually, prosthetic-orthotic treatment is deferred until medical and surgical care are sufficiently underway.

The prosthetic-orthotic prescription should correctly be a detailed description of the device and services which a patient is to receive and should not merely be a series of generalized instructions. This is not in any real sense a "prescription". Vague instructions result in the prosthetist-orthotist

Figure 1.

PROSTHETIC-ORTHOTIC CLINIC PROCEDURES



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being unable to construct a definitive appliance with any assurance that his product will reflect the intent of the clinic or meet the needs of the patient.

The importance of a detailed prescription cannot be overemphasized. In the past, prosthetists and sometimes orthotists have been placed in the position of planning complete appliances according to their own best judgment. After delivery of such appliances, the prosthetists-orthotists have been subjected to criticism concerning their choice of various components and their utilization of certain principles of fit and alignment. By obtaining a mutually acceptable, detailed prescription at the clinic session, such difficulties are minimized.

As a matter of practical clinic operation, it has been found desirable that the prosthetist-orthotist contact the clinic chief if he wishes to recommend any significant change in the prescription during the course of fabrication. Such recommendations are often entirely legitimate, based on new evidence which comes to the fore during the fabrication and fitting procedure. However, the important requirement is that the clinic chief concurs with the contemplated changes before they are put into effect.

In prosthetics and orthotics, many judgments are calculated risks or best guesses. Since the prescription decisions reached should reflect the best judgment of all, it does not seem reasonable that the ethical and fiscal responsibilities of these judgments should be placed on the prosthetist-orthotist alone but, rather, should be a joint responsibility of the clinic.

Experience in various clinics has shown that purchasers of prostheses and orthoses prefer to place their trust and confidence in the clinic judgment. Even in cases of failure, they are increasingly willing to tolerate the financial losses involved because they have become convinced that, through the clinic process, the best in professional judgment has been brought to bear on the problem.

3. Pre-Fitting Treatment

Where indicated, the patient is referred for appropriate physical therapy, which includes muscle strengthening and improvement of range of motion and muscular coordination, as well as procedures designed to encourage shrinkage of the stump and the relief of symptoms related to surgical trauma.

4. Prosthetic-Orthotic Fabrication

The fabrication of the prosthesis or orthosis is completed by the prosthetist-orthotist and essentially involves the implementation of the prescription written by the clinic.

5. Initial Checkout (Evaluation)

After "prescription", the second major responsibility of the clinic is "initial checkout". There is some question as to whether the somewhat colloquial term "checkout" is the best word to describe this activity. However, since it has now become fairly well ingrained, it probably must be used until a better term presents itself.

Initial checkout is essentially the first evaluation of the prosthesis-amputee or orthosis-patient complex as a biomechanical entity. It may be defined as a systematic examination of the patient with the prosthesis or orthosis. This is accomplished before training with the appliance is given and before the device is delivered to the patient. It is performed in some clinics with the appliance in the unfinished state, so that minor improvements may be introduced at a minimum cost. Initial checkout is important for two reasons: to provide assurance that the prescription developed by the clinic has been followed precisely, and to evaluate the biomechanical adequacy of the prosthetic-orthotic device against set standards of quality, efficiency, and design.

It is most important that this latter purpose be accomplished by successful passing of initial checkout before permitting the patient to wear the device for any extended period. In this way, corrections can be introduced before the development of undesirable physical or psychological reactions. Learning to use even the best of prostheses or orthoses is a difficult and arduous task for most patients. To ask them to attempt utilization of a device with discernible inadequacies seriously compounds the difficulties. It is, therefore, incumbent upon the clinic to assure itself that the prosthesis or orthosis is as completely satisfactory as possible prior to approving it for wear, training, and delivery.

6. Prosthetic-Orthotic Training

Upon completion of a satisfactory evaluation of the prosthesis or orthosis at initial checkout, the normal procedure calls for the referral of the patient to the therapist for appropriate prosthetic-orthotic training. It is important to emphasize that the training properly occurs after all significant shortcomings in the appliance have been remedied. This procedure permits a continuous, rational transition in the care of the patient from the prosthetist-orthotist to the therapist.

The length, type, and intensity of training depend upon the nature of the disability, the characteristics of the patient, and on other lesser considerations The therapist may permit the patient to wear the device at home at an appropriate point in the training program. When the therapist, by means of objective evaluations and clinical judgment, feels that the patient has profitably completed the training program, arrangements are made for the "final checkout".

7. Final Checkout (Evaluation)

"Final Checkout" is perhaps best defined as a procedure to assure the prosthetic-orthotic clinic that the patient is not in immediate need of any further prosthetic-orthotic, medical, or surgical attention.

At this checkout, which is the third major responsibility of the clinic, the extent and effectiveness of the patient's use of the prosthesis or orthosis is evaluated, the biomechanical adequacy of the device is reviewed, and the physical and psychological status of the individual is confirmed. Upon ascertaining that these three factors are all satisfactory and that the patient would not profit from any further immediate prosthetic-orthotic, medical, or surgical care, the patient may be considered to have completed the necessary treatment.

INFORMATION SHEET: 501-003-001

"Keeping Up-To-Date in Your Occupational Specialty"

For the purpose of "keeping up-to-date" you need to perceive yourself not as one 'person' but three.

1. You are an orthotist and as such you need to have knowledge of the principles, techniques, and methods relating to orthotics.

2. You are an expert in your particular area. You need to have knowledge of current technology, standard practices, current philosophy, and current research in that area.

3. You are an individual who interacts with other individuals (i.e., students, fellow practitioners, community members, parents, children, business persons). You need to be able to establish rapport with these people. Thus, you need knowledge of concepts associated with such things as group dynamics, human relations, and problem-solving.

As an orthotist, you need to keep up-to-date in all three areas. It is possible to go through the motions of keeping up-to-date using a variety of methods without, in fact, even changing as a person or orthotist. This is not the goal of keeping up-to-date. It should be a continuous process, and its goal should be to make you a more effective practitioner and professional.

If you only read about new methods and procedures, but never use them in your laboratory, then you are not keeping up-to-date. Technolody needs to be used. Techniques need to be implemented. When you learn of an emerging trend in your occupation, you need to study it, experiment with it, discuss it, and evaluate it. If it has value, you need to relate or adapt it to your management or laboratory practice. Then, you are keeping up-to-date.

Membership in Professional Organizations

Belonging to a professional organization provides the practitioner with numerous opportunities to keep up-to-date. There are organizations at the local, state, regional, and national levels. These organizations use your dues to hire staff who in turn -

- follow congressional legislation
- conduct research
- publish materials such as journals, pamphlets, yearbooks, manuals, research reports, handbooks, newsletters, directories
- sponsor conferences and workshops
- provide consultant services
- disseminate public information
- promote special interest groups

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. attempt to unify the profession

The table below lists the professional organizations of interest to the orthotist.

PROFESSIONAL ORGANIZATIONS	PUBLICATION	MEMBERSHIP/ACTIVITIES
American Board for Certification (ABC)(1948)	Book of Rules	- not a membership organization - certifying and accrediting body in the O & P field - establishes O & P standards of service - establishes O & P education standards - issues certificates accredits facilities
American Academy of Orthotist & Prosthetists (AAOP) (1970)	The Almanac Membership Registry	- membership of certified orthotists and prosthetists - state chapters and regionals - sponsors seminars for O & P professionals and interested health-care professions - sponsors annual "Round-up" Seminar - sets continuing education standards - conducts evaluations research and special projects for O & P field
American Orthotic and Prosthetic Association (AOPA) (1917)	Orthotic and Prosthetic Journal Newsletter	- Trade Association - membership of business firms and supplies - sponsors National Assembly annual conference - represents and provides link between O&P field and government agencies such as Veterans Adm., Social Security Adm., Food and Drug Adm. - lobbies for legislation on O&P concerns and for programs which impact O&P services - provides business insurance
International Society of Prosthetists and Orthotists	ISPO Journal	
New York University, Prosthetics & Orthotics, New York University Post-Graduate School, 317 East 34th St., New York, New York, 10006	The Clinical Bulletin	

PROFESSIONAL ORGANIZATIONS	PUBLICATION
Veterans Administration Superintendent of Documents Government Printing Office Washington, D. C. 20402	Bulletin of Prosthetic Research

CANADIAN ORGANIZATIONS

Canadian Assn. of Prosthetists & Orthotists 1951 Cambiet Street Vancouver, B.C. V522V7	Yearbook (Articles)
War Amputee Association 3005 Linton Road Ottawa, Ontario, Canada K128H1	The Fragment
Canadian Board for Certification, Secretariate 350 Rumsey Rd. Toronto, Ontario, Canada, M4G1R8	The Registry

In addition, there are many organizations in the community which relate to the specialty areas of Orthotics and Prosthetics. Membership in these occupational or community organizations will additionally allow for active participation in community affairs, and through this involvement, the practitioner can help promote community interest in the profession. To mention a few:

Muscular Dystrophy
Spinabifida Association
Arthritis Association
National Easter Seal Society
American Cancer Society
United Cerebral Palsy Association
National Multiple Sclerosis
(See Disability and Rehabilitation Handbook, Section Two: Voluntary Organizations)

700 Burton
Missoula, MT 59802
January 11, 1985

Public Health Committee
Helena, MT 59601

Dear Members:

I am writing to you in strong support of Senate Bill 79. I became disabled at the age of 16 as the result of an automobile accident which left me a quadriplegic. In the six years since that time, I have been involved in rehabilitation in one form or another. Without this rehabilitation, I would have been an invalid who was totally dependent upon society. With this rehabilitation, however, I have accomplished many goals and have many more in sight. I am currently a senior at the University of Montana and hold a part-time job as a sales representative. Without rehabilitation, my re-entering society as disabled would have been impossible. My rehabilitation came in in the form of both physical and occupational therapy. Although both were extremely important and helpful, in my opinion, occupational therapy was the major asset in aiding me to become more independent and willing to re-enter society.

In my opinion, occupational therapy is a misnomer. The name suggests that the main function of occupational therapists is to aid a person to remain employed. While this is definately true, the O.T. also serves another important function. An O.T. works extremely hard to assist each patient to his/her fullest possible means of independence. In my case, occupational therapists helped me learn how I could do every day living chores such as cooking, cleaning, bathing, grooming, and dressing. In addition, O.T.'s helped me devise ways to write, type, and drive. All three of which are essential in this day and age.

Occupational therapists have aided me a great deal. Without their therapy, I would have never had the courage, self-concept, or disabled expertise to re-enter society. O.T.'s were of extreme importance in my rehabilitative process and are of great importance in many patients' rehabilitation daily.

Occupational therapists serve an extremely important role in society and I strongly urge you to support Senate Bill 79.

Sincerely,

Bruce J. Adams

Bruce Adams

BA/lb

(This sheet to be used by those testifying on a bill.)

NAME: Jorge Fauver DATE: 1-11-85

ADDRESS: 2201 Rockey Helena

PHONE: 444 2037

REPRESENTING WHOM? Mt Dept of Health & ES - plus SHCC

APPEARING ON WHICH PROPOSAL: SB 71

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENT:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

January, 1985

TESTIMONY ON SENATE BILL NO. 71 BY GEORGE FENNER,
ADMINISTRATOR OF HEALTH SERVICES AND MEDICAL FACILITIES DIVISION,
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Mr. Chairman and Senators of the Committee, my name is George Fenner. I am Administrator of the Health Services and Medical Facilities Division of the Department of Health and Environmental Sciences and thereby have responsibility for administration of the Certificate of Need program.

I am testifying today because the Department administers the Certificate of Need program and also because we provide staff to the Statewide Health Coordinating Council, who originated this bill.

The Council formed a committee of health care professional and institutional representatives and health-related state agencies to propose legislation to address some administrative problems in the Certificate of Need law. Senate Bill No. 71 is the result of this effort.

There are two problems addressed in these amendments to the Certificate of Need law. The first is the time requirements for the various stages of the review process. Everyone involved would like to reduce time requirements and complexity. Senate Bill 71 will result in a shorter review process when the applicant completes his requirements in less than the maximum allowable time and there are no competitive applications.

In cases where there are competitive applications, the review time may not change significantly, but the applicants will have more time to prepare their hearing presentation and will have the opportunity to review and respond to the staff's preliminary report on their applications. If an appeal is filed, that part of the process will be considerably reduced by the provisions of Senate Bill 71. If it is the desire of the Committee, I can have

staff show you charts of the review steps as they exist now and as they will be under the Senate Bill No. 71 changes.

(Handouts will be available as well as display charts.)

The second issue addressed is the appeals process for Certificate of Need decisions. The present Montana Certificate of Need law exceeds federal requirements by providing two levels of administrative review before referral to the courts. The first of these is a Reconsideration Review before the Director of the Department of Health and Environmental Sciences. The second administrative review is an Appeal to the Board of Health.

Either of these hearings can be used to permit consideration of errors in the process, overlooked evidence or new evidence. In this sense, they are duplicative. There is an additional problem with a review by the Board of Health. The Board is a policy-making group for the Department of Health. However, Certificate of Need reviews are based on the policies and standards in the State Health Plan. The State Health Plan is written by the State-wide Health Coordinating Council in a formal public process involving the community-based Health Systems Agency, health care consumers, health care providers and state agencies. The plan then becomes the official policy of the state after review and approval by the Governor.

The Board of Health has not limited its reviews to policy set in the plan and has made decisions that were in direct conflict with the plan. This cannot really be avoided as long as the Board is a part of the review process because it is not a part of the plan development process, but, as I mentioned earlier, is a policy-making group for the Department. Because of this confusion in roles as a review body, Senate Bill No. 71

would remove the present provision for the second administrative review. This change should reduce confusion concerning the state's policies on health care resource development, reduce the complexity and length of the appeal process, and still provide adequate opportunity for the applicant to obtain review of a Department decision.

(This sheet to be used by those testifying on a bill.)

NAME: WADE WILKISON DATE: 1-11-85

ADDRESS: PO Box 897 Helena

PHONE: 443-3048

REPRESENTING WHOM? LISCA

APPEARING ON WHICH PROPOSAL: SB 71

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENT: Support elimination of appeals process to Board as duplicative and therefor increase cost of health care. $500 fee would further shift cost to those requesting use of procedure rather than to taxpayer

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

(This sheet to be used by those testifying on a bill.)

NAME: DAVID LACKMAN DATE: 1/11/85

ADDRESS: 1402 Winne Ave, Hlna

PHONE: 443-3494

REPRESENTING WHOM? Mont. Public Health Assn

APPEARING ON WHICH PROPOSAL: SB 71

DO YOU: SUPPORT? X AMEND? _____ OPPOSE? _____

COMMENTS: Testimony - Copies To Committee

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

WITNESS STATEMENT

Name David B. Lackman Senate Committee on Public Health
Address 1400 Winne Avenue,Helena, MT 59601 Date January 11, 1985 Representing Montana Public Health Association (Lobbyist)
Bill No. SB 71 (Amending Certificate of Need) Support XXXXXX

I am David Lackman, lobbyist for the Montana Public Health Association. We support Senate Bill No. 71 - Amending Certificate of Need- for the following reasons:

1. This amendment removes the Board of Health & Environmental Sciences (The Board) from the certificate of need process. Presently they are the appeal authority for decisions made by the Department of Health & Environmental Sciences (The Department). They are frequently not involved with the issues ahead of the hearing; neither are they thoroughly familiar with the State Plan for Health Facilities.

2. The amendments proposed still provide for appeals; first to the director of the Department; then to the courts. Although this makes for more formality, it decreases the chances for political interference with the process.

3. On occasion, when the Department has rendered an adverse decision, local political forces pressure the Board to reverse it; and they frequently succumb to such pressure. This has resulted in "Over-Kill." An example of this is the facility being constructed at Missoula General Hospital. I have received comments, critical of this project, from residents of Missoula.

4. Un-necessary duplication of health facilities increases costs. This is one instance where competition doesn"t decrease costs. Someone must pay. That someone is you, the consumer.

5. We feel that amendments proposed in SB 71 will do much to remedy defects currently inherent in the certificate of need process.

THANK YOU Dave Lackman

(Friday, January 11, 1985, 1:00 P.M., Room 410, Senate Public Health)

(This sheet to be used by those testifying on a bill.)

NAME: Jerome T Loendorf DATE: 1-11-85

ADDRESS: 9775 11th ave Helena

PHONE: 442-6350

REPRESENTING WHOM? Mt. Medical Assn

APPEARING ON WHICH PROPOSAL: SB 71

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENT:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

(This sheet to be used by those testifying on a bill.)

NAME: Rose Skoog DATE: 1-11-85

ADDRESS: 34 So. Last Chance Gulch Ste A. Helena

PHONE: 443-2876

REPRESENTING WHOM? Mt. Health Care Assn.

APPEARING ON WHICH PROPOSAL: SB 71

DO YOU: SUPPORT? _____ AMEND? X OPPOSE? _____

COMMENT: include certain exclusions from ack in statement of intent

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.